Young Persons Health and Lifestyle Survey

Qualitative Finding

On behalf of NHS Hull

Prepared By

SMSR
social and market strategic research

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1.0 Introduction

Background

Health Strategies in Hull include a number of programmes which aim to reduce health inequalities and improve the health status and quality of life for people living in Hull. Within the city there is a complex pattern of health behaviours and lifestyles which impact upon the health and wellbeing of the population, bringing about some adverse health outcomes.

In order to best understand where services should and could be focussed and also to monitor and evaluate current services NHS Hull commissioned SMSR to undertake a health and lifestyle consultation with young people. This was the third consultation specifically looking at the health and lifestyles of this demographic, with previous consultations taking place in 2002 and 2008.

Report Structure

The consultation consisted of three elements; self-completion surveys to gather quantitative data from a robust sample, focus groups with young people and in-depth interviews with key stakeholders.

This report summarises the main findings of all focus groups and in-depth interviews and draws comparisons where relevant; verbatim comments have also been included throughout the report.

This report has been checked & approved by:

Darren Hornby
Selene Vann-Plevey

2.0 Sample/Methodology

A series of school based focus groups were conducted by experienced SMSR facilitators with an overall objective of providing a better and more insightful understanding of the key issues arising from the questionnaire analysis. In addition in-depth, one on one interviews were undertaken by SMSR with local stakeholders to young people's health and lifestyle in the city. The key objective of these interviews was to better understand the challenges facing organisations and young people how these key stakeholders felt these challenges could be overcome; in addition the interviews provided the opportunity to identify any issues as well as reflect on the findings from the survey.

All in-depth interviews and focus groups were undertaken using scripts designed by SMSR in conjunction with officers at the PCT and Hull City Council.

Focus Groups

The focus groups were held with different year groups from five schools across the city. Each group lasted the length of one lesson (approx. 45 – 50 minutes) and was agreed and arranged in advance with the school representative that had assisted in the administration of the questionnaire. Eight pupils were selected by the school at random to attend each group; it was emphasised that the pupils selected should be representative of the year group.

School	Year group	Number of students	Gender	
			Male	Female
Malet Lambert	Year 7	8	4	4
Winifred Holtby	Year 8	8	4	4
Hull Trinity House	Year 9	8	8	0
Sydney Smith	Year 10	8	4	4
Kelvin Hall	Year 10	8	4	4

Verbatim comments are shown throughout the report in italics; the year group of the participant who made the comment is shown in brackets.

In-Depth Interviews

Hull City Council and NHS Hull selected the list of interviewees based on their role within the city and the organisation they worked for. It was important that a cross-section of stakeholders were chosen, covering all areas of youth involvement and the different factors that affected young people's health and lifestyle.

Each interviewee was contacted in advance by the SMSR Project Management Team and a time and date was agreed with the willing respondent. An experienced Project Manager then conducted the interview using a semi-structured script. Each interview lasted approximately 45 minutes and were conducted in their place of work/business.

In-depth interviews		
Name	**School / organisation**	**Job title**
Jemma Lawson	'Alive 'N' Kicking'	Programme Manager
Julie Stamper	Schools Girl Mum's Unit	Head Teacher
Claire Farrow	Hull City Council	Sports Development Officer
Erica Spence	Winifred Holtby	Assistant Head
Rachel Roberts	Hull County Council	Assistant Head of Service for Sports Development
Helen Williams	Adelaide Primary School	Child Protection Co-ordinator
Rilba Jones		Elected Member
Lisa Maris	The Warren	HealthBeat Co-ordinator
Kathleen Guthrie	Hull City Council	Traveller Education Team Manager

3.0 Summary

Health Issues

Diet

There was significant disparity between the healthy diets that were reported by the young people and the perception which key stakeholders had of the diet of young people. Within the focus groups, young people showed high levels of understanding as to what comprised a healthy diet and felt it was something which they themselves followed in their day to day life however, it became apparent that there was confusion and a lack of understanding over what constituted a 'take-away' food, with many not categorising McDonalds as a take-away product (one group even classed this as a healthy option). Perhaps this is where the biggest challenge lies in terms of breaking this perception, as although attendees felt they were eating healthy there were very strong indications these were misinformed comments and actually could apply to their parents; this needs further exploration from a parents' perspective

In both focus groups and stakeholder interviews parents were identified as the main influence on a young person's diet (although some young people did admit that their parents were unaware of the unhealthy foods they were consuming) and are therefore key to changing this aspect of a young person's health. Stakeholders consistently identified a correlation between poor diet and deprivation, particularly with the current economic climate and financial restrictions within households. In addition, and perhaps more significant, was a recognition that both parents and schools have altered their perceptions of obesity because it is such common place; this acceptance was a key barrier in taking action and a considerable challenge for all moving forward.

Alcohol

Both interviewees and focus group participants did not mention alcohol as a prominent health issue among young people however, stakeholders tended to view excessive alcohol consumption (and in particular the consequences that followed) as more of an issue than the young people themselves. Consuming alcohol away from parental supervision became more common among older participants although many said it was the parents who would still purchase the alcohol on their behalf; it was also common for parents to be aware of the young person consuming alcohol but unaware of the amount which was consumed.

Advertising was a key influencer on young people's perceptions of alcoholic beverages and brands with humorous or memorable adverts were more likely to be deemed to be 'cool' among this demographic. This image was a driver when selecting alcohol and most young people had either tried or consumed products for this reason.

Smoking

Young people held a very negative perception of people who smoked and were acutely aware of the dangers and risks which were associated with smoking. Overall interviewees considered smoking among young people to be of lesser importance and of lower concern when addressing health and lifestyle issues among young people, particularly as the perception of smoking within wider society had resulted in a reduction in the prevalence of smoking among young people. Many felt it was actually uncool and there were examples of pupils being out casted for smoking, which represents a flip in attitude in the last ten years and perhaps a good blueprint for an alcohol strategy.

A potential concern is the availability of cigarettes as despite being non-smokers all focus group participants were aware of how they could obtain cigarettes should they want them and it seems this has not changed much on the last four years despite numerous legislative changes. Young people again cited parents as an influence and a driver of attitudes towards this aspect of health and lifestyle whether through the effects of second hand smoke or due to cigarettes within the home increasing their availability.

