

OxWell Student Survey

Young People's Health and Wellbeing ▼

OxWell 2025: Summary Report

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When young people speak, OxWell listens



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Young People's Health and Wellbeing ▼

OxWell 2025 Summary Report

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Aims of the OxWell Student Survey

The OxWell Student Survey aims to:

- Ensure **young people's voices** directly inform research, policy, and service development.
- Improve understanding of students' **school experiences, wellbeing, and mental health needs.**
- Collect **non-identifiable data** in order to promote trust and support accurate reporting from students.
- Support **schools, local authorities, and health partners** to base their decisions on best available evidence.
- Inform the development and **evaluation of mental health provision** in schools and health services.
- Use **repeated survey waves** to respond to emerging issues affecting students and improve our understanding of the current environment.

Overview

The OxWell Student Survey 2025 (OxWell 2025) collected responses from 35,000 students, gathering valuable information from students about their lives, mental health and wellbeing. Collectively, students attended a total of 95 primary schools, secondary schools and Further Education Colleges (FECs) in England, and were mostly aged 9 to 18 years. OxWell 2025 collection was mainly conducted from 24 February - 28 March 2025. Most participating schools were mainstream. See Tables 1 and 2 for a breakdown of school numbers and regions. Ethical approvals for the study were granted by the University of Oxford Medical Sciences Interdivisional Research Ethics Committee (R62366/RE017).



Table 1: Educational institutions in OxWell 2025

School phase	Number of institutions	Number of responses
All primary schools	46	3,142
All secondary schools and FECs	49	32,102
State-funded secondary	40	27,777
Independent school	2	1,297
Further Education College (FEC)	7	3,028
All institutions	95	35,244

Table 2: Participating secondary schools and FEC by region

The majority of participating OxWell 2025 schools were in Liverpool City and Oxfordshire:

Region	Number of institutions
Berkshire	4
Buckinghamshire	1
Cheshire	1
Greater Manchester	1
Merseyside	12
Oxfordshire	25
Surrey	3
Wiltshire	1

How Was the Study Designed?

The OxWell survey has been designed, with youth involvement, to collect data when students are at school. OxWell 2025 is the fifth OxWell survey that has been conducted since 2019. The repeated nature of the survey allows us to improve and adapt our survey each time asking better questions, learning quickly about emerging issues and adapting how we work with our partners. This survey was considerably shorter than previous OxWell waves, around **15 minutes**, completed in schools via an online link (on the Qualtrics survey platform). Young people have helped us throughout in **multiple advisory groups** and consultations that have informed both the content and implementation of the survey, and we are incredibly grateful for their generous assistance. In 2025, for example, their input led to the pre-survey teacher text used to introduce the survey in all schools and to the inclusion of an on-screen pop-up to act as a trigger warning before more sensitive questions were asked. Students contributed directly to the design of many of the questions, two examples of which we will highlight here. For questions on school-belonging - a particular focus in 2025 - student advisors recommended the question to be worded 'Which of these options engages you most with the school community' and then helped refine the 19 response categories. The findings of this question are fuelling discussions with schools and local authorities as by far the most popular category was 'School trips' followed by lunchtime and afterschool activities. On another occasion, youth advisors, after learning about previous OxWell findings, proposed adding a question about whether students would have liked support to help a friend or family member. This question was included, and the findings (that one third of students would have liked such support) are very interesting and helping shape discussions with schools and service providers.

What was asked?

There were two different survey versions; a primary school and secondary/FEC version. They covered similar areas, but with more age-appropriate language and formats. No individual names, dates of birth or addresses were collected, and students were informed that there would not be any attempt to try and identify them individually. This approach, developed with youth input, has been consistent across all survey waves and is intended to increase **trust** and encourage accurate responses. All students had to answer a question about their year group and then three consent/assent questions. If they answered in the affirmative for all three of these consent questions they would proceed to the main survey. No other questions were required to be answered and so students could leave any question blank and proceed to the next question or stop.

The primary school version of OxWell 2025 was designed specifically for pupils in Years 5 and 6 (typically aged 9–11 years) and comprised approximately 85 to 100 questions, depending on contingent responses. Questions focused on wellbeing, loneliness, depression and anxiety, neurodiversity, school experience and safety, worries, bullying, sleep, and physical activity. Items were asked about family and home circumstances, including socioeconomic deprivation, free school meal status, and parental care. Additional topics around bullying, self-harm and accessing mental health support were also asked.

The secondary school survey (school years 7 to 13, including equivalent FEC years) was separated into a core survey and an optional survey. The core survey included between 73 and 90 questions, depending on contingent responses. The order of questions was deliberately structured to promote engagement and reduce fatigue, beginning with positively framed wellbeing questions before moving to questions that address a range of issues relevant to public mental health. These included demographic questions (for example ethnicity, deprivation including free school meal status, gender diversity), general questions on lifestyle (exercise, sleep) and school life (enjoyment, support in learning). Some additional indicators of vulnerability such as loneliness, exposure to bullying and/or

aggression, and online negative exposures were asked, as well as questions about mental health and attitudes to accessing mental health support.

Regarding the actual questions asked, either individual items or full sections drawn from **validated** questionnaires where possible were utilised; otherwise OxWell-developed items were used. More detailed information about the specific questions asked, and their sources, is openly available on the [OxWell OSF page \(https://osf.io/sekhr/\)](https://osf.io/sekhr/). This includes the 'Study Protocol', full 'Variable Guides', and the '2025 OxWell Study Description'. Many of the questions had been included in earlier survey waves and others were newly designed with stakeholder input (as described above). For example, ethnicity was asked according to Office of National Statistics (ONS) categories whilst gender identity questions followed a period of co-design. Mental health problems were assessed through questions about a range of worries (including shape and weight, gender identity, exam results and the climate), one item on loneliness and another on eating behaviours focusing on vomiting behaviours. Depression and anxiety were assessed using a questionnaire often used by clinical services. Questions about negative in-person and online experiences and exposure to self-harm content were developed by the study team. Questions about neurodiversity (self-identified and diagnosed neurodevelopmental conditions, sensory sensitivities, and special educational needs support) were included. Questions on the use of, and preferences for, mental health support and services (informal, semi-formal, formal and digital) were developed by the OxWell Study team in consultation with local providers. Questions about school experience and safety (belonging, support, bullying, racism, school detention and exclusions, safety at school/home/travel, and extracurricular participation); and about health and lifestyle physical activity and sleep quality were also included. Students were asked additional questions about their household and family circumstances, including items on poverty and parental mental illness.

At the end of the core survey, students in 32 secondary schools and 7 FECs were invited to complete the optional survey and of the 16,861 students who answered the final question on the core survey, 6,910 (41%) continued to the 'optional' survey. The optional section consisted of six blocks of questions presented in random order, with between approximately 45 and 70 questions depending on contingent responses. These additional questions were on sleep interventions; body-focused repetitive behaviours (BFRBs); gaming and online behaviours; maltreatment and peer abuse; substance use; chronic pain; and responses to trauma or stressful events.

The OxWell Data Platform: 'OxHub'

For OxWell 2025, OxRSE (the Oxford Research Software Engineering Group) joined the OxWell team to design and develop a new data platform, '*OxHub*'. The platform has been designed to support evidence-based action and facilitate meaningful dialogue around student wellbeing at the local, regional and national level. We created *OxHub* to ensure that findings are not only collected for research purposes, but shared back quickly and clearly with those working to support children and young people at the participating schools, as well as with local authorities, national institutions and third sector organisations.

OxHub gives participating schools, local authorities, and health partners direct access to their OxWell results within a secure environment. What users can see depends on their access agreement, but confidentiality is protected to ensure no individual students can be identified.

The platform allows users to look at results for their own school, a local area, or the full OxWell sample. This helps partners understand what is happening locally and how their findings compare with other schools or areas, without creating league tables or rankings.

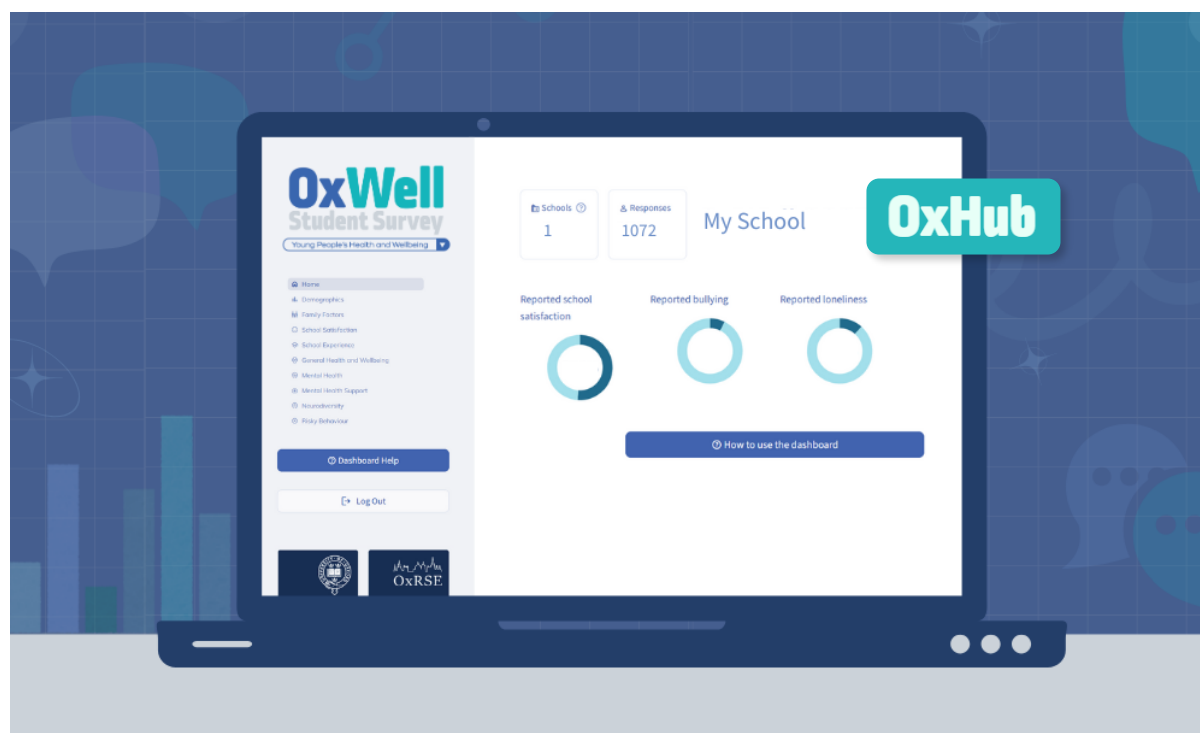
A key strength of *OxHub* is the ability to apply up to two filters at the same time. Filtering means that users can look at the OxWell data and focus on specific cases and subgroups (such as specific student responses). In practice, this means users can explore how experiences differ by year group, gender, or indicators linked to vulnerability, such as loneliness, high levels of anxiety or depression, or self-harm. Being able to examine results with these filters can support a more targeted understanding of need, which is essential for planning effective support.

OxHub presents results in clear visual formats and allows tables and charts to be downloaded for internal discussions, planning meetings, and joint work across education and health. We present below results and graphs directly drawn from *OxHub*.

The screenshot shows a filtering interface with the following elements:

- Choose categories:** A header for the filter section.
- Ethnicity x Loneliness x:** Two selected filter buttons with 'x' and dropdown arrows.
- Ethnicity: Choose options to show:** A sub-header for the Ethnicity filter.
- Mixed/Multiple E... x:** A selected filter button for Ethnicity.
- Loneliness: Choose options to show:** A sub-header for the Loneliness filter.
- Often x:** A selected filter button for Loneliness.
- Apply choices:** A button to apply the selected filters.
- Clear categories:** A button to reset the filters.

Figure 1: An example of the *OxHub* landing page for schools

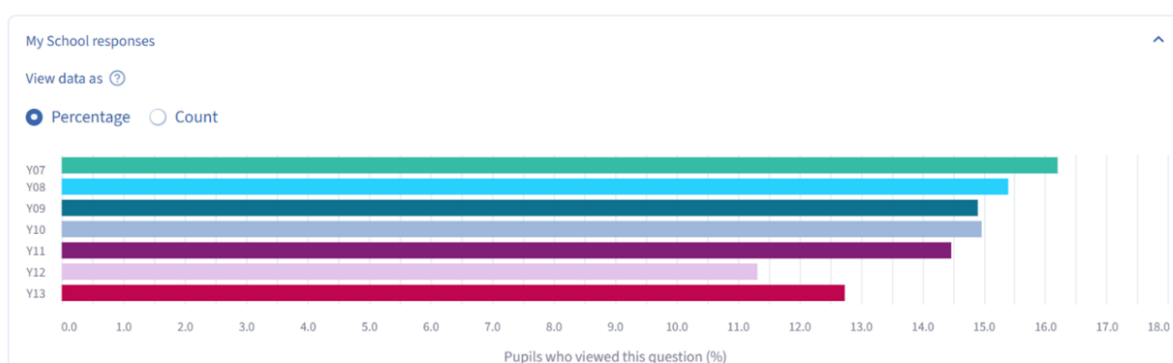


Developing *OxHub* for OxWell 2025 required a substantial initial investment of time, testing, and quality assurance. As a result, there was a longer gap between survey completion and the release of findings than we would ideally have liked. Now that the platform is established, we anticipate that in future OxWell waves, participating schools and partners will be able to access their results within days of survey completion, following final checks. This will enable much more timely use of the data to inform planning and action.

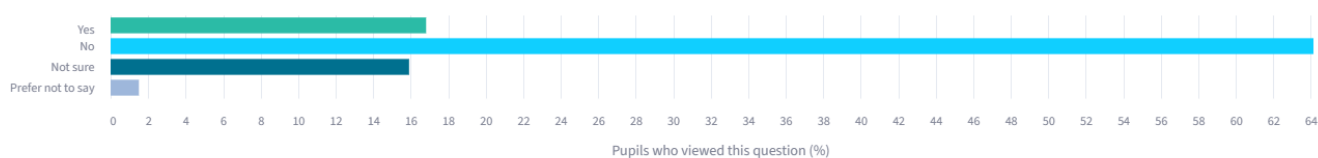
When using filters to explore differences between groups, it is important to note that many experiences overlap. Apparent differences between groups may reflect higher exposure to factors such as loneliness, bullying, or feeling unsafe, rather than the specific characteristic used to filter the data. Filtered results should therefore be interpreted as descriptive patterns that help identify areas for further exploration and support, not as (causal) explanations in themselves.

OxHub helps ensure that young people's participation leads to real insight and action, and that evidence about their experiences is readily available to those with responsibility for improving services, environments, and systems of support. So far over 120 different logins have been provided to schools, local authority and health service partners who have logged in over 650 times into the platform and viewed over 1,200 different pages with findings.

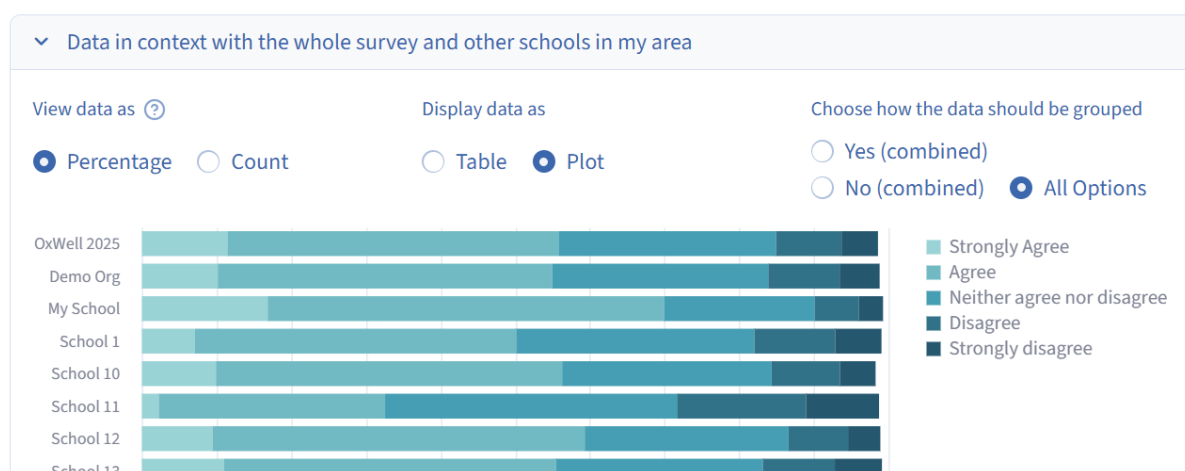
Figure 2: Example of the data display in *OxHub*



Example of a chart downloaded from *OxHub*:



Example of viewing data in context in *OxHub*:



Key Results

The findings presented in this report draw on responses from over 35,000 children and young people who took part in OxWell 2025. They reflect students' own accounts of their wellbeing, school experiences, relationships, and access to support. Together, they offer a rich picture of the strengths, challenges, and priorities of the current school-aged population.

The sections that follow are organised to mirror the structure of the OxWell school reports that were sent out to participating schools within a few weeks of survey completion. The reports cover areas such as school experience and belonging, safety and bullying, home and family factors, physical and mental health, neurodiversity, and access to mental health support. This consistency is intentional, enabling alignment between school-level reflection and system-level planning.

While the findings highlight areas of concern, they also identify important protective factors and opportunities for action. They reinforce the central role of schools as environments that can promote belonging, safety, and early support, and the importance of coordinated work across education, public health, and health services.

The findings are presented at an overall level and, where relevant, illustrated using filters to demonstrate how patterns may differ across groups. These examples are not exhaustive, but are intended to show how the data can be explored further using the OxWell Data Platform (*OxHub*).

In June 2025 we also released a brief video to share early findings with participating students. The video can be seen [here](#) and is available for easy access on the oxwell.org website.

Figure 3: Co-developing resources with students to share OxWell findings



How to Read and Use This Report

Considerations relevant to interpreting and using the findings are outlined below:

Context matters: Each school and local area operates within a unique context shaped by demographics, resources, and community needs. Findings need to be interpreted alongside this contextual knowledge.

Use filters to understand vulnerability and resilience: Applying filters (such as loneliness, neurodiversity, or high levels of depression and anxiety) can help identify groups who may benefit from targeted support and facilitate more equitable and proportionate planning. The filters shown in this report are selected to illustrate how the data can be explored and are not intended to be exhaustive or the most relevant for every finding.

Be mindful of who is missing from the data: As with all school-based surveys, some young people are less likely to be represented. This includes students who were absent on the day of the survey; those who are persistently absent or not currently attending school; those whose parents opted them out; and some students with learning, language, or attentional difficulties who may find completing an online survey challenging. In addition, not all schools within a local authority area participate in OxWell, meaning the findings reflect the experiences of students in participating schools rather than the entire local population. The groups that are missing may have higher levels of need than those captured here, and their absence should be considered when interpreting the findings.

Consider partial responses and non-response to specific questions: Some students choose not to answer particular questions or select options such as *'prefer not to say'*. These decisions may reflect discomfort, uncertainty, privacy concerns, or the relevance of the question to their experience. They are therefore meaningful in themselves and should not be dismissed. When interpreting results, it is important to consider both what young people have shared and where they may have chosen silence.

Data are a starting point for dialogue: The findings are most powerful when used to prompt discussion with schools, young people, families, and partners about priorities, gaps, and opportunities for change, rather than as definitive answers in themselves.

Note: The charts in this report show percentages for students who answered that question. For some questions the percentages given are greater than 100% as these questions had checkboxes where students could select more than one response option. When referring to students in Year 11 and above, we use the term 'Secondary School Students'; this includes those attending Further Education Colleges.

Description of Participating Students

1. *Table 3: Number and percentage of students who participated per year group:*

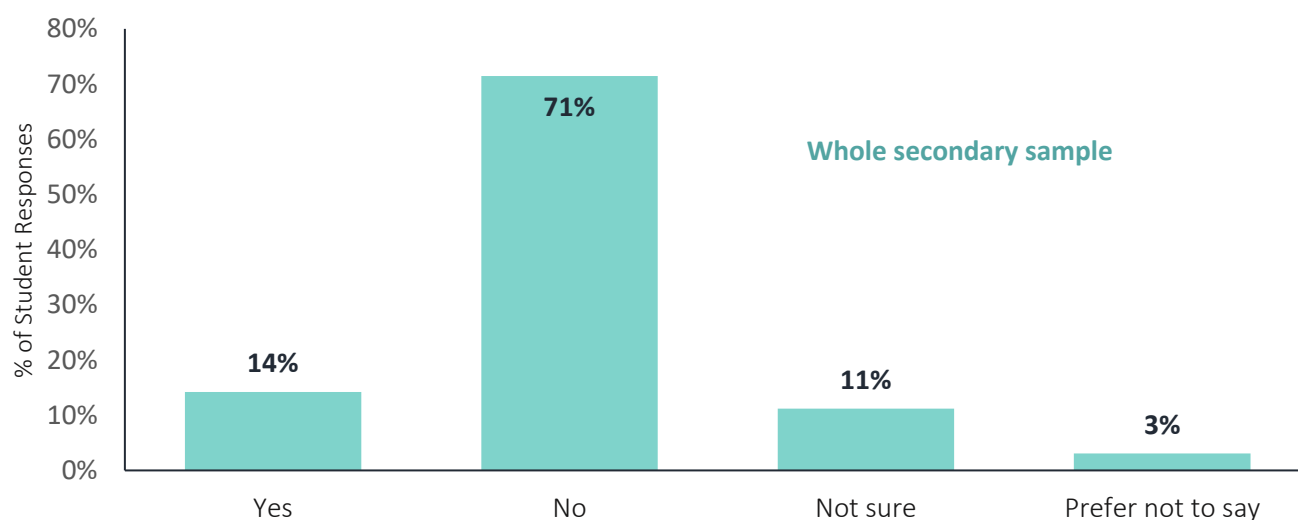
	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13
Count	1468	1674	5780	5779	6145	4946	3233	2784	3435
% of whole sample	4%	5%	16%	16%	17%	14%	9%	8%	10%

2. *Table 4: Gender Identity*

Secondary School Students	Number of students	% of sample
Girl/Woman	14811	48%
Boy/Man	14436	47%
Trans/Gender Diverse	841	3%
Don't know/not sure	267	1%
Prefer not to say	331	1%
Primary School Students	Number of students	% of sample
Girl/Woman	1515	49%
Boy/Man	1492	48%
Trans/Gender Diverse	18	1%
Don't know/not sure	5	0%
Prefer not to say	65	2%

3. **Chronic health conditions:** Do you have any illnesses or physical or mental health conditions that require repeated medical appointments, and/or take regular prescription medication?

Figure 4: Chronic Health Conditions



4. Table 5: Learning needs (secondary sample)

	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13
Receive support for special educational needs	508	480	572	449	322	237	381
% of students (by year group)	11%	9%	9%	9%	10%	9%	11%

5. Table 6: Ethnicity

	Number of students	% of sample
White	21768	66%
Asian/Asian British	4632	14%
Black/African/Caribbean/Black British	2234	7%
Mixed/Multiple Ethnic Groups	2232	7%
Other Ethnic Group	2077	6%

School experience & belonging

A positive school experience and a strong sense of belonging are consistently linked to better mental health, engagement with learning, and overall wellbeing. OxWell 2025 placed particular emphasis on belonging, informed directly by young people's input. Understanding which aspects of school life foster connection, and for whom, offers an important opportunity to strengthen inclusive school environments and reduce risk at a population level. The Survey asked about whether the students feel part of the school, participate in extracurricular activities and then what helps them feel part of the school community and likely to therefore help foster a sense of belonging.

