

PLANET YOUTH SCOTLAND NATIONAL SURVEY 2025

An analysis of outcomes,
predictors, and inequalities
among Scotland's young people

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INTRODUCTION

1.1 A turning point for Scotland's young people

Scotland's young people are facing growing challenges, making upstream, preventative action more urgent than ever. Scottish Census data shows that the proportion reporting a mental health condition has risen sharply – from 2.5% in 2012 to 15.2% in 2022¹. Scotland also records some of the highest levels of bullying in Europe², and among the highest rates of adolescent substance use³.

Yet the picture is not all doom and gloom. Data from the 2025 Planet Youth Scotland survey, one of the most comprehensive datasets of 13–15-year-olds in Scotland, shows encouraging improvements across a wide range of outcomes in Planet Youth areas. Smoking rates have halved, pupils' self-esteem is rising, the proportion of young people who have experienced suicidal thoughts has nearly halved, and more young people are reporting feeling safe, experiencing less bullying, and participating more in their communities.



1.2 Planet Youth Scotland

Planet Youth is one of the world's leading evidence-based prevention models. Developed in Iceland, the approach focuses not on treating individual behaviours in isolation, but on reshaping the environments in which young people live.

Winning Scotland began testing the model in 2019 with five Scottish areas. In 2023, the Scottish Government invested £1.5 million to expand the pilot. From an initial 13 schools in 2021, the model grew to 24 schools in 2023 and now reaches 40 schools across six areas: Angus, Argyll and Bute, Clackmannanshire, Dundee, Highland, and West Dunbartonshire. This national pilot phase is building evidence on how the model can be adapted to Scottish systems and priorities, laying the groundwork for a future prevention approach.

¹ Scotland's Census (2024), Scotland's Census 2022 – Health, disability and unpaid care.
² World Health Organisation (2024), A focus on peer violence and bullying in Europe, Central Asia and Canada: Health Behaviour in School-aged Children international report from 2021/22 survey, volume 2, Health Behaviour in School-Aged Children.,
³ World Health Organisation (2024), A focus on adolescent substance use in Europe, Central Asia and Canada: Health Behaviour in School-aged Children international report from 2021/22 survey, volume 3, Health Behaviour in School-Aged Children.highlight



1.3 About this report

The 2025 Planet Youth Scotland survey and this national report form a key part of the growing evidence base on young people's wellbeing. The report brings together high-level findings across 12 outcomes identified by Planet Youth area leads, spanning community participation and safety, mental health, and substance use. It draws on data from the 2021, 2023, and 2025 surveys to show national-level trends over time and to highlight inequalities across demographic groups. For each outcome, the report also identifies the most important predictors across family life, school, their peers, and their communities.

The purpose of this report is to highlight areas for upstream, preventative action. A key principle of Planet Youth is the use of rich, population-level data to drive change, as the examples below demonstrate. The insights in this report point to where local action can make the greatest difference, and help national partners prioritise interventions, challenge the status quo, and shape Scotland's wider prevention agenda.

Because this report amalgamates data at a national level, it does not capture local context or variation. As such, it sits alongside six local reports, one for each Planet Youth area, designed to help partners interpret the findings alongside their own knowledge of their communities, and to identify which protective factors can be strengthened locally.

Finally, this report highlights key findings most relevant for Scotland's prevention agenda. For readers seeking a fuller overview of the survey data, Planet Youth Iceland produces additional summary reports that complement the Scottish analysis. These are available by contacting info@planetyouth.scot



Planet Youth data in action

TURNING DATA INTO ACTION IN SCHOOLS

Clackmannanshire has made strong use of Planet Youth survey insights to inform services and spark collaboration. Clackmannanshire prioritised sharing key insights from previous surveys and supported partners to use the data to inform services. For example, all three high schools have drawn on survey data to identify issues facing pupils, adapt their PSE curriculum, and develop new initiatives informed by the insights.

Third sector organisations have also used the findings to shape services and successfully leveraged funding for activities that build protective factors. As one coalition member explained: "The data has started conversations at the coalition and different organisations have developed actions. I'm much more connected to other services in the area. There is huge potential to start making more joined-up decisions."

FROM DATA TO COMMUNITY ACTION

In West Dunbartonshire, Planet Youth has adopted a community-led model by commissioning a local third sector organisation to act as the lead. With two new posts in place, the organisation has drawn on its strong local connections to strengthen partnerships between schools, families, and communities.

Already embedded in local youth work, it has used survey data insights to take action to adapt its services. For example, they lowered the age threshold for youth groups to reach children earlier, expanded family activities to build protective factors, and used young people's feedback to shape their provision.





OUR APPROACH

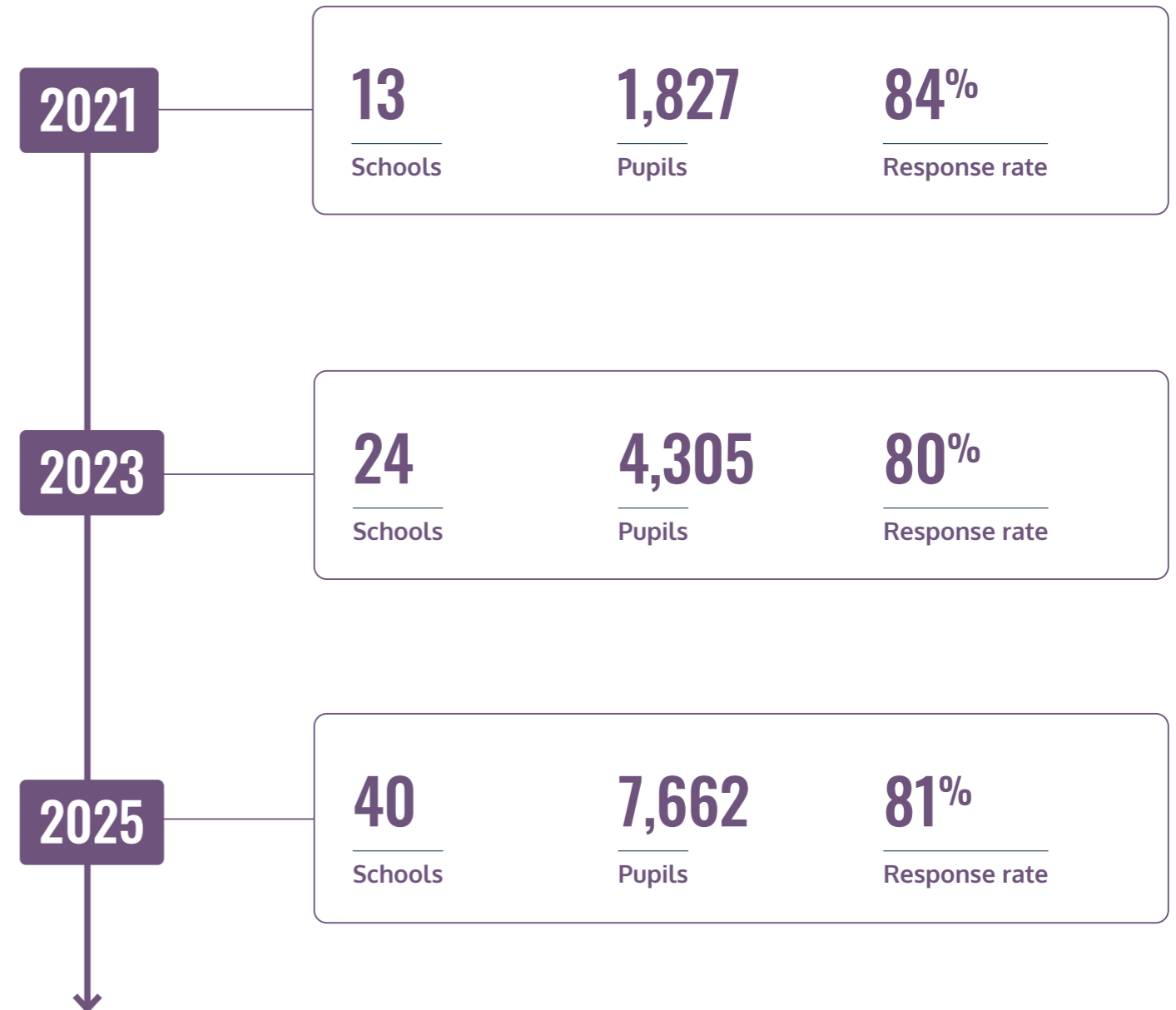
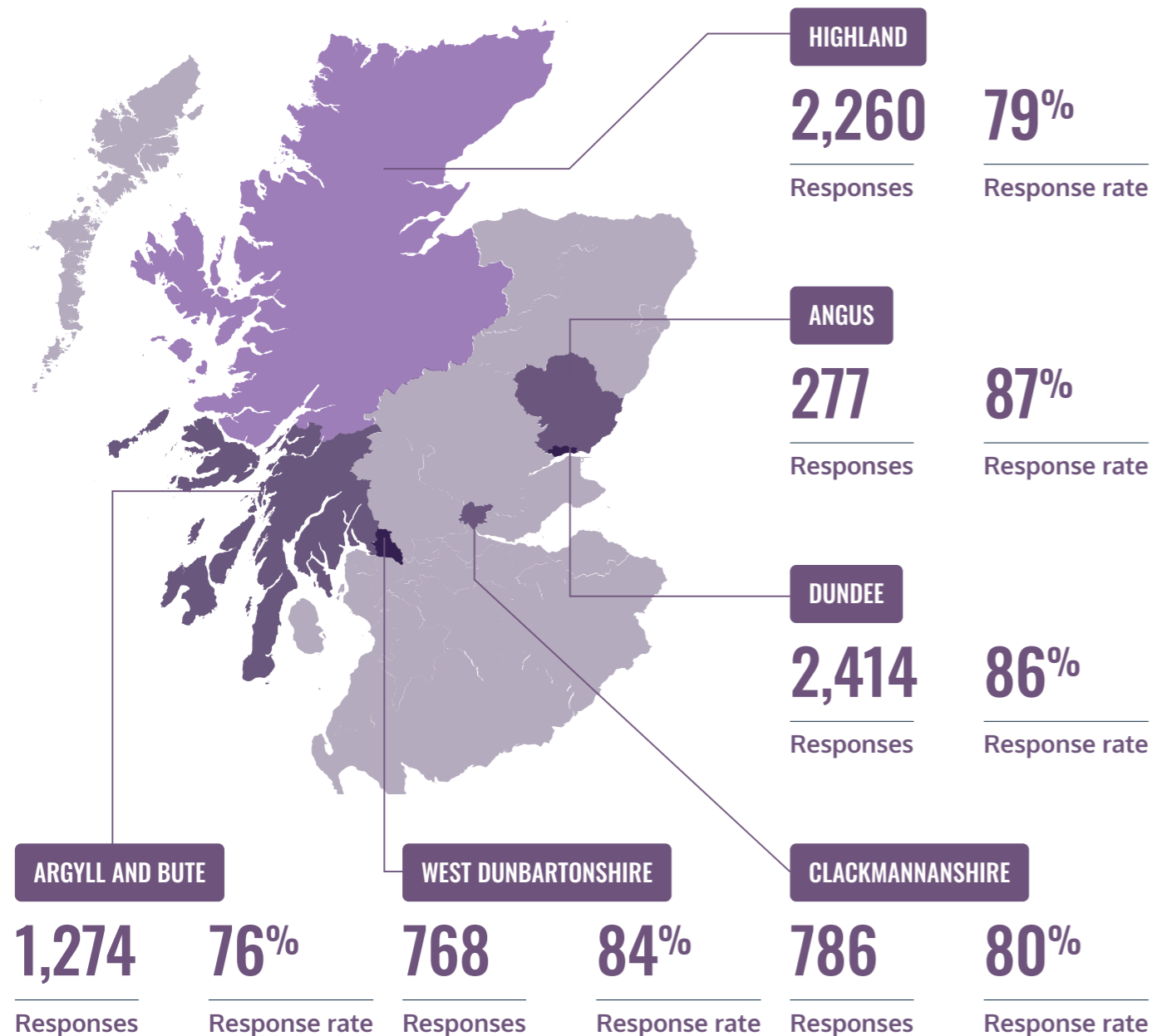
2.1 Planet Youth survey data

The 2025 Planet Youth survey was completed by 7,662 3rd and 4th-year pupils across 40 schools in six areas of Scotland, with a high response rate of 81.4%. Participation was voluntary, and data were collected through an online survey completed at school during class time.

