# MENTAL HEALTH AND SELF-HARM REPORT

## BY CHILDREN AND YOUNG PEOPLE

WAY.

WAY Changemakers

WAY Studios

WAY Beacons

Swindon Borough Council

Breaking through cultural barriers
changing suits

STEP SWINDON

# INTRODUCTION

The aim of this report is to highlight the experiences, concerns, and recommendations of children and young people (CYP) in Swindon around mental health, emotional wellbeing, self-harm, and mental health crisis.

This report was created by Swindon's Young Changemakers, a group of young people committed to improving the lives of children and young people across our town. The project was facilitated by WAY and developed in partnership with STEP, Changing Suits, Swindon Borough Council and a wider group of children and young people from across Swindon.

Together, we wanted to understand:

- What negatively influences mental health and emotional wellbeing (self-harm in particular)
- What support does not work
- What children and young people believe needs to change

This work was shaped by young people with lived experience of self-harm, mental health difficulties, and mental health crisis. Importantly, 72% of the Young Changemakers leading this project were originally supported through WAY's Beacons Hospital Project following experiences of self-harm, suicidal thoughts, mental health crisis, or emotional distress. Because of this, this report is not based on assumptions, statistics, or wider survey responses. It is based on real experiences captured through young person-led focus groups, conversations, research, and lived experience insight.

**THIS IS OUR REPORT.**
**OUR VOICES. OUR EXPERIENCES. OUR RECOMMENDATIONS.**

# WHO TOOK PART?

## 41 CHILDREN AND YOUNG PEOPLE

With this report we've spoken with people who have struggled with self-harm, either been admitted to hospital, or referred to other support organisations for issues regarding their relationship with self-harm. We wanted to explore this issue in depth with young people who could share their lived experience and help us consider what more can be done to support the wider population of children and young people here in Swindon.

**AGE GROUP:**
22% AGED 12–13
32% AGED 14–15
24% AGED 16–17
15% AGED 18–19
7% AGED 20–25

**ETHNICITY:**
54% WHITE BRITISH
15% MIXED HERITAGE
24% ASIAN BRITISH
2% BLACK BRITISH
5% OTHER ETHNIC BACKGROUND

**GENDER IDENTITY**
54% FEMALE
41% MALE
5% NON-BINARY

32% LGBTQ+
44% DISABILITY OR SEND
46% NEURODIVERSE

# THE NEEDS, CAUSES AND INFLUENCES

## EMOTIONAL OVERWHELM AND UNMET EMOTIONAL NEEDS

Many children and young people describe carrying difficult emotions for long periods of time without feeling able to talk about them, or knowing where to go if they do. Regular pressures at school and lack of understanding from secondary schools are highlighted as key triggers or escalation points that contributes to self-harm.

Feelings often include: panic, loneliness, emotional numbness, low self-worth, anger, and long periods of sadness.

Young people described emotions building over time until they felt impossible to manage, leading to self-harm becoming a source of escape and comfort that can develop into an addiction.

*"[Self Harm] is like letting pressure out."*

*"I don't want attention; I just want the pain to stop."*

### WHAT THIS MEANS FOR US:

**Many young people don't know about safe ways to express difficult emotions or situations before they resort to self-harm.**

## FAMILY PRESSURES, TRAUMA AND FINANCIAL STRESS

Many young people linked their mental health to difficulties at home. This includes family conflict, worries over finances, parental mental health difficulties, substance misuse, and not feeling safe.

Young people have shared that they feel their parents would react badly or judge them if they were to talk about struggles with mental health, especially struggling with self-harm.

Young people often described feeling guilty about their own struggles when parents were also struggling.

Children and young people from diverse communities often feel they can't talk to their families about mental health challenges due to cultural stigma and lack of understanding.

*"Everyone's stressed about money and it affects us too."*

*"Parents are struggling and then we feel guilty for struggling too."*

### WHAT THIS MEANS FOR US:

**Family challenges and financial stress need to be considered as contributing causes that can lead to self-harm.**

## ISOLATION, LONELINESS AND LACK OF BELONGING

Young people frequently described feeling disconnected from others. Many reported feeling lonely despite being connected online.
Others described lacking safe places where they felt accepted, understood, or able to be themselves.

Neurodiverse young people more often struggle with isolation and feelings of loneliness. They frequently feel more out of place among their neurotypical peers, which puts them at greater risk of self-harm.

*"I feel lonely even though I'm always online."*

*"Growing up autistic felt like I was an alien trying to fit in."*

*"There's nowhere to go if you're struggling unless you're at a crisis."*

### WHAT THIS MEANS FOR US:

**Young people need welcoming and understanding spaces, positive relationships, and opportunities to connect with others, on an ongoing basis.**

## SOCIAL MEDIA AND ONLINE INFLUENCES

Young people recognised that social media can both support and harm mental health. While some found understanding and connection online, others described harmful content, comparisons, normalisation of self-harm, and exposure to suicide-related content.

Young people have highlighted online spaces where self-harm is encouraged and glamorised, with insider slang/terms relating to self-harm to bypass restrictions from social media platforms or judgement from other people on social media.

However, young people were clear that social media is rarely the main contributor to self-harm, but it can be a factor that escalates, normalises and even glamorises such damaging coping methods.

*"I'd see other teenagers talking to each other saying they wish they could cut as deep as others"*

*"I don't self-harm because TikTok told me to, I did it because I'm struggling."*

### WHAT THIS MEANS FOR US:

**Social media can influence behaviour, but emotional distress remains the primary driver behind self-harm.**

# WHAT DOES NOT HELP

## CRISIS-LED SUPPORT

Many young people felt support only becomes available once their mental health has significantly deteriorated, thinking they have to get “as sick as possible” before they can reach out for help, which often leads to self-harm.