Emotional Health and Wellbeing

Stakeholders identified emotional health and wellbeing as a big problem and therefore a key priority moving forward. It was seen to be a hidden issue and something which is often neglected or not acknowledged which, along with the personal nature of the subject, perhaps explains why focus group participants were less forthcoming when discussing their emotions. Despite the hesitance to discuss this topic openly in front of their peers, focus groups participants did identify an extremely high amount of pressure placed on young people (particularly in regards to academic and athletic achievements) which led to stress, anger and sadness. They naturally seemed happiest when with friends and family and social interaction was identified as being very important in generating better emotional health.

Exercise

Stakeholders considered inactivity and an unwillingness to participate in activities to be an issue among some young people (particularly females) however, schools and local schemes were cited as being increasingly pro-active in developing activities which were designed to be more appealing to those who would usually be reluctant to take part, the challenge however still lies in increasing participation.

Although interviewees identified a large number of sport and exercise facilities, concerns were expressed regarding the suitability and location of some activities and therefore the limitations on the demographic that the facilities / activities would appeal to.

Communication

Positively, the successful communication of health messages and information within schools was described by both stakeholders and young people as one of the most effective ways of educating and informing young people on health and lifestyle issues and initiatives. Young people indicated a preference for receiving factual information and in particular said that hearing first-hand accounts of negative effects would be a successful deterrent from an unhealthy diet / lifestyle

Concern was raised among stakeholders as to the type of information which was accessed away from the school setting. As in 2008, young people saw celebrities as role models which although beneficial when they are used in the promotion of healthy lifestyles, can create problems (particularly among females) when young people aspire to recreate the image or behaviour of celebrities.

Challenges

Similar to the previous consultation, young people demonstrated an arrogance and feeling of indestructability, perhaps based on their age; many gave a sense of being too young to be affected and that it was later in life where the health problems occurred. This perception was reiterated among interviewees and therefore a significant challenge for organisations is to make young people accept the personal and sometimes immediate risks of their actions.

In addition, organisation representatives faced more generalised challenges such as, promotion and awareness of the schemes and services and changing cultural attitudes. The biggest challenge faced my many was identified as funding and the uncertainty and restrictions many organisations faced made it difficult to ensure a full and effective service is offered.

Interviewees also identified some organisational improvements and felt that moving forward it is important that any schemes and initiatives are efficiently co-ordinated and managed, which as well as developing internal relationships will ensure parents and young people have a clear understanding of the opportunities which are available. This integration of services will ensure outcomes from past initiatives are reflected upon and where appropriate cross-service working can flourish.

4.0 Findings

4.1 Focus Groups

4.1.1 Diet

In all but one of the groups the majority of participants considered their diet to be healthy, with the exception being Trinity House pupils among which just two participants described their diet as healthy. There was high awareness of 'five a day' and many stated that they ate either three or four portions of fruit or vegetables each day. Fruit and vegetables were immediately given as the main contributor to a healthy diet and considered the basis of a healthy diet however, with further prompting participants also mentioned other factors such as eating a *balanced diet, eating things in moderation* and *the eat well chart to determine portion size.*

"The right amount of each food group and not too much of one thing. Also things that lower your cholesterol." (Year 9)

"A healthy diet is a mix of all food groups which is essential that you eat them." (Year 9)

"Have a mixed selection of food and not too much of one thing. There is a food chart which shows you." (Year 7)

"The eat well chart that shows you portions on what you have." (Year 10)

"You don't just have to eat fruit and vegetables you can also have things like bacon and you could have a chocolate bar for a treat." (Year 8)

"I try but I eat too much junk food like McDonalds." (Year 7)

Many participants said they had a healthy evening meal at home which was prepared by their parents and encouragingly across all age groups many indicated that they were able to cook a variety of meals themselves. Although parents had an influence on the type of food which the young people consumed, participants across all year groups reported that they had a significant level of control which was a key contributor for those who said they had an unhealthy diet and for those who admitted to eating unhealthy food at times. Left to their own devices, it was clear that unhealthy eating would be far more significant.

"My parents have an influence on what I eat and to eat more healthy as they give us the food but then it is our decision as to if we eat that food or not." (Year 10)

"Yes [it's my decision not to eat fruit or vegetables], my parents do try and encourage me but I just don't like the smell or taste of them." (Year 8)

"I don't see why I should eat things that I don't like. It's not that I don't like vegetables it's just I like to eat things that I like and not be forced." (Year 9)

"I have to eat what my mum and dad say." (Year 9)

"My mam makes me eat my 5 a day and cooks all my teas but when I'm out with my mates I tend to eat nice food like takeaways and snacks. I just don't tell me mam" (Year 8)

"I eat less healthy stuff, when I'm with my mates or at school" (Year 10)

The majority of participants expressed a preference for takeaway or convenience foods, with one student explaining that these foods are *addictive*. Although most participants said they had takeaway foods on either a fortnightly or monthly basis, it became apparent that there was confusion around what is categorised as a takeaway product (one discussion on this subject showed that all participants in the group did not class McDonald's as a takeaway and in fact felt that this could be a healthy option). When asked to specify their favourite type of takeaway food most participants said pizza.

"I eat fatty foods and the more you eat the more you crave them. Things like McDonalds are really addictive." (Year 9)

"Some things [at McDonalds] are good for you like the chicken and salad wraps. You can get salad in the burgers." (Year 8)

"I love takeaway food, especially fried chicken, I get it whenever I'm out if I can. It's a treat" (Year 9)

"Pizzas are not too unhealthy as its bread, and cheese and tomato" (Year 10)

Around half of all participants suggested that they had tried to change their eating habits, predominantly to change their weight, become fitter or to be healthier in general. Male participants tended to indicate a desire to gain weight while females placed more emphasis on losing weight; as in 2008 participants felt a great deal of pressure, particularly from their peers and the media, with regards to their weight and this was often a driver to changing their eating habits. In contrast with other groups, the youngest year group expressed no desire to change their eating habits for any other reason than to be healthier.

"I worry a lot about what people think about me and I get on the scales quite often and I always want to weigh less than I am. I think this is a society problem, things like magazines." (Female Year 10)

"I changed my eating habits because I started boxing. I stopped eating pizza and started eating more healthy things like protein, starting boxing and being trained gave me a different outlook on diet." (Male Year 10)

"I have been eating loads of sweets and chocolates so I have been trying to cut down on them and I did it for quite a while but then started eating them again. It's because all of my friends are lighter than me so I try to eat less."
(Female Year 8)

"I'm quite worried because I'm underweight. I tried to eat vegetables but I didn't like them." (Male Year 9)

"I am going on holiday in a few weeks so I have been eating healthy and training hard to look good. I was eating takeaways and junk food but now I've stopped, I just eat protein and carbs." (Male Year 10)

"I started eating vegetable soup because I know it is good for me and I did not eat any vegetables before this but I do now." (Male Year 7)

There was a consensus that no food was considered *uncool,* particularly when the facilitator inquired how eating fruit and vegetables was perceived. Across all five groups only one student felt eating fruit would be seen to be uncool, whereas the majority were indifferent to how it would be viewed socially and there was this awareness of the benefits of eating this food, which was mentioned earlier. There was a general acceptance that fruit and veg are important and part of modern day diets and therefore to be seen with such food is fairly irrelevant.

