INFORMATION ANALYSIS DIRECTORATE

Young Persons' Behaviour and Attitudes Survey 2025

Mental Health & Wellbeing modules

Department of Health
An Roinn Sláinte
Männystrie O Poustie
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Mental Health & Wellbeing modules

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Explanatory Notes

The Young Persons' Behaviour and Attitudes Survey (YPBAS) is a school-based survey carried out among 11-16 year-olds (school years 8 to 12). It is commissioned jointly by a number of government departments and includes questions on a wide range of topics. Nine rounds of the survey have now taken place: 2000, 2003, 2007, 2010, 2013, 2016, 2019, 2022 and 2025.

The fieldwork for the survey ran between September 2025 and February 2026. A total of 8,875 children completed the survey. Due to the high level of interest amongst policy makers on the views and behaviours of young people, topics were split across three questionnaires to accommodate additional questions. Version A was completed by 3,011 children, Version B by 3,034 children and Version C by 2,830 children. This bulletin is comprised of responses to questions asked in version B.

Findings in this report have been weighted by year group, sex and religion in order to reflect the composition of the Northern Ireland post-primary population.

Please note that only differences that are statistically significant at the 95% confidence level are reported.

The Central Survey Unit of Northern Ireland Statistics and Research Agency (NISRA) are responsible for carrying out this survey. A technical report and information on other topics included in the survey are available online at:
Young Persons' Behaviour & Attitudes Survey | Northern Ireland Statistics and Research Agency

Findings in this Department of Health report may differ from findings published by other government departments due to differences in methodology.

The purpose of this infographic report is to highlight the findings from the mental health and wellbeing modules. Further detail is available in the accompanying tables.

A number of different measures of mental health and wellbeing have been captured in the survey; each measure has its own definitions, scoring and cut-off points. The different measures allow monitoring of trends over time and help build a picture of the broad area of mental health. To note, the findings presented here are not based on clinical assessment.

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Key Findings

Overall, since the last Young Persons' Behaviour and Attitudes Survey in 2022, many aspects of Mental Health and Wellbeing have improved:

- The proportion of young people reporting definite mental health concerns has fallen from 19% in 2022 to 13% in 2025.
- Pupils exhibiting signs of loneliness on the UCLA Loneliness Scale decreased from 37% in 2022 to 28% in 2025.
- The Warwick Edinburgh Mental Wellbeing Scale mean score has increased from 21.1 in 2022 to 22.3 in 2025 (with a higher score suggesting higher mental wellbeing).

Mental Health concerns

- When asked whether they ever had concerns or worries about their mental health, 13% of respondents indicated they definitely have had concerns (down from 19% in 2022) and a further 34% indicated to some extent (up from 32% in 2022).
- Almost half (46%) of those who had concerns sought help for their concerns (up from 35% in 2022), with family members being the most likely that respondents would turn to for help.
- The most common reason noted for not seeking help was that they felt they could handle things on their own.

Loneliness

- More than a quarter (28%) of respondents exhibited signs of loneliness by scoring six or more on the UCLA loneliness scale (down from 37% in 2022, but similar to 30% in 2019).
- Girls were more likely than boys to report feeling that they have no-one to talk to, left out or alone and were nearly twice as likely to indicate signs of loneliness (37% of girls compared with 20% of boys).
- Around a fifth (19%) of Year 8 pupils exhibited signs of loneliness compared with around a third of pupils in Years 9 to 12.
- When asked directly, over half of respondents (55%) reported hardly ever or never feeling lonely; 40% reported feeling lonely occasionally or some of the time, whilst 5% reported feeling lonely often or always.

Social Media

- The majority of respondents (97%) use at least one social media site
  - 88% use social media daily or most days
  - On a typical school day, two-thirds of girls (65%) and half of boys (54%) use social media for more than 2 hours.
- Under half (47%) of young people feel that their social media profile is an accurate reflection of them (down from 63% in 2019).
- A quarter (25%) of young people thought they could be honest about their feelings on Social Media (down from 48% in 2019).
- The proportion of girls (47%) that compare themselves to others on social media was more than two times that for boys (19%).

Wellbeing

The Warwick-Edinburgh Scale assigns scores that indicate level of mental wellbeing; higher scores suggest better mental wellbeing.

- Girls (21.7) have a lower mean wellbeing score than boys (22.8).
- The mean score in 2025 (22.3) is higher than that seen in 2022 (21.1).

Benevolent Childhood Experiences

The Benevolent Childhood Experiences (BCE) measure consists of 10 questions designed to assess the presence of positive and supportive experiences in childhood.

- More than three-quarters (77%) of pupils had high relational and environmental buffers, while 22% had Moderate Childhood Resources and 1% had Lower Protective Assets.
- A higher proportion of pupils in Year 8 had high relational and environmental buffers (a score of 8 to 10 on BCE) than all other years.
- Almost all pupils said that they have at least one parent / carer with whom they feel safe (99%), at least one good friend (98%) and opportunities to have a good time (96%).
- Girls (58%) were more likely than boys (54%) to like school, while pupils in Year 8 were more likely to like school than all other year groups.

Mental Health concerns

This section is looking at those respondents who report having had concerns about their mental health. When asked '***Have you ever had any concerns or worries about your mental health***?', **13%** indicated they **definitely have had concerns** and a further **34%** indicated **to some extent**.

It should be noted that some of the follow-up questions regarding seeking help are only asked of those respondents who indicated they have had concerns.