6. School Absence

The survey was mainly completed in March 2025, approximately halfway through the school year. Students were asked to estimate how many days they had missed of school so far that academic year. It is important to note that students who are persistently absent are less likely to be present to complete a school-based survey, meaning these figures are likely to underestimate both the proportions of students this affects and the level of need within this group.

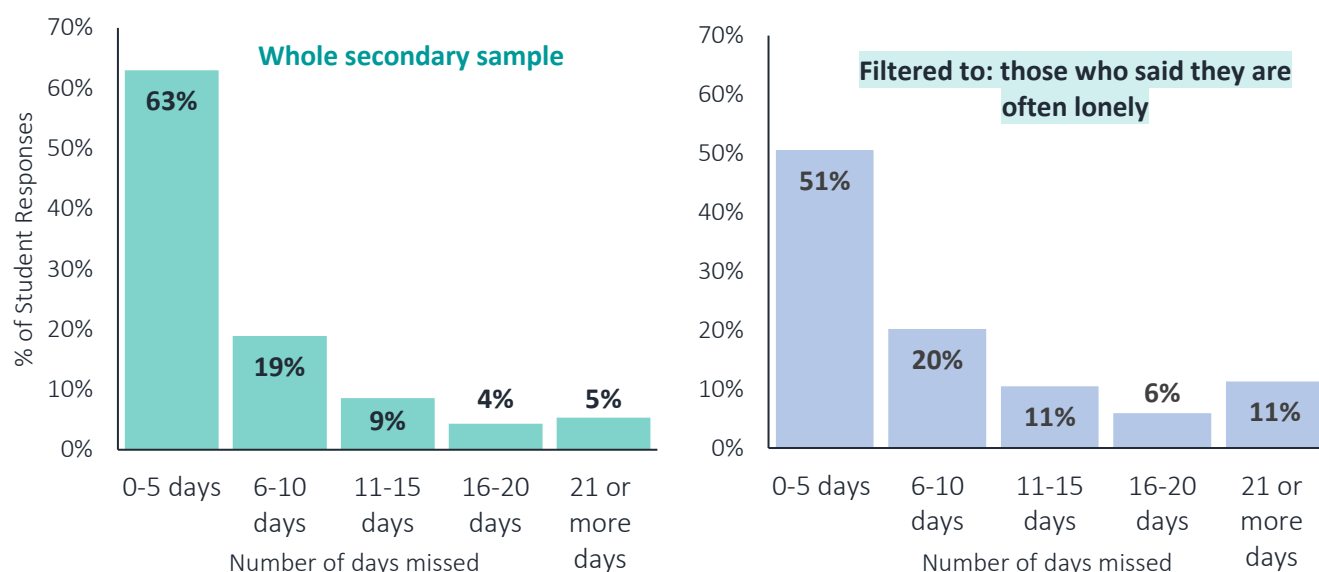
Findings are presented for the whole sample and then explored by the filter of loneliness. Of the students who reported that they *often* felt lonely, 17% (compared with 9% of the total sample) reported that they had missed 16 or more days of school so far in the academic year.

Schools are encouraged to examine their own administrative data; however, similar patterns are evident across the sample for several groups. Higher levels of reported absence (16 days or more) are also observed for those with special educational needs (16%), those who self-identified as autistic (17%), those who self-identified as having ADHD (16%), and those with a likely clinical anxiety or depressive disorder (18%).

Trans and gender diverse students had some of the highest levels of absence, with up to 21% reporting 16 or more days missed. Within this group, reported school absence was highest among students in Year 9 (25%).

During this academic year (since September) roughly how many days of school have you missed?

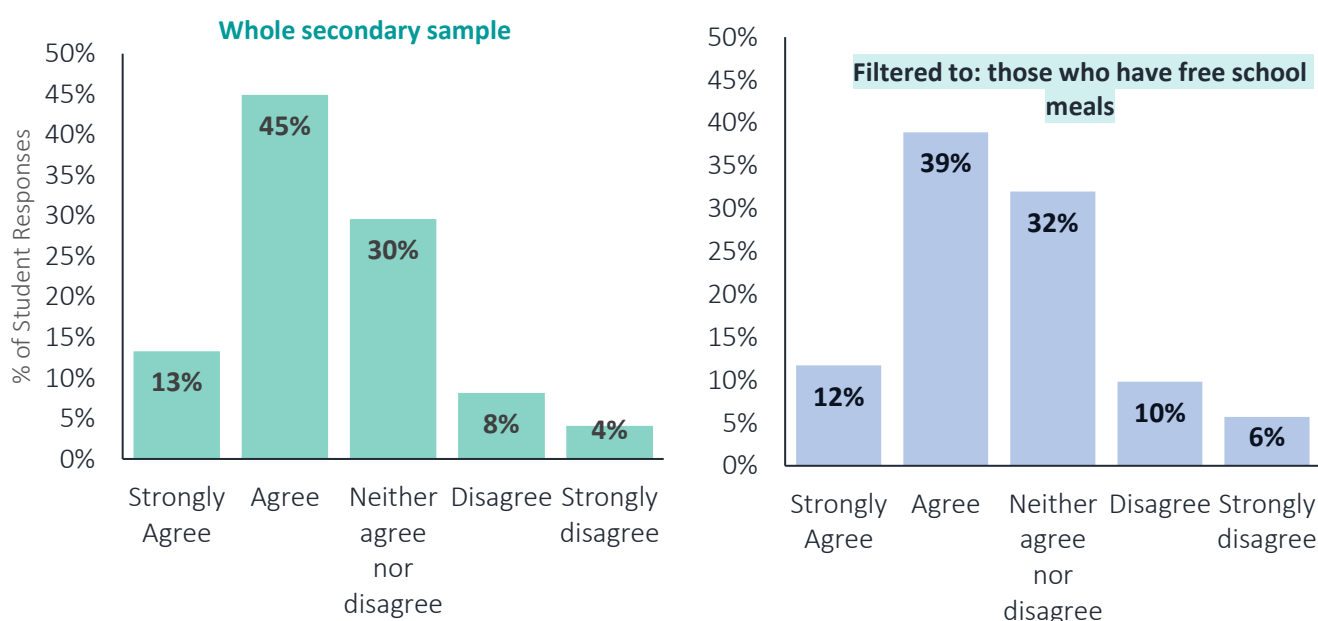
Figure 5: School Absence



The survey also asked about various aspects of school belonging, including whether students felt like a part of their school, whether they felt they had a voice in matters at their school, and whether they feel supported in their learning. Students were also asked about their perceptions of extracurricular activities, an aspect of school life that we've learned from previous waves of the OxWell survey can serve as an essential element of students' wider school experience. Filtering according to factors linked to wider vulnerability, such as free school meals or loneliness, sometimes revealed interesting differences (such as those who were *often lonely* being less likely to participate in extracurricular activities) but other times did not (such as those receiving free school meals not feeling substantially less like a part of their school).

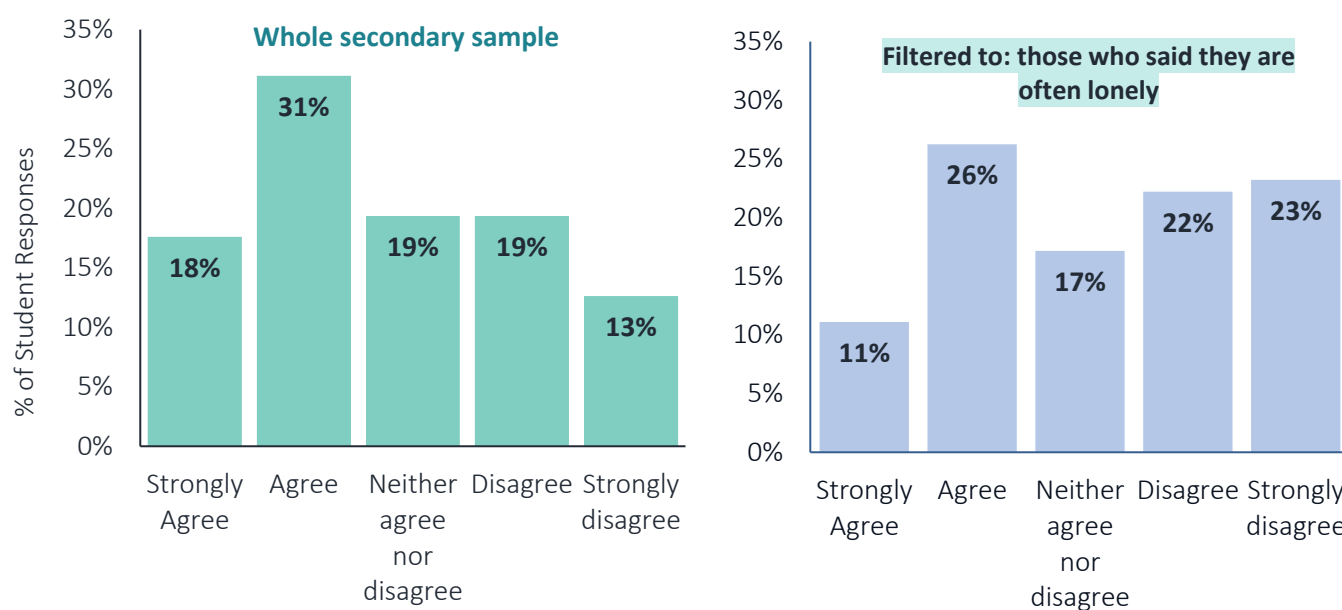
7. I feel like I am part of my school

Figure 6: I feel like I am part of my school



8. I participate in extracurricular activities

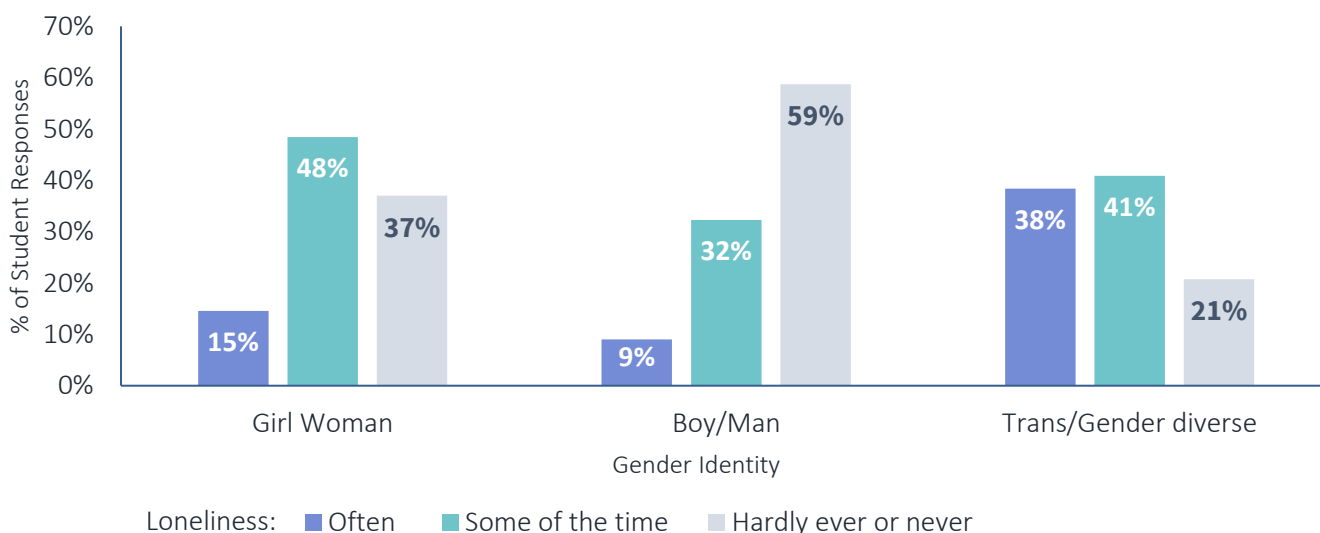
Figure 7: Extracurricular Activities



Throughout the survey, loneliness was an important filter for understanding which groups of students might be particularly at risk of poor outcomes across a whole spectrum of areas. Recognising how vulnerabilities might overlap, it can be useful to dig deeper by looking into groups who might be more likely to report feeling lonely. The graph below shows that girls, and even more strikingly trans and gender diverse students, are generally more likely than boys to report feeling lonely, highlighting potential for tailored approaches by gender.

9. Loneliness: By Gender Identity

Figure 8: Loneliness and Gender Identity



10. Belonging: Which of these options engages you most with the school community?

We have a strong interest in whether fostering a sense of belonging might support the overall mental health and wellbeing of the school community given how often students who are depressed are also lonely and how those who have high absence rates also do not feel a sense of belonging. We therefore had a particular interest in understanding **which aspects of school life students themselves identify as most important** for feeling connected to their school community.

This question was co-designed with young people. Students helped shape both the wording of the question and the range of response options offered. They were shown **nineteen different options** and asked to select up to **three** that best reflected what helped them feel engaged with their school community (which is why percentages may total more than 100%). Response options were presented in a **random order** for each student to reduce ordering effects. This question appeared at the **end of the survey**, meaning students could take time to reflect on their responses without additional time pressure.

Across the whole sample, **school trips** emerged as the most frequently selected option by a clear margin, followed by **lunchtime and after-school activities**. These findings suggest that experiences outside formal lessons play a particularly important role in supporting students' sense of belonging.

Notably, this pattern was **consistent across all groups examined**, with school trips ranked as the most important contributor to school belonging, including for students from minority and more vulnerable groups (across, for example, different ethnicities, SEN, neurodiversity and gender diversity) as well as for those who reported feeling lonely.

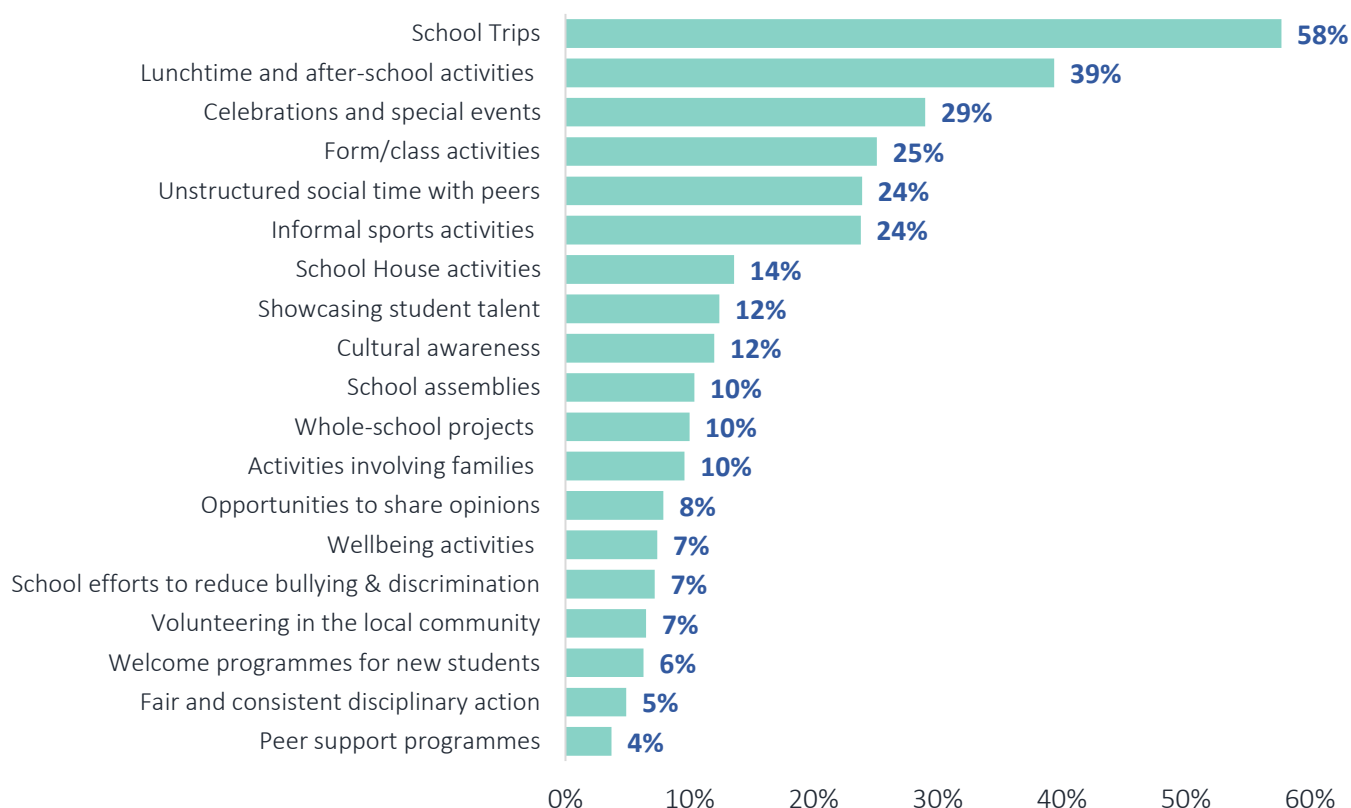
We present three sets of findings below, for:

- 1) the whole sample,
- 2) students with likely depression and anxiety, and
- 3) students who reported missing 16 or more days of school so far in the academic year.

These patterns suggest the potential importance of **shared experiences that take place outside the structured classroom environment**, where students may interact with peers and staff in different, often less formal, ways. While such activities are not always easy to organise or resource, the consistency of this finding across groups suggests they may represent a valuable opportunity to support belonging, particularly for students who are otherwise at greater risk of isolation or disengagement.

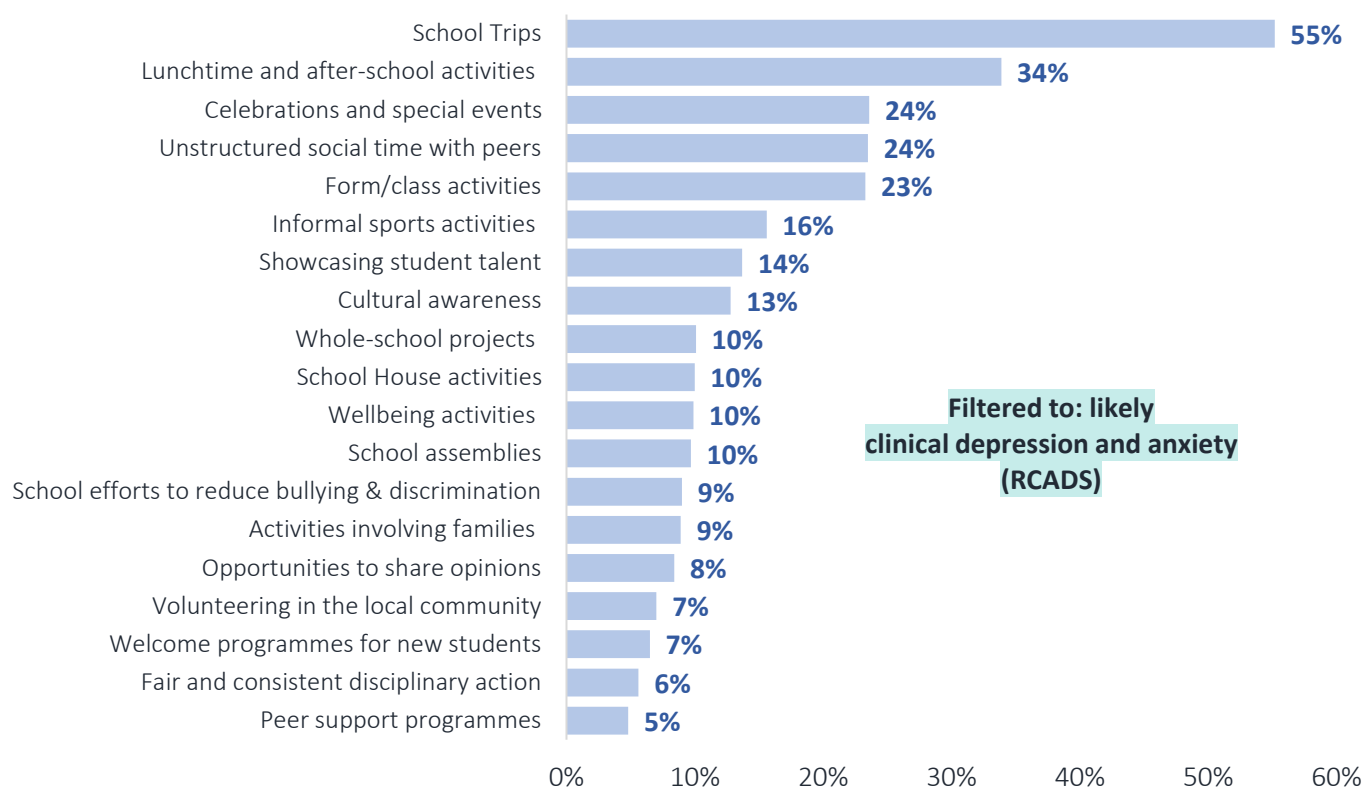
a) Whole sample findings:

Figure 9: Belonging - Whole sample



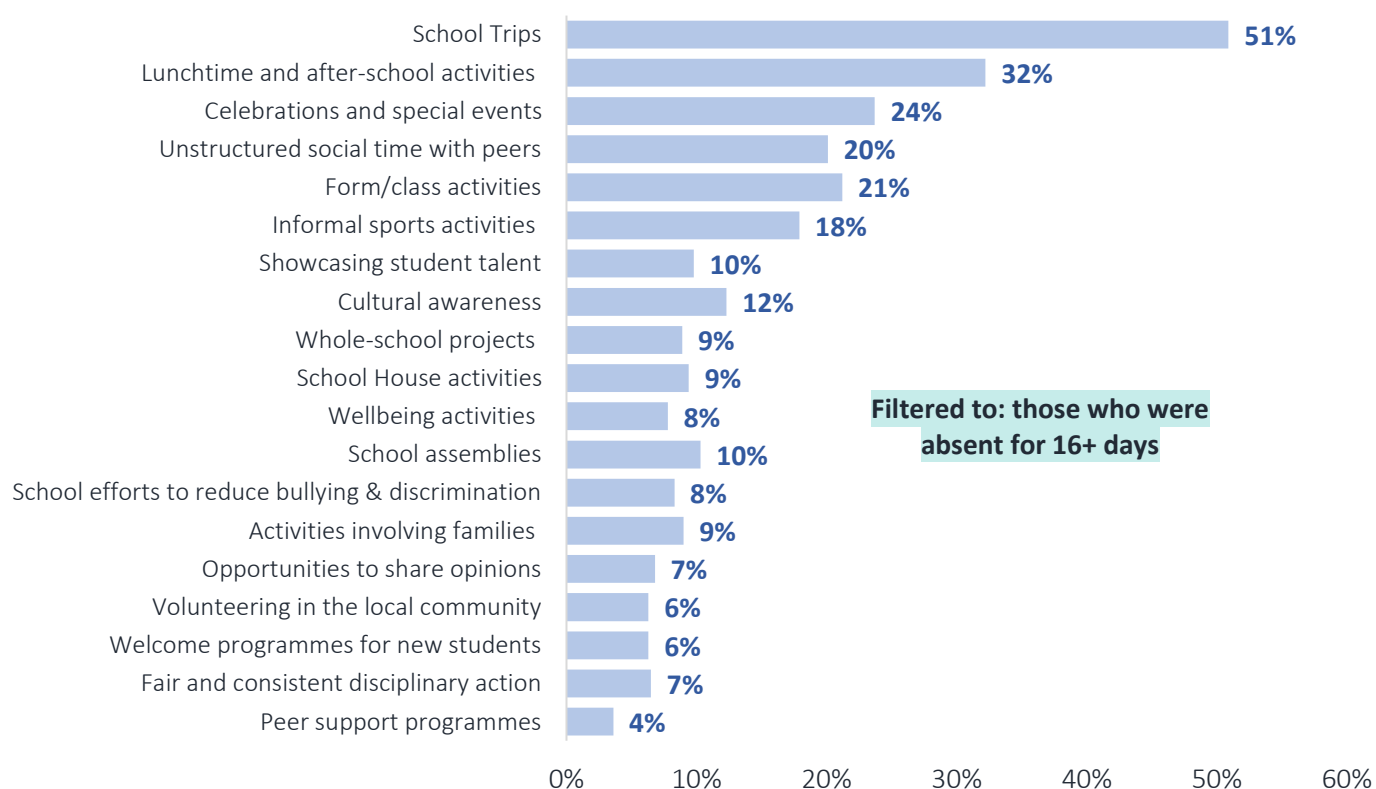
b) For students falling in the likely clinical range of depression and anxiety:

Figure 10: Belonging - Clinical Depression & Anxiety (RCADS)



c) For students who had higher rates of school absence (16+ days):

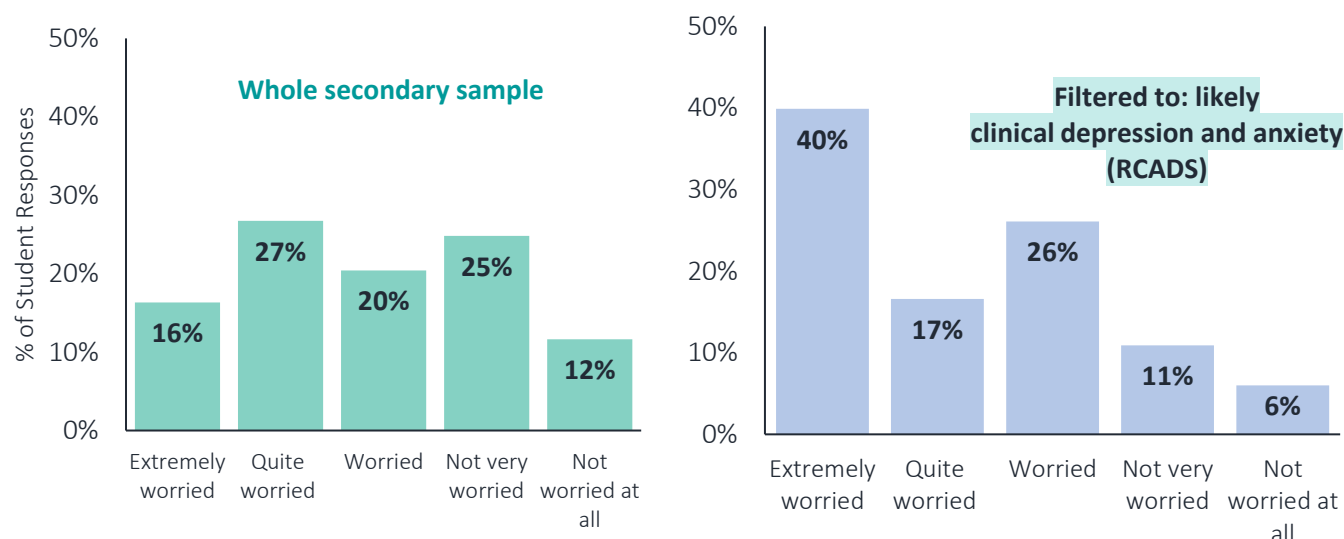
Figure 11: Belonging & School Absence



11. I feel worried about exam results

The survey asked about a range of worries, including concerns about body shape and weight, gender identity, school exams and the climate. The patterns and prominence of these worries varies across year groups and genders. We present below the results for worries about exam results, highlighting how this features for students with symptoms of depression and anxiety.

Figure 12: Worry about exam results



Bullying, online behaviour & feelings of safety

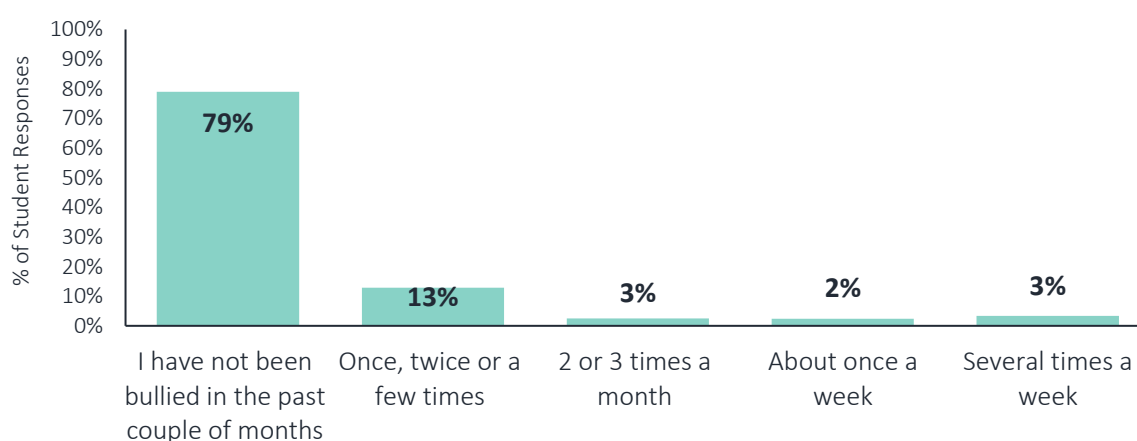
Experiences of bullying, online harm, and feeling unsafe are closely linked to poorer mental health and reduced engagement with education. A particular strength of the OxWell survey is that it does not collect directly identifiable information, which may support more open and accurate responses from students. As a result, these findings can provide insight into experiences that may not always be visible through routine reporting, especially where incidents are underreported. Understanding both the extent of harm and where and how it occurs can support more targeted prevention, safeguarding, and restorative approaches across schools and communities.

12. Bullying experience: Have you been bullied at school in the last couple of months?

The graphs below show that bullying experiences affect one third of all students, with lower proportions for older students.

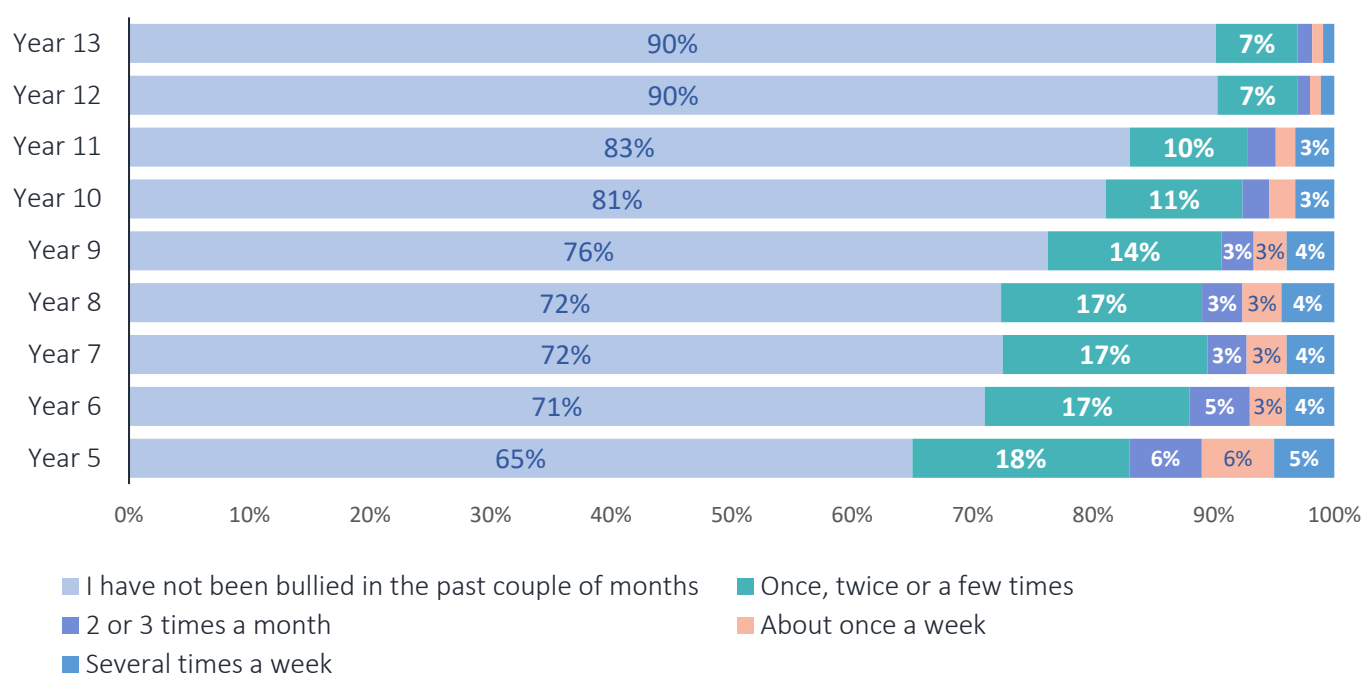
a. Across the whole secondary sample:

Figure 13: Experience of Bullying



b. By year group:

Figure 14: Bullying by Year Group



13. Where does the bullying usually happen?

Students who reported experiencing bullying were asked where this bullying took place. They were able to select more than one location (which is why percentages may total more than 100%).

Consistent with previous studies, the majority of bullying reported by students occurs at school. While 71% of students who reported bullying indicated that it took place outside of lessons, a notable proportion (43%) reported that bullying occurred **during lessons**. This finding is striking and highlights the importance of understanding how bullying manifests within specific school contexts and even during the most supervised time of the day.

School structures, routines, and staffing arrangements vary considerably, and identifying where and how bullying occurs often requires direct engagement with students and staff within individual schools. In some settings, bullying may be linked to less supervised spaces such as toilets or corridors; in others, it may relate to classroom dynamics, temporary staffing, or seating arrangements. As such, both explanations and effective interventions are likely to be **context-dependent**.

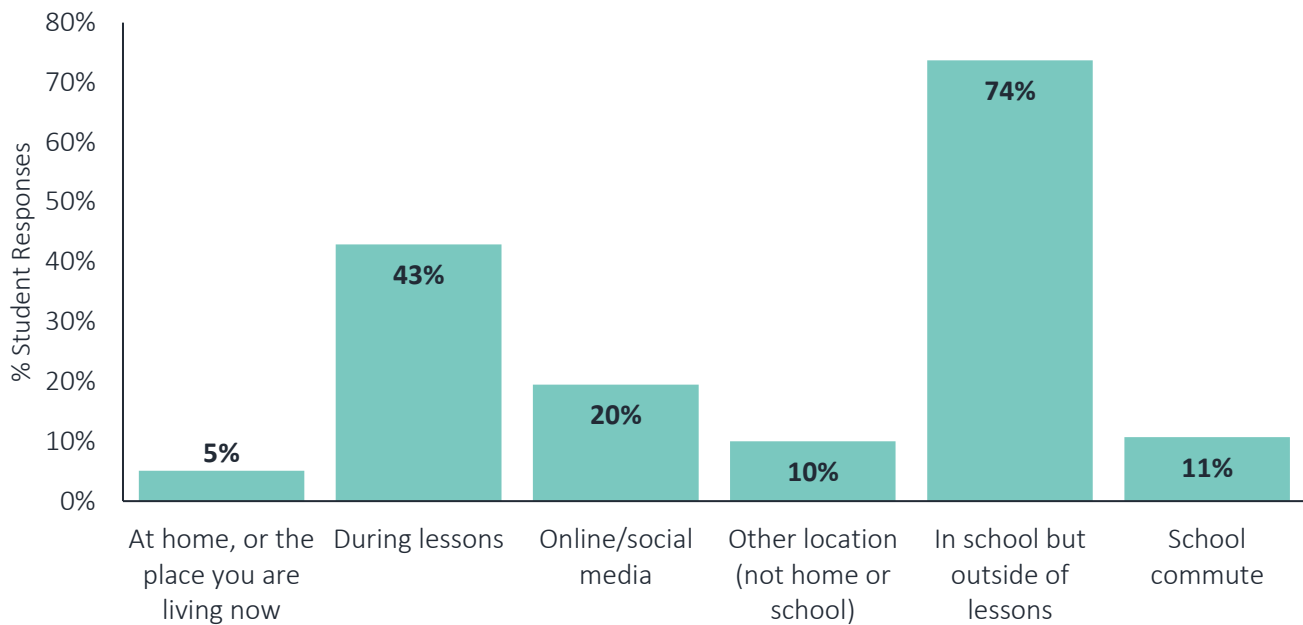
Many schools already have strong mechanisms in place for engaging students on these issues. However, understanding the experiences of those most affected can require deliberate and varied approaches, as students who are bullied may experience intense shame and be reluctant to speak openly or want to identify themselves by these experiences. Concerns about being identified, fear of escalation, or a lack of confidence that the situation will change can all act as barriers to disclosure. In the graphs below we present findings for the whole secondary sample and also by those who report that they have self-harmed. The differences are interesting, the group who have self-harmed report more experience of bullying in every context, especially online.

Alongside student councils or peer representatives, schools may therefore benefit from additional routes that allow students to share experiences more privately and anonymously. Examples include targeted anonymous questions (e.g. 'Which areas of the school feel least safe' or 'What can we change in classrooms to reduce bullying?'), or facilitated conversations led by trusted adults who are not part of the school's day-to-day hierarchy. It might be that external staff already coming into the school such as EMHPs (education mental health practitioners) can support this role.

Overall, these findings reinforce that listening directly to students, particularly those who may feel least able to speak, is central to designing effective, bullying prevention and response strategies.

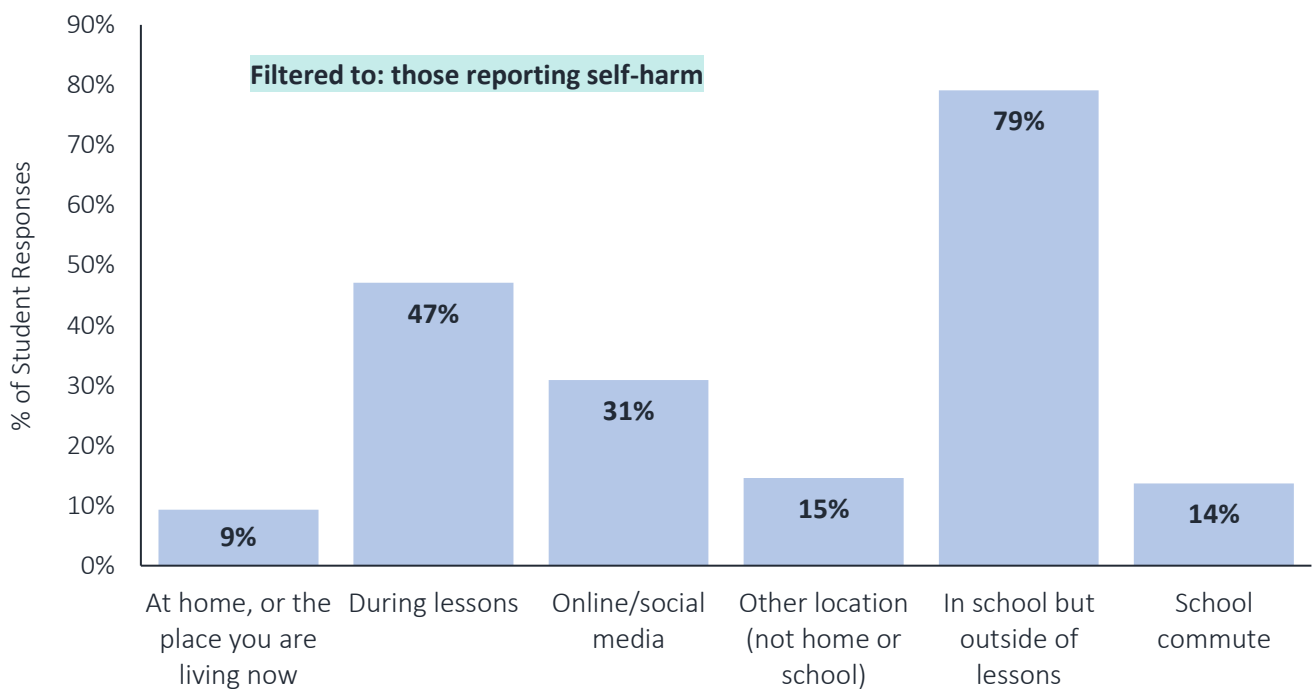
a. Across the whole secondary sample:

Figure 15: Where the Bullying Happens



b. By students who responded that they had self-harmed:

Figure 16: Where the Bullying Happens by Self-harm

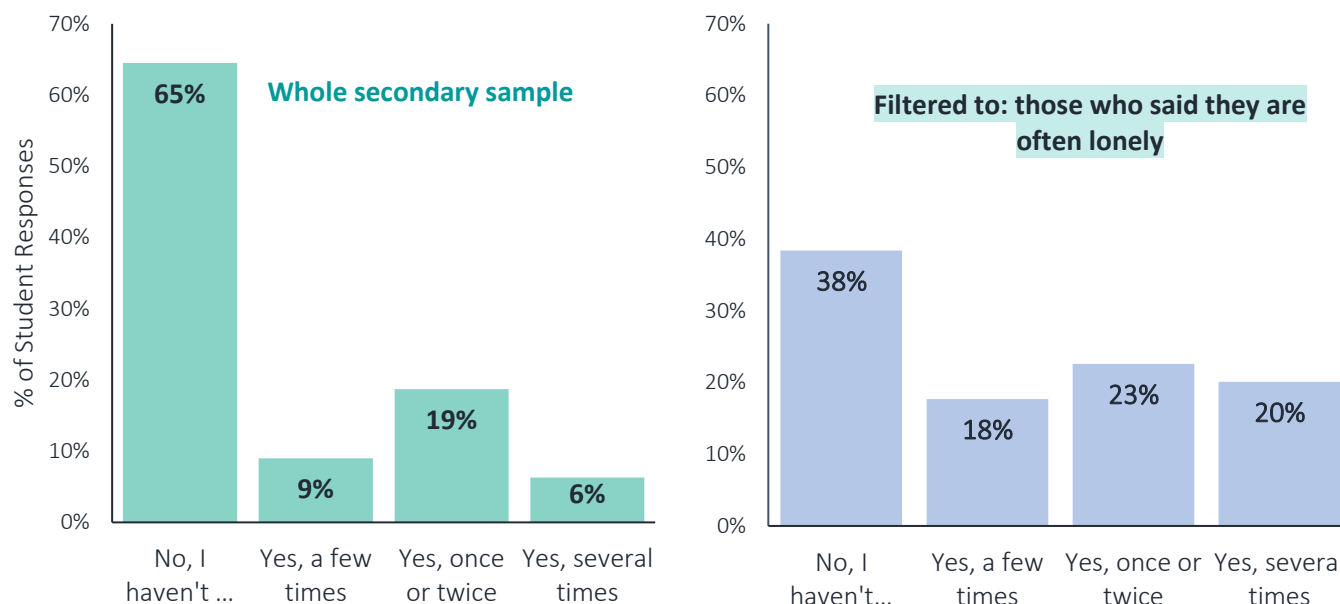


14. **Exposure to online self-harm content:** In the past month have you come across content about self-harm on online platforms?

We asked whether students had seen online self-harm content in the past month. The focus was just the past month as our student advisors informed us that it would be likely that most students would have, at some point, seen such content limiting the usefulness of a question asking if they had 'ever' seen such content.

These graphs highlight the prevalence of exposure to online self-harm content in the past month, with around **one third of students** reporting that they had seen such content. Among students who reported feeling lonely *often* (approximately **13% of the total sample**), exposure was substantially higher, with **around two thirds** reporting that they had seen online self-harm content.

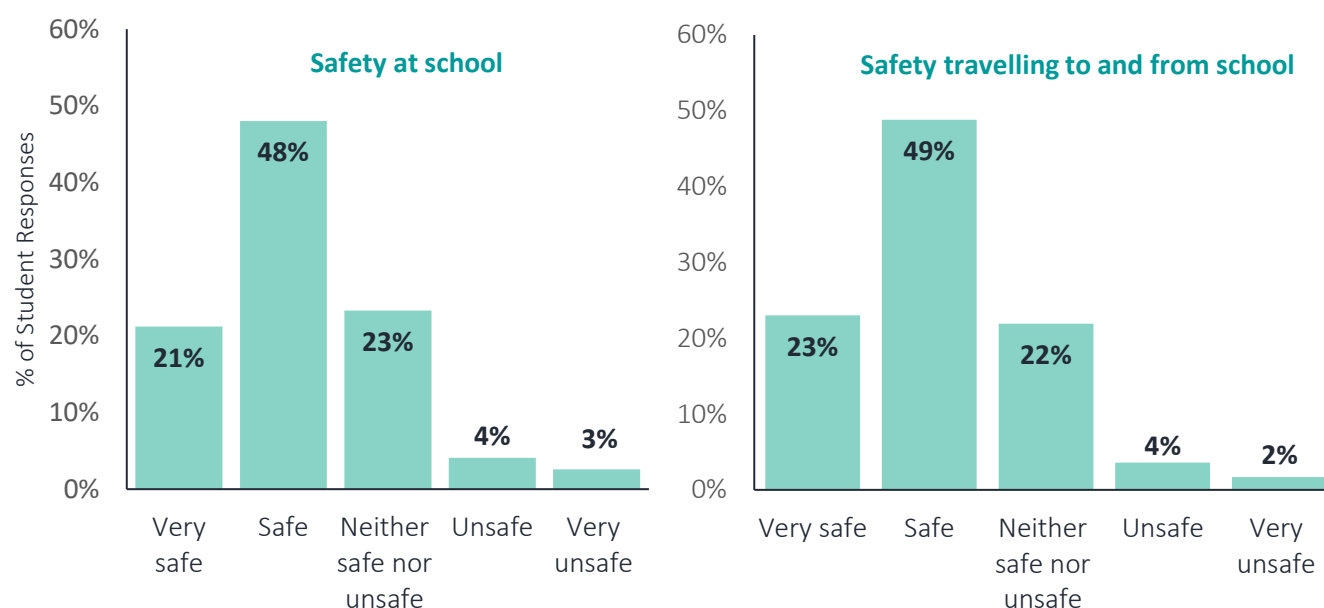
Figure 17: Exposure to Self-harm Content



15. **Feeling unsafe** at school or on the journey to school:

We asked about how safe students felt at school as well as on their journey to and from school. We present the findings for the whole sample below. We also explored these findings for black and minority ethnic groups and there was no difference in the reported proportions (therefore not presented below).