"I do think that sometimes someone might tease you as you have an apple and someone has a chocolate bar." (Year 8)

"If you see someone walking in the school yard eating an apple you're not going to say anything to him but it's better to eat an apple rather than a bag of sweets." (Year 9)

"You don't say to someone that they are uncool because they are eating something. (Year 9)

Participants felt that providing more education regarding healthy eating would encourage young people to eat healthier, there was however, variance in what was considered to be the most effective way of providing this information / learning; some felt it was the responsibility of parents or the school, while others felt the media should provide more information on healthy eating. In addition to education, older participants emphasised the importance of the individual taking responsibility for their own health, regardless of any external encouragement they may receive.

"I think it is up to the person themselves to take responsibility and maybe up to the parents to get them eating healthy and thinking healthy from an early age." (Year 10)

"Advertising on TV and on the internet as to what types of fruit and veg you should be eating and this would encourage young people to eat healthier." (Year 10)

"I think you need to get the parents and the carers more interested and informed as whilst we are at this age most of us do not have a choice as to what we eat at a night time. Also breakfast time and pack-up for school, parents can control what goes in them." (Year 9)

"Have a star chart and every time they eat 4-5 a day they get a sticker and if they do it all week they get a reward." (Wave 8)

"People coming in to schools and telling them about the effects of bad foods. People like the NHS showing people pictures of what could happen." (Year 10)

"Parents should have more healthier foods in the house and then people might eat them more often." (Year 10)

"Show children what will happen to them if they don't eat their 5 a day like getting fat and things going wrong with the inside of your body." (Year 7)

4.1.2 Alcohol

Almost all participants had tried alcohol at some point and most said they drank only at special occasions; it was only those in the oldest year group who reported drinking on other occasions, with most doing so either two or three times per month. Among those who drank alcohol, most said this was under their parent's supervision or something which their parents were aware of, and it was parents (as well as older friends and siblings) who in the main provided the alcohol. Despite parents being aware of the young person consuming alcohol some participants said that often their parents were unaware of the amount which they consumed.

"I do like to have a drink but it's mostly on special occasions but sometimes it's on the weekend as well." (Year 9)

"I drink whenever my mum and dad have someone coming round, my mum will ask if I want a drink but my dad doesn't like it. She wouldn't let me get drunk but I might get a bit tipsy though." (Year 9)

"My parents are usually there when I have a drink. I have had a drink on one occasion when my parents did not know about it." (Year 10)

"They don't know how much I am drinking but they do know when I drink." (Year 10)

"If I go out with my friends I will have a drink without my parents knowing and I won't tell them. It's on a weekend when I go to house parties." (Year 9)

"You are going to end up doing it at one point so at least if my parents know and I get home at a certain time it's better than lying to them." (Year 10)

"I think as long as you have a good time and don't get in a fight then they're fine about it." (Year 10)

Unlike when commenting on foods, participants were able to give examples of what they considered to be *cool* drinks. Overall alcopops (specifically WKD) tended to be viewed as the *coolest* drink, with the company's advertisements being a key driver to this image. Male participants also viewed lager as a *cool* drink, particularly Carlsberg, Fosters and Budweiser (again because of their memorable and comic advertising campaigns). These were the drinks that the majority had tasted or did drink because of these very reasons. In addition to alcohol, one participant also mentioned the emerging *coolness* of energy drinks among young people.

"The WKD side as you see cool blokes doing funny stuff, if they don't want young kids to drink then don't put the adverts on TV." (Year 10)

"I watch football and there's always loads of adverts for Carlsberg, I think the one where they're teaching all the England fans is funny." (Year 9)

"I like Fosters, me and my mates take the mick out of the adverts." (Year 10)

"It's cooler for lads to drink stuff like Carlsberg and Budweiser. Only my mam drinks wine." (Year 8)

"It's always cool to be seen with a can of monster in your hand. These energy drinks are full of sugar and caffeine. People drink them just because they look cool." (Year 9)

Most participants were aware of the damage caused by drinking and were able to give examples of the harmful effects, whether these were personal experiences or things which they had seen in the media. No participants however, expressed concern for themselves or their own health, even when they had had a negative experience in the past. It was apparent that alcohol was only perceived to be a danger to the individual's health if consumed in large quantities on a regular basis, despite some recalling damage to health which may not have been caused by persistent heavy drinking.

Similar to the last consultation there was almost an arrogance and a feeling of indestructability, perhaps based on their age. Many gave a sense of being too young to be affected and that it was later in life where the health problems occurred. Although it was not said directly it was clear that it was not a concern at the moment, for whatever reason.

"My uncle used to be an alcoholic and he has a heart problem and has to have 7 tablets a day." (Year 8)

"It's bad for you but so is chocolate so it's all about moderation." (Year 10)

"It all depends on how much you drink. Like if you drink all week and then drink loads on the weekend then it's not good for you." (Year 9)

"It depends on how much you drink. If you drink an excessive amount then it will start to damage your body but if you drink less often like I do then you'll be fine." (Year 10)

"If you drink on special occasions then you should be okay but if you drink a few times a week it could damage you." (Year 7)

It's quite bad for you as you see all these teenagers falling out of pubs and it's bad for their health." (Year 8)

"I know a person that was 19 and they went out and drank too much and they came home and felt to sleep, chocked on their sick and died." (Year 8)

"I have passed out once before. I think it was because I was tired although I did have too much to drink. I'm not really worried though as I only did it once." (Year 10)

"Well I'm so healthy during the week that I think it evens itself out and I never have problems as I do about 10 hours a week of sport." (Year 10)

"It can't hurt us now as we are too young; I will worry about it when I'm out of school" (Year 9)

Again, communicating the message through advertising and the media was considered to be important in discouraging young people from consuming alcohol however, stricter licencing laws and increasing the price of alcohol were also suggested to reduce the number of young people drinking alcohol.