47% of respondents were **concerned about their mental health to at least some extent** (down from 51% in 2022)

54% of **girls** (down from 63% in 2022) and **40%** of **boys** (unchanged from 2022) were concerned about their mental health to at least some extent

Years 11 & 12 were the most likely to report **definite and concerns to some extent** about their mental health, with **over half (53% + 54% respectively)** stating this was the case

Of those who had concerns about their mental health, **almost half (46%)** sought help (up from 35% in 2022). Boys **(42%)** were less likely than girls **(49%)** to seek help

Family members were the people that respondents were most likely to turn to for help with their mental health concerns

The most common reason given for not getting help was that they felt **they could handle it on their own**

Most **(86%)** respondents said that they would know where to go for help **if they were having a personal or emotional problem**

Loneliness

UCLA loneliness questions

The UCLA loneliness scale consists of three questions:

How often do you feel that you have no one to talk to?

How often do you feel left out?

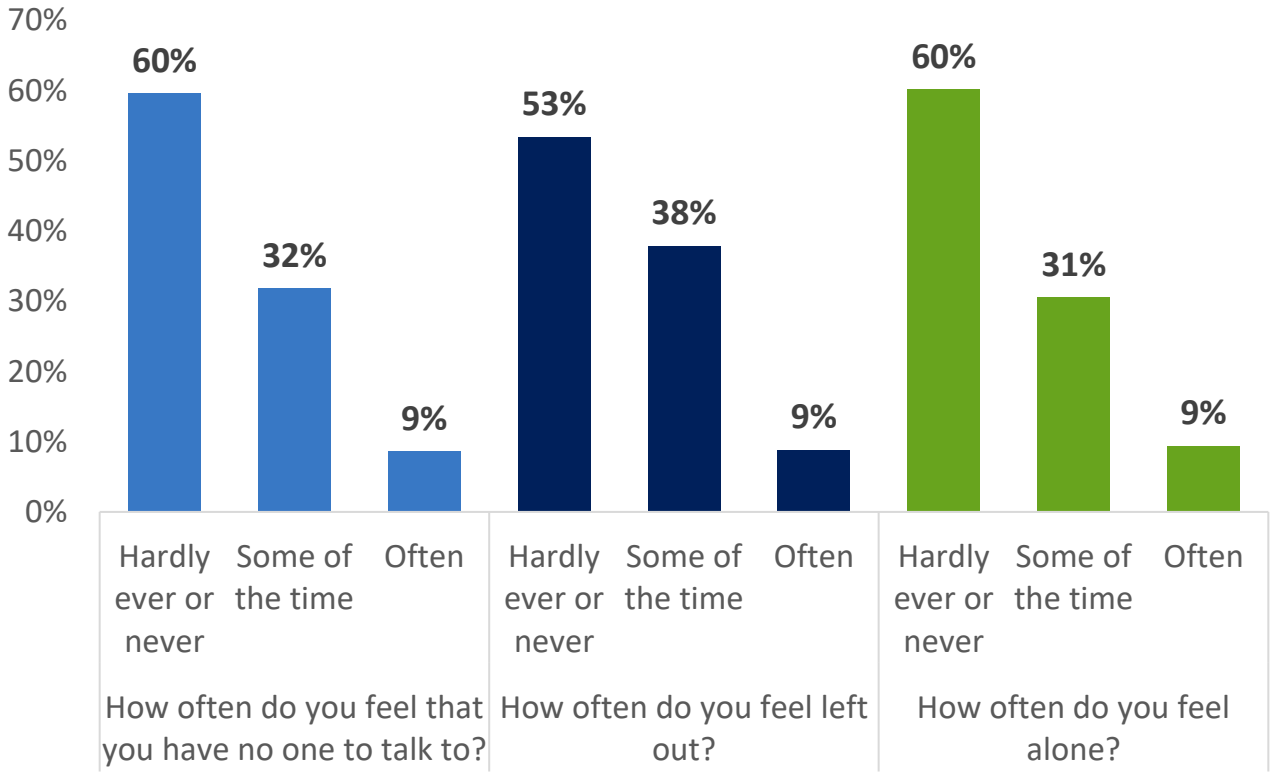
How often do you feel alone?

Responses for these questions may be combined using the scores in the table, resulting in a score between 3 and 9.

A score of six or more denotes exhibiting signs of loneliness

Response	Score
Hardly ever or never	1
Some of the time	2
Often	3

Responses to the three individual UCLA loneliness questions



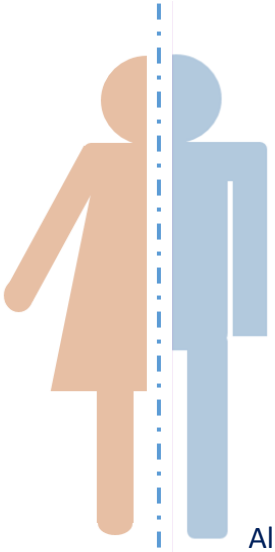
28% of respondents exhibited **signs of loneliness** by scoring six or more on the UCLA loneliness scale (down from 37% in 2022)

Government Statistical Service: Loneliness harmonised principle

By Sex

Girls were more likely than boys to give a more negative response to all three of the UCLA loneliness questions

- **48%** of girls Sometimes/Often felt they had no-one to talk to
- **57%** Sometimes/Often felt left out
- **48%** Sometimes/Often felt alone