"I thought i'd only get help if I was suicidal"

"Services only care when you're at breaking point."

### WHAT THIS MEANS FOR US:

**Support is often reactive rather than preventative.**

## NOT BEING LISTENED TO

The strongest message throughout the consultation was that young people often feel unheard. Many described professionals focusing on processes, assessments, or risk rather than understanding their experiences.

"Some adults talk at you instead of listening."

### WHAT THIS MEANS FOR US:

**Feeling heard is often more important than receiving advice.**

## ONE-SIZE-FITS-ALL APPROACHES

Young people repeatedly described support that felt generic and inflexible. Particular concerns included standardised and short-lived programmes, repeated assessments, therapy models that do not suit everyone, and lack of neurodiversity awareness

"We're nothing like each other and have completely different things going on."

### WHAT THIS MEANS FOR US:

**Support must be personalised and responsive to individual needs.**

## CLINICAL AND UNCOMFORTABLE ENVIRONMENTS

Many young people described formal settings as intimidating and unhelpful.
This includes clinical offices, online appointments without privacy, and school-based interventions that remove pupils from lessons.

"Support should feel human, not like an assessment."

"Sitting in an office answering questions makes me shut down."

### WHAT THIS MEANS FOR US:

**The environment where support happens matters.**

## SUPPORT ENDING TOO SOON

Young people frequently described support disappearing as soon as they appeared to be coping better. Young people highlighted that having a short 6-week programme is more unhelpful than helpful and leaves them feeling let down. It can also put them at risk of falling into a habit of self-harm again or more severe forms of self-harm. Young people have also shared that they aren't communicated with and are not told when support will end, giving them no time to prepare for when they’ll be without support.

"As soon as you seem better, support disappears."

### WHAT THIS MEANS FOR US:

**Recovery is not linear and support needs to acknowledge this in order to help prevent relapses of self-harm.**

## LACK OF CULTURAL UNDERSTANDING

Some young people felt support services did not always understand the cultural, family, faith, and identity factors that can shape mental health experiences. Research by Changing Suits found that many young people from South Asian backgrounds felt mental health services often lacked cultural understanding and relied on generic approaches that did not reflect their lived experiences.  Find out more on this **HERE**

"You can't support someone properly if you don't understand their world."

### WHAT THIS MEANS FOR US:

**Support should be culturally informed and recognise the diverse backgrounds, experiences, and identities of young people across Swindon and how their experiences of self-harm are unique.**

# WHAT WE NEED

## EARLIER SUPPORT

Young people want support available before a crisis point, and support that is less medicalised and focuses on:

- Support Earlier
- Faster access to support
- Emotional wellbeing support before self-harm develops
- Practical coping skills taught earlier

"Teach us how to cope before we need to cope."

"Show us ways to cope that match our interests"

**RECOMMENDATION:**

**Invest in accessible, early intervention services across Swindon.**

## LONG-TERM TRUSTED RELATIONSHIPS

The most important factor identified was having trusted adults who genuinely care.

Young people want:

- Consistent mentors and support workers
- Long-term relationships
- Adults who listen
- Professionals who understand children and young people

"You need someone who actually remembers you."

**RECOMMENDATION:**

**Build services around relationships rather than processes and don't commission short-term programmes.**

## YOUNG PEOPLE DESIGNING SERVICES AND TRAINING

Young people repeatedly stated that services should be designed with them, not for them. They also highlighted a need for young people to co-design training for parents and schools. This was particularly highlighted in diverse communities.

"Young people know what young people need."

**RECOMMENDATION:**

**Embed lived experience and youth voice in all future service development and co-design training that can be delivered alongside young people.**

## SPACES BY YOUNG PEOPLE FOR YOUNG PEOPLE

Young people consistently highlighted the need for safe places where they can access long-term support informally, and build positive relationship with peers, combatting loneliness and isolation. Suggestions included:

- Youth centres and wellbeing hubs
- Evening and weekend provision
- Drop-in services
- Quiet spaces

"Sometimes you just need somewhere to breathe."

**RECOMMENDATION:**

**Develop safe, welcoming, youth-friendly wellbeing spaces across Swindon.**

## BETTER SUPPORT IN SCHOOLS

Young people want schools to become ACTUALLY trauma-informed and emotionally aware not just say they are. They want, better staff understanding, earlier support, reduced stigma around self-harm, and mental health support that does not feel punitive. They also want to be involved in the support.

"Mental health support in schools shouldn't feel like punishment."

**RECOMMENDATION:**

**Strengthen trauma-informed approaches across all schools and involve CYP in the training design and delivery.**

## FLEXIBLE AND CREATIVE SUPPORT

Young people want alternatives to traditional therapy-only approaches. This is particularly for those least likely to engage in traditional forms of therapeutic support such as ethnic minority communities and boys who are more active and like 'hands-on' activities. They suggested:

- Outdoor wellbeing
- Art and Creativity
- Music
- Sport and fitness
- Youth Social Action Groups

"Sometimes talking while doing something is easier."

**RECOMMENDATION:**

**Don't over-medicalise support, and offer a wider range of therapeutic and wellbeing approaches.**

# A WAY CONVERSATION: PODCAST

Hear the experience, views and ideas from young people on the challenges they and their peers face around mental health and self-harm in co-produced series of podcasts.


## EPISODE 1:

**MENTAL HEALTH AND SELF HARM PART 1**

## EPISODE 2:

**MENTAL HEALTH AND SELF HARM PART 2**

# CASE STUDY: FREDDY'S STORY

Here is an example of a young person's experience with self-harm and the positive impact that long-term relational and community-based support has had on their journey.

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