Planet Youth surveys were previously conducted in 2021 and 2023, providing a robust three-wave dataset.

Across all years, nearly 14,000 pupils have taken part, generating over six million data points across more than 400 variables. With response rates consistently above 80%, the dataset is highly likely to be representative, with low risk of non-response bias, making it one of Scotland's largest and most reliable current sources on young people's behaviours and attitudes.

2025 survey responses across Planet Youth areas



2.2 Data analysis

Our analysis comprised four main elements:

1

DESCRIPTIVE STATISTICS

- We produced headline findings for 12 outcomes, summarising patterns across mental health, community, and substance use.

2

TRENDS ANALYSIS (2021–2025)

- We used chi-squared tests to assess statistical significance of changes over time (using p-values of <0.05) and Cramér’s V to understand effect sizes.
- To assess whether outcomes improved or worsened, and by how much, we ran logistic regression models with year as the predictor.
- These models estimate the direction and magnitude of change by calculating the year-on-year change in the odds of each outcome.

3

PREDICTIVE MODELLING

- Used to identify the factors most predictive of each outcome, we developed logistic regression models.
- Each model included 20–30 variables spanning family, school, peer, and community environments. This allowed us to determine which risk and protective factors had the greatest influence on outcomes.
- These models estimate the independent association between each predictor and each outcome while controlling for all other variables.

4

INEQUALITIES ANALYSIS

- Used to examine demographic inequalities, we compared outcomes by 10 demographic variables.
- We used cross-tabulations, chi-squared significance tests, and logistic regression to quantify differences between groups.

2.3 Interpreting the findings: caveats and considerations

This report draws on robust statistical analyses, but several considerations are important when interpreting findings.

ASSOCIATIONS, NOT CAUSATION

Regression models identify associations between two things, not causal pathways. Predictors should not be interpreted as causing an outcome, nor do the results indicate the direction of influence.

ATTRIBUTION

While the trends in this report show large, statistically robust improvements ($p < 0.001$ for most outcomes), attribution to Planet Youth Scotland cannot be made due to the absence of comparable nationwide datasets and the complexity of population-level change.

INTERPRETING RISKS

Our models generate odds ratios (ORs), which describe changes in the odds (not probabilities) of an outcome happening. To communicate findings more intuitively, we converted ORs into risk ratios, which describe how much higher or lower the likelihood of an outcome is associated with a particular predictor. Risk ratios offer a more intuitive translation but should still be interpreted as the strength of association rather than exact probabilities.

INTERPRETING TRENDS

The Planet Youth surveys use a repeated cross-sectional design, providing snapshots of young people’s experiences at different points in time rather than tracking the same individuals year-on-year. Participation has increased over time, with more schools and young people taking part in later survey waves, improving coverage and representativeness but changing the overall school composition in most areas.

UNMEASURED VARIABLES

There may be important influences on young people’s outcomes that are not captured in the survey (e.g., mental health diagnoses, local service availability, family stressors). These unmeasured variables may shape associations observed in the models.

As a result, observed changes over time may reflect a combination of genuine change, improved coverage, and wider contextual factors. Trends should be interpreted with greater confidence where changes are large, sustained across multiple waves, and statistically significant, and with more caution where changes are small or inconsistent.

PART OF A WIDER MODEL

Planet Youth follows a 10-step process. Gathering and sharing data is only part of the model – collating the key messages and triangulating the findings from this report with local stories, feedback and insights should support the next actionable steps.



**SIGNALS FOR ACTION:
KEY FINDINGS**

3.1 Progress across every dimension of young people’s lives

Across every measure, outcomes for 13–15-year-olds improved substantially between 2021 and 2025. The largest gains were seen in mental health indicators, where the proportions reporting low self-esteem, self-harm, or suicidal thoughts fell by 10–18 percentage points. The proportion of young people who don’t get enough sleep also improved, though the change was more modest.

Substance use measures show a similarly encouraging trend. Smoking, vaping, alcohol use, cannabis use and other drug use all declined over the period, with the sharpest reductions in alcohol use (-18pp) and smoking (-13pp), which has halved over the previous four years.

Experiences of bullying and feeling unsafe also declined, and more young people are participating in out-of-school activities. The overall pattern across the outcomes is clear: young people in 2025 were, on average, safer, healthier, more engaged and less likely to experience significant harms than in 2021.



Trends in key outcomes for 13–15 year olds between 2021 and 2025

| OUTCOME | 2021 (%) | 2023 (%) | 2025 (%) | DIFFERENCE (PP) |
|--------------------------|----------|----------|----------|-----------------|
| Community participation | 57.9 | 63.4 | 67.5 | ↗ 9.7 |
| Bullying (ever) | 56.2 | 50.3 | 49.2 | ↘ 7.0 |
| Feeling unsafe (Any) | 21.4 | 20.2 | 15.5 | ↘ 5.9 |
| Self-esteem (Low) | 36.5 | 31.5 | 26.4 | ↘ 10.1 |
| Sleep (Low) | 56.0 | 53.0 | 50.0 | ↘ 6.1 |
| Self-harm (Ever) | 40.8 | 31.7 | 30.0 | ↘ 10.9 |
| Suicidal thoughts (Ever) | 41.0 | 30.4 | 23.1 | ↘ 17.8 |
| Smoking (Ever) | 25.6 | 17.8 | 12.8 | ↘ 12.7 |
| Vaping (Ever) | 33.6 | 31.0 | 26.9 | ↘ 6.7 |
| Alcohol (Ever) | 73.2 | 58.5 | 55.3 | ↘ 17.9 |
| Cannabis (Ever) | 13.2 | 12.8 | 9.0 | ↘ 4.2 |
| Drugs (Any) | 10.1 | 9.0 | 7.7 | ↘ 2.4 |

3.2 Top five protective factors across all outcomes



PARENTAL SUPPORT

Parental support emerged as the strongest overall protective factor.

Pupils who found it easy to get help from a parent or guardian across a range of issues were less likely to experience negative outcomes. It was a statistically significant predictor for 10 outcomes, consistently reducing risk by 3%–14%, with very small to small effect sizes. Although the effect for each outcome is modest, the consistency and breadth across multiple areas mean that, at a population level, parental support likely exerts a meaningful protective influence.



SELF-ESTEEM

Self-esteem was a powerful protective factor, strongly predicting three outcomes: self-harm, feeling unsafe, and bullying victimisation.

Higher self-esteem was associated with substantially lower risk, with reductions ranging from 40%–216% (moderate to large effects). Although it appears in fewer models, its magnitude of effect makes it one of the most consequential protective predictors in the dataset.



SLEEP

Sleep duration was protective across four outcomes, particularly those related to mental health (e.g. self-esteem, self-harm, suicidal thoughts).

Pupils getting 7 hours of sleep or less were at higher risk of these outcomes, increasing risks by 17%–47%, showing getting enough sleep has a small to moderate protective effect. As a behavioural factor that is universal and potentially modifiable, sleep represents an important area for intervention.



RULE-FOLLOWING BEHAVIOUR

Pupils who expressed more positive attitudes toward following rules showed protective effects across nine outcomes.

While the individual effects were small (1%–4% reductions), the predictor was statistically significant across a wide range of behaviours and mental health measures. As with parental support, the pattern suggests that even small protective effects may accumulate meaningfully at the population level when they are broad and consistent.



COMMUNITY PARTICIPATION

Regular engagement in out-of-school activities (e.g., sports, music, church, volunteering) showed protective associations across three outcomes, including lower cannabis use and reduced school absences.

Effect sizes ranged from 12%–37% lower risks (small to moderate). It should be noted that participation in out-of-school activities appeared to be associated with an increased risk of alcohol use, indicating that the protective effect may be domain-specific rather than universal.



3.3 Top five risk factors across all outcomes



POOR MENTAL HEALTH

Poor mental health, particularly self-harm and suicidal thoughts, was one of the strongest clusters of risk factors.

Together, these predictors were associated with elevated risk across nine outcomes, especially those involving substance use. Risk increases ranged from 21%–342%, representing small to very large effects. Mental health difficulties, therefore, appear to act as broad, high-magnitude drivers of multiple negative outcomes.



BULLYING

Bullying was the single strongest individual risk factor.

Pupils who had been bullied at least once faced substantially higher risks across six outcomes, including all mental health outcomes and feelings of safety. Effects ranged from 10%–85%, corresponding to small to large increases in risk. Bullying represents a critical leverage point, affecting both wellbeing and behavioural outcomes.



PERSISTENT ABSENCE

Persistent absenteeism predicted four outcomes, including cannabis use and non-participation in out-of-school activities.

Effect sizes ranged from 10%–73% (small to large). This pattern indicates that disengagement from school may be intertwined with a broader set of vulnerabilities and risk behaviours.



NEGATIVE LIFE EVENTS

Experiencing negative life events was a significant predictor across six outcomes, primarily mental health measures (e.g. self-harm and suicidal thoughts) and substance use.

Pupils who reported multiple adverse events faced progressively higher risks. Although the individual effect sizes were modest – 5%–19% (i.e. very small to small) – the stepwise increase in risk means that young people with multiple negative life experiences are substantially more vulnerable overall.



VAPING

The use of e-cigarettes predicted three outcomes, with risk increases ranging from 5%–89%, spanning very small to large effects.

While not as broad as other predictors, the high upper range of effect suggests that vaping is a meaningful risk marker for other harmful behaviours.

3.4 Top protective and risk factors across domains

The most influential predictors within each domain of young people’s lives are summarised below, showing where the strongest protective and risk factors arise across the dataset.

At a local level, these insights can be used by communities to decide how best to increase the positive (protective) factors in their young people’s lives while decreasing the risks.

While predictors may be the same for different local communities, the actions taken will vary depending on the lived experience of the people in that community, which might include whether it is urban or rural, deprivation levels, availability of community facilities and more.

Personal

| | | |
|---|--|--|
| SELF-HARM | SELF-ESTEEM | SLEEP |
| One of the strongest predictors, associated with higher risks across five outcomes. | Powerful association with lower risks across three outcomes. | Adequate sleep was associated with lower risks across four outcomes. |
| 21–342% Increase in risk | 40–216% Reduction in risk | 17–47% Reduction in risk |

Family life

| | | |
|--|--|--|
| PARENTAL SUPPORT | TIME SPENT WITH PARENTS | PARENTAL DISAPPROVAL OF SUBSTANCE USE |
| Associated with lower risks across 10 outcomes | Associated with lower risks across five outcomes | Associated with lower risks across five outcomes |
| 3–14% Reduction in risk | 4–17% Reduction in risk | 17–47% Reduction in risk |

Peers

| | | |
|--|---|---|
| BULLYING | PEER SUBSTANCE USE | DELINQUENCY |
| Associated with higher risks across seven outcomes | Predicted all five substance-use outcomes | Associated with higher risks across four outcomes |
| 10–85% Increase in risk | 6–15% Increase in risk | 10–19% Increase in risk |

Community

| | | |
|---|--|---|
| OUT-OF-SCHOOL ACTIVITIES | FEELING UNSAFE | COMMUNITY SATISFACTION |
| Regular participation in activities associated with lower risks across three outcomes | Associated with higher risks across three outcomes | ‘Believing the neighbourhood is a good place to live’ associated with lower risks across two outcomes |
| 10–73% Reduction in risk | 20–54% Increase in risk | 3–33% Reduction in risk |

School

| | | |
|---|--|--|
| PERSISTENT ABSENCE | NEGATIVE SCHOOL ATTITUDES | PEER SUPPORT AT SCHOOL |
| Associated with higher risks across four outcomes | Associated with higher risks across seven outcomes | Associated with lower risks across five outcomes |
| 10–73% Increase in risk | 2–8% Increase in risk | 5–11% Reduction in risk |

3.5 Inequalities: the most vulnerable groups

Some groups of young people show higher levels of vulnerability across the data. The inclusion of demographic vulnerability data reflects patterns we see consistently across Scotland and internationally. We include this information because their experiences matter and should be visible.