Figure 18: Safety at School & Travelling to School

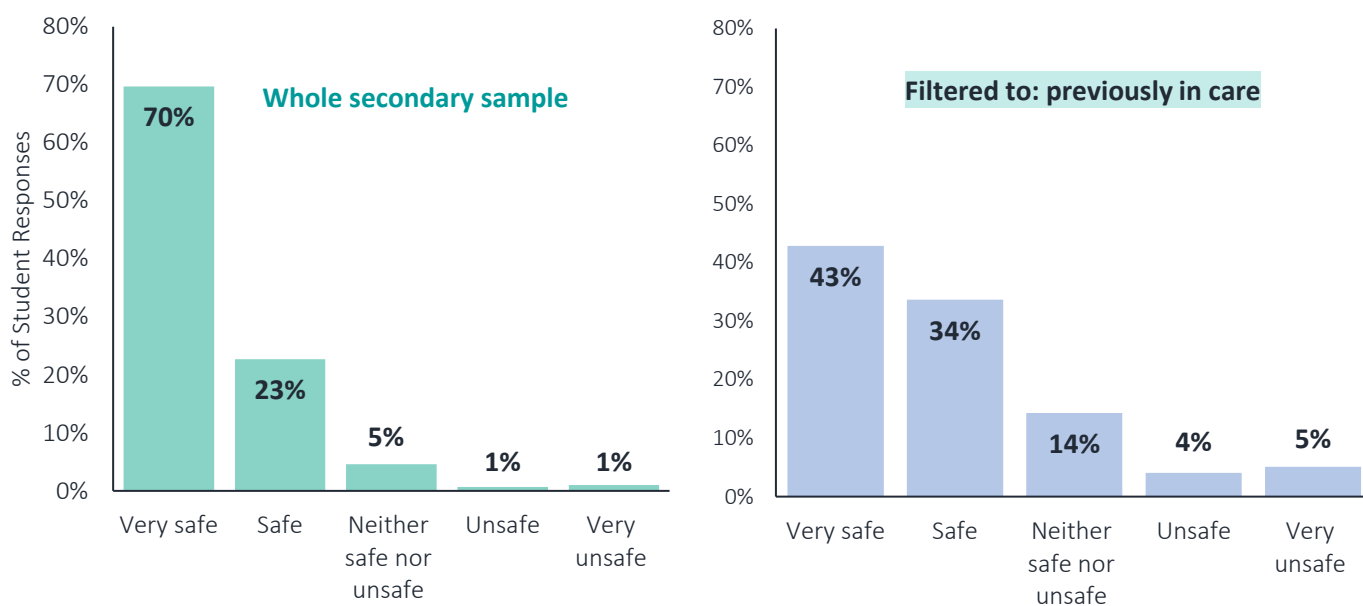


Home and family factors

Home and family circumstances play an important role in shaping young people's wellbeing, emotional security, and engagement with school. The graphs below highlight experiences related to safety at home, food insecurity, and parental mental health. Together, these findings underline the importance of joined-up working across education, public health, and safeguarding, and the value of keeping the wider support network in mind when working with students.

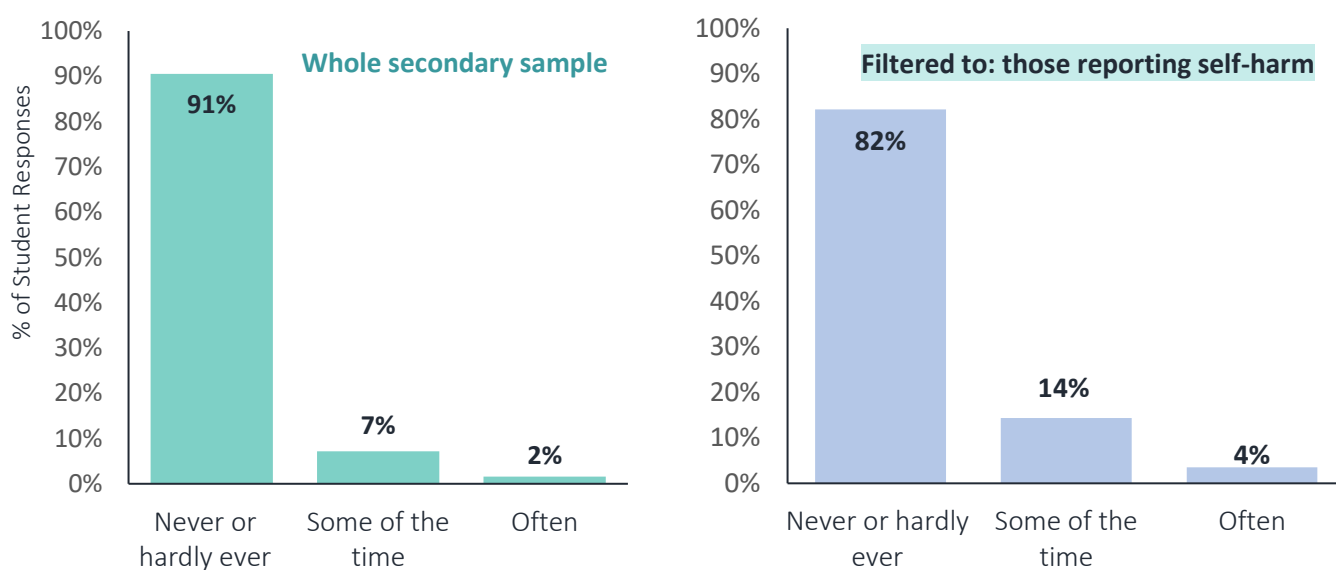
16. **Feeling unsafe at home:** How safe do you feel at home or the place where you live?

Figure 19: Safety at Home



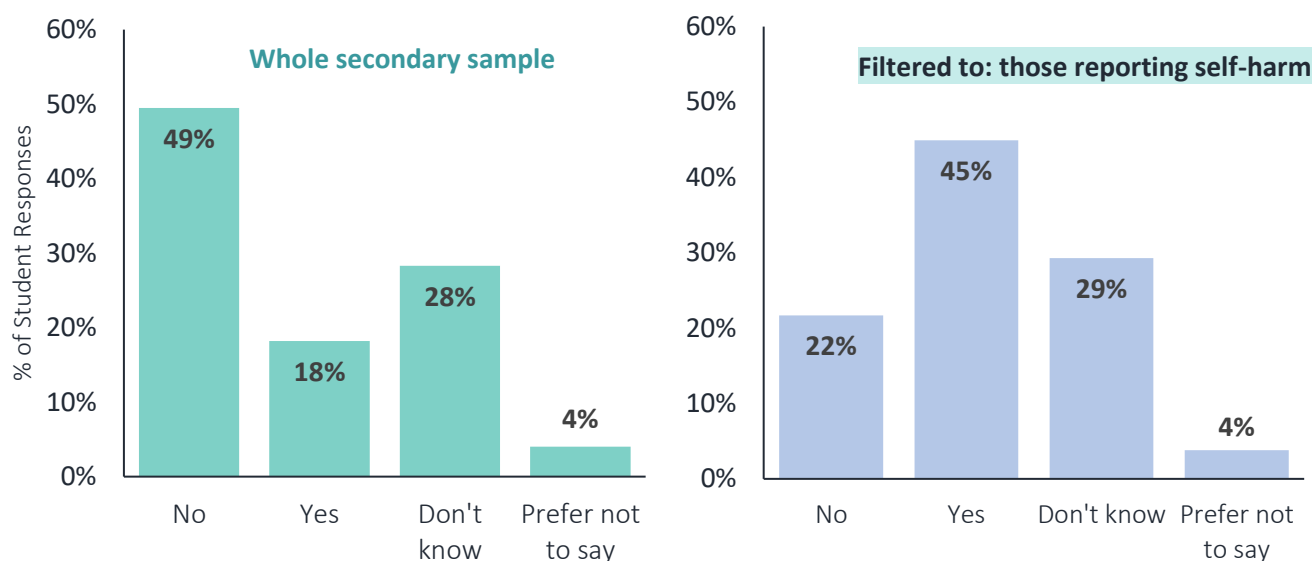
17. **Food insecurity:** At home, do you go to bed hungry because there is not enough food in the house?

Figure 20: Going to Bed Hungry



18. Has your parent ever had a mental health problem (like depression, anxiety, eating disorder)?

Figure 21: Parent Mental Health



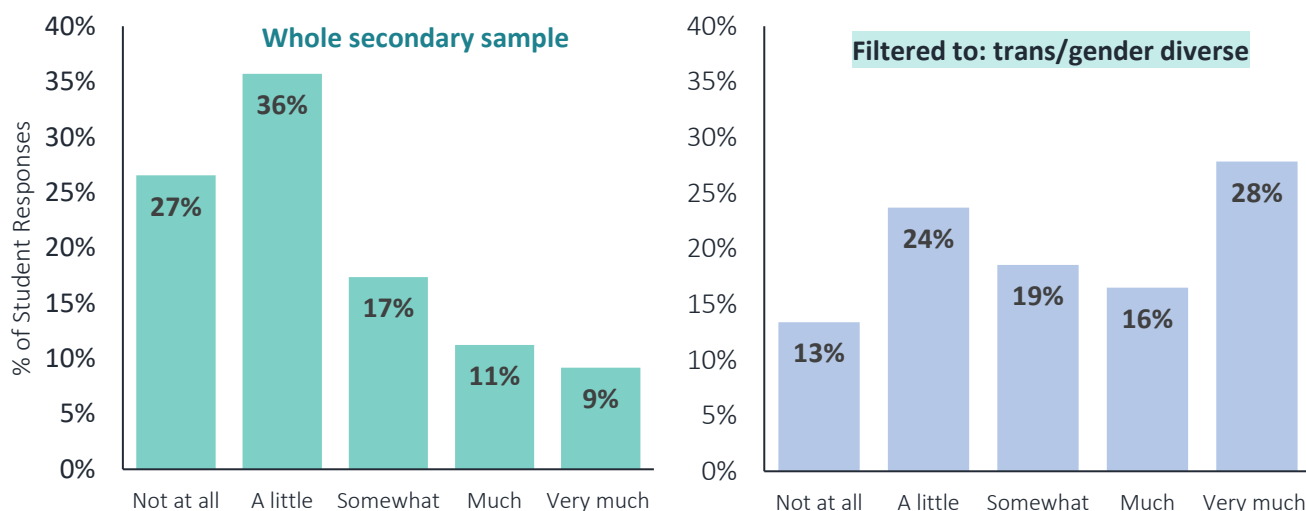
Health indicators

OxWell includes a broad set of indicators that describe patterns of health (both of physical and mental health) across the student population. Alongside measures relevant to general health, such as sleep and physical activity, the survey includes indicators of mental illness, including symptoms of anxiety and depression, eating-related difficulties, and self-harm.

Examining these indicators together helps identify groups with overlapping vulnerabilities supporting both prevention efforts and consideration of which forms of mental health support may be most acceptable for these different groups of students (explored in a following section).

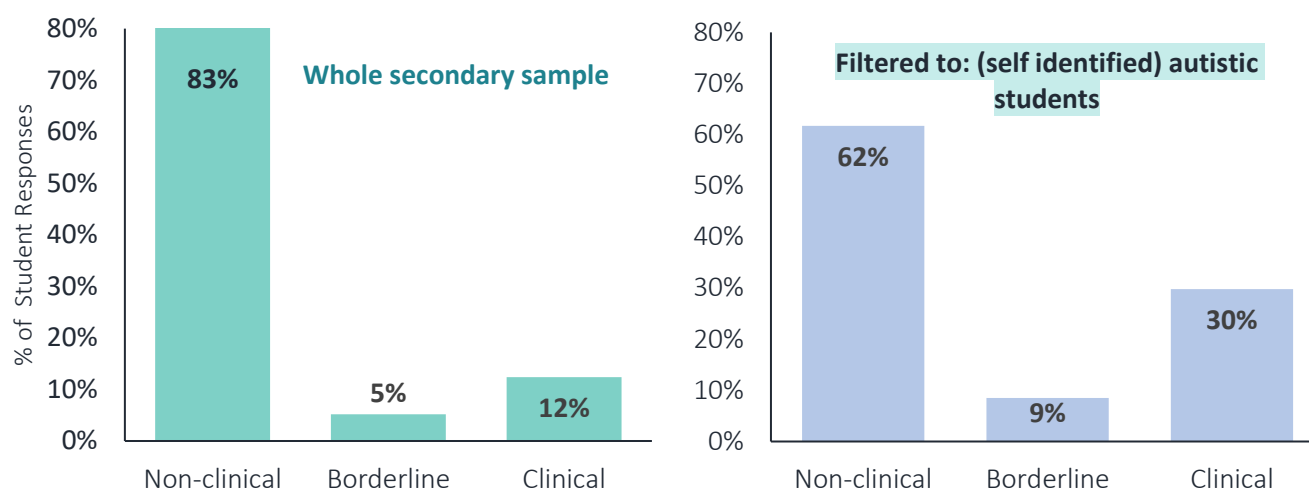
19. **Sleep difficulties:** Thinking about the past month, to what extent has poor sleep troubled you in general?

Figure 22: Sleep Difficulties



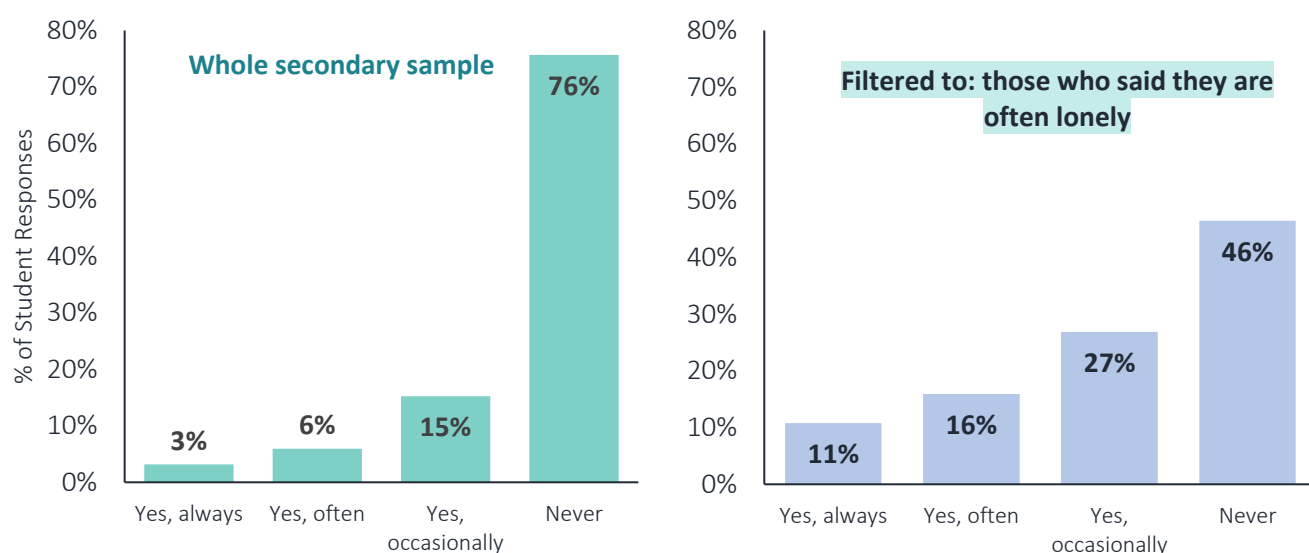
20. Probable anxiety or depression: Depression and anxiety score (RCADS25)

Figure 23: Probable Anxiety & Depression



21. Eating difficulties: have you ever made yourself throw up (vomit) on purpose?

Figure 24: Eating Difficulties



22. Self-harm: Have you ever deliberately self-harmed (for example by taking an overdose or injuring yourself on purpose in some way)?

Self-harm is a sensitive but important area of enquiry within OxWell, given its strong association with mental health difficulties, loneliness, and experiences of exclusion. In OxWell 2025, **13% of students reported that they had ever self-harmed**. Importantly, a further **10% of students selected 'prefer not to say'** in response to this question. This group represents a significant area of uncertainty and should not be ignored, as non-disclosure may reflect discomfort, fear of consequences, or ongoing distress. Patterns differ markedly across groups. Students who reported feeling lonely often were more likely to report having ever self-harmed than the overall sample. Rates were higher still when loneliness and gender diversity co-occurred, highlighting the importance of considering overlapping experiences rather than single characteristics in isolation.

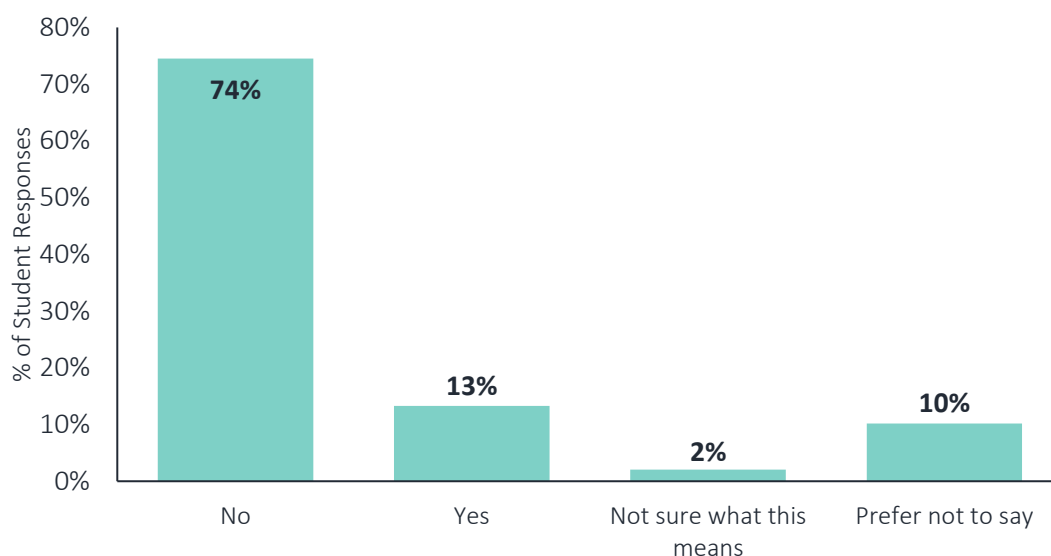
Self-harm was also more commonly reported in older year groups, consistent with previous research. However, it is notable that **substantial proportions of younger students** also reported having ever self-harmed, underlining the importance of prevention, early identification and support. Given ongoing work to review the accuracy and

interpretation of responses among the youngest age groups, findings for Years 5 and 6 are not presented here. Taken together, these findings emphasise that self-harm is not confined to a small or easily defined group.

The presence of a large 'prefer not to say' group, alongside clear gradients by loneliness, gender diversity, and age, reinforces the need for approaches that prioritise **trust, safety, and inclusion**, and that create conditions in which students feel able to disclose difficulties and access support.

a) Whole secondary sample

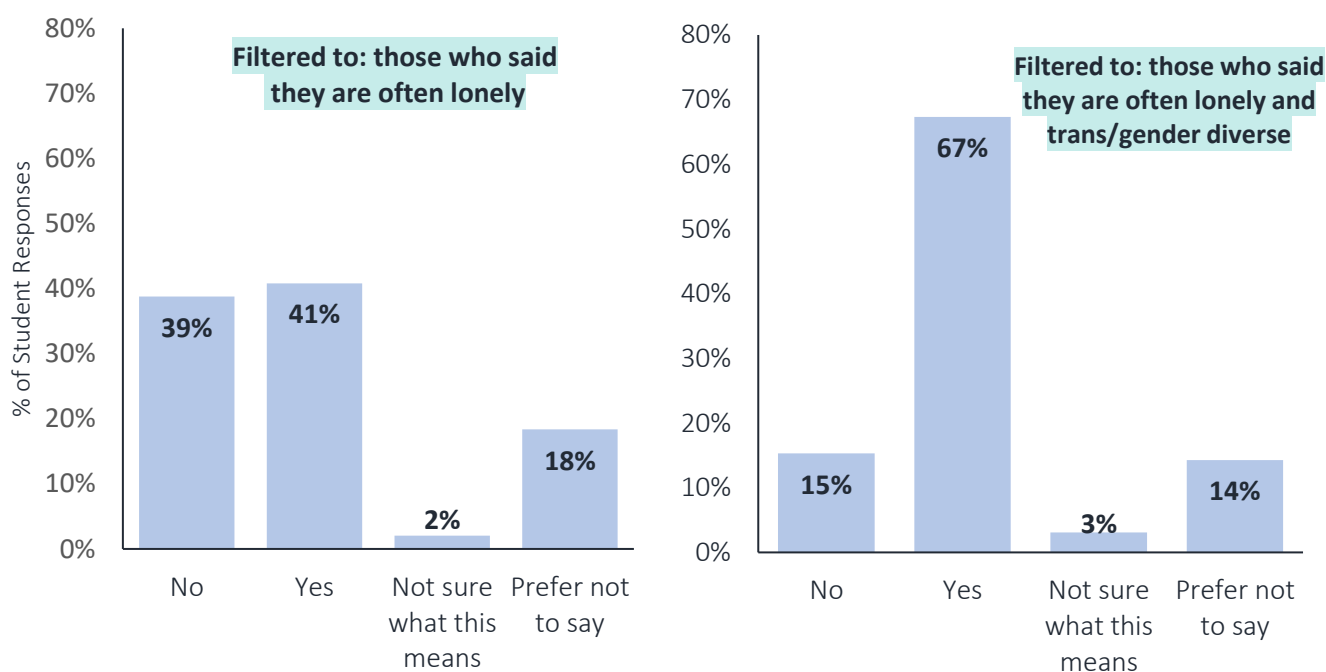
Figure 25: Self-harm



b) Often lonely

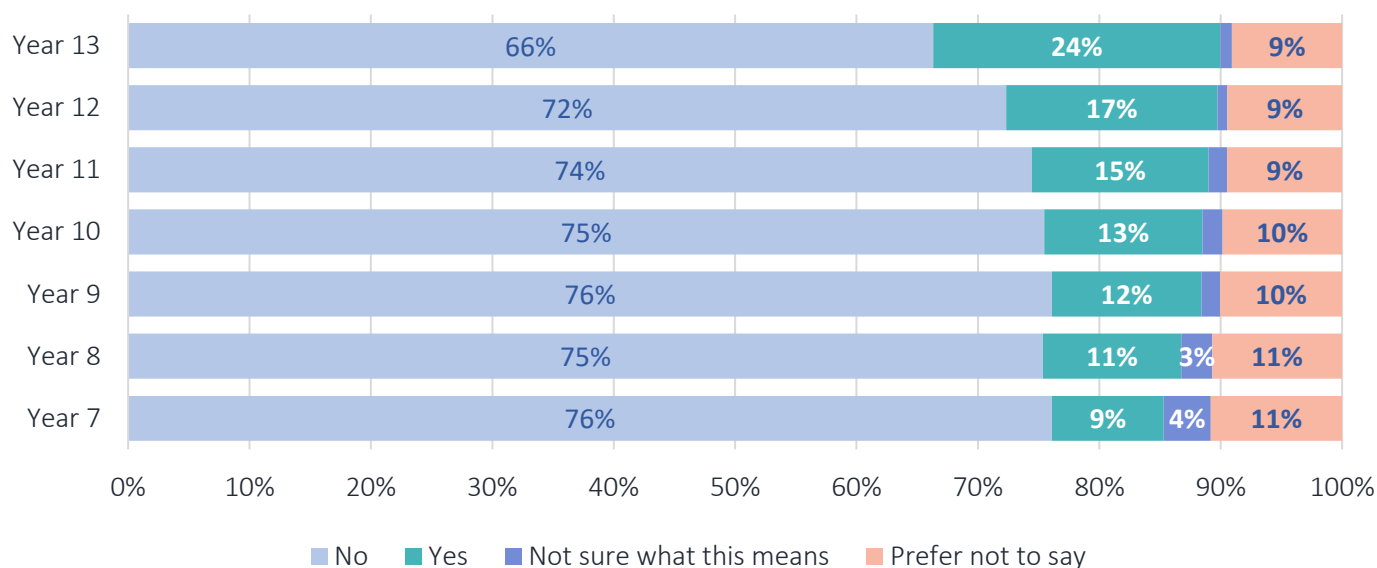
c) Often lonely and trans and gender diverse