"More education at school about the damage that alcohol does to you is needed." (Year 10)

"Toughening laws might help, but then if you want a drink then you'll get it from somewhere." (Year 10)

"Maybe an advert you could show a scene at a party and your friend dies in front of them." (Year 9)

"That advert where it goes backwards where there is one where they can remember the night and one where they cannot. That was quite effective." (Year 10)

"I don't think people care too much at this age; the coolness beats the health issues" (Year 9)

4.1.3 Emotions

Each group was asked how often they felt various emotions including happiness sadness, anger and feeling under pressure / stressed. It was observed that some participants were reluctant to disclose this information in-front of their peers, particularly when asked how frequently they felt sad.

Despite this hesitance, around half of participants expressed feeling sad on at least a weekly basis, and many said this was linked to arguing with friends or family members or a result of feelings of anger or stress. The majority of participants identified with feeling stressed or under pressure, and it was common for school related issues (such as meeting expectations, exams, bullying and homework) and sport to be the cause of such stress; particularly when they felt pressure from parents to do well.

"I make myself sad about four times a week when I'm training. I will say to myself that's not good enough and I won't be happy with that. I am not totally down in the dumps, it will just improve my performance." (Year 9)

"If you fall out with friends and family it plays on your mind." (Year 10)

"Every week my friends are arguing and if I fall out with a friend it makes me sad." (Year 8)

"I feel sad if something is happening at home, like your parents arguing." (Year 8)

"I feel under pressure at school because my parents have high expectations of me and I feel under pressure to do well." (Year 10)

"I do get stressed sometimes and this has an effect on how sad I feel." (Year 10)

"It all depends on what lessons I am in. Some pupils are not very nice to me and that makes me angry and can be upsetting." (Year 9)

"Sometimes I get stressed out with school and I have to go to after school clubs and I can't be bothered." (Year 7)

"When my friends are arguing and then you feel pressure as they won't talk to each other and you have to take sides." (Year 10)

"I feel under pressure when I have loads of homework and it needs to be in the next day." (Year 7)

Regardless of any feelings of sadness, anger or stress, almost all participants said they felt happy most of the time, with friends and family being credited with driving these feelings of happiness (along with sport and recreation).

"Being around friends and family makes me happy when I am having a nice time." (Year 10)

"I think I am happy about 18 hours a day. I can be happy, sad and angry at the same time if that makes sense? Like I can be happy all day and then get angry for a couple of minutes." (Year 8)

"I love playing with my mates and playing football, that makes me happy." (Year 9)

"Going into town on a Saturday with my mates, going to the cinema or the rugby is what I love." (Year 9)

"Not being at school!" (Year 10)

4.1.4 Smoking

None of the focus group participants said they were current smokers however, two of the older participants had smoked socially in the past and all knew either a close friend or family member who was a smoker. Participants expressed concern for the health of relatives who were current smokers, and two participants had experienced the bereavement of a family member from smoking related causes.

"I have smoked a couple of cigarettes a day but this was when I hung around with the wrong crowd. Since I stopped hanging around with them I've stopped." (Year 10)

"I have a friend that smokes quite a lot, about 10 a day. I think it's silly." (Year 10)

"My dad used to smoke about 40 a day but not long ago he quit as he knew it was wrong to smoke around us and it was damaging his lungs. He stopped with these tablets and in one week he saved £17.50." (Year 8)

"It can affect your life real bad, my grandma died from the effects of smoking." (Year 10)

"My granddad smoked for a while and it has made him really ill." (Year 8)

"My nana smokes every half an hour and I am really worried as she spends loads of money on cigs and it's bad for her health." (Year 8)

Unlike drinking, smoking was a habit which all focus group participants did not consider to be *cool*, instead describing it as something which is "*stupid"* and "*stinks"*; participants did however, comment that those who were smokers viewed smoking in a more positive way.

"It's daft. It's like rolling up a £5 note and setting it alight." (Year 9)

"When the kids smoke at school I know it's wrong but no-one thinks it's cool. People take the micky out of them like saying "save us half of that"". (Year 9)

"At the time you think it's cool but then you get addicted and it affects your health." (Year 7)

"Some people think that smoking makes them cool and they're big and hard doing it." (Year 8)

"People that smoke are weak as they have to rely on cigarettes." (Year 10)

In addition to the negative perceptions of smoking, participants demonstrated high awareness of the dangers associated with smoking, which was another factor which influenced their decision not to smoke. Most participants mentioned cancer (predominantly lung cancer but also throat and mouth cancer) as a danger related to smoking; bronchitis, heart disease, heart attack, reduced life expectancy and stunted growth (of both the individual and their child if pregnant) were also cited as possible dangers associated with smoking. There was a definite higher level of understanding and a more serious outlook on smoking and the dangers of smoking compared to alcohol. In addition to the dangers to the individual who smoked, participants were extremely aware of the dangers linked to second-hand smoke / smoking around others.

"You can harm people around you through passive smoking." (Year 10)

"Technically we all smoke at some point as we breathe other people's smoke in." (Year 7)

"It affects your health and everyone's health around you." (Year 10)

Participants felt those who were below the legal age of purchasing and smoking cigarettes would experience no difficulties in obtaining cigarettes and although none of the participants were smokers, most knew how they could get cigarettes should they want them. Cigarettes were considered to be more readily available in households where one or both parents smoked as cigarettes could be stolen or in some cases may be given to the child. Alternative ways for you young people to obtain cigarettes included purchasing cigarettes from individuals selling them on the street, asking others to purchase them on their behalf or some felt that although they were underage they would be able to purchase cigarettes themselves. This was similar to the 2008 consultation and highlights the same routes are used to obtain cigarettes and therefore the message around dangers to health, as well as costs, seem to be the more significant change catalysts.

"I think most people pinch cigarettes from their parents and I think you are more likely to smoke if your parents smoke." (Year 10)

"You can pinch them off your mam and dad and some mams give their children cigs." (Year 7)

"Kids will wait outside a shop and keep asking people until someone buys them for them." (Year 9)

"I've seen a lot of people standing outside shops asking people to get them for them." (Year 10)

"My brother used to buy cigarettes and then he used to sell them separately." (Year 9)

"You can get them from people selling cigarettes outside of school." (Year 7)

4.1.5 Communication

The media, and in particular the use of celebrities on television, was considered key in communicating issues relating to healthy eating, alcohol and smoking; in addition many of the participants mentioned social networking sites such as Facebook and Twitter as effective ways of communicating health messages.