It is important to recognise these disparities, not to label or single out groups of young people, but to deepen our understanding of how environments, systems, and social conditions affect young people differently. Vulnerability does not sit within the young person; it arises from the environments around them. These findings are presented to inform whole-community, upstream action, not to suggest targeted responses based on identity. Planet Youth is grounded in universal, preventative approaches that aim to strengthen safety, connection, and opportunity for every young person.

TRANS AND NON-BINARY PUPILS ARE THE MOST VULNERABLE GROUP

Trans and non-binary pupils experience the most widespread and severe inequalities across the dataset. On average, they face about double the risk of negative outcomes compared with their peers. Significant inequalities appear across 10 of 12 outcomes, spanning mental health (self-harm, suicidal thoughts, low self-esteem, poor sleep), feeling unsafe, bullying and substance use.

NEURODIVERGENT PUPILS EXPERIENCE LARGE INEQUALITIES ACROSS ALL AREAS

Neurodivergent pupils also show strong and consistent inequalities, but with a profile that is different from minority gender pupils. Neurodivergent pupils have elevated risks in 11 outcomes, one of the highest frequencies. Inequalities are especially pronounced in mental health outcomes (self-harm, suicidal thoughts, low self-esteem), sleep difficulties, bullying and substance use.

CARE EXPERIENCE REMAINS ONE OF THE STRONGEST PREDICTORS OF POOR OUTCOMES

Care-experienced young people show some of the most entrenched inequalities, consistent with wider national evidence. They experience double the risk across key outcomes, but their risk profile spans every outcome domain. They face very high risks of self-harm and suicidal thoughts, elevated smoking, vaping, alcohol and cannabis use.

LGBTQ+ PUPILS FACE ESPECIALLY HIGH RISKS AROUND MENTAL HEALTH AND SAFETY

LGBTQ+ pupils show a distinctive pattern centred primarily on mental health and safety outcomes. They face significant inequalities across 11 outcomes, with risks around 80–90% higher on average. They experience particularly elevated risks of self-harm and suicidal thoughts, feeling unsafe, and being bullied. Some substance use inequalities also appear, but mental health and safety are the dominant drivers.

INEQUALITIES ACROSS ETHNICITIES ARE VARIED, WITH TRAVELLER PUPILS FACING THE HIGHEST RISKS

While some ethnic groups experience little or no inequality and, in some cases, show reduced risks, others face elevated risks. Traveller pupils experience some of the largest inequalities in the dataset, particularly in relation to feeling unsafe, bullying and substance use – though interpretation should be cautious due to low sample sizes (typically n=50–100).

Other groups, such as pupils identifying as mixed ethnicity, show small to moderate inequalities across several outcomes. In contrast, Asian pupils have consistently lower risks, highlighting that ethnic inequalities are far from monolithic and must be understood in a more nuanced, group-specific way.

OTHER INEQUALITIES EXIST BUT ARE SMALLER OR TEND TO BE MORE OUTCOME-SPECIFIC

Beyond the key groups highlighted above, several other demographic categories show inequalities that are more modest in scale or concentrated in particular domains. For example, pupils with disabilities and young carers experience moderate inequalities across a range of outcomes. Girls also exhibit consistent but relatively small inequalities, primarily in mental health and safety outcomes such as low self-esteem and feeling unsafe.





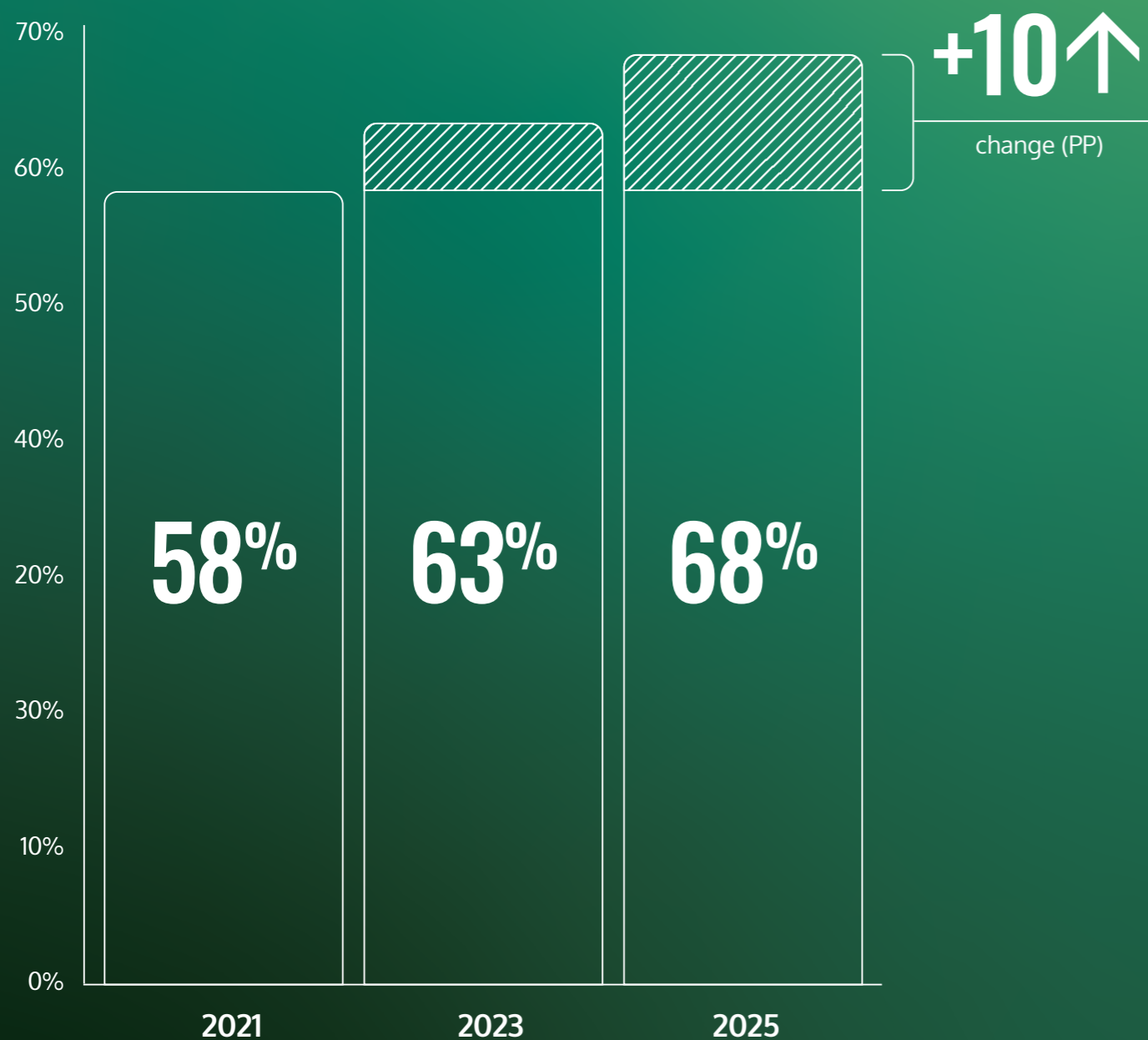
COMMUNITY DEEP DIVE

REMINDER:

The predictors highlighted in these deep dives show associations after controlling for other factors, but they should not be interpreted as causal or as indicating the direction of influence. For a full description of the analytical approach and guidance on interpretation of the findings, see pages 14–15.

COMMUNITY PARTICIPATION

Two-thirds (68%) of young people regularly take part in activities in their community.



There's been a statistically significant increase in the proportion of young people who take part in at least one out-of-school activity in their community at least once a week. Common activities included playing sports, doing music, art, drama or dance, going to church or a community group, or volunteering.

STRONGEST PREDICTORS

Availability of opportunities

Lack of local opportunities was the most predictive factor, with pupils who felt there were not enough social or leisure opportunities in their area 11% less likely to take part in out-of-school activities regularly.

Persistent absence

Pupils who missed at least 3 days of school in the past month were 10% less likely to participate in out-of-school activities.

Positive community views

Pupils who said their neighbourhood was a good place to live were 3% more likely to take part in activities in their community.

Social media

Roughly every additional hour pupils spent on social media was associated with a 2% lower likelihood of taking part in at least one out-of-school activity once a week.

Attitudes to school

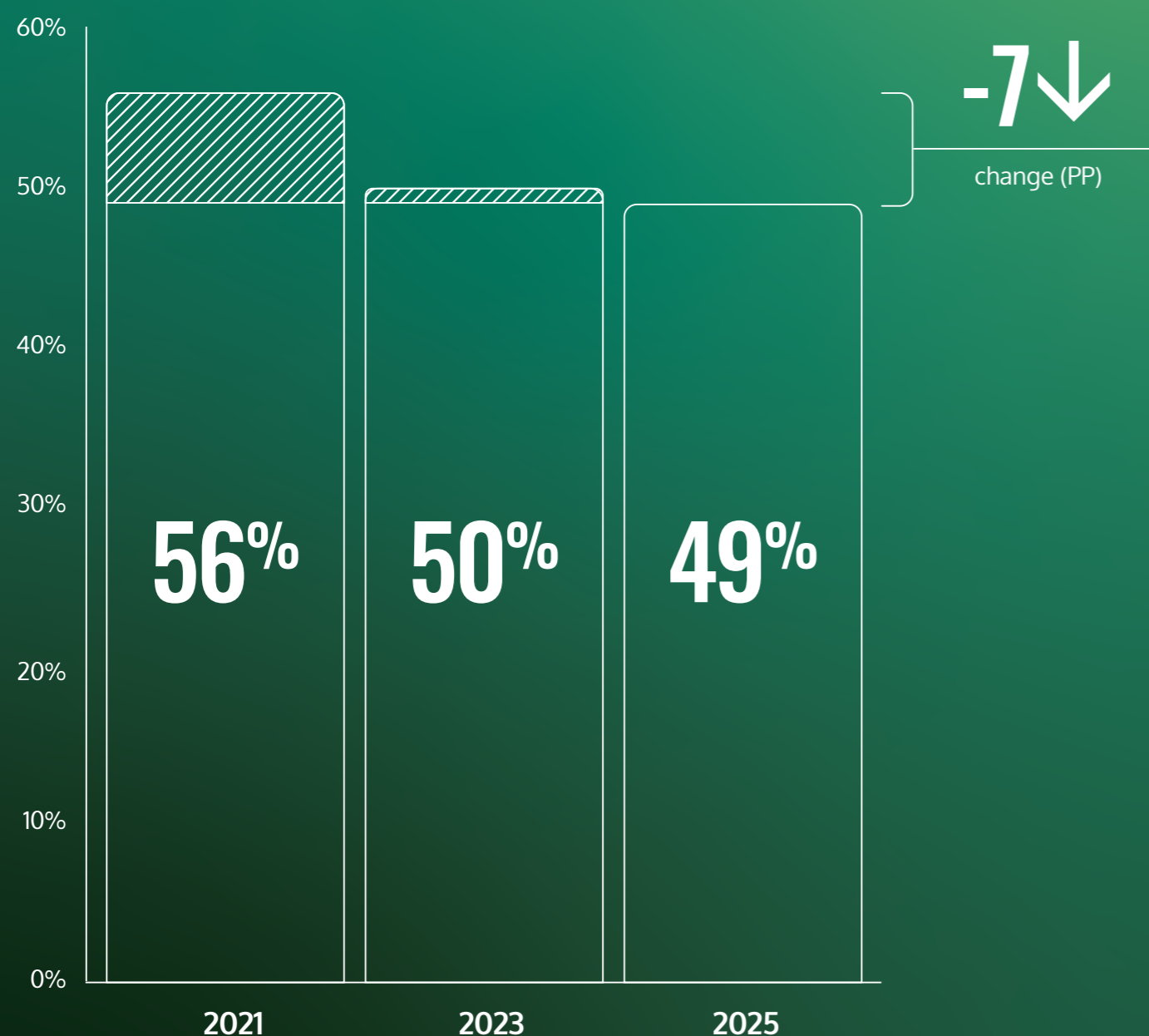
Pupils with negative attitudes towards school were 2% less likely to take part in activities in their community.