Figure 26: Self-harm by Often Lonely & Trans/Gender Diverse



d) Self-harm by year group:

Figure 27: Self-harm by year group

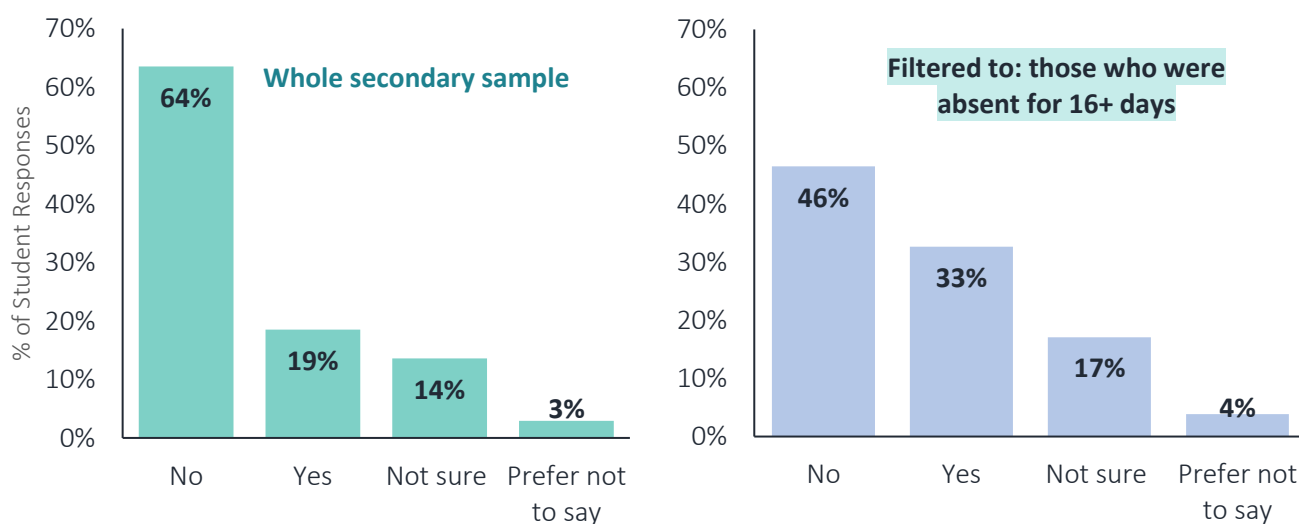


Neurodiversity

A substantial proportion of students identify as neurodivergent, with or without a formal diagnosis. These students often report distinct experiences of school, wellbeing, and support. Given the high numbers of students reporting a form of neurodivergence, it is increasingly important that all aspects of school and health planning take account of the needs of this group with deliberate design and consideration. OxWell 2025 paid particular attention to this area, asking whether students self-identified as being autistic or having ADHD, a learning difficulty, or another form of neurodivergence (or a combination of these). Students were then asked whether they had received a formal diagnosis for ADHD or autism. In a separate section of the survey, six questions drawn from the Comprehensive Autistic Trait Inventory (CATI) were included to capture traits more commonly reported by autistic individuals. These are not reported below but are available within *OxHub* and can be used to better identify students who may not have a formal diagnosis. The graphs below highlight how those who are neurodivergent are at risk of a range of adverse outcomes, including being more likely to also have persistent absence from school.

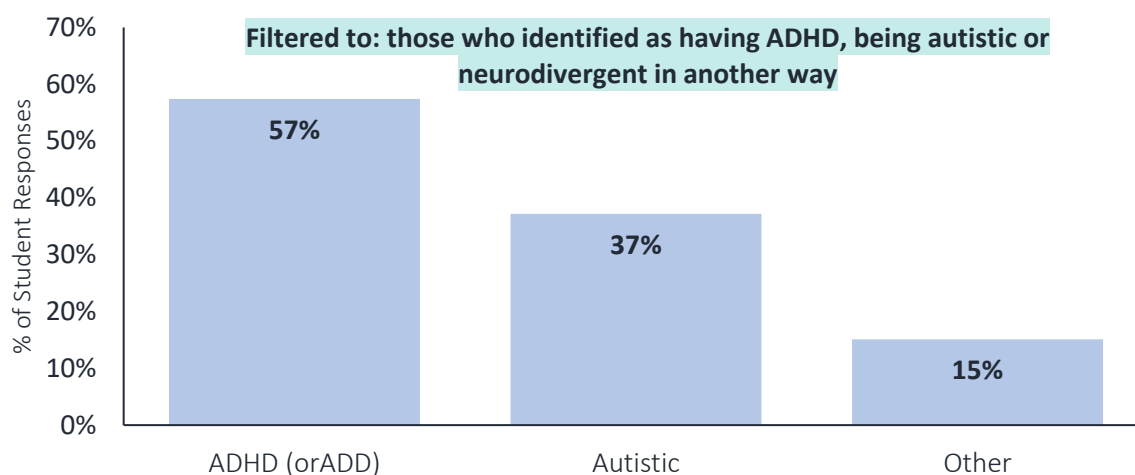
23. Do you identify as having ADHD, being autistic or neurodivergent in another way?

Figure 28: Neurodiversity



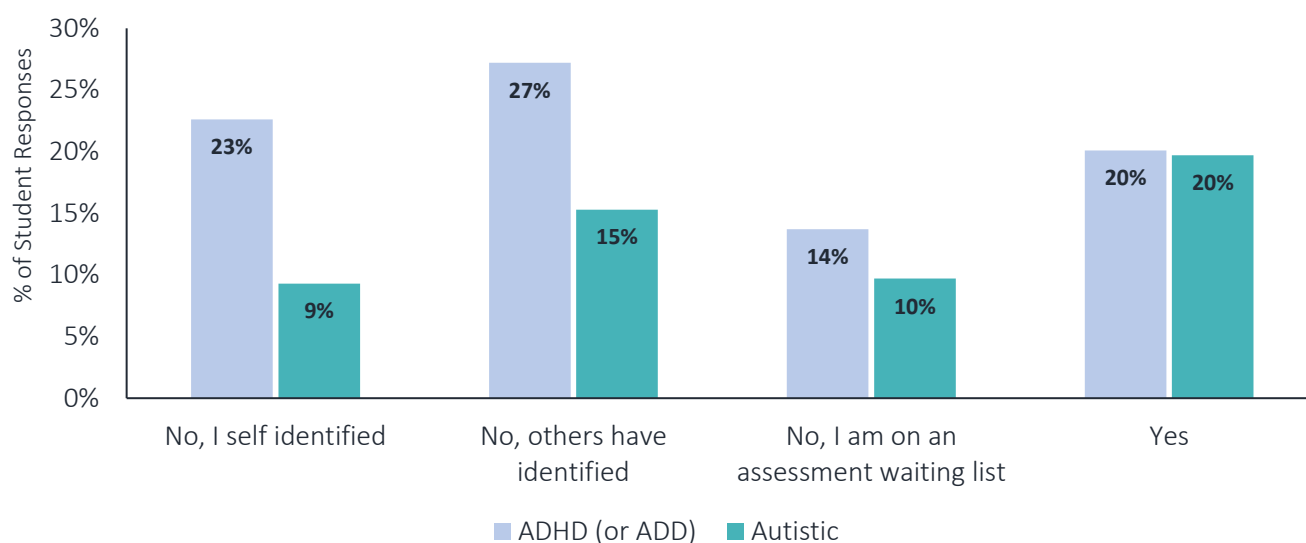
The students who selected 'Yes' were then asked to identify which disorder they might have and could select all that apply:

Figure 29: Type of Neurodiversity



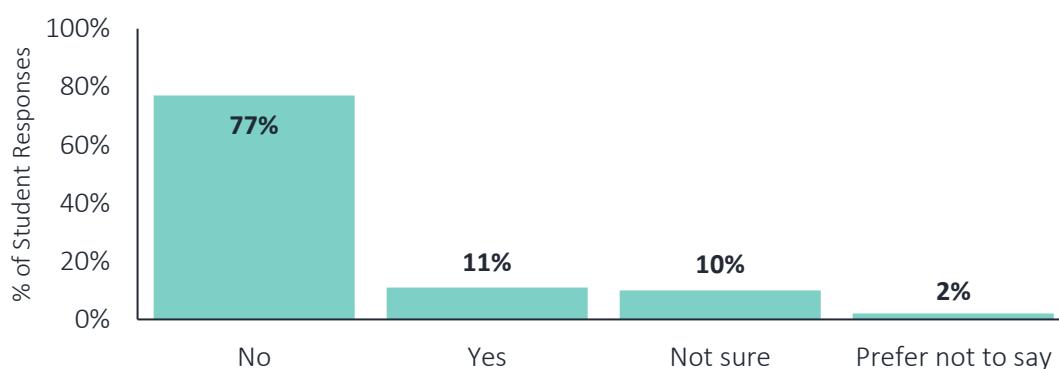
24. Students who answered 'Yes' were then asked whether this had been diagnosed by a healthcare professional:

Figure 30: Neurodiversity: Diagnosed by a healthcare professional



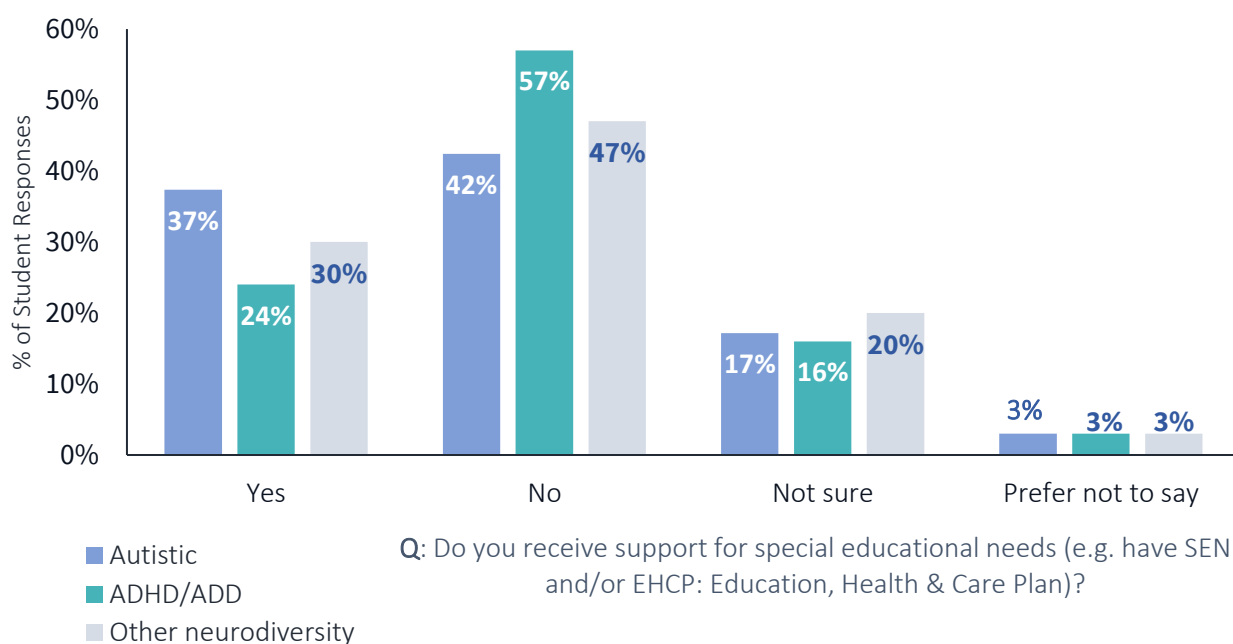
25. We also asked all students if they receive support for special educational needs (e.g. have SEN and/or EHCP: Education, Health & Care Plan):

Figure 31: SEN Support



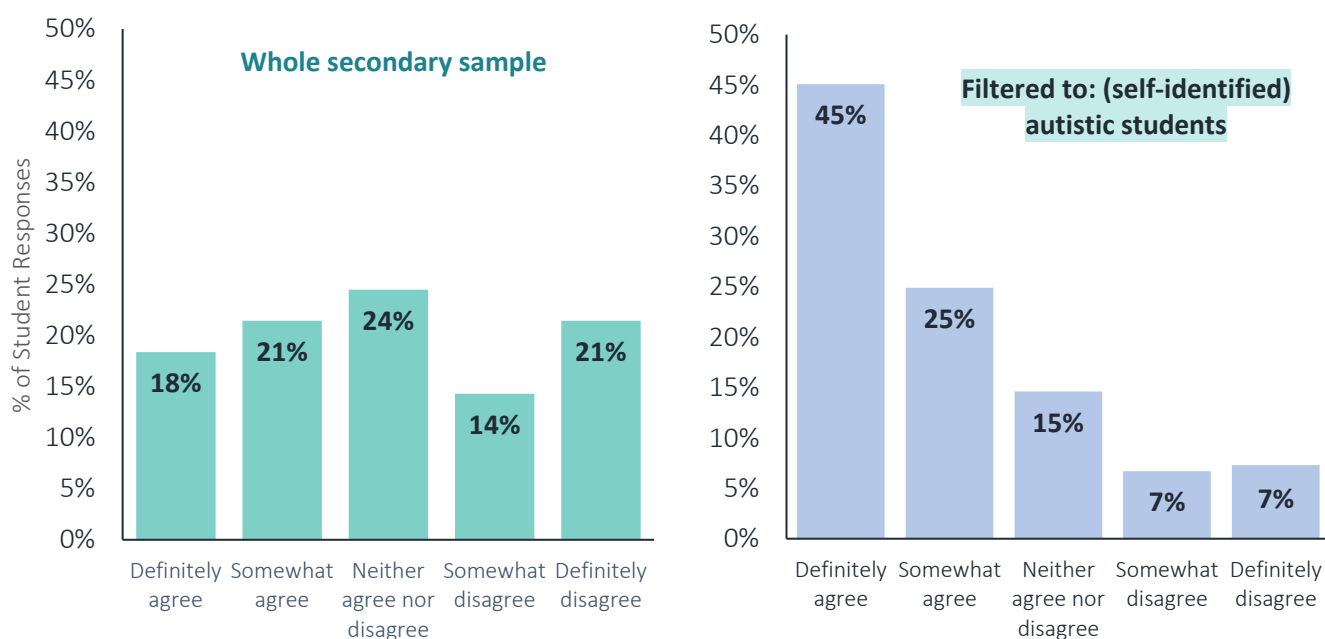
- a) Students who report they receive support for educational needs according to whether they think they are neurodivergent:

Figure 32: Neurodiversity & Educational Needs



26. Are there times that you feel your senses are overloaded? Using the five response options select the option that best describes you.

Figure 33: Overloaded Senses



Featured Findings: Accessing mental health support & unmet need

Understanding how children and young people access mental health support, and where gaps or barriers may exist, is a **central focus of the OxWell Student Survey**. This area is of particular importance for schools, local authorities, and health partners, and represents one of the more distinctive aspects of the OxWell approach.

OxWell goes beyond asking whether young people have accessed ‘mental health services’ in general. Instead, we take a **network-based approach**, recognising that support for mental health often comes from multiple sources and settings. In OxWell 2025, students were asked whether they had accessed mental health support in the **past year** across four broad categories:

- **Informal support**, including family members and friends
- **Semi-formal support**, including schools or third-sector and community organisations
- **Formal support**, including services such as GPs, CAMHS, and other statutory health and social care services
- **Digital support**, encompassing online resources, apps, helplines, and social media-based support

For each type of support accessed, students were also asked whether the help was accessed **primarily in person or online**, and whether they found the support **helpful**. This combination of questions allows us not only to map *use* of different forms of support, but also to explore **acceptability and perceived usefulness** from the young person’s perspective. For the helpfulness responses, it is best to compare results within that specific response option.

Because OxWell includes a large and diverse sample, these data allow for more detailed examination than is often possible. We can explore patterns of support use across different groups of students, including those who may be at higher risk or who report greater levels of distress. This includes examining which types of support are most commonly accessed, which are rated as most helpful, and where there may be mismatches between need and provision.

In addition, students were asked whether they **would have liked to access additional mental health support** over the past year, and - if so - where they would have preferred to receive that support. For the first time in OxWell 2025, we also asked whether students would have liked **support to help a friend or family member** with mental health difficulties, recognising the important role young people often play in informal care and support networks.

Together, these questions provide a detailed picture of how young people navigate mental health support in practice, highlighting both strengths within existing systems and areas where access, clarity, or acceptability may be improved. The results from some of these questions are presented below.

27. Have accessed **FORMAL** mental health support in the last year and whether they found it helpful

Figure 34: Accessed Formal Mental Health Support

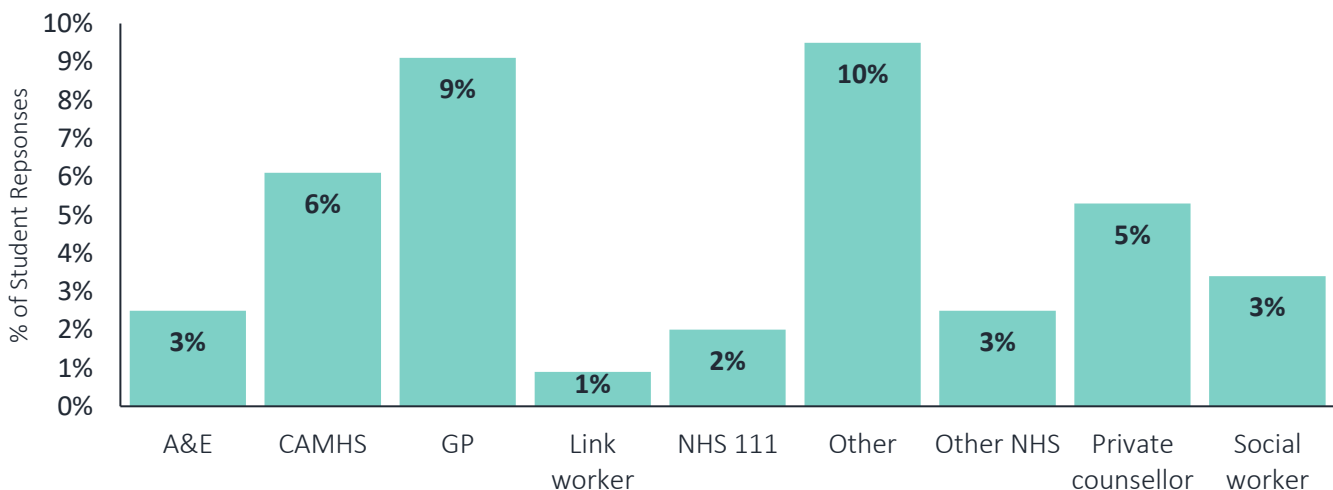
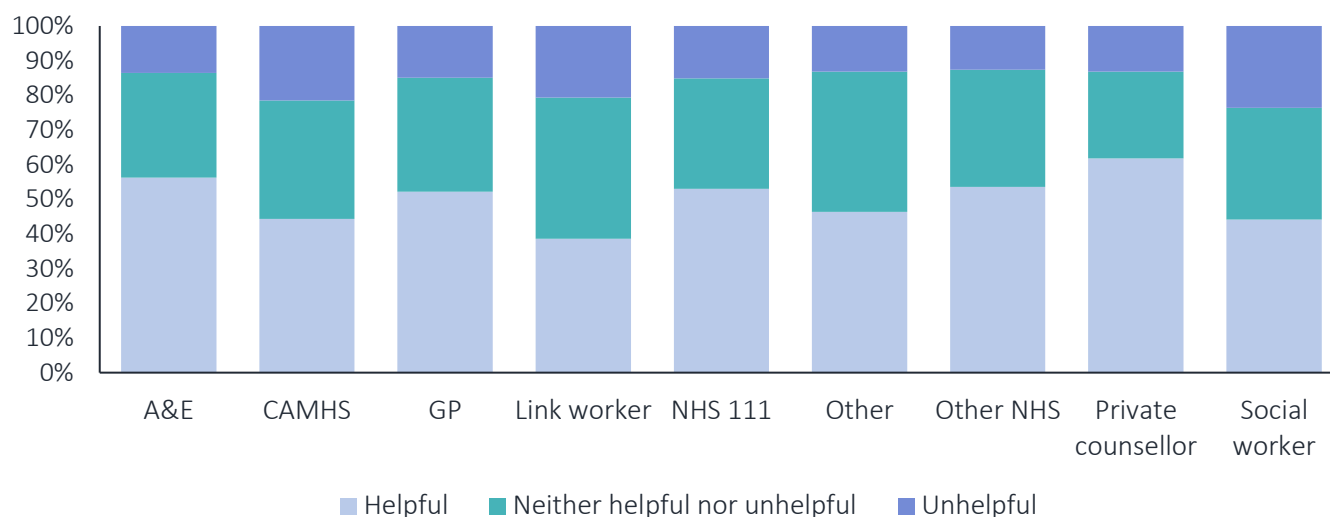


Figure 35: How Helpful was the Formal Mental Health Support



28. Have accessed **SEMI-FORMAL** mental health support in the last year and did they find it helpful

These results are presented for the whole sample, and then by perceived helpfulness. Patterns of use also change across age groups. Across the sample, one of the most consistent findings is that **school-based staff are among the most commonly accessed sources of mental health support**, with form tutors and other teachers frequently identified as people students turn to when they need help. This pattern is seen across year groups and is not limited to staff in formally designated pastoral or mental health roles.

These findings suggest that young people tend to seek support from **adults they already know and trust**, rather than from roles defined by job title alone. In practice, this means that support is often relationally shaped, influenced by day-to-day contact and existing relationships.

This has important implications for how mental health support is embedded within schools. While specialist roles remain essential, these data reinforce the value of a **whole-school approach**, in which all staff are equipped with the confidence and time to respond appropriately when students choose to confide in them. It also highlights the importance of flexibility within school systems, so that trusted adults can listen, offer initial support, are given support themselves and know how to connect students to further help when needed.

Taken together, these patterns underline that effective support is not only about availability of services, but about **who young people feel able to talk to**, and whether those adults are supported to play that role.