"If there was an advert with a footballer and they said if you smoke you won't be able to play football you'd listen and take notice." (Year 7)

"Get footballers to go on TV and get the message to young people to live a healthier lifestyle. For girls you should get famous pop stars to tell people." (Year 10)

"Do adverts on TV or on Capital about what could happen to you if you don't eat healthy and smoke." (Year 8)

Participants across the age groups felt that schools could communicate these types of messages to young people and it was commented that if an authority figure or someone who worked in or had experience of the relevant field visited the school to deliver the message it would have more impact. A particularly popular suggestion was for someone who had suffered with illness or addiction to visit the school and tell their story, as this first hand narrative would have a significant impact and make the young people think.

"Through school, they should not have companies coming in but people with real life experiences and tell you "look this could happen to you" and then people can decide what they want to do." (Year 9)

"People that have been through experiences that could do talks in schools and tell you about the dangers and things." (Year 10)

"If you tell children at school they can take ideas home to try and make their family stop." (Year 8)

"GPs and specialists. We had a man in IAG and he did an experiment on himself and he showed us all the poison out of a cigarette. That stuck in my mind." (Year 8)

"Get an ex-druggie in or someone who has had lung cancer to talk about the horror of it all – that would make people think twice." (Year10)

Opinion was divided when asked who could deliver the information in a way which would influence the actions of a young person; some felt that parents would be effective as they are the role model for the young person however, others disagreed saying that young people do not listen to their parents. Role models and successful or famous people were revered the most and in some cases friends or older brothers or sisters.

"I've got quite a big family and if me or my brothers and sisters do something wrong and step out of line we will get to know about it and won't do it again." (Year 9)

"People are scared to do things in case their parents find out." (Year 8)

"I think kids don't listen to their parents. It's the parents fault for not bringing them up right." (Year 9)

"My mates brother has the biggest influence on me." (Year 7)

"I listen and copy what my older sister does as she is very cool." (Year 7)

"Get Dean Windass or Steve Bruce to come and talk to us about health and fitness." (Year 9)

It was clear that participants felt that providing factual information would be the most effective way to encourage young people to be healthier and deter them from alcohol and cigarettes. Linked to their preferred methods, it was agreed that this information could include the experiences of others or statistics which highlighted the benefits/negative aspects; it was also commented that showing shocking images would have an impact.

"Show people what they could have in a year if they stopped smoking." (Year 8)

"The images on cigarette packets could be put on posters and say look what could happen to you." (Year 10)

"Tell people how many people die a year from smoking and drinking." (Year 10)

4.1.6 Opinion of Hull

When considering Hull, participant's opinion tended to be a combination of negative and positive aspects. Positives aspects of the city which were identified included museums, The Deep and the new schools that have recently been built. With regards the more negatives aspects of living in Hull participants felt Hull had poor weather and lacked things to do; some specific areas were also mentioned as being unsafe and having high crime or drug / alcohol abuse. Few participants intended to stay in Hull in the future.

"There's not much to do and if you want a day out you have to go to places like York." (Year 7)

"It's like a small town and it's too far from anywhere else. It's too isolated from other towns." (Year 10)

"Most of the people here are okay but there is not much for people our age to do." (Year 10)

"People feel unsafe when they are by themselves as gangs of people are horrible to them." (Year 8)

"Some places are nice but some parts are full of druggies and alcoholics." (Year 7)

"Hull's just not a nice place in general." (Year 9)

"If you have lived in Hull for ages you get to see the same things everyday so I would like to see different things and have different experiences." (Year 8)

"I want to move to Lincoln, just because my Uncle has a lot of pubs there and I want to work for him." (Year 9)

"It would all depend on jobs and what jobs you can get." (Year 7)

When asked how healthy they considered Hull to be as a place, participants' opinion was again negative with all saying it was unhealthy due to large numbers of take-away food shops, high pollution and a lack of education. There were however, some respondents who felt it was just pockets of the city which were unhealthy and said the perception of the city being unhealthy was a result of these areas rather than the city as a whole. Investment and regeneration, along with education, were cited as ways to improve the health of the city.

"There are too many rundown areas. More money needs to be invested in houses and education." (Year 10)

"I was watching the news and it was talking about carbon footprint and there is smog over Hull. That was a few weeks ago on Look North." (Year 7)

"There's a lack of education and too many takeaways." (Year 9)

"They need to spend more money on Orchard Park, Greatfield and Bransholme." (Year 9)

"It all depends on the different areas like Bransholme's more unhealthy than other areas." (Year 8)

"They need to go into the deprived areas and talk to them about how to live healthier." (Year 8)

"We need more things and places to go for people our age so they can go and experience more sport and keep them off the streets."(Year 10)

4.2   In-Depth Stakeholder Interviews

4.2.1 Main Issues

There were extensive discussions regarding the main health and lifestyle issues for young people and the immediate focus tended to be determined by the organisation and organisational objectives of the interviewee. The three main issues which emerged were: diet, sexual health and emotional health and wellbeing. Fitness and physical activity was also mentioned to an extent while opinion was divided as to whether smoking was currently an issue among young people.

Diet

Although most young people involved in the focus groups indicated having a healthy diet, interviewees generally perceived young people to have poor diet, both within school and at home. Some interviewees did mention an awareness and support for changes and policies which schools have put in place in an attempt to prevent young people eating a poor diet however, issues with packed lunches and the foods selected by young people were still of great concern and seen as a key driver to poor health.

"They know the theory. We teach GCSE Food and Nutrition, healthy eating and a balanced diet is an integral part of what we teach so they know what they should eat, what they do eat is another matter."

"I think young people and families are eating the wrong things and that could be down to a lack of education and what's on offer in the local community, can they access fruit and veg and how much does it cost? We're a very price sensitive city. There's the McDonalds culture here too."

"Research shows that packed lunches are more unhealthy than the school dinners. The parents think it's normal to put a chocolate bar and a packet of crisps in with fruit and the sandwich"

"Leaflets go home; letters go home when the new student intake comes we give a pack to parents that have the healthy eating policy. They're not allowed to bring fizzy drinks in; it has to be water, pure juice or milk. Some students will bring in crisps, chocolate biscuits, we don't have a policy that takes them out but we try and give them guidance and encouragement."