DID YOU KNOW?

- **Sports were the most popular activity**, with nearly half (49%) of all pupils playing sports at least once a week. The next most popular activities were: other community activities (26%), doing something creative like art, music, dance or drama (21%), going to church or a community group (10%), and volunteering (10%).
- **Community participation was associated with fewer days of school missed.** Pupils who participated in at least one out-of-school activity at least once a week were around 12% less likely to have persistent school absence.
- **Young disabled people were 25% less likely to take part in community activities.** Around half (55%) of all disabled pupils took part in any out-of-school activity regularly.
- **Care-experienced pupils were also less likely to participate in out-of-school activities.** About half (55%) of young people in care or with care experience regularly took part in any activities in their community.

BULLYING

Nearly half (49%) of all young people experienced being bullied.



There has been a moderate but statistically significant decrease in the number of young people who have experienced bullying at least once in their lives. However, groups such as LGBTQ+ and trans and non-binary pupils remain at extremely high risk of being bullied.

STRONGEST PREDICTORS

Self-esteem

Pupils with low levels of self-esteem were 40% more likely to report being bullied – suggesting a strong association between bullying and self-esteem.

Negative life events

For every negative life event a pupil experienced, they were about 8% more likely to have been bullied.

Peer support

Pupils surrounded by caring, encouraging peers were 9% less likely to have experienced bullying.

Sexual harassment

Pupils who had been the victim of online sexual harassment (such as being sent nude pictures without their permission) were 3% more likely to have also experienced bullying.

Parental support

Pupils who found it easy to get support from their parents were 3% less likely to have experienced bullying.

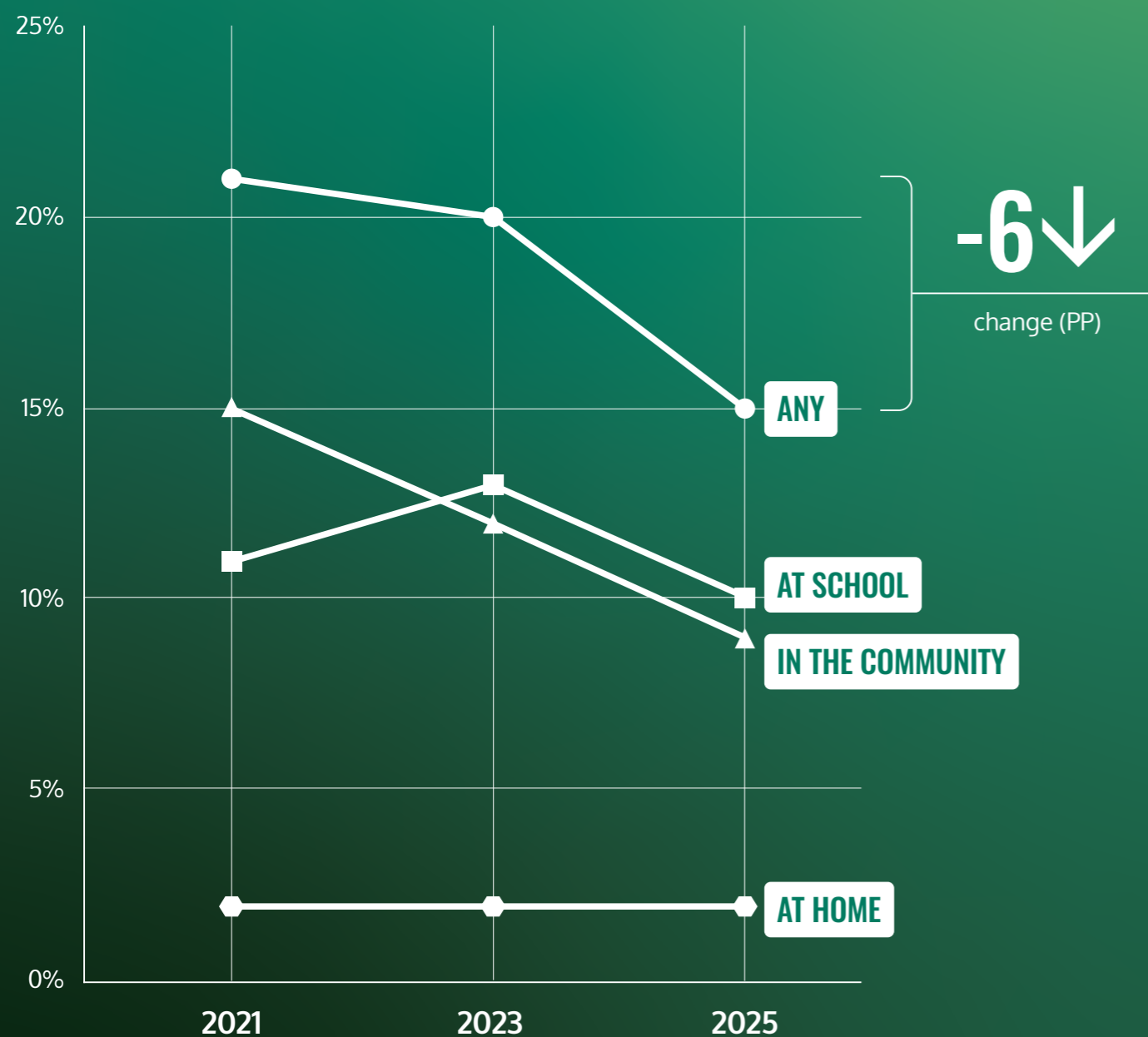
DID YOU KNOW?

- **Scotland has some of the highest rates of bullying in Europe.** According to a 2021/22 WHO survey¹, 18% of 13-year-olds and 15% of 15-year-olds had been bullied at least 2–3 times in the past few months, compared to the averages of 12% and 9%, respectively.
- **Sexuality was the strongest predictor of bullying.** LGBTQ+ pupils were around 45% more likely to be bullied, with 83% experiencing bullying.
- **Neurodivergent pupils were 44% more likely to be bullied.** Two-thirds of neurodivergent pupils (65%) have experienced bullying.
- **4 in 5 (79%) trans and non-binary young people have been bullied.** They are around 24% more likely to be bullied.
- **Further groups experiencing higher bullying rates:** Bullying is also far more common among care-experienced pupils (75%), disabled pupils (70%), young carers (64%), and girls (56%), who all report statistically significant higher rates.

¹ World Health Organisation (2024), A focus on peer violence and bullying in Europe, Central Asia and Canada: Health Behaviour in School-aged Children international report from 2021/22 survey, volume 2, Health Behaviour in School-Aged Children.

FEELING UNSAFE

15% of all young people reported feeling unsafe at home, school, or in their community.



There has been a moderate but statistically significant decrease in the proportion of young people who say they feel unsafe either at home, school or the community. Most of this decrease was due to a significant decrease in the proportion of pupils who feel unsafe in the community, from 15% in 2021 to 9% in 2025.

STRONGEST PREDICTORS

Bullying

Pupils who had been bullied were 70% more likely to say they felt unsafe.

Mental health

Pupils who rated their mental health as poor were 54% more likely to say they felt unsafe either at home, school or in their community.

Self-esteem

Pupils with low self-esteem were 35% more likely to say they felt unsafe.

Peer support

Pupils who had supportive friends at school (e.g. 'I have friends at school that care about me') were 11% more likely to feel safe.

Negative school attitudes

Pupils who had negative attitudes towards school – such as 'I find schoolwork pointless' – were 8% more likely to feel unsafe.

DID YOU KNOW?

- Only 2% of young people feel unsafe at home. This has remained consistent between 2021 and 2025.
- Young people feel safer in the community now. Only 9% feel unsafe now, compared to 12% in 2023 and 15% in 2021. There hasn't been a significant change in how unsafe young people feel at school between 2021 (11.1%) and 2025 (10.1%).
- Feeling safe shapes how young people see their communities. Pupils who felt unsafe were 33% less likely to say their community was a good place to live.
- Pupils from minority ethnic communities were twice as likely to feel unsafe. Around 14% said they felt unsafe at school (compared to 9% for white pupils), 11% said they felt unsafe in the community (compared to 8%), and only 4% said they felt unsafe at home (compared to 2%).
- Pupils from a Traveller background were most likely to say they felt unsafe. Over a third felt unsafe in school (36%) and the community (34%), while 14% said they felt unsafe at home.



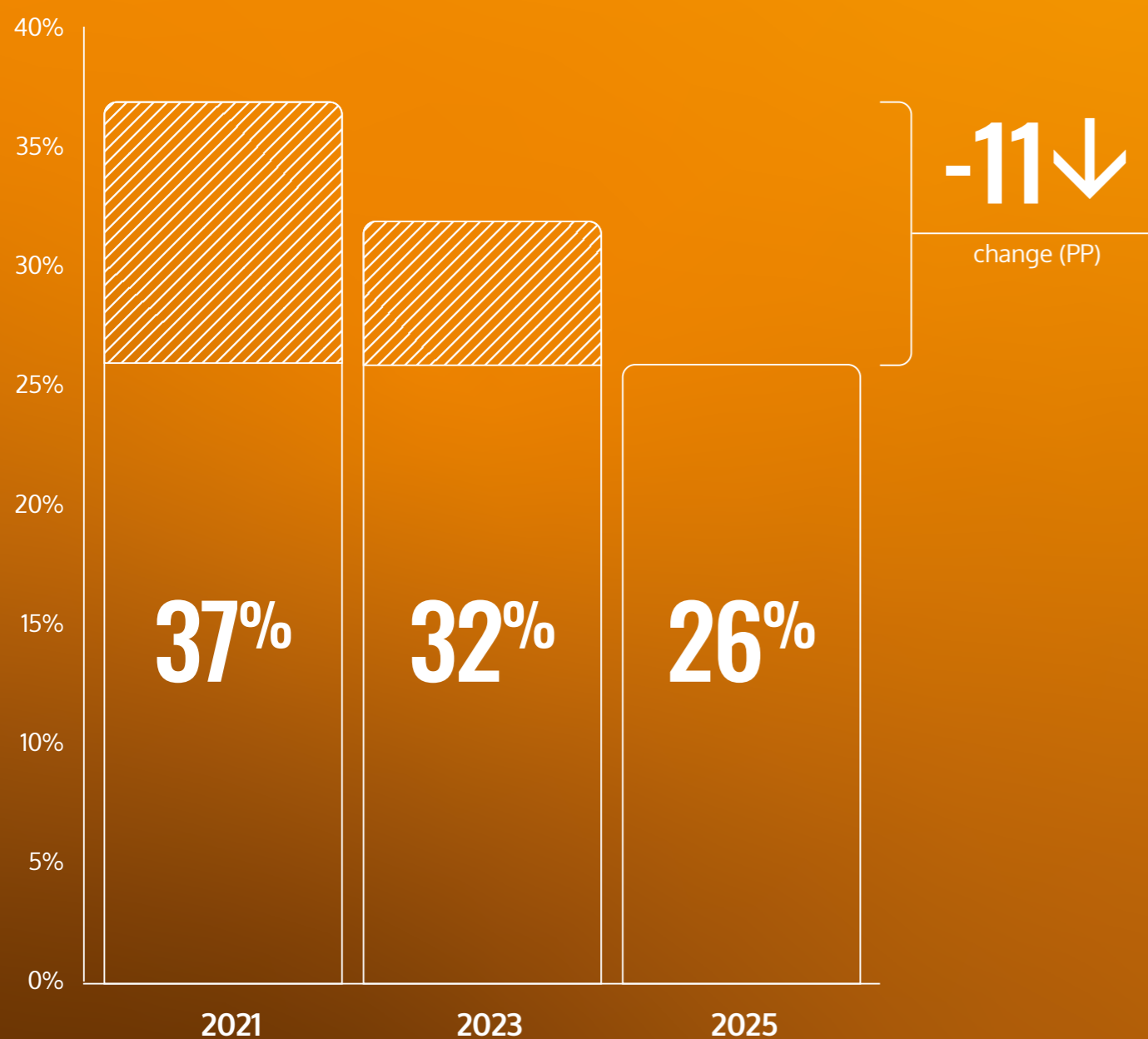
MENTAL HEALTH AND WELLBEING DEEP DIVE

REMINDER:

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LOW SELF-ESTEEM

Around a quarter (26%) of young people reported having low self-esteem.