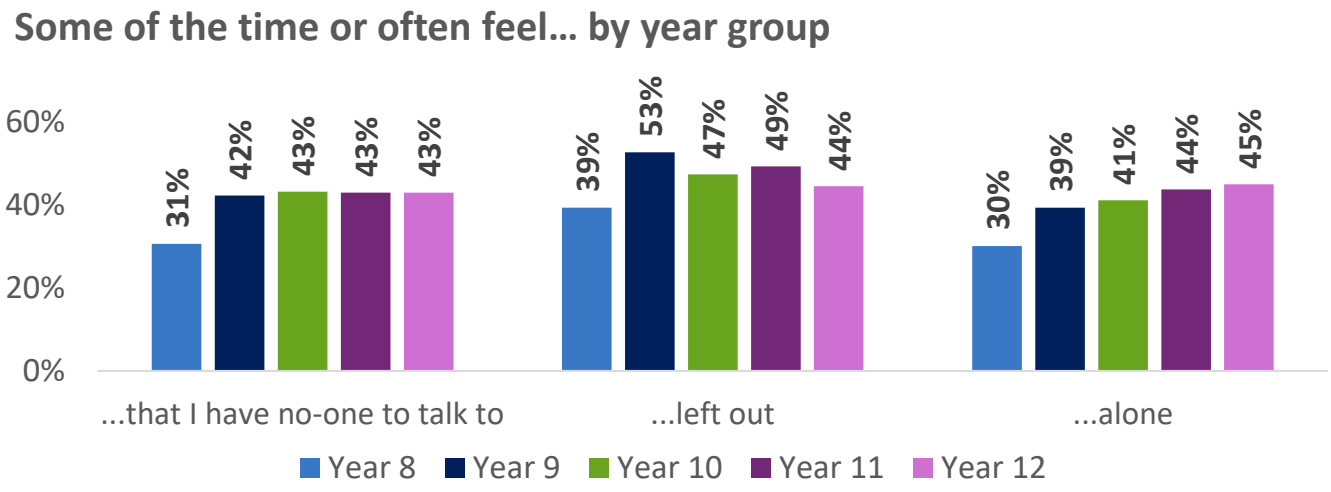
- **33%** of boys Sometimes/Often felt they had no-one to talk to
- **37%** Sometimes/Often felt left out
- **32%** Sometimes/Often felt alone

All decreased from 2022

Girls (37%) were almost twice as likely as boys (20%) to exhibit **signs of loneliness** by scoring six or more on the UCLA loneliness scale (down from 46% for girls and 28% for boys in 2022)

By Year group

Year 8 pupils were **less likely to feel that I have no-one to talk to or alone than those in all other years**

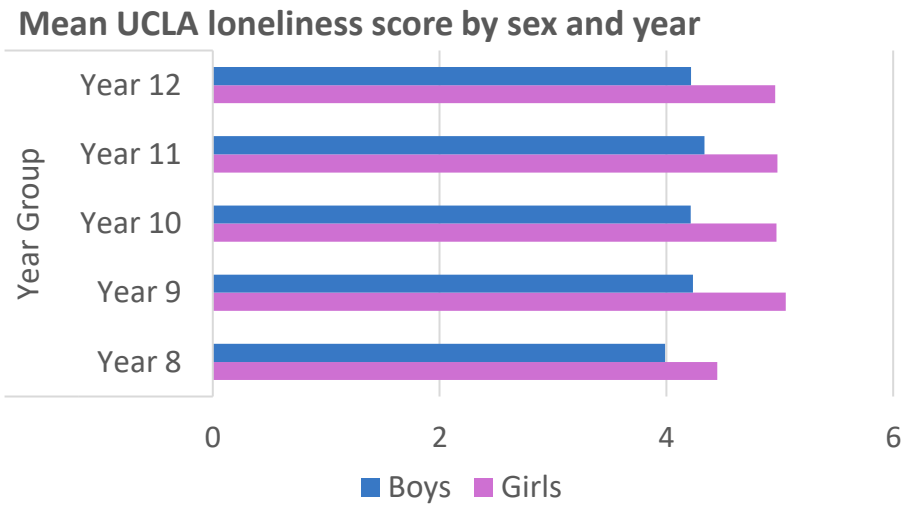


Around a fifth (19%) of **Year 8** pupils exhibited **signs of loneliness** compared with **around a third** of pupils in **Years 9 to 12**

UCLA loneliness questions Mean Scores

Girls	Mean score of 4.9	Year 8	Mean score of 4.2
Boys	Mean score of 4.2	Year 12	Mean score of 4.6

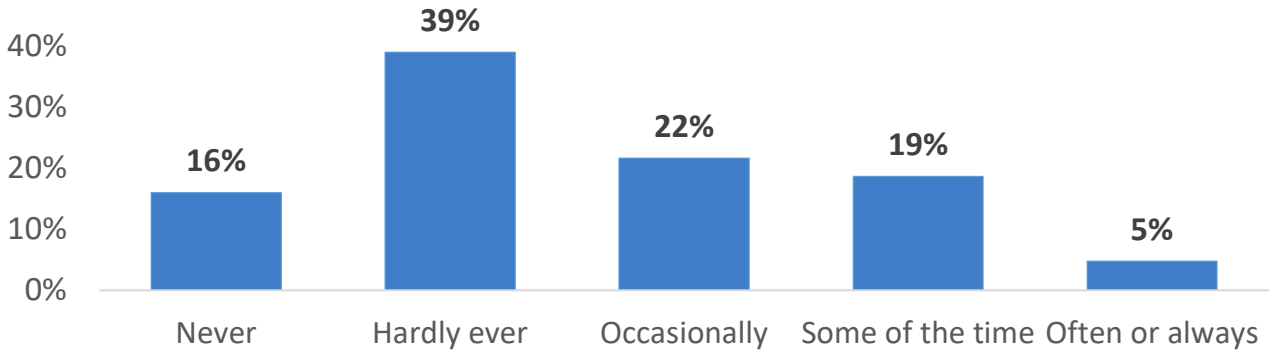
The mean Score for the three UCLA Loneliness questions is noticeably higher for females than males across every school year with higher levels of loneliness seen for Year 9 onwards.



Direct measure of loneliness

55% of respondents reported feeling lonely **hardly ever or never**
40% reported feeling lonely **occasionally or some of the time**
5% reported feeling lonely **often or always**

How often do you feel lonely?