Overall parents were seen as the key contributor to their child having a poor diet and therefore key to changing this aspect of a young person's health. A strong correlation between poor diet and deprivation was identified and it was queried if this was caused by a lack of education and to an extent acceptance among the parents in these areas. This correlates with the focus group findings to some extent, however there was an admission by the young people that they do make their own decisions and often parents are unaware of what they are eating, which was acknowledged by several interviewees.

There was also much recognition on the issues of obesity and that this was the biggest challenge of all, in terms of a level of acceptance and denial on the issue and that both children and in some cases schools have altered their perception of obesity because it is such common place.

The lack of prioritisation parents place on this aspect worried several, and cited some parents as using their own hectic lifestyles as an excuse for providing enough attention to their children's diet.

"They [the parents] *don't really understand how to cook the foods, we'll provide recipes every week but it's then getting them to actually go out there and buy the ingredients as well; they don't know what half of them are sometimes."*

"The parents don't realise that they're actually eating the bad foods because they'll eat it up in their bedrooms and they won't sit down for a meal with the parents. It's getting the balance as well some children will do no activities but they'll eat well or they'll do lots of activities and the diet is appalling. It's trying to educate the parents as well as the children."

"There's a normalisation of obesity going on so now you'd look at a class and maybe 40% are overweight and almost that's seen as the norm so people don't think their child is overweight because all of their friends are that size whereas actually clinically they are overweight. So it's the parents, they aren't recognising it."

"A lot of these parents choose whatever's easiest, whatever is the best thing to just stick in the microwave. Sometimes they've been misinformed as well, they see the children gaining weight and they'll get them Weight Watchers ready meals thinking they're healthy but they're not necessarily."

"It's partly the economic climate, parents can go and get a big bag of crisps and biscuits and whatever from different shops in North Point Centre, rather than buying fresh fruit."

"I think good food can be expensive and inaccessible, it might not be in the local Spa shop down the road where some of these families buy food from. It's easier for them to buy a big bag of crisps."

"Some will be quite open to try the food that's given to them because they've never had that opportunity before. The parents say that it's too expensive to get fresh fruit and there's never enough. It's just about re-educating the parents to show them that it is just as cheap to be able to eat healthily."

"It's quite interesting because when you ask schools the obesity issue doesn't seem to come up because they do not see obesity directly impacting on school life but I also think that it has become a bit of the norm and they fail to recognise it because it seems to become a normal thing. Some parents if their child is obese will say well they're no different from a child down the road; it's a bit of a social norm in poorer areas."

"My concern is the nutritional aspect of bringing up children, particularly with budgets shrinking and the fact that inflation in food prices exceeds other forms of inflation."

Emotional Health and Wellbeing

Emotional health and wellbeing was seen as a large problem among young people, particularly as it is something which is often neglected and therefore young people do not receive support for. Since these interviews this has become even more of a potential issue with the latest cuts to these local services. In particular there were perceived problems with young people's self-esteem and understanding of their emotions.

Although it did not emerge in great detail within the focus groups, it is clear that interviewees feel there is a lack of process or support to be able to identify issues at an early point in any mental heath issues.

"Self-esteem was a big issue before they became a young mother in most cases. They lack confidence, they lack belief in their abilities and that they have a choice in life. A lot of our young women don't believe they have a right to choose a pathway for themselves and they still have issues with controlling boyfriends."

"I think one of the biggest areas is emotional health and wellbeing. There is certainly a lower scale in terms of that earlier identification of emotional health and wellbeing issues, we need to be actually preventing it from escalating and having an early intervention model to nip it in the bud and support young people at a much younger age."

"I think mental health is an absolutely huge issue and it doesn't seem to be recognised, it's never ending. We have people coming in depressed and need to talk to someone, we work with the hard to reach young people in the city."

"It can on for years before the system picks anyone up and it's getting harder in this current environment"

"Mental health as you have young people living in poverty and how that affects their lives, how it affects their confidence and self-esteem. We have young people leaving school without any qualifications that have been written off as no-hopers and this government is not doing anything to help them."

"Some of them do suffer through periods of what is diagnosed as depression. I don't think it's something that the NHS does particularly well for women in this age group because they fall between children and adults and in some respects they're neither. Particularly I don't feel that the GP's take it on board particularly well and it doesn't get picked up quickly enough."

Sexual Health

Sexual health was identified as an issue predominantly (although not exclusively) among the older young people and to an extent was considered to be linked to emotional health and self-esteem. Although education and information was provided around this issue, many felt there is a need to address a lack of support for sexual health issues.

"We've got Conifer House they're sexual health, they do a programme from year 7 through to year 11 looking at self-esteem, body image, relationships, that develops into gender issues, contraception, STI's and where to go to for advice. They're brilliant at running this programme but we still don't get enough support for the children at this school."

"We've had an increase in the number of pupils self-referring to CASPHER, they emailed yesterday to say they were concerned about the number of students attending their clinics. The positive is they're going to seek help, the concern is that they're not going to the school nurse."

"We try to cover sexual health and work with young people around contraception and having the choice. We try to cover sexual health from every angle include being able to sustain a healthy relationship which is vitally important but the young people often miss."

"This is an issue and there is too much ignorance on prevention, consequences and general information. The kids need to be more aware as the services are there. We as practitioners and people who care need to improve this situation."

"We have repeat offenders so to speak who are sexually active but not with one partner which causes issues. When you have young people saying that they don't know who the father is that becomes worrying."

Physical Activity

Inactivity and an unwillingness to participate in activities was considered to be an issue among some young people (particularly females) however, there were others who were keen to be involved and some schools and local schemes were offering activities which were designed to be more appealing to those who would usually be reluctant to take part. There were also specific issues which were identified for particular groups for example gypsy / travellers tending to remain on one site and the effects which this had on their health.

The challenge of modern life was also attributed to lower levels of activity with feelings of safety and transport options cited frequently by interviewees as a hindrance, along with the lure of TV and gaming technology.

"We're in the age of computers and cars so children are walking less and cycling less and there's a perception of the street not being safe."

"Kids are now too busy watching TV and using social media to exercise regularly, this is seen as more enjoyable and more of a priority – which is really sad and hard to break."

"They spend too much time sitting down so there are health issues around that. When you look at the lifestyle 10 to 15 years ago they [travellers] *would be travelling and be out all of the time: helping dad, out on the field or just busy moving to the next site."*

"I expect it will be similar to the information we've found for adults. We've got some very, very high levels of inactivity from adults, especially females, the women in this city are not active, a lot don't feel safe even walking outside anymore which doesn't help."

"There'll always be a cohort that you know when you say "girls we're doing hockey" the response will be "no, we're not doing that" so we offer a wide range of different activities for students."