There's been a significant decrease in the number of young people with low self-esteem between 2021 and 2025. This is noteworthy as having low self-esteem is a key risk factor for several other outcomes, such as self-harm, bullying, and feeling unsafe.

STRONGEST PREDICTORS

Poor body image

This was the biggest risk factor for low self-esteem. Pupils who are dissatisfied with their body image are 70% more likely to have low self-esteem.

Bullying

Pupils who had experienced bullying were 60% more likely to have low self-esteem.

Poor sleep

Pupils who got 7 hours or less had a 47% increased risk of having low self-esteem.

Lack of community interest

Pupils who said they had no interest in taking part in community activities were 28% more likely also to have low self-esteem, though this is more likely because low self-esteem reduces interest, rather than the reverse.

Parental support

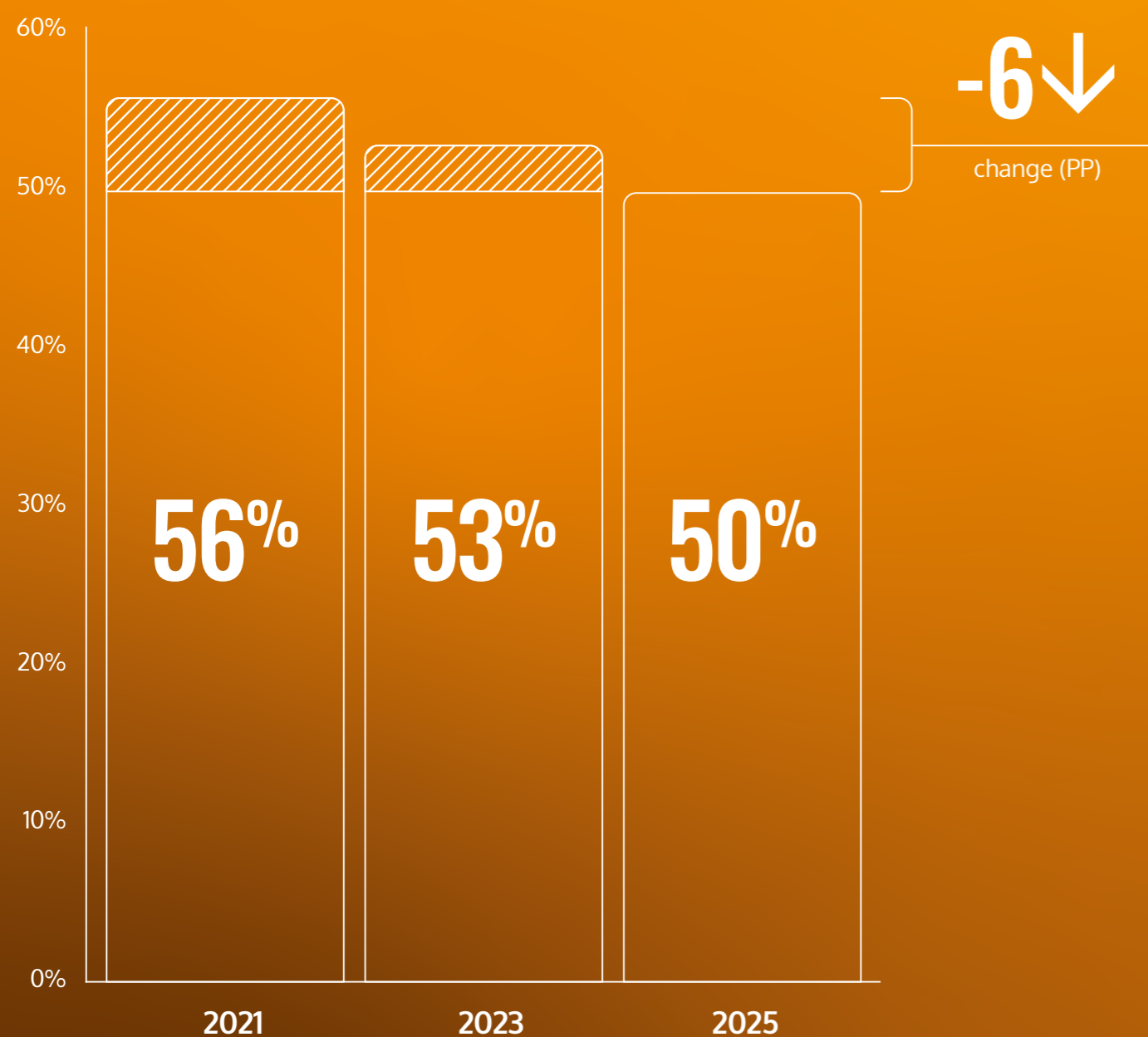
Pupils who feel they can get support from their parents are 12% less likely to have low self-esteem.

DID YOU KNOW?

- Self-esteem was measured using the **Rosenberg Self-Esteem Scale (RSES)**. The RSES is an externally validated 10-item measure that is used internationally to assess feelings of self-worth and acceptance.
- **Gender and sexual identity were the biggest predictors of low self-esteem.** Trans and non-binary (65%) and LGBTQ+ (63%) young people were around twice as likely to experience low levels of self-esteem as their peers.
- **Girls were much more likely than boys to have low self-esteem.** A third of all girls (34%) reported lower self-esteem compared to only 17% of boys – 57% more likely.
- **Other predictors of low self-esteem included:** having strong peer support at school (6% less likely), spending time with parents (5% less likely), and having positive attitudes to rule-following (3% less likely).
- **Other groups who are more likely to experience low self-esteem include:** pupils who are neurodivergent (40%), disabled (40%), or care-experienced (39%).

ZZ LACK OF SLEEP

Half (50%) of all young people reported getting an average of 7 hours or less of sleep each night.



There has been a moderate but statistically significant decrease in the number of pupils who get only 7 hours of sleep or less each night. Sleep is a key predictor of other mental health outcomes, so the decline is significant.

STRONGEST PREDICTORS

🍷 Alcohol use

Pupils who had drunk alcohol had a 17% higher risk of getting less sleep, while for every additional year's delay in the age of first drinking, the risk of poor sleep decreased by around 5%.

👤 Persistent absence

Pupils who missed 3 or more days of school were 14% more likely to have 7 hours of sleep or less.

🏠 Living situation

Pupils with separated parents were 11% more likely to get less sleep.

💬 Bullying

Pupils who had been bullied were around 10% more likely to get 7 hours of sleep or less.

🕒 Screen time

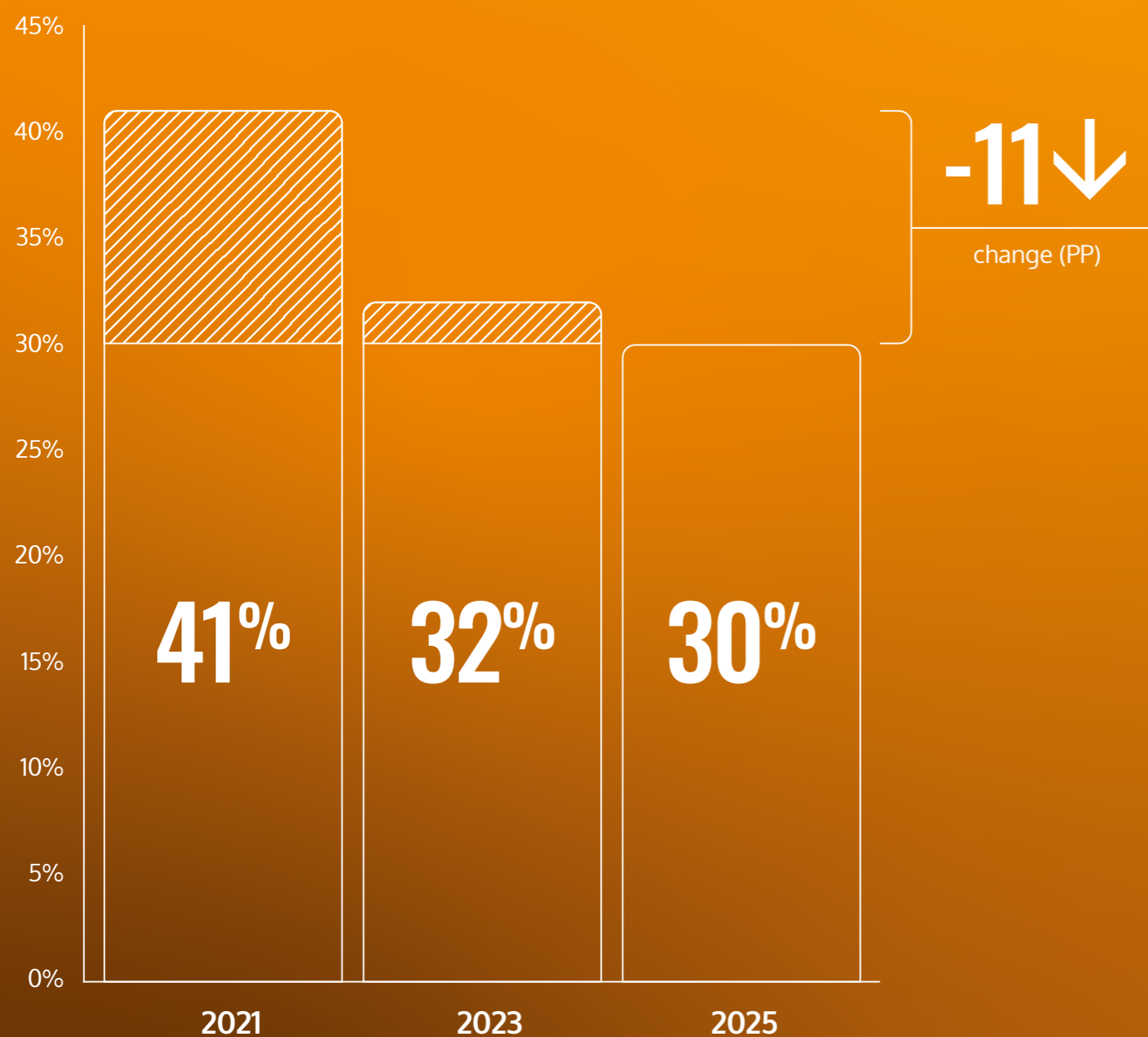
For roughly every additional hour spent on screens, such as watching videos, using social media, or gaming, pupils were 4% more likely to not get enough sleep.

DID YOU KNOW?

- **Spending too much time on digital devices was the most common factor affecting young people's sleep.** Social media was reported by 49% of pupils, while texting or messaging and gaming were also common, affecting 44% and 32% respectively. Trouble calming thoughts (38%) and feeling anxious (27%) were also common reasons young people told us made it hard to get enough sleep.
- **Family environment is also a key driver of good sleep.** Spending more time with parents (4%), having stronger parental support (4%), and having parents who set clear rules and keep track of their activities (2%) were all associated with a lower likelihood of getting 7 hours of sleep or less.
- **Poor sleep was associated with missing more days of school.** Pupils who got less sleep were around 17% more likely to have missed at least 3 days of school in the past 30 days.
- **LGBTQ+ pupils were the most likely to have poor sleep:** around two-thirds of LGBTQ+ (68%), while trans and non-binary (66%) young people get 7 hours of sleep or less.
- **Other groups that have higher rates of low sleep are:** young carers (61%) and neurodivergent young people (60%) were also more likely to get poor sleep.

SELF-HARM

Nearly one in three (30%) young people reported harming themselves at least once in their lives.