Girls (31%) were twice as likely as **boys (16%)** to report feeling lonely **some of the time, often or always**

17% of **Year 8** respondents reported that they were always, often, or sometimes lonely compared with **around a quarter** of **Year 12** respondents

Social media

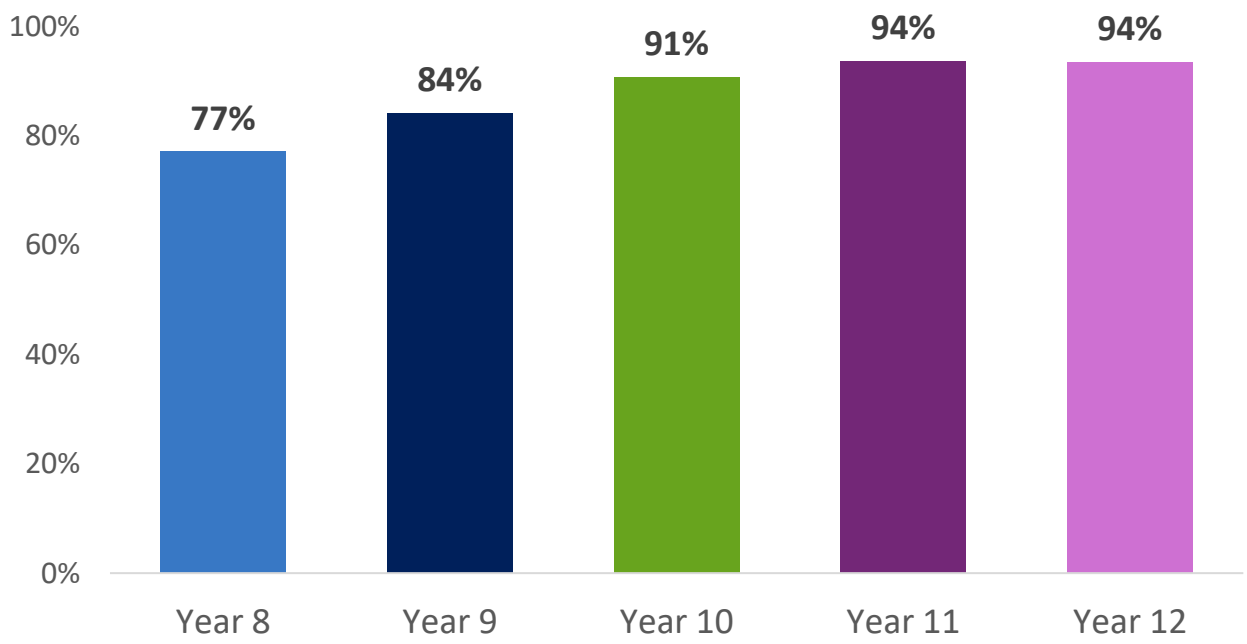
This module is concerned with assessing levels of social media use among young people, and how much this use impacts overall wellbeing. It includes questions on when social media sites are used, and for how long. It also looks at the importance that respondents place on receiving comments or likes on these sites. *Social media sites such as Facebook, Instagram, SnapChat, X, TikTok, WhatsApp and Discord.*

92% of **Year 8s** & **99%** of **Year 12s** use at least one social media site

Of those young people who do use social media **88%** use it daily or most days

Nearly all young people (**99%**) said they use social media at least weekly

Uses Social Media sites daily or most days by Year group



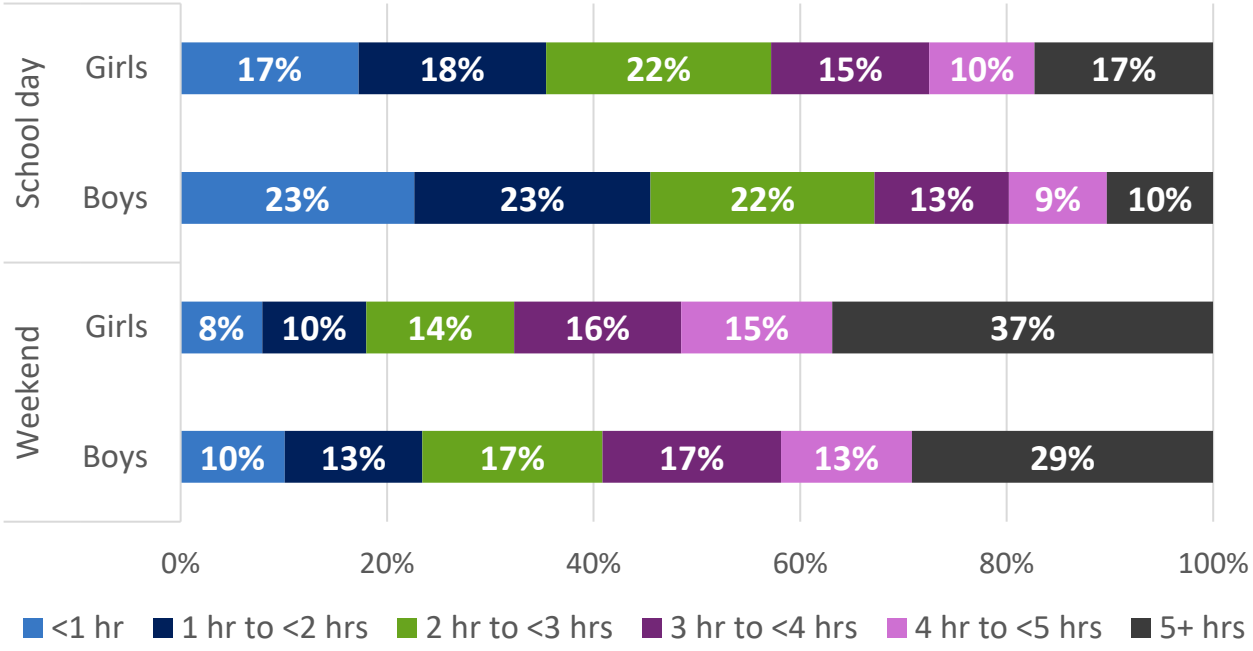
Years 8 and 9 were less likely to use social media sites **daily or on most days** than **Years 10, 11 and 12**