"We're trying to work on a more social and recreational offer, things that are not as regimented, not as coached, kind of like youth club activities that have a sports element to encourage them to be physically active. They do an array of activities; it's all based on what the young people want to do."

"If you can expose young people to as many different opportunities then they're going to find something they like. Traditionally it was always hockey, football and stuff but schools are getting a lot better."

"We've [school] *expanded the range offered in lessons but here we're fortunate because we've got a pool and a hydrotherapy pool and a fitness suite, gym, dance studio, full sports hall, outdoor pitches and because of Hearty Lives we can bring in expert coaches that can deliver some sessions."*

"I know if they ever have productions coming up like plays or anything like that PE always gets cancelled."

As with diet, parents were stated as a key influence on the amount of physical activity undertaken and often formed a barrier towards the young person taking part in sport / exercise. These barriers were not always created intentionally, with some parents 'passing down' the habit or disposition not to exercise rather than explicitly preventing their child from taking part in physical activity.

"If parents are role models and they're not being active it will influence down into the children and young people."

Smoking / Alcohol

Interviewees rarely raised smoking as a main health and lifestyle issue among young people which supports the low levels of smoking and the high awareness of the dangers of doing so which emerged from the focus groups. It is interesting that smoking is now seen as one of the lesser drivers and concerns around young people's health and lifestyle. Perhaps the greatest concern was around smoking when pregnant, which several felt was still a real issue.

Throughout the discussions, interviewees cited the change in the perception of smoking in the wider society as an influencer for smoking levels being reduced and interviewees within schools mentioned the impact the school had on reducing smoking levels among their students and the emphasis which schools have placed on education related to smoking.

"We've had a massive reduction in smokers because we've been working really hard on it. Ofsted hammered us for it so we've had the NHS coming in and doing workshops on smoking, we've had Quit coming in and doing presentations. We've got a whole range of excellent resources we've been given to support our teaching but at the end of the day some of them find it difficult not to smoke."

"All of my students are female and they are still going to pick up smoking after they've had a baby. We are a healthy school and we try exceptionally hard to get the no smoking agenda across within science and within health."

"Smoking's almost being really stigmatised hasn't it, it's really bad to smoke everybody knows that."

Although not all interviewees highlighted alcohol as an issue, those who did said it was common for young people to consume alcohol in excess which in turn affected their school and / or personal lives as well as being a driver for crime. Many saw this as a national issue and there was general awareness of the problems and the damage alcohol can do to young people, it is clear there is no obvious solution.

"Lots of the students are quite eloquent about how hammered they get and how many units they take on board, well they don't realise how many units but you know the fact that they come to you with large amounts of vodka in particular or cheap cider if they can get hold of it."

"At parties there's often problems in school after the weekend because of what's gone on or the students come in with hangovers."

"When my students can they will go out drinking and when they do it tends to be excessively."

"Alcohol in young people worries me very much as it can start very early and can be extremely dangerous. They sometimes spend all their money on drink and you have all the associated street crimes. You hear of them drinking a lot and in terms of vomiting children do die and become alcoholics at a young age."

"Some young people are at risk of using alcohol as escapism and this can in turn lead to crime and drugs."

One interviewee commented that although young people had a strong understanding of the health issues associated with substance abuse, unhealthy eating etc, they felt these issues were something which affected other people rather than something which could and may affect them therefore a considerable challenge for organisations was to make young people accept the personal, and sometimes immediate, risks which to some extent was exemplified in the focus group findings and is therefore a real challenge.

"The difficulty with teenagers as a breed, you can give them the exam and they will do well in the exam for example they can talk at great lengths about the effects of alcohol, about the social effects of alcohol and how it puts them at risk, talk about personal safety, we can do all of that. They think you mean other teenagers, everybody else, but not them, they'll be okay. On the one hand they can tell you the theory brilliantly well but what they struggle with is the application to their personal lives."

"In the old days I've been known to take girls to the maternity hospital, they've been shown the state of a placenta of a woman who smokes and it's black thick with tar and you explain exactly what that means to that baby's development and they're shocked ribbons when they come out. They're that shocked that they come out and have a fag in the garden. It's a difficult one because teenagers can walk on water."

4.2.2 Organisational Challenges

In addition to the challenges which specifically related to the health and lifestyle issues, organisation representatives said they also faced more generalised challenges such as, promotion and awareness of the schemes and services and changing cultural attitudes. The biggest challenge faced my many was identified as funding and the uncertainty and restrictions many organisations faced made it difficult to ensure a full and effective service is offered. It is also clear that despite this there are a wealth of positive schemes and activities available to young people run by passionate professionals.

"Our main challenge is keeping children going to school and keeping them interested and fully involved in school. That's coming but it will take a while. Also we need to make them [gypsy / travellers] see that it is good to go to secondary school as they do not view it with any pleasure at all."

"The barriers are probably more cultural, perceived barriers as well, the confidence to take part in something."

"We have more of a drop in, social kind of offer that's working for the teenagers but we probably need more awareness of it and better communication channels to the young people to make sure we capitalise on these opportunities."

"At the moment it is the marketing and communications of it, I don't think everybody knows what's going on, there might be some activities down the road and young people don't know about them."

"The Health Beat project has been on the go for ten years now...it would be good if we can build our profile up within the city so more people know exactly what we do. I think this may be a failing of ours. We are great doing the things that we do but maybe don't publicise the fact and actually creating a profile for ourselves."

"We have to be careful what we do as we don't have much funding."

"The marketing and comms department in Hull City Council have taken quite a radical change recently and are being more customer focused. The relationship's getting better but before it was almost quite a lot of corporate marketing which wasn't really customer based and we're trying to have a bit of a culture shift."

"Now that we have this funding yearly and the impact of that as an organisation is absolutely massive. I don't think people realise that no sooner do we hear that we have funding, that in six months' time we are going to have to be looking at funding for next year. If we could have funding for three years we'd be able to plan ahead more."

Interviewees felt that moving forward it is important that any schemes and initiatives are efficiently co-ordinated and managed which as well as developing internal relationships will ensure residents have a clear understanding of the opportunities which are available.

"I think one of the key challenges is co-ordination of the citywide approach and how we work with the NHS and the Clinical Commissioning Group moving forward. It's not about doing things in isolation, it's about doing that in a broader citywide partnership and ensuring we have a clear understanding of roles and responsibilities."