Figure 36: Accessed Semi-formal Mental Health support

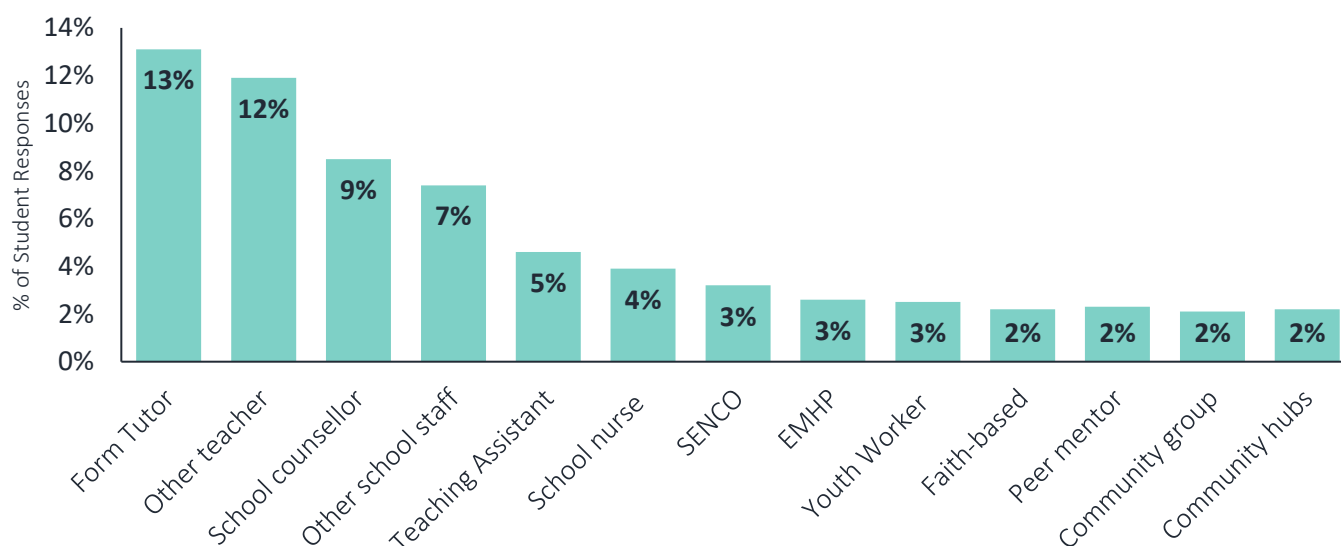
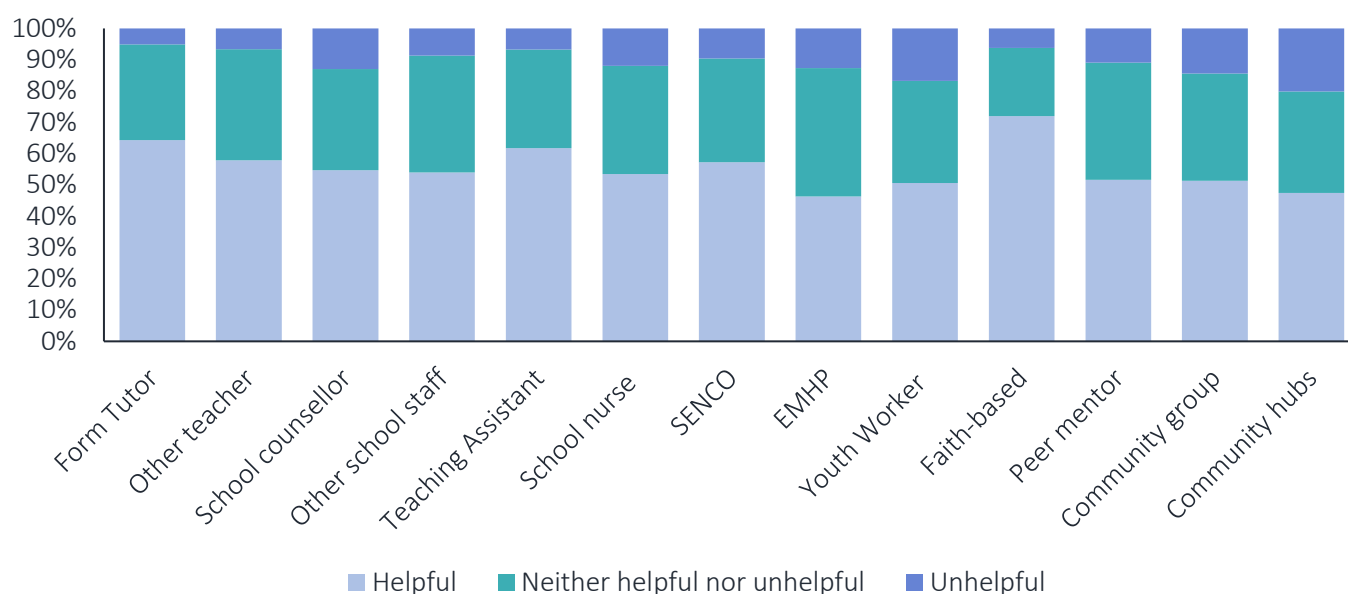


Figure 37: How Helpful was the Semi-formal Mental Health Support



29. Have accessed **INFORMAL** mental health support in the last year and did they find it helpful

Across OxWell 2025, and consistent with previous survey waves, **informal networks of care emerge as the most commonly accessed source of mental health support for adolescents**. Parents and carers remain the single most frequently reported source of support, followed closely by friends. Support from friends includes both **in-person friendships and online connections**, reflecting the blended social worlds in which young people now operate.

These findings underline the central role that informal relationships play in young people's mental health and wellbeing. For many adolescents, concerns are first shared within trusted personal networks rather than with formal and semi-formal services. This pattern holds across year groups and levels of distress, highlighting that informal support is not simply a fallback when services are unavailable, but a **primary and preferred route of help-seeking**.

At the same time, reliance on informal networks brings complexity. Parents and carers often carry a significant proportion of the emotional and practical burden of support, particularly when concerns are ongoing or severe. Schools can play an important role here - not necessarily by only providing direct support to parents, but by offering **structure, continuity, and a trusted community space** in which parents feel informed, connected, and less isolated. For many families, schools are the most consistent point of contact with wider institutions, placing schools in a unique position to support both young people and those caring for them.

Similarly, many young people report supporting friends who are struggling with their mental health. While this reflects strong peer relationships, it can also place considerable pressure on young people, particularly when the distress they are responding to is complex or persistent. The data suggest that when young people are experiencing the greatest levels of difficulty, they may be **most likely to turn to friends**, who may themselves feel uncertain about how best to help.

Taken together, these findings highlight the importance of mental health systems that recognise and work alongside informal networks of care. Schools, services, and community partners have a role in **enabling parents and peers to provide support safely and sustainably**, ensuring they are not left to manage complex situations alone. This includes clear routes to advice, reassurance about boundaries, and accessible pathways into additional support when informal care is no longer sufficient.

Figure 38: Accessed Informal Mental Health Support

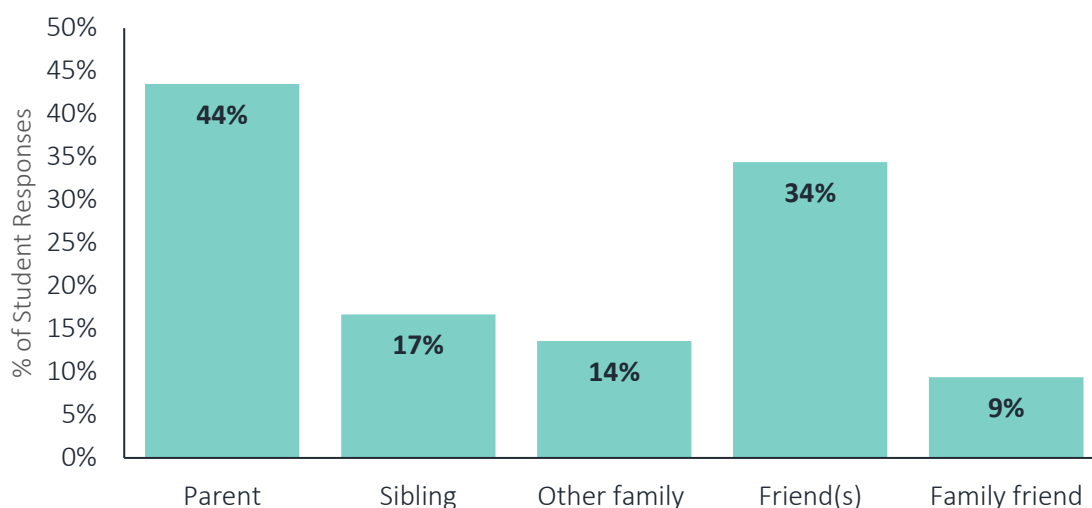
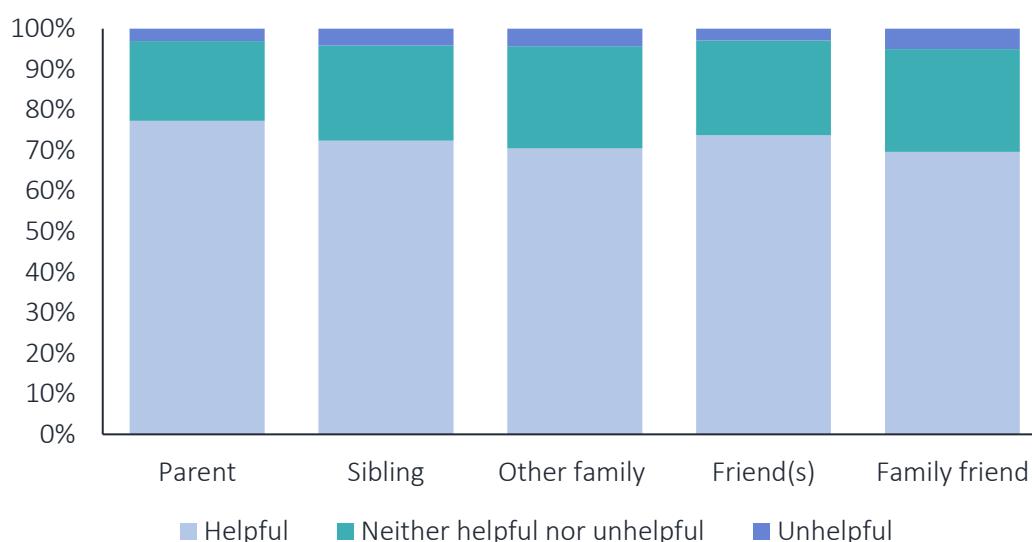


Figure 39: How Helpful was the Informal Mental Health Support



30. Have accessed **DIGITAL** mental health support in the last year and did they find it helpful

Findings from OxWell 2025 indicate that **digital forms of mental health support are accessed at levels comparable to formal services**, highlighting their growing role within young people’s wider support networks. For some students, digital support represents a meaningful and accessible source of help, either alongside or in place of in-person provision.

Among digital options, **social media-based support is by far the most commonly accessed**, reflecting its central role in young people’s everyday lives. Importantly, 47% of those who accessed social media support found it helpful, suggesting that for some young people its accessibility, anonymity, and immediacy are valued.

By contrast, **formal helplines and official mental health websites are among the least accessed sources of support** in the survey. This is notable given the substantial investment and policy emphasis placed on these forms of provision. Where helplines and official websites are accessed, students’ ratings of helpfulness tend to be mixed, with similar proportions describing them as helpful and neither helpful nor unhelpful. This suggests that while these services are valued by some, they are **not widely used and are not experienced as clearly helpful by the majority of students**.

Use of **AI-based support tools** was reported by a relatively small number of students. Although current uptake is limited, this is an area likely to change rapidly. Future waves of OxWell will be important for monitoring how these tools are adopted, by whom, and how they are perceived in comparison to other forms of support.

Taken together, these findings suggest that digital support should not be treated as a single category. Different digital options appear to play very different roles in young people’s help-seeking. While a very small number (around 1%) report finding helplines and official websites helpful, these resources are used by far fewer young people than informal, school-based, or social media-based support. These patterns underline the importance of aligning investment and policy assumptions with how young people actually access and experience support in practice.

Figure 40: Accessed Digital Mental Health Support

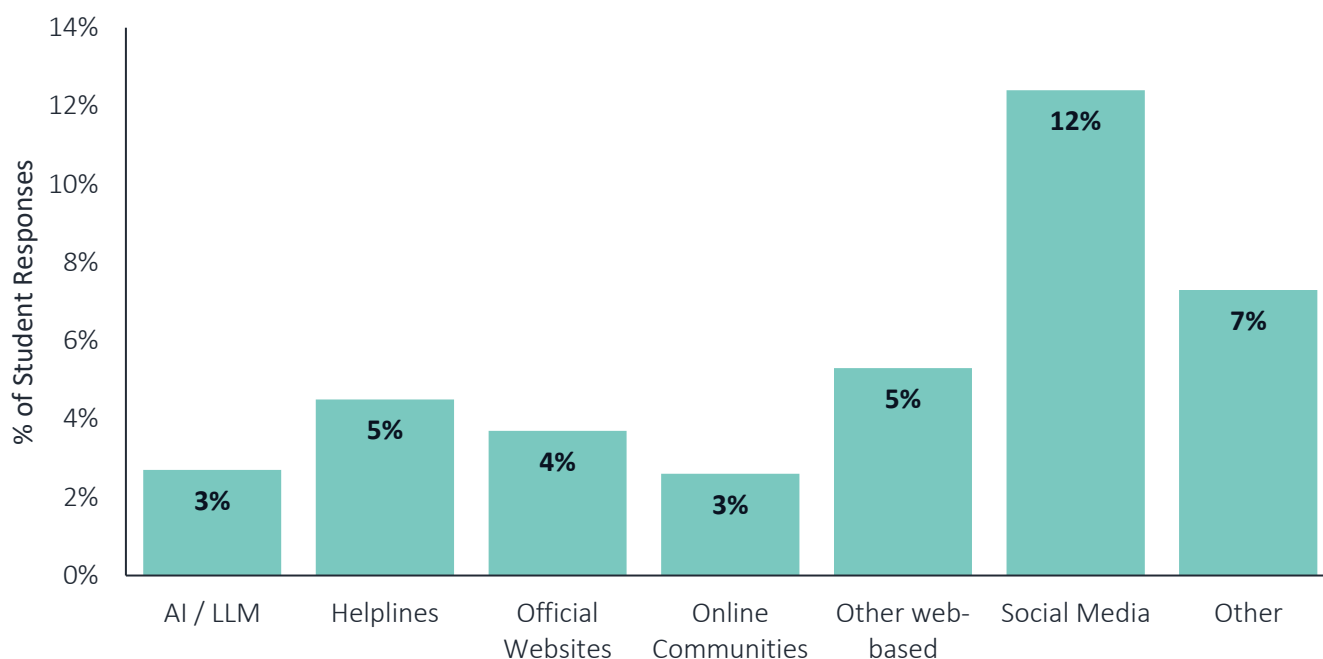
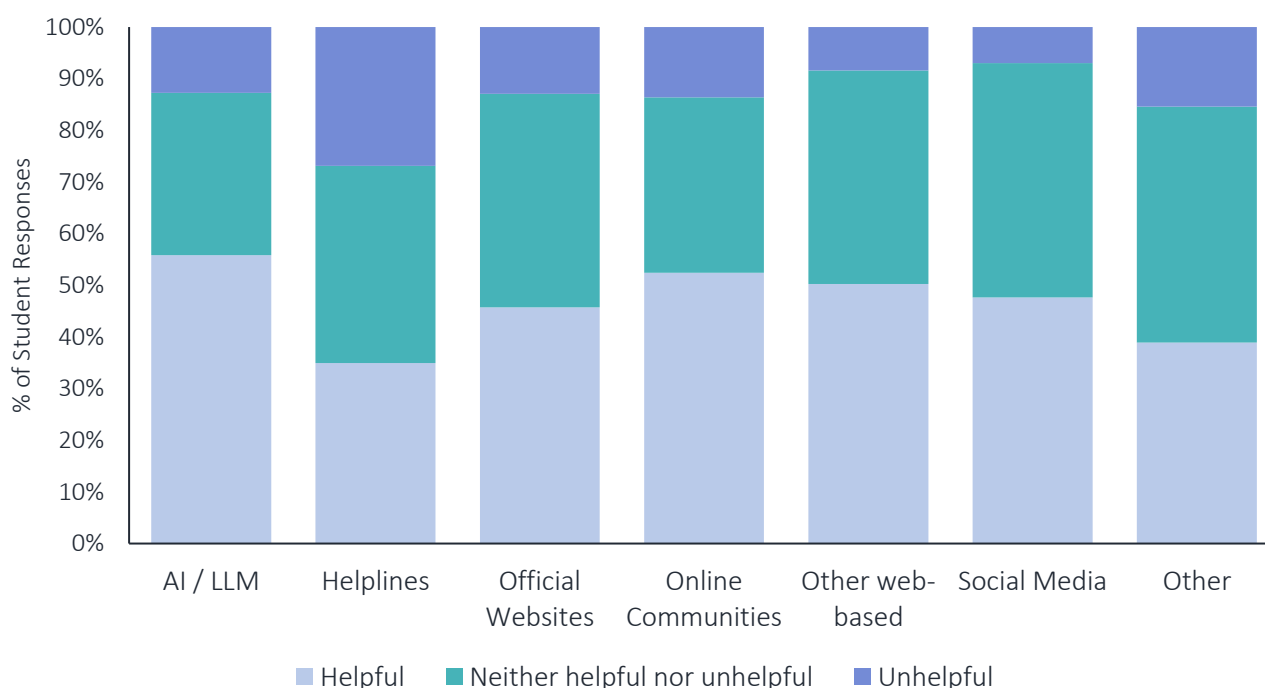