Hours of use for Social Media

Girls use Social Media for more hours than boys

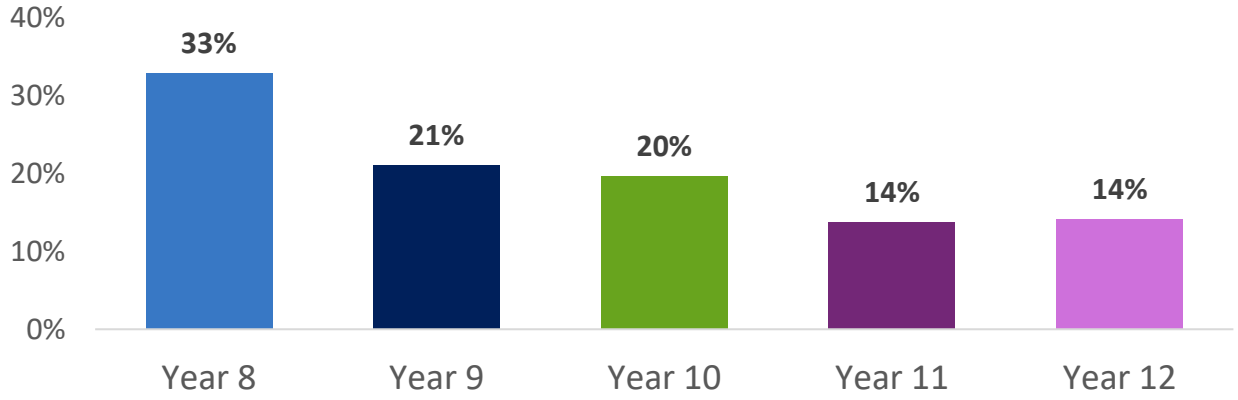
- On a typical school day, **two-thirds (65%)** of girls use social media for **two hours or more** compared with over **half** of boys (54%)
- On a typical weekend / holiday day, **over half (52%)** of girls use social media for **four hours or more** compared with **42%** of boys

Hours of use on school days and weekend days by sex



Year 8 pupils were more likely to **use social media sites** for **less than an hour** on a **typical school day** than **all other year groups**

Proportion that use Social Media for less than an hour on a typical school day by Year group



Social Media Profile

47% of young people agreed that their social media profile is an accurate reflection of them (down from 63% in 2019)

- 49% of girls and 44% of boys
- 50% of Year 12s and 41% of Year 8s

A quarter (25%) of young people agreed they were honest about their feelings on Social Media (down from 48% in 2019)

28% of boys

21% of girls

Girls (47%) were more than twice as likely as **boys (19%)** to **compare themselves to others on social media** (for girls this was down from 57% in 2022 whilst boys remained the same)

32% **of young people monitor likes, comments and shares of their posts on social media**

13% agreed that the number of likes, comments or shares they received impacted their mood (down from 16% in 2022)

Wellbeing

Short Warwick Edinburgh Mental Wellbeing Scale
7 questions:
5 answer options:
Scores range from 7 – 35
Transformed Mean score = 22.3
(Up from 21.1* in 2022)

Response	Score
None of the time	1
Rarely	2
Some of the time	3
Often	4
All of the time	5

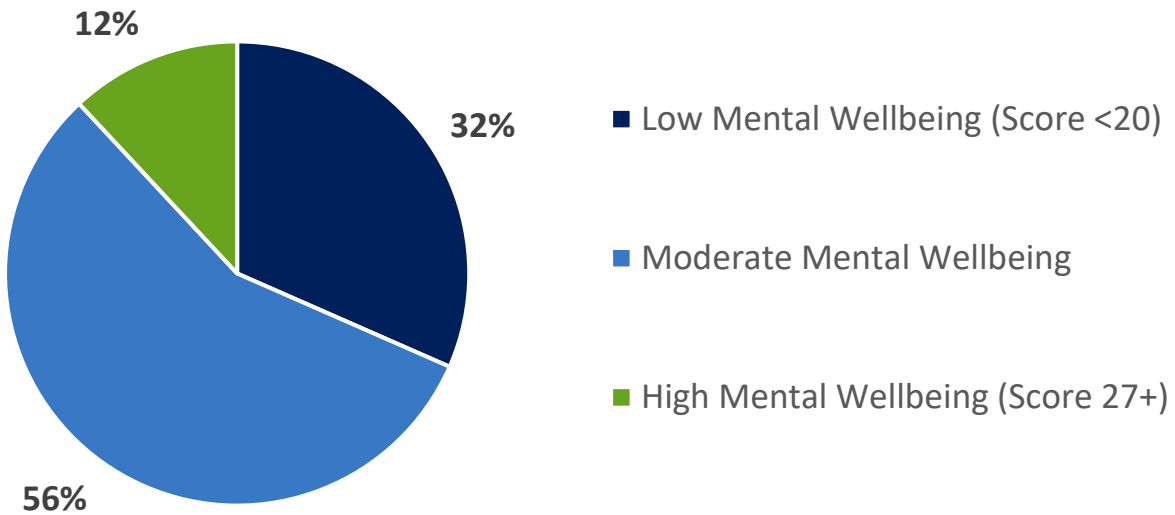
Higher scores suggest higher mental wellbeing