There's been a significant decrease in self-harming between 2021 and 2025. Despite the decline, self-harm remains a major concern, particularly for vulnerable groups.

STRONGEST PREDICTORS

Self-esteem

Pupils with low self-esteem were more than two times more likely to self-harm – the biggest predictor of self-harm.

Vaping

Pupils who had ever vaped were nearly two times more likely to have harmed themselves.

Alcohol

Pupils who had ever drunk alcohol were 52% more likely to self-harm.

Bullying

Young people who had been bullied had a 49% higher risk of self-harm.

Negative life events

For every negative life event experienced*, pupils were 19% more likely to have self-harmed. This means that pupils who have experienced multiple negative life events are much more likely to self-harm than those who haven't experienced any.

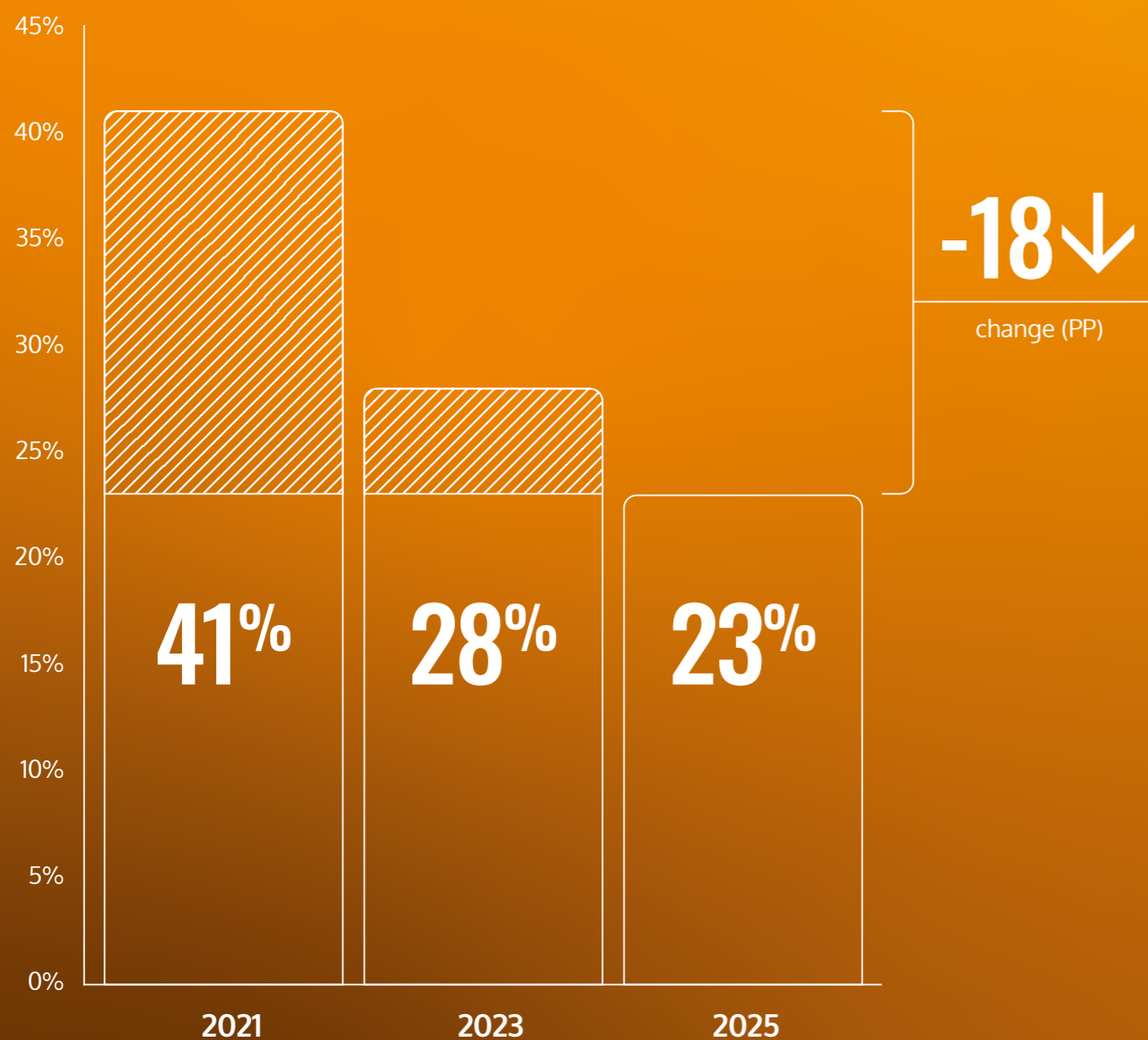
DID YOU KNOW?

- **Self-harm is the single biggest predictor of suicidal ideation.** Young people who have harmed themselves at least once are around 3–4 times more likely to have suicidal thoughts.
- **Sexuality was one of the strongest predictors of self-harm.** 72% of LGBTQ+ young people had harmed themselves and were nearly two times as likely to have done so.
- **Gender was another key predictor of harm.** 69% of trans and non-binary young people had harmed themselves, while 40% of girls had – both more than twice the rate as boys (17%).
- **Neurodivergent young people are also much more likely to self-harm:** 46% of neurodivergent pupils had harmed themselves, two and a half times the rate as their neurotypical peers (17%).

* Negative life events include: verbal abuse at home; racial abuse; physical violence by an adult; emotional neglect; parental separation; family mental illness; problematic family substance use; sexual abuse at home; or having a relative who has spent time in prison. However, we did not analyse whether some NLEs are more predictive than others.

SUICIDAL THOUGHTS

Nearly one in four (23%) young people reported having suicidal thoughts at least once in their lives.



There's been a significant decrease in the number of young people with suicidal ideation between 2021 and 2025. However, groups such as LGBTQ+ and trans and non-binary pupils have around three times the rate of suicidal thoughts.

STRONGEST PREDICTORS

Self-harm

Pupils who had ever self-harmed had a three-and-a-half fold increased risk of suicidal ideation – the biggest predictor across all the models.

Bullying

Being bullied was associated with a 77% increased risk of having suicidal thoughts.

Alcohol

Pupils who had drunk alcohol before were 48% more likely to have also thought about suicide.

Poor sleep

A lack of sleep was associated with a 42% increased risk of having suicidal thoughts.

Negative life events

For every negative life event experienced*, pupils were 13% more likely to have had suicidal thoughts. Pupils who have experienced multiple negative life events have a much higher risk of suicidal thoughts than peers who have not experienced any.

DID YOU KNOW?

- Nearly 1 in 10 young people told us they have attempted suicide. Around 8% of pupils surveyed had ever attempted suicide, dropping to 5% in the last 6 months.
- Sexuality and gender identity are the biggest demographic predictors of suicidal ideation. Nearly two-thirds of LGBTQ+ (64%) trans and non-binary (62%) pupils have had suicidal thoughts.
- Neurodivergent pupils were 36% more likely to have suicidal thoughts. Over one third (38%) of neurodivergent pupils have thought about suicide at least once.
- Significant disparities also appear among other vulnerable groups: pupils who are care-experienced (54%), disabled (39%) or young carers all have higher rates of suicidal ideation (36%).

* Negative life events include: verbal abuse at home; racial abuse; physical violence by an adult; emotional neglect; parental separation; family mental illness; problematic family substance use; sexual abuse at home; or having a relative who has spent time in prison. However, we did not analyse whether some NLEs are more predictive than others.



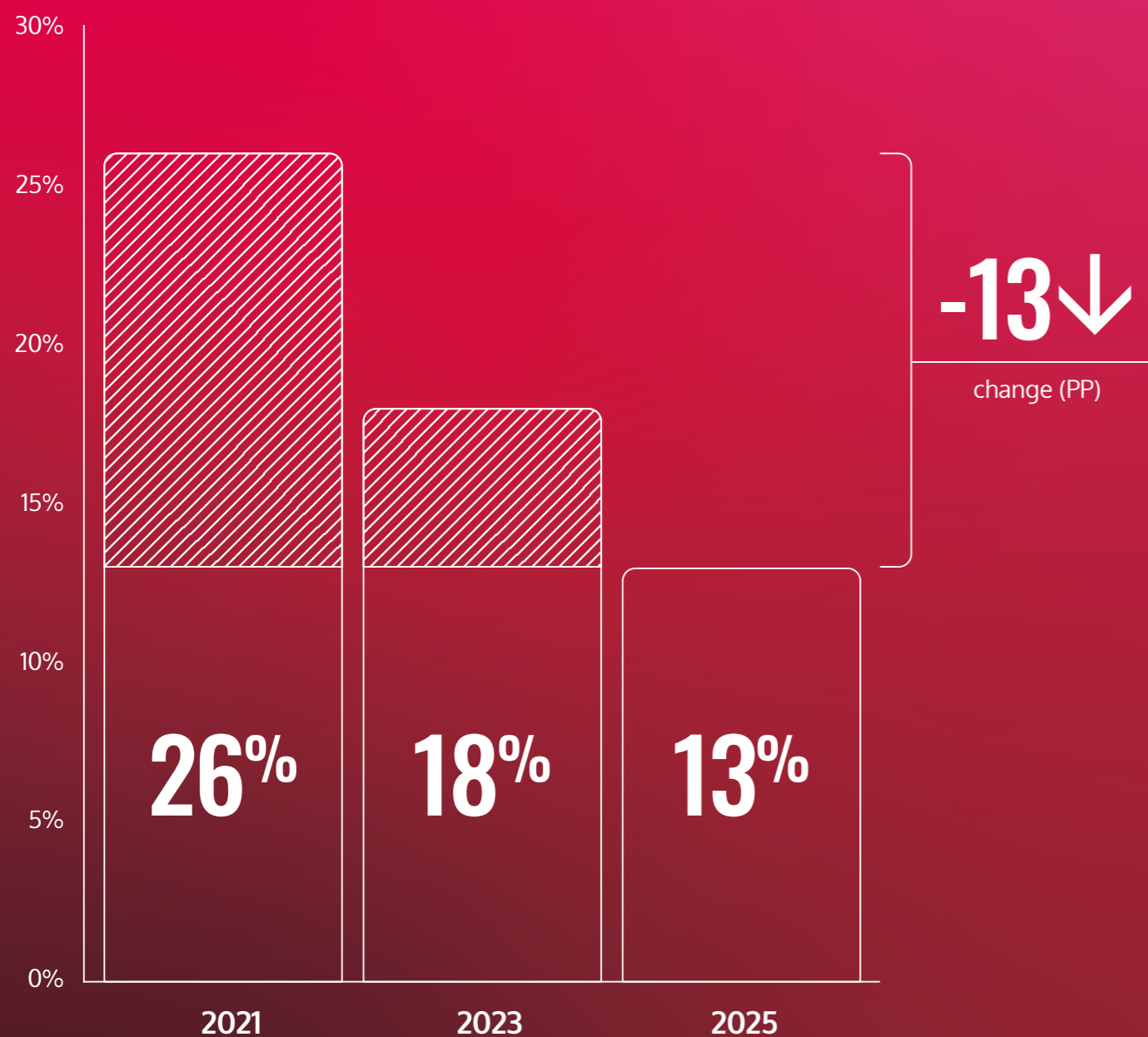
ADOLESCENT SUBSTANCE USE DEEP DIVE

REMINDER:

The predictors highlighted in these deep dives show associations after controlling for other factors, but they should not be interpreted as causal or as indicating the direction of influence. For a full description of the analytical approach and guidance on interpretation of the findings, see pages 14–15.

SMOKING

Just over one in ten (13%) young people aged 13–15 have smoked cigarettes in their lives.



Smoking rates have halved in Planet Youth areas between 2021 and 2025 – down from around a quarter of young people to 13%. Recent smoking has fallen, with pupils who have smoked in the past 12 months decreasing from 1 in 5 pupils (20%) to 1 in 10 (10%), also halving over the four years.

STRONGEST PREDICTORS

🧠 Suicidal thoughts

Having suicidal thoughts was associated with a 78% increased risk of smoking cigarettes.