Figure 41: How Helpful was the Digital Mental Health Support



31. In the last year, would you have liked to access additional mental health support from any of the following?

Figure 42: Preferred Additional Support

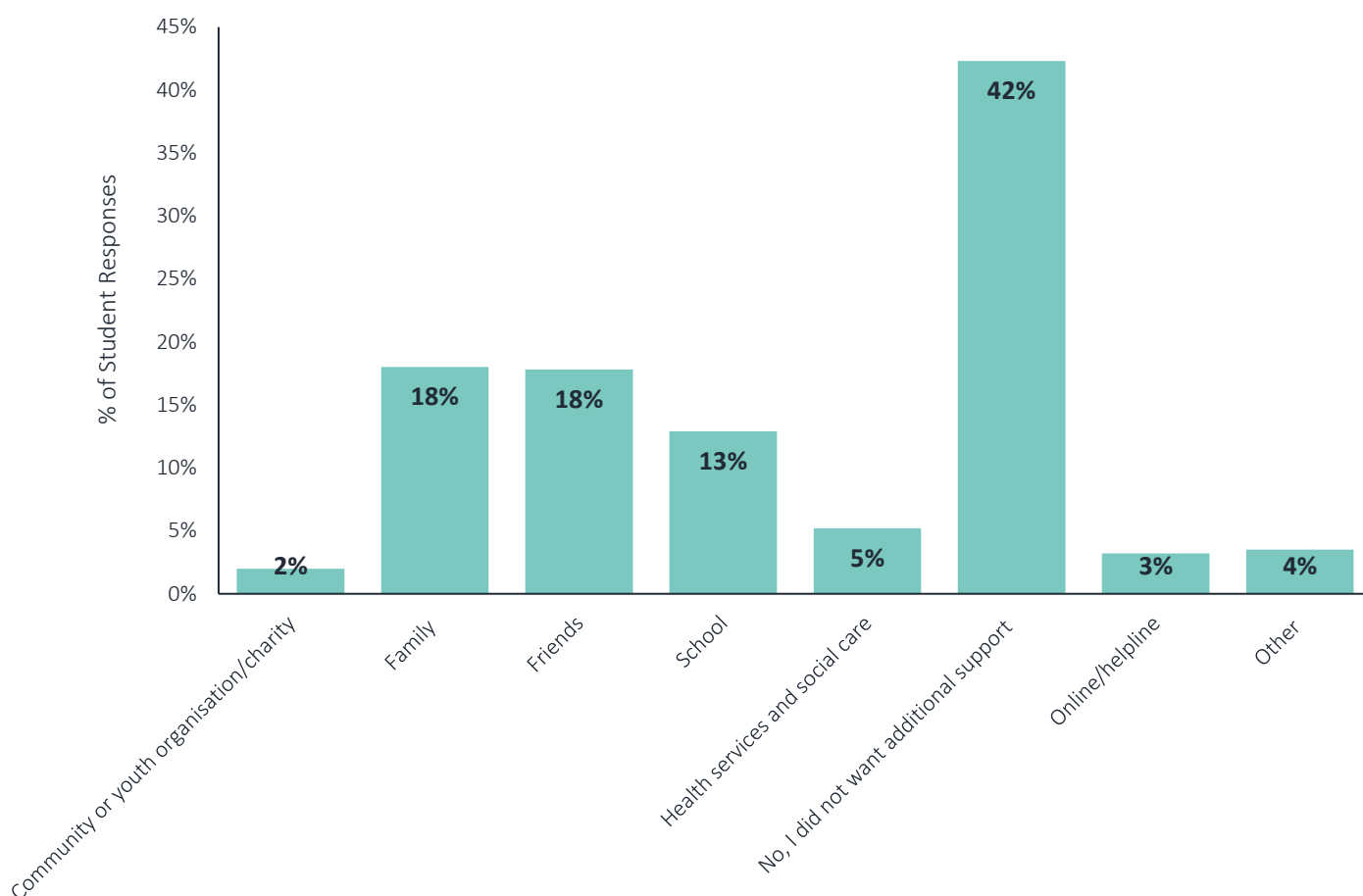


Figure 43: Preferred Additional Support Filtered to: Year 8

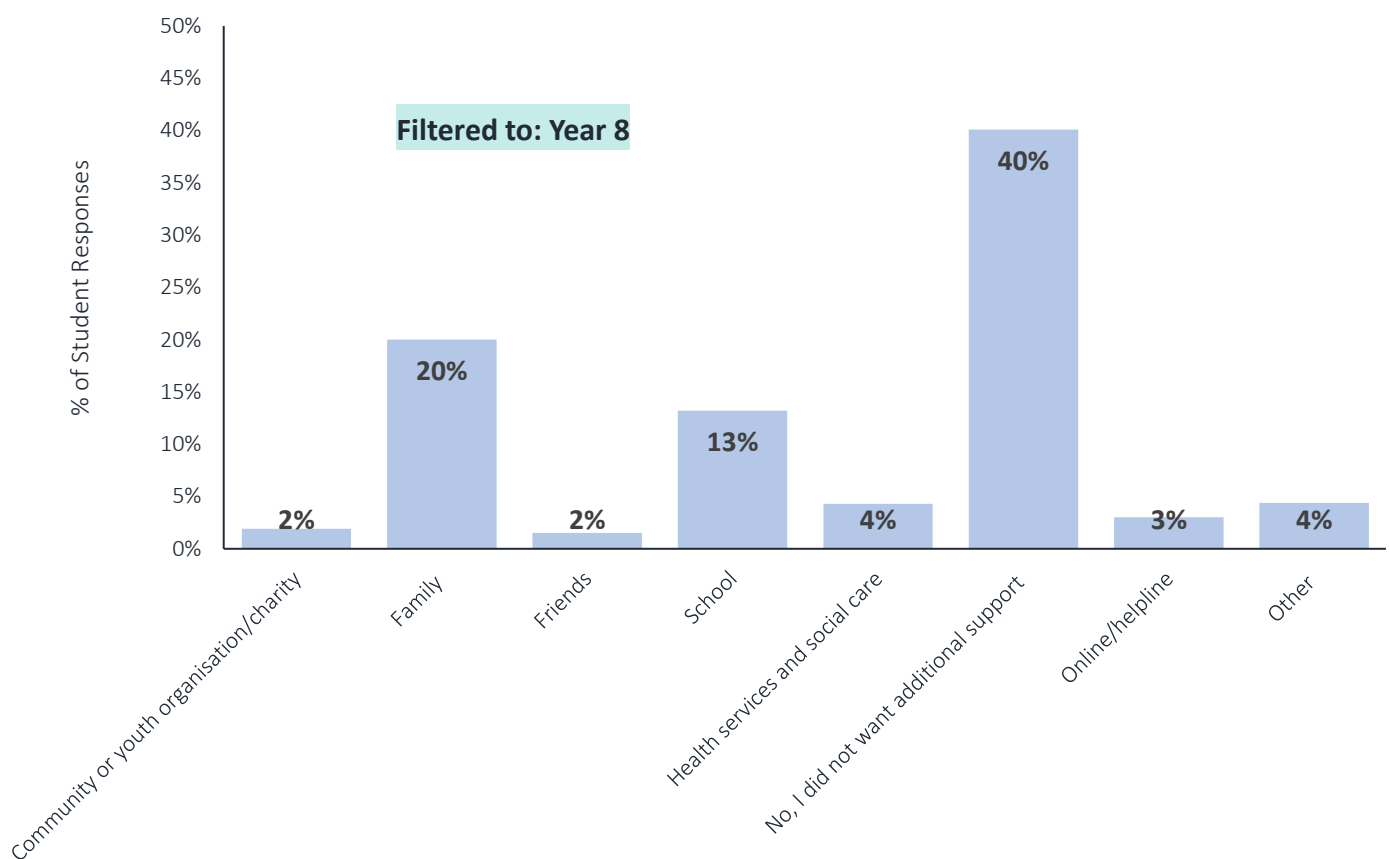
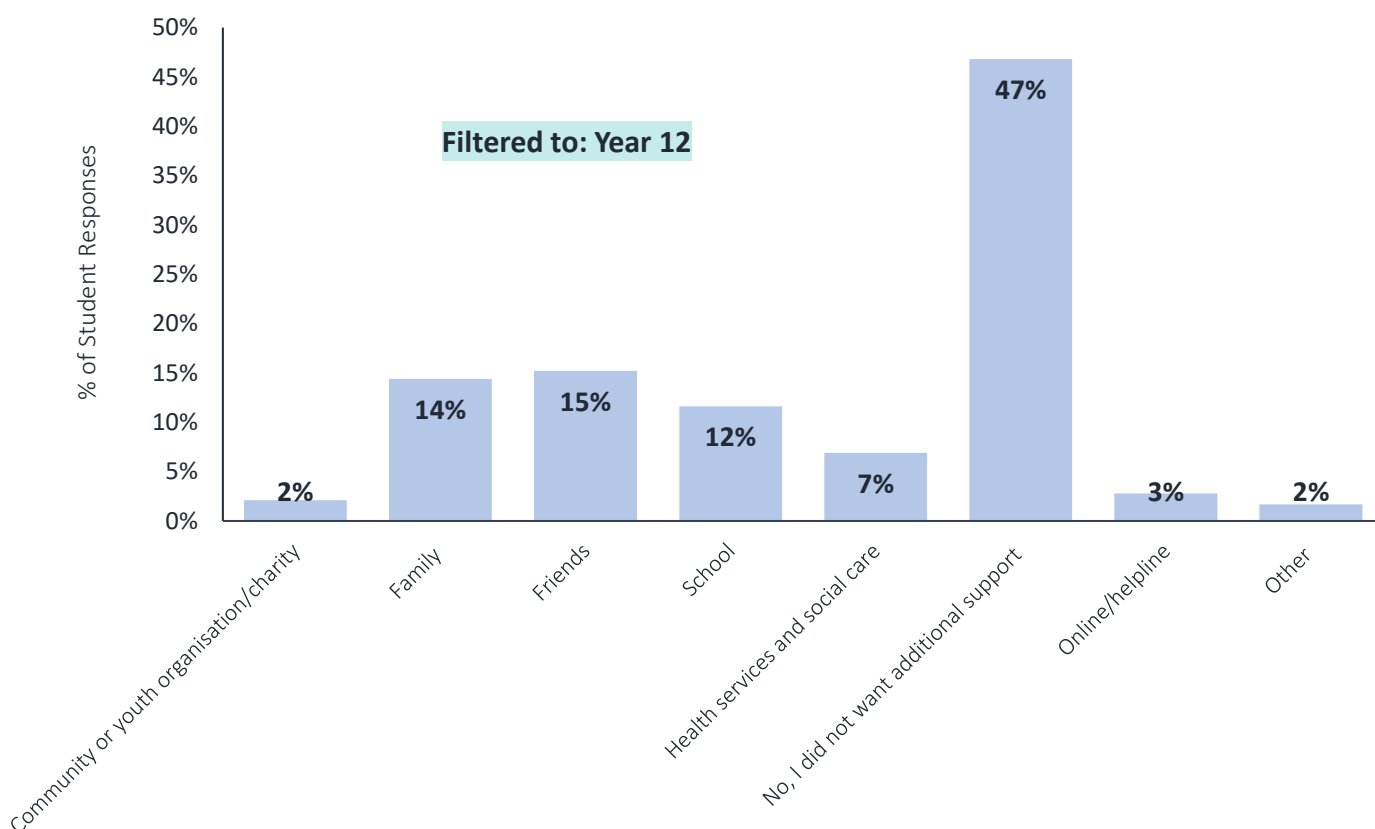


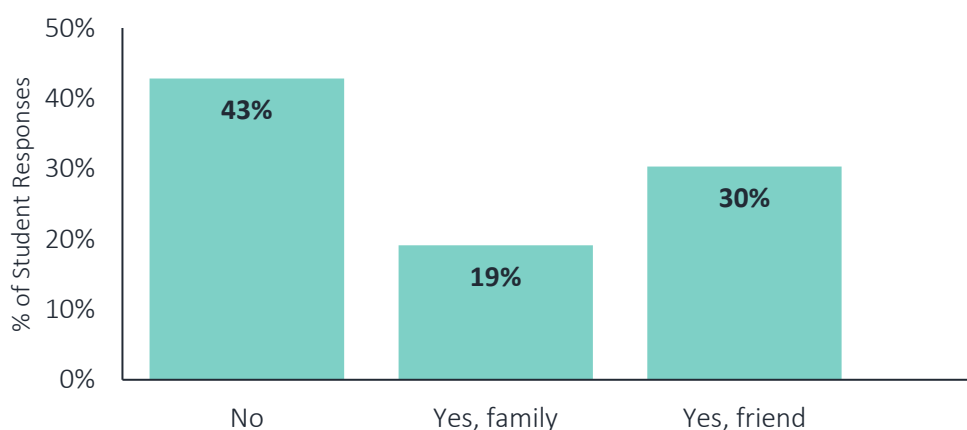
Figure 44: Preferred Additional Support filtered to: Year 12



For the first time in 2025, we also asked about whether students would like support to help another person, such as a friend or family member. Given the above findings about the central nature of informal mental health support, it was not surprising to see how many students wanted this kind of additional support – for example, almost a third reported wanting support to help a friend. This highlights an area of need that has not received sufficient attention.

31. In the last year, would you have liked to access mental health support to help a friend or family member?

Figure 45: Additional Mental Health Support





At the Cutting Edge of Science: Optional survey

In addition to providing timely, actionable data to enable evidence-based decision-making, OxWell has substantially contributed to advancing understanding of matters of importance to today's youth. In the 2025 optional survey, we prioritised asking about new and emerging areas in children and young people's health and wellbeing, thereby providing some of the most comprehensive data to date on topics including body-focused repetitive behaviours (BFRBs), sleep, online and gaming behaviours, substance use, experiences of maltreatment and peer abuse, chronic pain, and stressful life events.

Of those who reached the end of the core survey, 41% chose to continue onto the optional survey, which comprised several blocks of questions presented in random order. It is important to note that students who completed the optional survey were **not fully representative** of the whole sample. In particular, a higher proportion of girls participated than boys, and participation varied by year group. As a result, findings from the optional survey should be interpreted with caution, and many of these analyses are currently being examined in more detail by the research team.

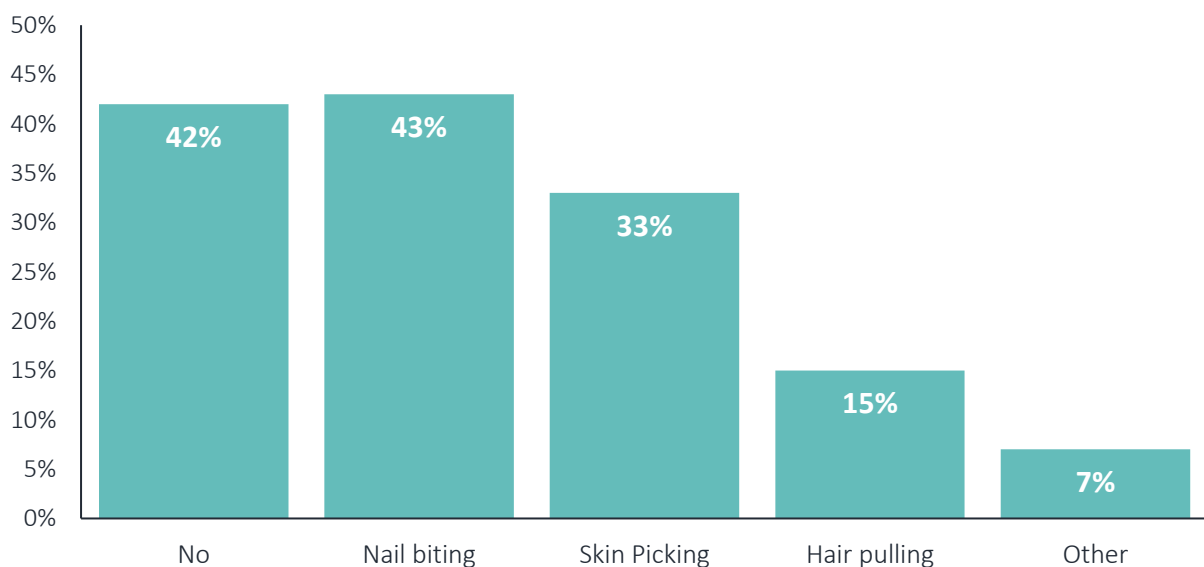
Selected Findings from the Optional Survey

32. **Body-Focused Repetitive Behaviours (BFRBs):**

A substantial number of students reported behaviours such as picking, pulling, or biting hair, skin, or nails in ways that felt difficult to control. Among those reporting these behaviours, many also indicated that they found them upsetting or distressing. These behaviours were more commonly reported by girls, and these findings are helping develop a programme of work to better support and treat young people experiencing distress from these symptoms and helping demonstrate how common the behaviours are, especially as 6% of those who had the behaviours were experiencing significant distress.

Do you sometimes pick, pull or bite at your hair, skin or nails in a way that feels difficult to control? *Tick all that apply.* The percentages below are only for those who answered the question:

Figure 46: Body Focused Repetitive Behaviours



33. **Chronic pain and school impact:**

Many students reported experiencing aches or pains lasting a day or longer in the past month, with a proportion (22%) indicating that pain had affected their ability to attend school or complete schoolwork. This highlights an often under-recognised overlap between physical symptoms, mental health, and school engagement.

34. **Substance use and self-medication:**

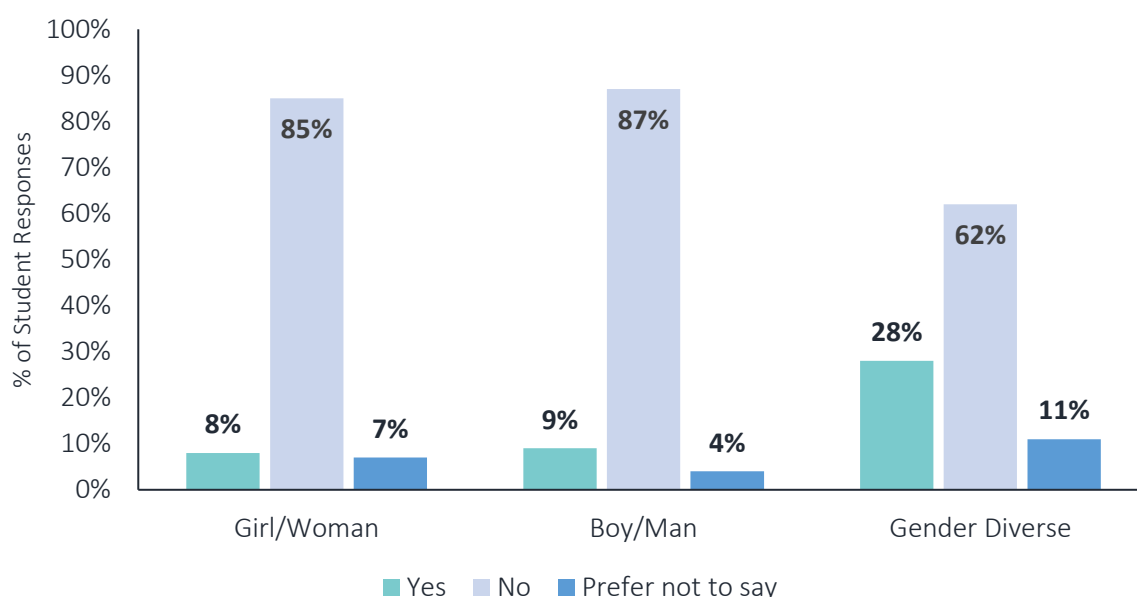
The optional survey included questions on vaping and the use of substances to get high or self-medicate. While reported by a minority (12%), these behaviours tended to cluster with other indicators of distress, reinforcing the importance of integrated approaches to prevention and support.

35. **Stressful and adverse experiences:**

Some students reported experiences of maltreatment, peer abuse, or other stressful life events. These findings underline the importance of trauma-informed approaches within schools and services, and the need for safe, trusted routes to support.

Have you been a victim of abuse from a friend/another young person/boyfriend/girlfriend?

Figure 47: Maltreatment



36. **Clarity about confidentiality and parental involvement:**

Echoing findings from the core survey, a striking proportion of students (57%) reported that they did not know whether their parents or carers would be told if they accessed mental health support. This uncertainty was evident even among students reporting higher levels of distress, whom one would expect to have a greater understanding of help-seeking processes. This 'grey area' is important and we have demonstrated with previous OxWell findings, may act as a barrier to help-seeking, reinforcing the need for greater transparency and clear communication about confidentiality.

Conclusions

Across the OxWell 2025 findings, several **unifying principles** help make sense of the evidence and guide interpretation. These principles are not specific results, but a lens that cuts across all sections of the report and frame how the findings should be understood and used.

Unifying Principles Across the Findings

- **Student voice is central.**
The data reflect what young people themselves report about their experiences, needs, and preferences. This perspective is essential for shaping effective and acceptable support.
- **Belonging and safety are foundational.**
Across multiple domains, feeling connected, safe, and included is strongly linked to better wellbeing and lower risk.
- **Needs often overlap and are rarely isolated.**
Many students experiencing difficulties report overlapping challenges (e.g. loneliness, neurodiversity, mental health difficulties, or family pressures), highlighting the need for joined-up responses rather than single-issue approaches.
- **Support often starts informally.**
Friends, family, and trusted adults in school can play a critical role in young people's support networks, reinforcing the value of diverse whole-school and community approaches.
- **Data can inform action when made accessible.**
When findings are returned in a clear and timely way, such as through the OxWell Data Platform (*OxHub*), they can support evidence-informed planning at school, local authority, and system levels.

Summary of Findings

Together, these principles frame the key take-away insights below, which translate the evidence into practical implications for schools, local authorities, and partners. They highlight both the complexity of young people's experiences and a number of practical opportunities for change when student voice, accessible data, and cross-sector collaboration are brought together.

1. Feeling safe matters across home, school, community and digital spaces

A consistent finding across the survey is the importance of young people feeling safe in their everyday environments. Safety is not confined to one setting: students report concerns related to safety **at home, at school, while travelling to and from school, and online**. These experiences are closely linked to wellbeing, engagement with education, and mental health outcomes. Addressing safety therefore requires coordinated action that recognises the full range of environments in which young people live their lives.

These findings also highlight that safety is not only about preventing harm, but about creating environments where young people feel secure, supported, and able to thrive.

2. Some changes may be easier and more impactful than we think

Alongside areas of concern, the findings point to opportunities where practical changes may have a disproportionately positive impact. Feelings of belonging emerge as one of the strongest protective factors for wellbeing and engagement, and young people consistently highlight activities outside formal lessons as most important in helping them feel part of their school community.

School trips, lunchtime and after-school activities, informal sports, and unstructured social time with peers are repeatedly identified as key contributors to school belonging. While some of these activities are not always easy to implement or sustain, the data suggest they may address multiple challenges at once - supporting belonging, reducing loneliness, improving engagement, and strengthening peer relationships.

With appropriate support from local authorities and community partners, investment in wider school life may therefore offer a valuable opportunity to improve outcomes across a broad range of wellbeing indicators.

These protective experiences are particularly important when considering groups who report higher levels of need.

3. Groups experiencing higher levels of need

OxWell 2025 highlights that some groups of young people consistently report higher levels of need across multiple areas of wellbeing, safety, and access to support. Understanding these patterns is essential for directing resources where they are likely to have the greatest impact.

Around **one in five students self-report being neurodivergent**, with or without a formal diagnosis. These students often report different experiences of school life, including lower levels of belonging, higher levels of mental health difficulties, and greater challenges in accessing appropriate support. The findings point to the importance of inclusive school environments, reasonable adjustments, and coordinated approaches across all education and health services.

Gender diversity is another area where higher levels of need are consistently observed. Drawing on several years of methodological learning, OxWell has refined how gender identity is asked, prioritising clarity, inclusivity, and options such as 'not sure' or 'prefer not to say'. These approaches improve data quality while respecting young people's comfort and autonomy. Students who identify as gender diverse report poorer mental health and wellbeing across many measures, highlighting the need for inclusive school cultures, staff confidence, peer support, and accessible routes to care.

Importantly, these patterns do not reflect individual vulnerability alone. Rather, they point to differences in how well current systems meet the needs of diverse groups.

This is particularly evident when considering how young people seek and provide support.

4. Young people are supporting each other, often without support themselves

Many students report a desire for additional support not only for themselves, but to help **friends or family members** experiencing mental health difficulties. This reflects the central role young people play in informal care and peer support networks.

While this can be a source of strength, it can also place emotional strain on young people, particularly where wider support is limited or unclear. Recognising and supporting these informal roles is an important, and often overlooked, aspect of early intervention and prevention.

These findings reinforce the importance of ensuring that responsibility for care does not rest solely with young people themselves, and that clear pathways to support are visible and accessible.

5. Clarity and trust in accessing mental health support

A further cross-cutting finding concerns trust and clarity around confidentiality and information sharing. While OxWell data show that relatively few young people believe parents *should* always be informed when they seek mental health support, a much larger proportion report that they **do not know** whether their parents would be told if they contacted services. This uncertainty is particularly marked among young people experiencing higher levels of distress, including those who report self-harm.

This lack of clarity appears to act as a barrier to help-seeking. When young people are unsure what will happen to the information they share, many choose not to access support at all. Importantly, this does not reflect a rejection of parental involvement, but a need for **predictable and understandable systems** that allow young people to make informed decisions about whether and how to seek help.

Greater transparency is therefore essential. This may sometimes involve communicating information that might not be popular with young people - for example, that it is school policy to inform parents if they speak to the school counsellor or the circumstances under which information must be shared for safeguarding reasons, and with whom. However, **ambiguity is likely to be more harmful than honesty**. Clear, consistent communication in plain language is a necessary first step in building trust.

6. Accessible data can enable action

Finally, the findings underline the importance of making evidence accessible and usable. Through the new OxWell Data Platform (*OxHub*), schools and partners can explore patterns in more detail, apply filters to understand unequal experiences, and use data to inform planning and collaboration.

When young people's voices are heard, and when data are returned in a timely and meaningful way, there is a real opportunity to translate insight into action; strengthening prevention, improving inclusion, and supporting better outcomes for children and young people.

Broader OxWell activities

Figure 48: Senior Postdoc in our team, Dr Holly Bear talking about OxWell on BBC News, April 2025



Supporting wide use of the data

OxWell is designed to support as many high-quality analyses as possible and given how rich the data is we actively support collaboration and secondary analysis, enabling researchers from local authorities and universities to use the data if it can answer their questions of interest. We provide free whole sample access to the dataset via *OxHub* as well as give research access to the data via secure research platforms.