Girls	**Mean score of 21.7** (Up from 20.3 in 2022)	**Year 8**	**Mean score of 22.9** (Up from 21.6 in 2022)
Boys	**Mean score of 22.8** (Up from 21.9 in 2022)	**Year 12**	**Mean score of 22.0** (Up from 20.9 in 2022)

Short Warwick Edinburgh Mental Wellbeing Scale
Grouped transformed scores:

Score <20	- Low Mental Health Wellbeing
Score 20 - 27	- Moderate Mental Health Wellbeing
Score 27+	- High Mental Health Wellbeing

Mental Wellbeing

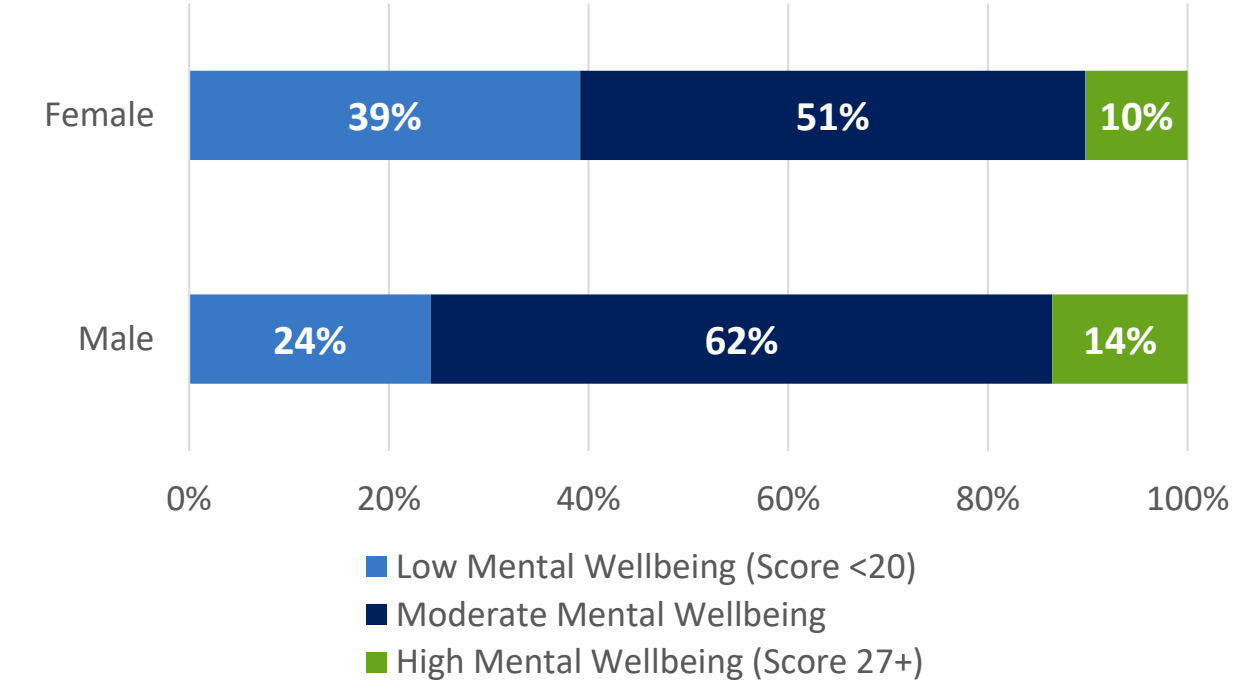


* 2022 transformed score will differ from previously published raw score

By Sex

Two-fifths of girls had **Low Mental Wellbeing** compared with **a quarter of boys**

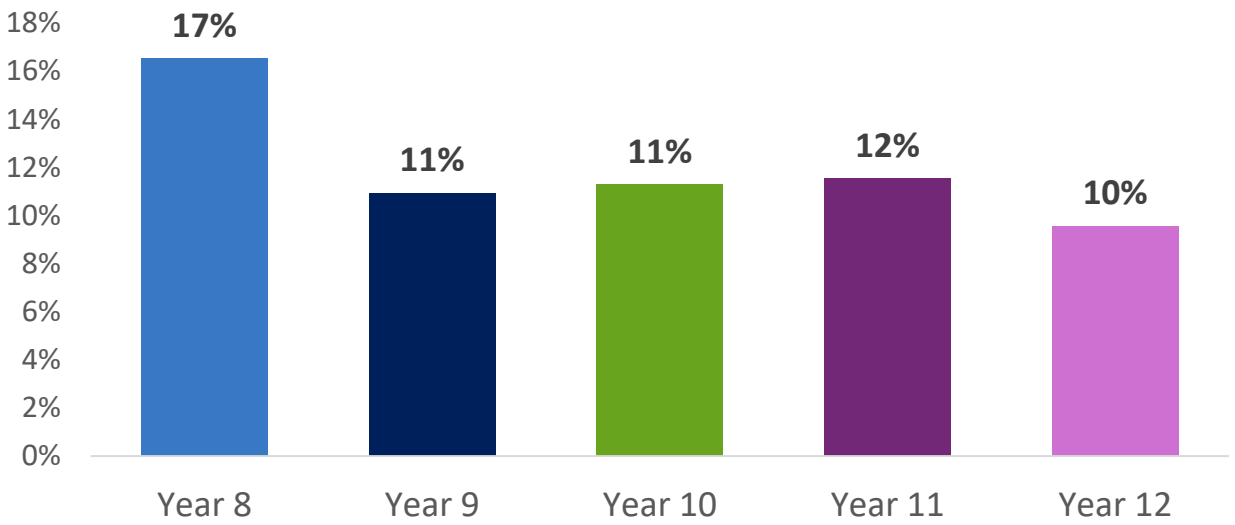
Mental Wellbeing by Sex



By Year Group

Year 8 pupils were more likely to have **High Mental Wellbeing** than **all other years**

High Mental Wellbeing (Score 27+) by Year group



Relationship of wellbeing with other factors:

Those with **Low Mental Wellbeing** were more likely to report negative experiences in respect of their general health, mental health and loneliness.