💎 Self-harm

Pupils who had harmed themselves at least once in their lives were 60% more likely to have also smoked cigarettes.

👤 Persistent absence

Missing at least three days of school in the past month was also associated with a 60% higher likelihood of smoking.

🕒 Staying out late

Pupils who reported staying out past midnight were 22% more likely to have smoked at least once in their lives.

Other key predictors include:

- A history of delinquency (19%↑)
- Peer substance use (14%↑)
- Time spent with parents (9%↓)
- Parental disapproval of smoking (9%↓)
- Negative school attitudes (5%↑)

DID YOU KNOW?

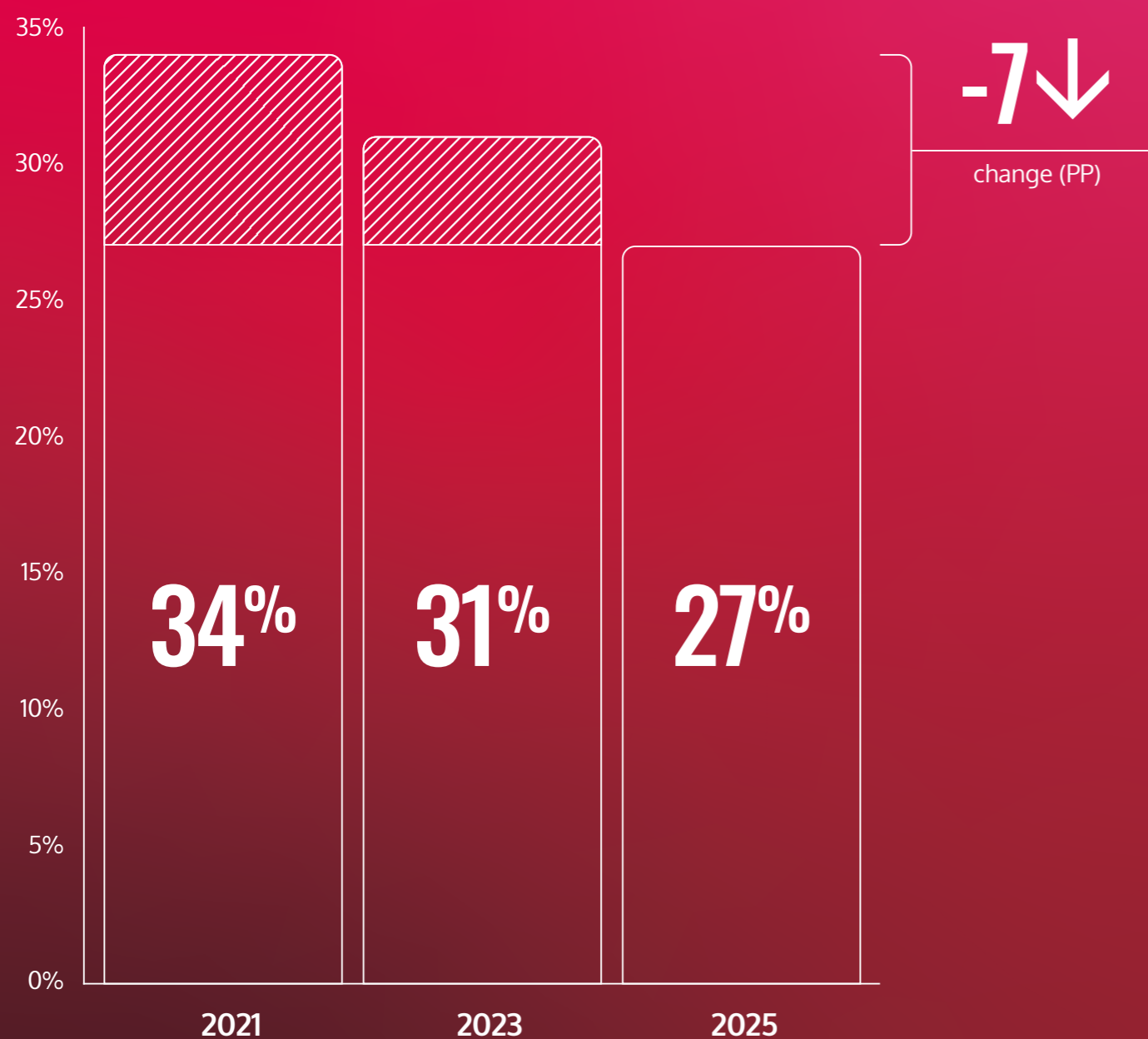
- **Scotland has lower youth smoking rates than Europe.** According to a 2021/22 World Health Organisation (WHO) survey¹, around 1 in 5 (20%) 15-year-olds have ever smoked, compared to the European average of around 25%.
- **Smoking appears linked to social environment.** Pupils who have been bullied are 32% less likely to smoke, whereas those with strong peer support are 9% more likely. One possible explanation is that bullied pupils may have less exposure to peer activities involving smoking, whereas pupils with stronger peer networks may encounter social situations where smoking occurs, and peer pressure is higher.
- **Trans/non-binary and LGBTQ+ pupils were the most likely groups to smoke.** Around a quarter (27%) of trans and non-binary pupils and LGBTQ+ (23%) have smoked at least once in their lives, associated with a 63%–156% higher risk.
- **Neurodivergent pupils smoke at around twice the rate of neurotypical pupils.** Around 1 in 5 (20%) neurodivergent young people have smoked, compared to 1 in 10 (10%) of their neurotypical peers.

¹ World Health Organisation (2024), A focus on adolescent substance use in Europe, Central Asia and Canada: Health Behaviour in School-aged Children international report from 2021/22 survey, volume 3, Health Behaviour in School-Aged Children.



VAPING

Over a quarter (27%) of young people aged 13–15 have vaped in their lives.



The prevalence of vaping has decreased from around one-third of young people in 2021 to just over a quarter in 2025. This is a statistically significant decrease, but rates remain relatively high compared to other substances and high compared to Europe.

STRONGEST PREDICTORS

Self-harm

Pupils who had harmed themselves at least once in their lives were 67% more likely to have vaped.

Suicidal thoughts

Having suicidal thoughts was associated with a 22% increased likelihood of vaping.

Social media use

For approximately every additional hour of social media use, pupils were around 11% more likely to vape.

Peer use

Pupils who said that their friends vaped were 11% more likely also to vape.

Other key predictors include:

- A history of delinquency (10%↑)
- Time spent with parents (7%↓)
- Parental disapproval of vaping (6%↓)
- Negative life events (6%↑)
- Parental support (5%↓).

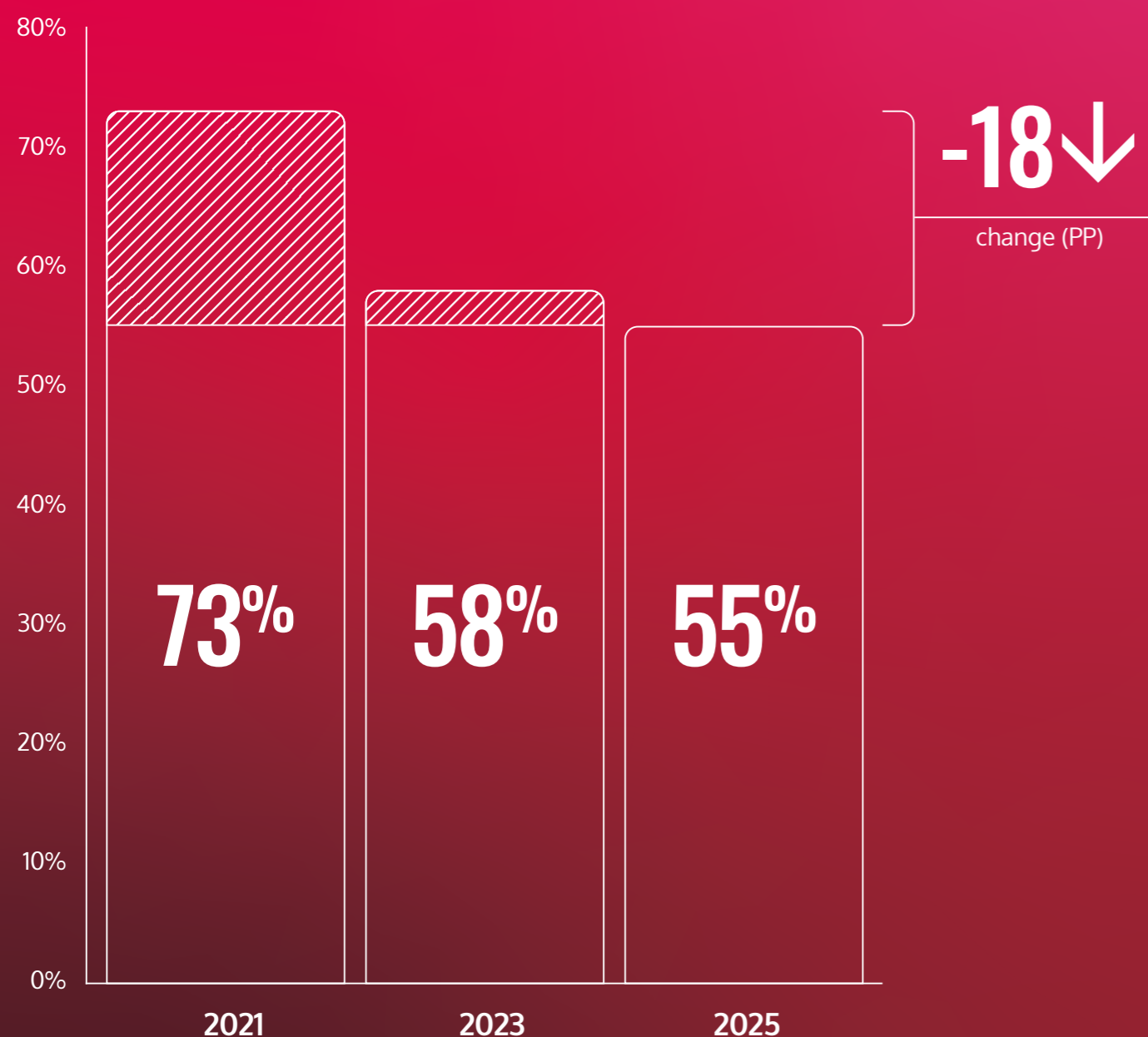
DID YOU KNOW?

- **Scotland has higher youth vaping rates than the rest of Europe.** According to a 2021/22 WHO survey¹, over a third (37%) of 15-year-olds have ever vaped, compared to the European average of 32%.
- **Girls are 32% more likely to vape than boys.** Around a third (32%) of girls have vaped, compared to 21% of boys.
- **Pupils from BAME communities were significantly less likely to vape.** Black and Asian pupils had the lowest rates of vaping at around 16% each.
- **Care-experienced and Traveller pupils had the highest rates of vaping.** Around half of pupils who are care-experienced (53%, n=137) and from Traveller backgrounds vape (49%, n=65) – though sample sizes for both are small.

¹ World Health Organisation (2024), A focus on adolescent substance use in Europe, Central Asia and Canada: Health Behaviour in School-aged Children international report from 2021/22 survey, volume 3, Health Behaviour in School-Aged Children.

ALCOHOL

Over half (55%) of young people aged 13–15 have drunk alcohol in their lives.



Youth drinking has fallen sharply, with recent alcohol use dropping by one-third in four years. The number of young people who have drunk alcohol ever is down from three-quarters to just over half of all young people between 2021 and 2025, while those who drank in the past 12 months fell from 64% in 2021 to 43% in 2025.

STRONGEST PREDICTORS

Self-harm

Pupils who have self-harmed were 21% more likely to have drunk alcohol at least once in their lives.

Feeling unsafe

Pupils who said they felt unsafe either at home, school or in their community were 20% less likely to have drunk alcohol in their lives.

Community participation

Regular participation in out-of-school activities appears to be associated with an 11% higher likelihood of drinking alcohol.* This finding may reflect that some activities (such as team sports) are more strongly associated with alcohol use than others.