Figure 49: Professor Mina Fazel presenting a talk at Somerville College, Oxford, November 2025



Figure 50: OxWell Website

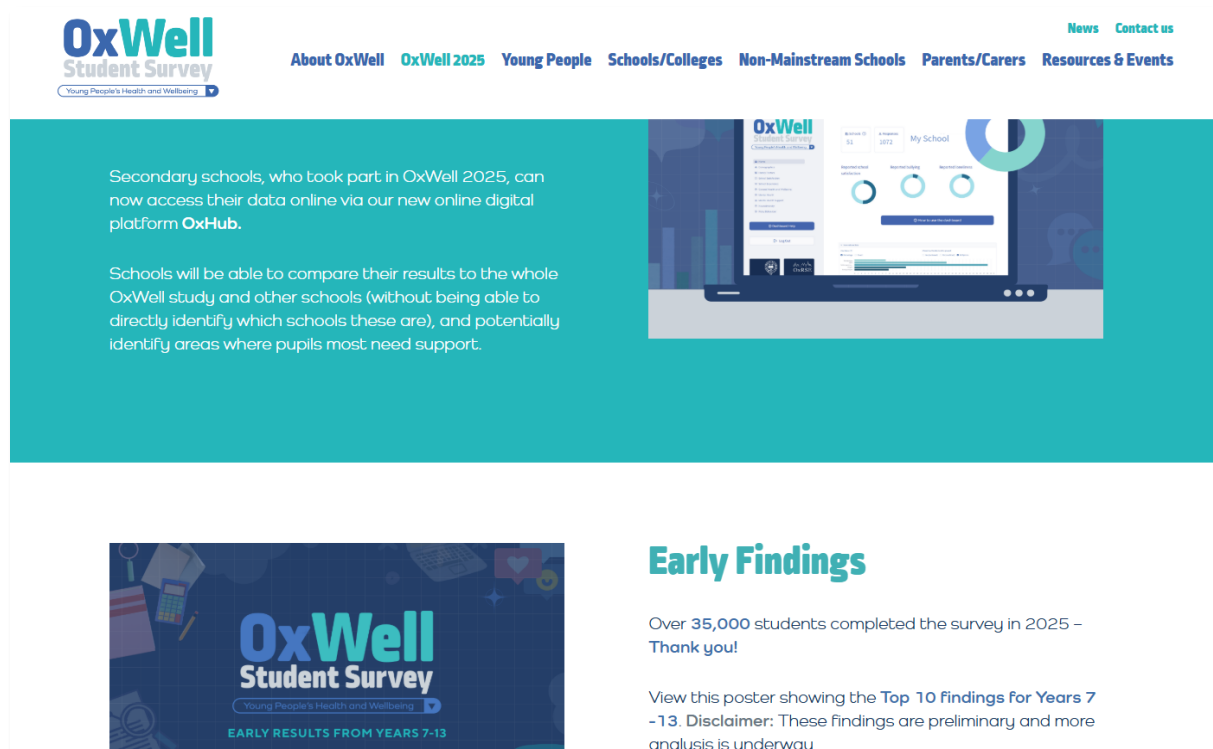


Figure 51: One of our PhD students, Hinako Irei, Sharing findings at an outreach event in Oxford City Centre, May 2025



Figure 52: Our Intern, Lea Satola, presenting OxWell findings at an NIHR Internship Programme Celebration in London, March 2025

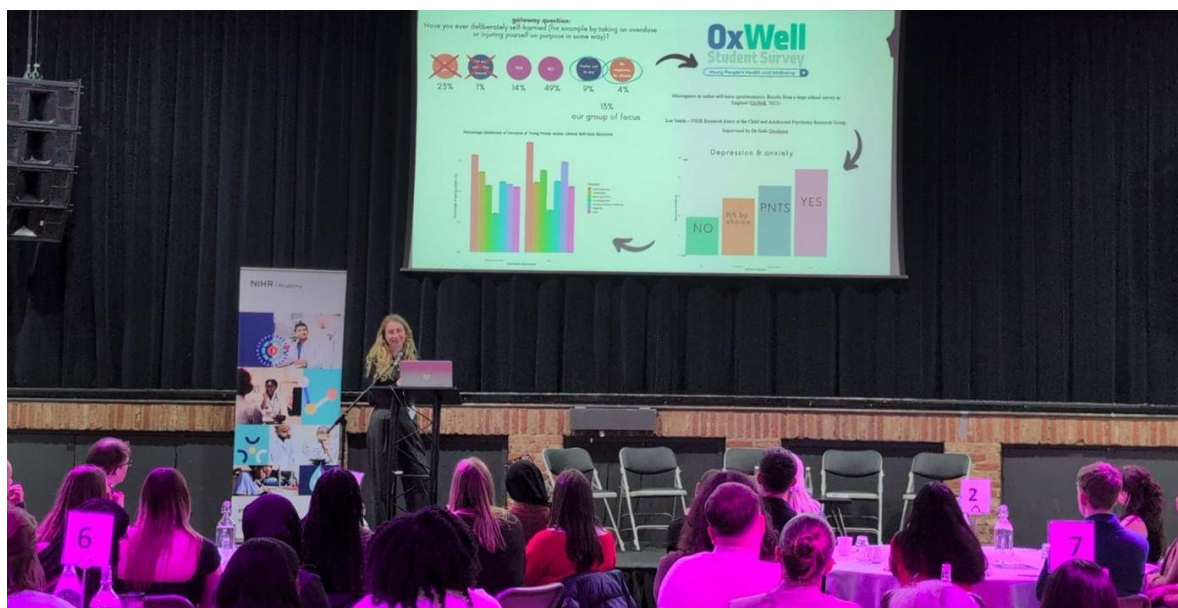


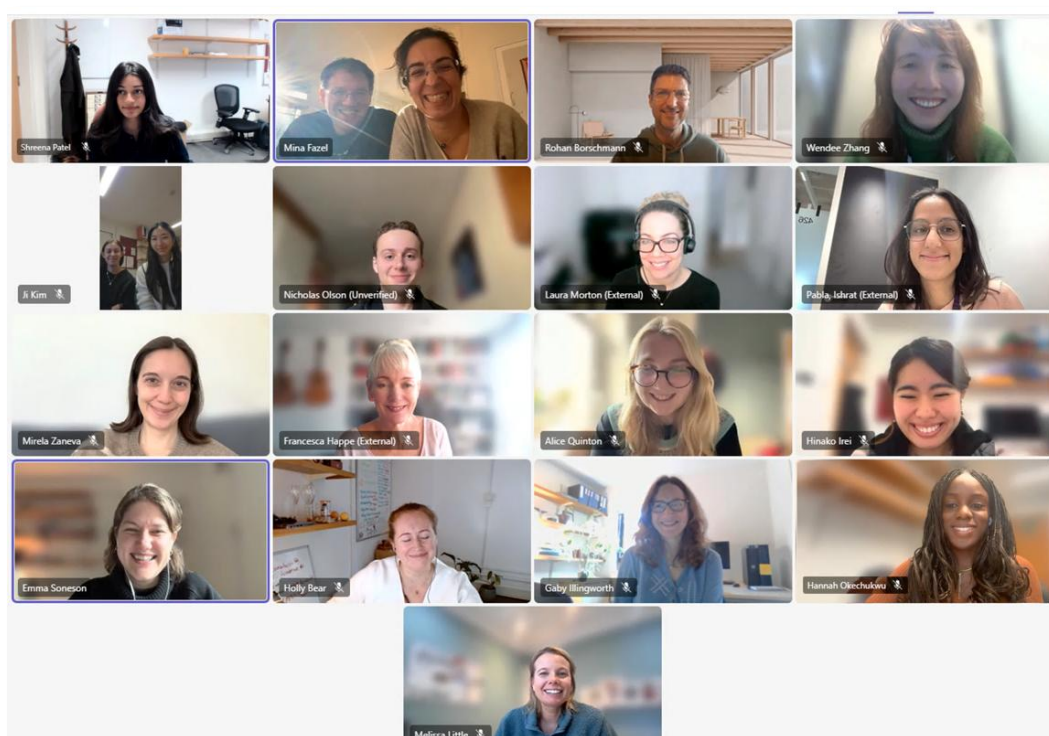
Figure 53: OxWell findings shared at the Education in Mind conference, Liverpool, November 2025



Research activity

At present, OxWell data are being actively analysed by **over 40 researchers and trainees**, working across **over 15 academic and research institutions** in the UK and internationally. This includes senior academics, statisticians, health economists, doctoral and master's students, clinical trainees, and visiting researchers.

Figure 54: Regular OxWell meetings, supporting researchers to examine the data



Institutions currently involved include the Universities of Oxford, Cambridge, King's College London, Bath, Liverpool, Greenwich, Sussex, Oslo, Melbourne, Queen Margaret, Oxford Brookes, LSHTM, and others, alongside NHS and third-sector partners. This distributed model allows different aspects of young people's experiences, such as school belonging, neurodiversity, self-harm, online behaviour, sleep, service access, and measurement to be examined simultaneously, increasing the pace, depth, and policy relevance of the findings.

Figure 55: OxWell team outing, June 2025



Engagement and External Activity

Alongside data collection and analysis, the OxWell team places strong emphasis on **active engagement with schools, services, and partners**, recognising a responsibility to ensure that findings are discussed, understood, and used in practice. Every participating school receives its own **bespoke school report**, and local authorities are provided with access to their aggregated data. We are aware that many schools, local authorities, and services are actively using these outputs within their own organisations, for example, through internal discussions, planning meetings, and service development. The activity described below does **not** capture this wider downstream use of the data.

Instead, the figures presented here reflect a **conservative minimum estimate** of direct engagement activities led by members of the OxWell team based in Oxford. Since the completion of OxWell 2025, we estimate that **over 70 structured engagement activities** have taken place. These have included meetings, presentations, workshops, and follow-up discussions across a range of settings. The largest proportion of activity has been with **schools and education leaders** (approximately **30-40 meetings**), alongside substantial engagement with **local authorities, NHS services, and mental health providers**.

(approximately **15-20 meetings**), and with **third-sector and community organisations** (approximately **10-15 meetings**). Additional engagement has taken place through academic, policy, and cross-sector events.

While much of this engagement has been local - particularly in **Oxfordshire and Liverpool**, reflecting where the majority of participating schools are located - interest in OxWell has extended well beyond these areas. We have also engaged with **regional and national organisations** across England, including policy, research, and service bodies. In addition, there is growing **international interest** in the OxWell approach, with partners in **three countries across three different continents** exploring how the survey's methods, measures, and data-feedback model could be adapted for use in their own contexts. The OxWell team is actively supporting this work, focusing on careful adaptation rather than replication, to ensure relevance to local systems, cultures, and priorities.

Attendance at OxWell-led activities has ranged from small meetings with a handful of highly engaged participants to larger presentations and workshops involving more than 50 attendees. Taken together, we conservatively estimate that **at least 2,500 individuals** have been directly engaged through these activities. Participants have included headteachers, school staff, public health leads, commissioners, clinicians, mental health practitioners, researchers, and policy stakeholders. Overall, these figures illustrate a sustained programme of engagement beyond academic publication. While necessarily partial, they reflect OxWell's commitment to stewardship of student data, partnership working, and supporting meaningful action - locally, nationally, and increasingly internationally - in response to what young people have shared through the survey.

There has been extensive public and policy discussion about proposals to restrict or ban social media use for under-16s in the UK. As these policy debates continue, findings from OxWell highlight the importance of moving beyond simple measures of screen time to consider how children and young people engage with digital platforms. In January 2026, during a House of Lords debate on the Children's Wellbeing and Schools Bill, Baroness Fox of Buckley referenced findings from the OxWell Student Survey. She noted that the study found no overall correlation between screen time, including social media use, and mental health, emphasising instead that the nature of young people's engagement with social media is more influential, with evidence also indicating potential positive impacts. This underlines the value of child-reported evidence, such as that provided by OxWell, in informing public debate and supporting proportionate, evidence-informed policy responses.

Research Publications from the OxWell Student Survey

To date, the OxWell Student Survey has generated **26 publications** (24 peer-reviewed journal articles and 2 major reports), covering a wide range of topics including school experience and belonging, mental health and self-harm, neurodiversity, online and virtual experiences, sleep and daily routines, access to services, consent and confidentiality, and the development of improved measurement approaches. The majority of these are available for everyone to read as we try and prioritise open-access publications.

Taken together, these publications have been cited **over 500 times**, reflecting their relevance across research, policy, and practice. OxWell findings have informed regional and national policy discussions, including contributions to reports on the health of children and young people in the North of England, briefings for NHS England, and wider conversations with the Department for Education and local

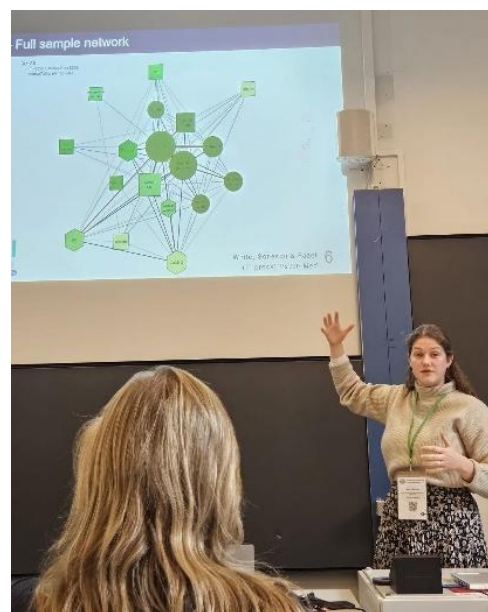
authorities. This body of work demonstrates how sustained, collaborative analysis of a shared dataset can generate evidence with real-world influence beyond academia.

Help-seeking, service access & networks of care:

Four papers so far have been published exploring responses to questions as to which mental health supports and services are being accessed and whether they find these services helpful. This is an area of active examination by many members of the team with more insights being drawn.

The survey has helped map the extent of informal support that young people seek and to bring attention to this group and consideration of how to support them. Firstly, we have highlighted how concerns about parental knowledge is a major barrier to accessing care, but that once a young person does access mental health support, multiple individuals and services can be involved (informal, semi-formal, formal/clinical, digital) depending on need and background (*Networks of care*). The mapping of Networks of Care by gender, ethnicity, and disorder has been a particularly enlightening approach and is continuing with upcoming papers to examine different marginalised and other subgroups (including neurodivergent adolescents, those who have experienced maltreatment, and ethnic minority populations).

Figure 56: Senior Postdoc in our team, Dr Emma Soneson, presenting networks of care



School experiences: We have published a paper on bullying as substantial information is gathered in the survey regarding school experiences, including a sense of belonging and bullying. For example, a low sense of belonging and feeling unsafe at school are associated with poorer mental health/self-harm and this work is in the process of being analysed.

Virtual experiences: This is a constantly evolving area of adolescent experience with certain patterns of behaviour associated with lower wellbeing and loneliness. Our publications so far have explored gaming behaviours, experiences of loneliness and private and public (higher risk) social media accounts.

Sleep & daily routines: Sleep is an important focus of our work and the subject of four OxWell publications. With new pressures on sleep emerging in adolescence and associations found between sleep and mental health difficulties. It is also a potentially important intervention focus. Our sleep papers, for example, show how many young people are experiencing poor sleep. We have identified a brief screening measure that may be useful in schools to assess potential sleep problems in students and to identify those who may benefit from support managing their sleep. In addition, how social jetlag (irregular sleep/wake timing across the week) is linked with weekend bedtime setting and pre-sleep electronics suggests how simple household routines may be helpful.

Improving measurement of child and adolescent mental health and wellbeing: Over the last five waves of the OxWell Student Survey we have been able to learn about how best to study certain areas - both sensitive and less sensitive - and have published our methodological learning in a few papers in the hope that this will be of benefit to researchers conducting similar studies. These papers

highlight how for the more vulnerable and marginalised populations of students, taking care in how questions are asked with clear information and opt-out choices improve student comfort and data quality. We have worked with youth advisors to improve how trans and gender questions and now ensure that options such as 'I am not sure; and 'don't know/prefer not to say' are provided as they are essential for accuracy and inclusion. We have also better understanding of some of the brief tools that can be used to assess sleep and maltreatment.

COVID-19 impacts, risk & public health responses: The Covid period was a time of substantial disruption, times where it is also important to learn about healthy and problematic responses. Our three OxWell publications from this time examine attitudes to Covid vaccination, informing public health approaches by, for example, highlighting the numbers who were unsure if they wanted a vaccination and targeting information to their needs.

Other risks: Self-harm and inequality: Two publications highlight how loneliness is strongly associated with self-harm, making belonging work a prevention lever. A final paper shows the extent of food insecurity within school populations and its association with lower wellbeing.

Favourite OxWell Publications in 2024/25:

This OxWell paper is particularly important because it brings to light an issue that has not previously taken a prominent place in discussions about access to mental health care: young people's concerns about privacy. Using OxWell data, we show that not wanting parents to know - and not knowing who will be told if they speak up - is one of the most significant barriers to seeking help. OxWell shows that trust is central to access. When systems are unclear or unpredictable, young people often choose silence instead of support. Building clearer, more transparent systems may therefore be one of the most effective ways to improve access to mental health care.

Adolescent Consent and Generation Alpha: bridging policy, practice and empirical evidence in healthcare (*British Journal of Psychiatry*, 2025)



Professor Mina Fazel
Professor of Child & Adolescent Psychiatry
Department of Psychiatry, University of Oxford

The OxWell data have given us a greater understanding of sleep patterns in young people. For example, we looked at social jetlag as this has been found to be related to health. Social jetlag (difference in sleep/wake timing between school days and weekends) increased with age and peaked at age 15. Our findings suggest that household rules regarding weekend bedtimes and less electronic media use (social media use, video gaming) before sleep may be beneficial and connected with lower social jetlag.



Dr. Gaby Illingworth
Senior Postdoctoral Researcher

Department of Psychiatry,
University of Oxford

Social jetlag and sleep habits in children and adolescents:
Associations with autonomy (bedtime setting and electronics curfew) and electronic media use before sleep (*Chronobiology International*, 2025)



Dr. Emma Soneson
Senior Postdoctoral Researcher

Department of Psychiatry,
University of Oxford

This paper has changed the way we measure gender within the survey and also helped researchers across several other studies to change their practices. We worked closely with three trans and gender diverse young people to learn how we could better capture gender diversity in our survey. As a result, the OxWell 2025 questions asked about a much broader range of gender identities, provided an explicit 'not sure/don't know' option, and asked directly about trans identity. These improved questions have laid the groundwork for a number of analyses to better understand the needs and experiences of trans and gender diverse young people, and how to provide support that is tailored and acceptable to them. I can't wait to get on with these analyses - as always, in partnership with the young people themselves!

Trans and gender diverse identities in adolescent health research: making the most of imperfect data (*BMJ Mental Health*, 2024)

Adolescents seek mental health care and support from a range of sources; from family and friends to charities and formal care. Using the OxWell Student Survey we looked at this system of support as patterns, visualised as networks. These networks have allowed researchers and those in the health services to gain new insights into how adolescents and young people access mental health support and how helpful they found that support.

Networks of Care for the Modern Adolescent (*Psychological Medicine*, 2024)

Dr. Simon R. White
OxWell Senior Statistician

Assistant Research Professor, University of Cambridge



“

Smartphone and social media use have risen alongside growing concerns about adolescent mental health. Using data from over 14,000 students in the OxWell 2021 survey, we examined how time spent online and specific online behaviours relate to anxiety, depression, and loneliness. We found that exposure to self-harm content, seeking help online, and posting content later regretted were more strongly associated with anxiety, depression, and loneliness than overall time spent on social media. Together, these findings suggest that the type of online activity may be more relevant than overall time spent online

”



Dr. Holly Bear

Senior Postdoctoral Researcher

Department of Psychiatry,
University of Oxford

Isolation despite hyper-connectivity? The association between adolescents' mental health and online behaviours in a large study of school-aged students (*Current Psychology*, 2025)

“

Our findings suggest that improving mental health support for neurodivergent adolescents who self-harm requires more than encouraging help-seeking. Instead, it requires services and schools to adapt to how these young people communicate distress and seek support

”



Patterns of Help-Seeking in 1001 Neurodivergent Adolescents who Self-harm (*JCPP Advances*, 2025)

Dr. Simona Skripkauskaitė

Senior Postdoctoral Researcher

Department of Experimental Psychology, University of Oxford

Preliminary findings from ongoing work on adolescent friendships

“

Given schools' pivotal role in shaping friendships, fostering inclusive environments is essential. Our findings highlight the importance of friendships for all genders and suggest the need for school-wide approaches, such as fostering inclusive school climates or integrating friendship-building activities and identifying those that might best support the development of authentic social networks within schools.

”



Dr. Tanya Manchanda

Postdoctoral Researcher

Department of Psychiatry,
University of Oxford

Tanya's PhD used the OxWell Student Survey to examine how friendships relate to adolescent mental health and well-being, including differences between online and in-person friendships.

List of OxWell Publications:

This list of publications gives an overview of studies that have used OxWell data to date, and we remain indebted to all the students, school staff and partners who have helped us advance research and understanding of youth mental health on a global stage.

2026

- **Nap time:** Adolescent napping patterns and associations with sleep problems and mental health (*Illingworth et al., Sleep Epidemiology, 2026*)

2025

- **Adolescent Consent and Generation Alpha:** bridging policy, practice and empirical evidence in healthcare (*Fazel et al., BJPsych 2025*)
- **Factor structure, measurement invariance and correlates of a modified version of the Short Child Maltreatment Questionnaire (SCMQ) among adolescents in England** (*Neelakantan et al., Child Abuse & Neglect, 2025*)
- **Patterns of Help-Seeking in 1001 Neurodivergent Adolescents who Self-harm** (*Skripkauskaitė et al., JCPP Advances, 2025*)
- **The prevalence of food insecurity and its relationship with wellbeing in a large, cross-sectional study of children and young people in England** (*Bignardi et al., JCPP Advances, 2025*)
- **School experiences and self-harm in the OxWell study** (*Nawaz et al., JCPP Advances, 2025*)
- **Are Adolescents Sensitive about Sensitive Data?** Exploring Student Concerns About Privacy, Confidentiality, and Data Use in Health Research (*Soneson et al., Journal of Adolescent Health, 2025*)
- **Isolation despite hyper-connectivity?** The association between adolescents' mental health and online behaviours in a large study of school-aged students (*Bear et al., Current Psychology, 2025*)
- **Social jetlag and sleep habits in children and adolescents:** Associations with autonomy (bedtime setting and electronics curfew) and electronic media use before sleep (*Illingworth et al., Chronobiology International, 2025*)
- **Selecting and Validating Outcome Measures for the Domestic Violence and Abuse Core Outcome Set (DVA-COS)** (*Foundations, UK*)

2024

- **Networks of Care for the Modern Adolescent** (*White et al., Psychological Medicine, 2024*)
- **Trans and gender diverse identities in adolescent health research:** making the most of imperfect data (*Soneson et al., BMJ Mental Health, 2024*)
- **Insomnia symptoms in children and adolescents: screening for sleep problems with the two-item Sleep Condition Indicator (SCI-02)** (*Illingworth et al., BMC Public Health, 2024*)
- **Loneliness and self-harm in adolescents during the first national COVID-19 lockdown:** results from a survey of 10,000 secondary school pupils in England (*Geulayov et al., Current Psychology, 2024*)

- **Access to and perceived unmet need for mental health services and support in a community sample of UK adolescents with and without experience of childhood adversity** (Soneson et al., *Epidemiology & Psychiatric Sciences*, 2024)
- **Exploring the Relationship Between Public Social Media Accounts, Adolescent Mental Health, and Parental Guidance in England: Large Cross-Sectional School Survey Study** (Mabaso et al., *JMIR*, 2024)

2023

- **Happier during lockdown: a descriptive analysis of self-reported wellbeing in 17,000 UK school students during Covid-19 lockdown** (Soneson et al., *European Child & Adolescent Psychiatry*, 2023)

2022

- **Time Spent Gaming, Device Type, Addiction Scores, and Well-being of Adolescent English Gamers in the 2021 OxWell Survey: Latent Profile Analysis** (Skripkauskaitė et al., *JMIR Pediatrics & Parenting*, 2022)
- **Utilization and Acceptability of Formal and Informal Support for Adolescents Following Self-Harm Before and During the First COVID-19 Lockdown: Results From a Large-Scale English Schools Survey** (Geulayov et al., *Frontiers in Psychiatry*, 2022)
- **Sleep in the time of COVID-19: findings from 17000 school-aged children and adolescents in the UK during the first national lockdown** (Illingworth et al., *Sleep Advances*, 2022)

2021

- **Study protocol: the OxWell school survey investigating social, emotional and behavioural factors associated with mental health and well-being** (Mansfield et al., *BMJ Open*, 2021)
- **Willingness of children and adolescents to have a COVID-19 vaccination: Results of a large whole schools survey in England** (Fazel et al., *EClinical Medicine*, 2021)
- **COVID-19 partial school closures and mental health problems: A cross-sectional survey of 11,000 adolescents to determine those most at risk** (Mansfield et al., *JCPP Advances*, 2021)
- **Mental wellbeing and school exclusion: changing the discourse from vulnerability to acceptance** (Fazel & Newby, *Emotional & Behavioural Difficulties*, 2021)

Reports and Pre-prints using the OxWell Student Survey

- Harewell, J., Dunk, E., Bains, S., Howarth, E., Powell, C. & Gonidis, L. (2025) Selecting and Validating Outcome Measures for the DVA-COS. Work Package 2: Psychometric Assessment of the Short Warwick Edinburgh Mental Wellbeing Scale. Foundations, UK.
- PREPRINT: K.L. Mansfield, C. Jindra, G. Geulayov, M. Fazel. Self-reported wellbeing and sample characteristics in a survey of 19000 school pupils during the first UK COVID school closures 2021 <https://psyarxiv.com/gtbfm/>

Suggested citation:

Fazel, M., Patel, S. (2026) *OxWell 2025 Summary Report*. Department of Psychiatry, University of Oxford.
DOI: 10.5287/ora-e9enrn9bo

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For more information, or to express an interest in participating in the next OxWell survey in March 2027, please contact us on oxwell@psych.ox.ac.uk.



**Thank You to all the students who have
helped us with this work!**