General Health	High mental wellbeing	Low mental wellbeing
Bad or very bad general health	0%	5%
Long-term physical or mental health conditions or illnesses	17%	32%

Mental Health	High mental wellbeing	Low mental wellbeing
Definite concerns about their mental health	2%	28%
Concerns to some extent about their mental health	15%	43%

Loneliness	High mental wellbeing	Low mental wellbeing
Often or some of the time feel…		
…that they have no-one to talk to	13%	68%
…left out	23%	68%
…alone	11%	68%
Often, always or some of the time…		
…feel lonely	6%	46%

Relationship of wellbeing with other factors:

Those with **High Mental Wellbeing** were more likely to report positive experiences in respect of their social media use.

Use of social media	High mental wellbeing	Low mental wellbeing
Daily or on most days	80%	89%
3 hours or more on school days	21%	48%
5 hours or more on a typical weekend or holiday day	18%	44%

Social media profile	High mental wellbeing	Low mental wellbeing
Agree a little or a lot…		
My social media accounts are a true reflection of myself	56%	42%
I compare myself to others on social media sites and apps	17%	48%
I can be honest with people on social media sites and apps about how I am feeling	36%	20%
I monitor the amount of likes, comments or shares I get on social media	28%	35%
The number of likes, comments or shares I get on social media has an impact on my mood	10%	15%

Benevolent Childhood Experiences (BCE)

The Benevolent Childhood Experiences (BCE) measure consists of 10 questions designed to assess the presence of positive and supportive experiences in childhood.

10 questions:
Yes/No answers
Scores range from 0 – 10

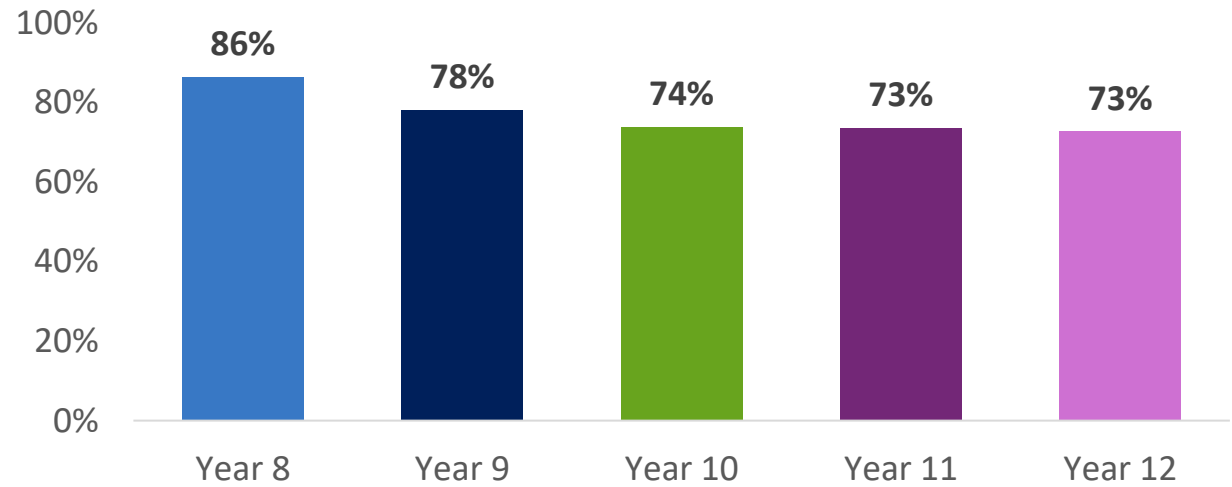
Higher scores suggest a greater number of protective childhood experiences

Score 8-10 - High Relational & Environmental Buffers
Score 4-7 - Moderate Childhood Resources
Score 0-3 - Lower Protective Assets

77% of pupils had **High Relational & Environmental Buffers,** while **22%** had **Moderate Childhood Resources** and **1%** had **Lower Protective Assets**

While there were **no significant differences** for Benevolent Childhood Experiences **by sex**, a **higher proportion of pupils in Year 8** had **high relational and environmental buffers** than **pupils in all other years**

High Relational & Environmental Buffers by Year group



Benevolent Childhood Experiences (BCE)

- **99%** • Have at least one parent / carer with whom they feel safe
- **98%** • Have at least one good friend
- **96%** • Have opportunities to have a good time