"I guess knowing from what they've commissioned and what's working well and what hasn't worked well because they've commissioned a lot of weight management and health programmes. If we have feedback and know the pros and cons we can learn from them and then that'll help inform future commissioning."

"We are in a very challenging time at the moment, NHS Hull are going through massive changes and the development of the health and wellbeing board is in emerging stages so that in itself gives us some challenges to work through in terms of leadership."

"I think it is about the local authority and health better integrating services and managing their resources as effectively as possible. We also need good data to monitor how things are going."
"It would be better if we could have a better relationship with the NHS to cover all angles."

"I think making the most of resources, joining resources and efforts up so it makes sense locally on the ground to the end user so keeping the end user and the community as a priority when working back from them because I think sometimes some things have happened in silo and are not connected."

"I think it is working together and managing the change. That is the real challenge at the moment."

"It needs to be a team effort and the schools play a very important part and often they are forgotten and we give services to them rather than asking what they need. We need more informed commissioning because we need more flexible and responsive services because one size doesn't fit all for example the east of the city might have completely different needs to the north because they are dealing with different groups of young people or have different issues at that time."

4.2.3 Facilities

Interviewees were asked if, in their opinion, there were enough facilities and support groups to suit the needs of young people in the city, to which there was a great deal of positivity towards the facilities available in the city, particularly when considering the large amount of sports facilities. Interviewees working within schools also tended to be positive about the sport / exercise offer provided by the school;

"I think there are some organisations that are doing great stuff, there are some places like Corner House and Conifer House and Hull Youth Service and we have forged some partnerships with them."

"There seems to be an abundance of leisure centres, a lot of our students are involved in different football and rugby clubs outside of school. We're lucky here because we have fantastic facilities which students can access during the day and is open for community use after school."

"I know some schools will get outside people to go in because they won't have a PE teacher or they won't have a teacher that will want to do the activities; I know they've got to cut certain things. We've been invited to go in and do PE lessons which is fine in one sense but that's not what we are there to do."

Although this view was not shared by an individual working within an external agency who was critical of partnership working or the overall use of facilities.

"We have an immense range of facilities and services and information but I wouldn't say it's the most co-ordinated or the most appropriate."

Although interviewees identified a large number of facilities, concerns were expressed regarding the suitability and location of some activities and therefore the limitations on the demographic that the facilities / activities would appeal to.

"There are some groups but the problem is getting young people to want to access them and getting the parents to allow them to go to the activities when they are further away."

"We need to talk to young people about the services they want and how they want them delivered because I don't think health services are good at things like that. I think we should listen to the voice of young people in helping us to shape and deliver some of these services."

"We are very rich in services, they just need more evidence based shaping and a little bit more integration and drawing together in some places."

"The council provides services for mixed abilities and you are not going to get an overweight child going to a group with everybody else that's of a normal weight. It's just not going to happen."

"With regards to sports obviously it's a traditional offer so I think there could be more opportunities for young people. The offer is good for the kids who are into sport but there could be a wider offer which is why we're developing street games."

"There are lots of mini-gyms but at the same time some people are actually quite scared of going into a gym because they think everyone is looking at them or they don't know if they are doing it right. It's not an environment for everyone."

4.2.4 Information

Opinion was divided as to whether there was sufficient, appropriate information available for young people regarding health and lifestyle issues. Although there were positive aspects of the information which was available, some interviewees queried if the information accessed was correct.

Interviewees also identified limitations in the marketing and communication of information which was external to schools, therefore resulting in the message / information not reaching young people.

"I think there's a massive amount available and there are schemes of work in school that all children follow but I think it's about making all children aware."

"We do teach them a lot of health issues and give them a lot of health information. We did the national Healthy Schools standard in 2002 and we've done it four times now. We are about to embark on it a fifth time where the focus is emotional wellbeing which is why we've put an accredited course in about emotional wellbeing."

"There is lots of information to access and most children have access to PC's and smart phones. In fact there has never been so much information as there is now readily to hand. The problem is whether or not it's the right information and is giving the right message."

"Things have been made so accessible and made so easy for them so they don't have to go out. Media and marketing I would say are probably the worst culprits where you've got the images of people that'll make young people feel inferior."

"There's a Clued Up in Hull website where all of the activities for young people is but I don't know how popular it is and how much it's used. It's promoted in schools and on boards but it's something we need to get better at."

In addition to general issues with communicating information, challenges were also identified for specific groups of young people for instance the low computer use among gypsy / travellers or the sensitivity to the media among young females.

"How do young people know how to access the information that we already have? The majority of travellers don't really have computers or know how to use computers. You can give leaflets to the young people at school but again, if they are taking them home the parents can't read them."

"Schools can provide them with all of the information that they want and they can teach PSHE in school but girls have low activity rates because they want to look like models and they get different information themselves on how to look; the problem is the role models they have from magazines and the internet."

4.2.5 Changes / Improvements

There was great variance when asked what one change could be made to improve the health and lifestyle of young people. Some felt there was a need to address the advertising targeted at younger people or, when thinking of healthy eating specifically, the availability of products which are bad for young people's health. Others felt the most important change would be with the attitudes and education of parents.

"We need to work with parents as it's the attitude that it's the norm to become pregnant at 16 just because so and so has had a baby and isn't the baby beautiful. Students will come in and say "oh my mum can't wait to be a grandma"; that is not helpful."

"I think you need to have more responsible advertising and would really help as I think children and young people are so influenced with the advertising, marketing and promotion."

"I think health promotion does work to a certain extent but I think it is more important to work with the parents of today's young children to make sure when they get to teenagers they are healthy."

"I would get them active in whatever way was possible, try and convince them that activity is fun and give them the opportunity to go to different places. There needs to be more education for parents and incentives for parents to take them out."

Emotional health among young people was mentioned by several of the professional's interviewed as the focus of the one change, particularly the importance of acknowledging and addressing issues such as self-esteem and depression. Some interviewees also felt that young people were at times not listened to or given the opportunity to give their views.

"Some of the GP's don't understand that medical jargon cannot be understood by an awful lot of the population and that if someone said something to me that I didn't understand I would ask but they haven't got the confidence to do that so they will come away actually not knowing what the hell's being said to them."

"I think we need to reduce the stigma in regards to mental health and for us to start talking about it. I think the stuff that we are doing is working quite well, like sharing experiences, doing campaigns, making it visible and making people listen."

"Young people just want to be listened to so they want someone to say to them "what's your priority, what do you think about this, how does this affect you?" and for it to be meaningful and be taken on board and listened to."