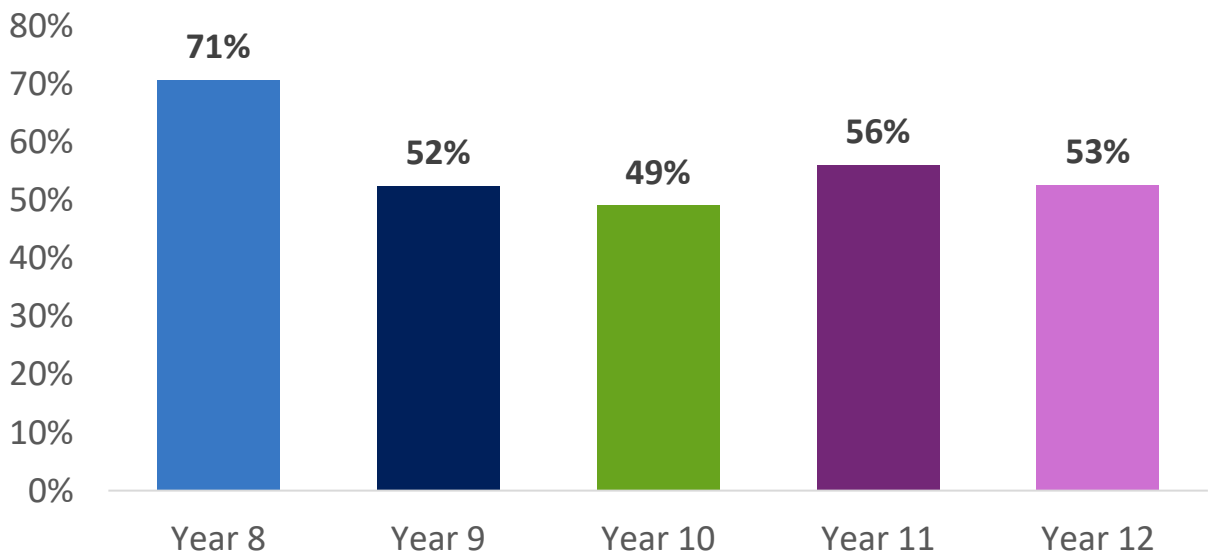
Girls (58%) were **more likely than boys (54%)** to **like school**

Boys are **more likely** to **like themselves and feel comfortable with themselves** and **have beliefs that give them comfort** than **girls**

Year 8 pupils were more likely than **all other years** to answer **Yes** to:

- **Do you have beliefs that give you comfort?**
- **Do you have at least one teacher who cares about you?**
- **Do you like yourself and feel comfortable with yourself?**
- **Do you like school?**

Do you like school? By Year group



Relationship of Benevolent Childhood Experiences with other factors

Those with **Moderate Childhood Resources / Lower Protective Assets** were more likely to report negative experiences in respect of their general health, mental health, wellbeing and loneliness.

General Health	High Relational & Environmental Buffers	Moderate Childhood Resources / Lower Protective Assets
Bad or very bad general health	1%	6%
Long-term physical or mental health conditions or illnesses	19%	33%

Mental Health	High Relational & Environmental Buffers	Moderate Childhood Resources / Lower Protective Assets
Definite concerns about their mental health	7%	33%
Concerns to some extent about their mental health	32%	42%

Wellbeing	High Relational & Environmental Buffers	Moderate Childhood Resources / Lower Protective Assets
Low mental wellbeing (SWEMWBS)	21%	64%

Loneliness	High Relational & Environmental Buffers	Moderate Childhood Resources / Lower Protective Assets
Often or some of the time feel…		
…that they have no-one to talk to	31%	69%
…left out	40%	68%
…alone	31%	68%
Often, always or some of the time…		
…feel lonely	15%	48%

Additional analysis

A logistic regression was undertaken to examine the factors associated with respondents' concerns or worries about their mental health. By controlling for various independent factors simultaneously, we could examine the association of each factor.

It should be noted that this analysis is limited to those demographic and health variables that are captured in the survey and is reflective of a single point in time.

- Respondents with Lower Protective Assets / Moderate Childhood Resources as measured by Benevolent Childhood Experiences (BCE) were 3.6 times as likely to report definite mental health concerns as those with High Relational & Environmental Buffers.
- Respondents scoring highly on the UCLA loneliness scale were around 3 times as likely to report having mental health concerns compared with those with a low score.
- When asked if they compare themselves with others on social media, those who agreed with this statement were around twice as likely to report mental health concerns, compared with those who disagreed.
- With all else being equal, females were one and a half times as likely as males to report definite mental health concerns.

- In this analysis, respondents with mental health concerns relates to respondents who indicated they definitely have had concerns or worries about their mental health.

Use of substances such as e-cigarettes, alcohol and drugs were shown to have an impact on the likelihood of reporting mental health concerns however the relationships appear complex thus requiring further research.

Information Analysis Directorate (IAD) sits within the **Department of Health (DoH)** and carries out various statistical work and research on behalf of the department. It comprises four statistical areas: Hospital Information, Community Information, Public Health Information & Research and Project Support Analysis.

IAD is responsible for compiling, processing, analysing, interpreting and disseminating a wide range of statistics covering health and social care.

The statisticians within IAD are out-posted from the Northern Ireland Statistics & Research Agency (NISRA) and our statistics are produced in accordance with the principles and protocols set out in the UK Code of Practice for Official Statistics.

About Public Health Information and Research Branch

The role of Public Health Information and Research Branch (PHIRB) is to support public health policy development through managing the public health survey function while also providing analysis and monitoring data. The head of the branch is the Principal Statistician, Mr. Bill Stewart.

In support of the public health survey function, PHIRB is involved in the commissioning, managing and publishing of results from departmental funded surveys, such as the Health Survey Northern Ireland, Young Persons Behaviour & Attitudes Survey, Patient Experience Surveys and the Adult Drinking Patterns Survey.

The branch also houses the NI Health and Social Care Inequalities Monitoring System which covers a range of different health inequality/equality-based projects conducted for both the region as well as for more localised area levels. In addition, PHIRB is responsible for the production of official life expectancy estimates for NI, and areas within the region.

PHIRB provides support to a range of key DoH NI strategies including Making Life Better, a 10-year cross-departmental public health strategic framework as well as a range of other departmental strategies such as those dealing with suicide, sexual health, breastfeeding, tobacco control and obesity prevention. It also has a key role in supporting the Departmental Substance Use Strategy, by maintaining and developing key departmental databases such as, the Substance Misuse Database, Impact Measurement Tool and the Census of Drug & Alcohol Treatment Services, which are all used to monitor drug misuse and treatments across Northern Ireland. In addition to Departmental functions, PHIRB also support the executive level Programme for Government and its strategic outcomes through a series of performance indicators.