However, our analysis did not look at whether some activities were more strongly associated with drinking than others.

Peer use

Young people who said their friends drank alcohol were 6% more likely to drink themselves.

Negative life events

For every negative life event a young person has experienced, they were 5% more likely to have drunk alcohol**.

DID YOU KNOW?

- **Scotland has higher rates of youth drinking than the rest of Europe.** According to a 2021/22 WHO survey¹, over two-thirds (69%) of 15-year-olds have ever drunk alcohol, compared to the European average of 57%.
- **Pupils from BAME communities were significantly less likely to drink.** BAME pupils were 39% less likely to drink, with pupils from Asian backgrounds having the lowest rates of drinking at only 19%.
- **Neurodivergent and LGBTQ+ pupils were around 24–26% more likely to drink.** Around two-thirds of LGBTQ+ (67%) and neurodivergent (63%) pupils have drunk alcohol.
- **Drinking was strongly associated with age.** 15-year-olds were 26% more likely to have drunk alcohol than 13-year-olds.

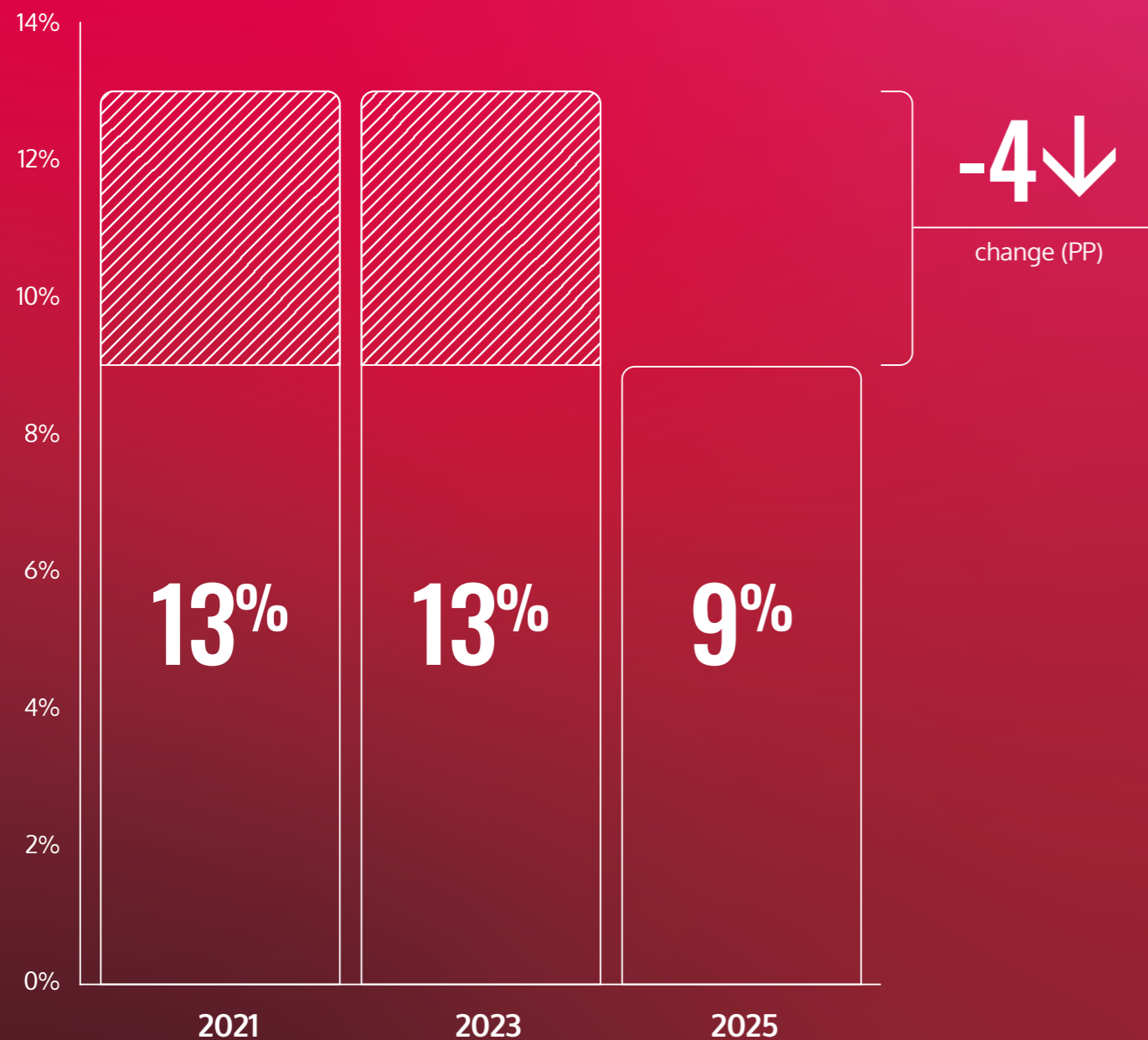
¹ World Health Organisation (2024), A focus on adolescent substance use in Europe, Central Asia and Canada: Health Behaviour in School-aged Children international report from 2021/22 survey, volume 3, Health Behaviour in School-Aged Children 15-year-olds.

* Out-of-school activities included sports, music, arts and dance, going to church or a community group, and volunteering. Our model examines the independent effect of participation while statistically controlling for other factors linked to alcohol use (such as parental support, sleep, peer behaviours, and negative life events). Because of this, the pattern may differ from raw prevalence figures, which do not adjust for these influences.

** Negative life events include: verbal abuse at home; racial abuse; physical violence by an adult; emotional neglect; parental separation; family mental illness; problematic family substance use; sexual abuse at home; or having a relative who has spent time in prison. However, we did not analyse whether some NLEs are more predictive than others.

CANNABIS

Just under one in ten (9%) young people aged 13–15 have ever used cannabis.



There’s been a statistically significant decrease of 4% in the number of young people who have ever used cannabis in the last four years. The proportion of pupils who have smoked cannabis in the past year has nearly halved – from 11% in 2021 to 6% in 2025.

STRONGEST PREDICTORS

Self-harm

Pupils who had harmed themselves at least once in their lives were 80% more likely to have smoked cannabis.

Suicidal thoughts

Having suicidal thoughts was associated with a 79% increased likelihood of cannabis use.

Persistent absence

Pupils who missed at least 3 days of school in the past month were 73% more likely to have smoked cannabis in their lives.

Community participation

Young people who regularly took part in out-of-school activities, such as sports, music or going to church, were 37% less likely to smoke cannabis.

Staying out late

Pupils who often stayed out past midnight were 31% more likely to smoke cannabis.

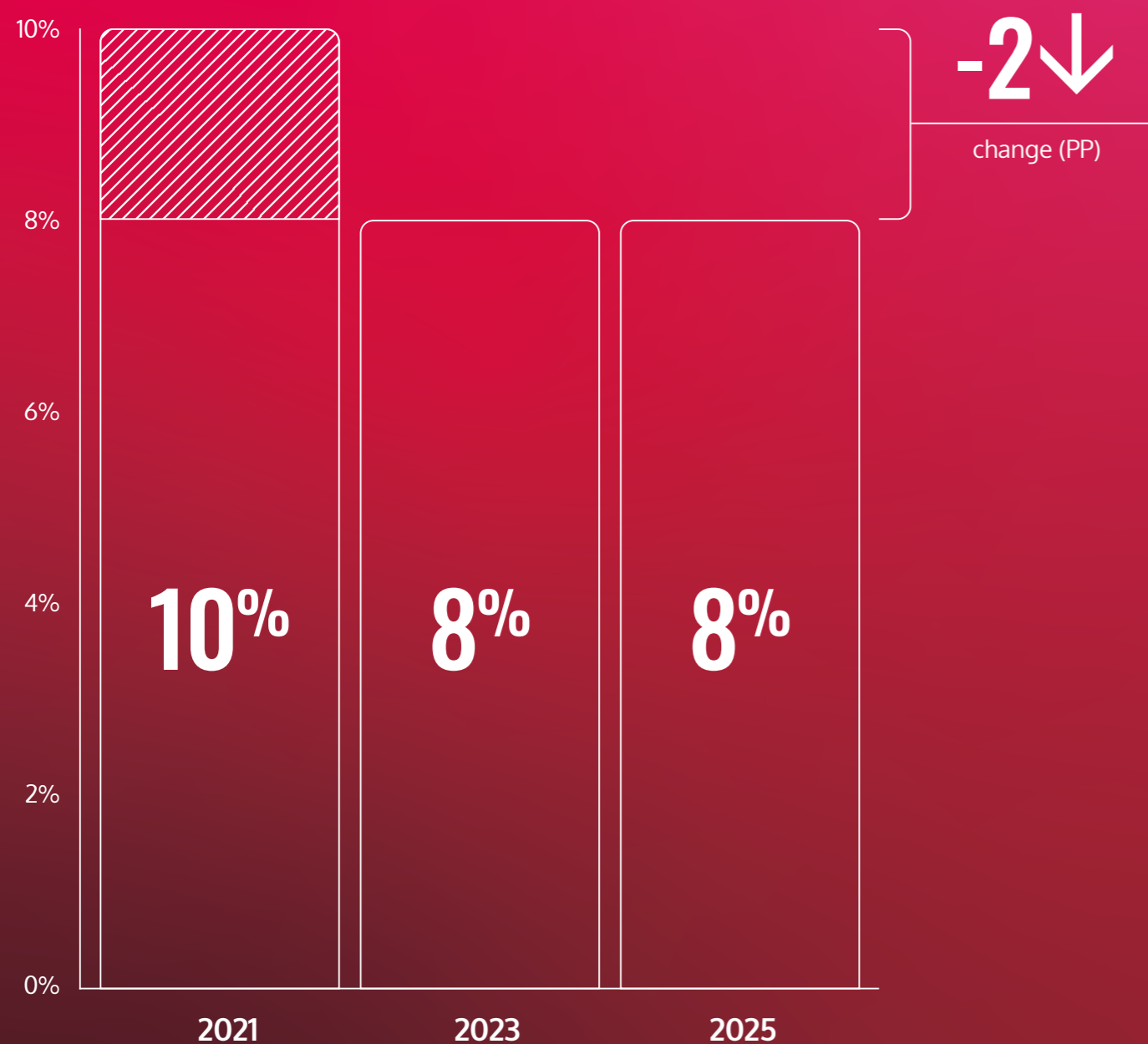
DID YOU KNOW?

- **Scottish boys have the highest rate of cannabis use in Europe.** According to a 2021/22 WHO survey¹, 23% of Scottish 15-year-old boys had smoked cannabis, compared with the average of 13%. By 2025, in Planet Youth areas, only 8% of boys had smoked cannabis.
- **Care-experienced pupils were the most likely group to use cannabis, more than three times as likely.** Nearly 1 in 3 (30%) of pupils with care experience have smoked cannabis.
- **Neurodivergent and Traveller pupils were both nearly three times more likely to smoke cannabis.** Around a quarter (26%) of pupils from Traveller communities have smoked cannabis, while around 14% of neurodivergent pupils have.
- **Pupils who felt unsafe were significantly less likely to use cannabis.** This may reflect that young people who feel unsafe may be more cautious, including avoiding situations or peer groups where cannabis use is more common.

¹ World Health Organisation (2024), A focus on adolescent substance use in Europe, Central Asia and Canada: Health Behaviour in School-aged Children international report from 2021/22 survey, volume 3, Health Behaviour in School-Aged Children.

DRUGS

Less than one in ten (8%) young people aged 13–15 have ever used drugs.



There’s been a small but statistically significant decrease in the number of young people who said they have taken any drugs (other than cannabis) in their lives. Drug use among 13–15-year-olds is relatively rare, with the most commonly used drugs being synthetic cannabis, MDMA, and cocaine.

STRONGEST PREDICTORS

Delinquency

Pupils who said they had committed minor offences such as stealing were 62% more likely to say they had taken drugs.

Peer use

Young people who said their friends took drugs were 10% more likely also to do so.

Parental disapproval

Pupils who thought their parents would disapprove of them taking drugs were 8% less likely to do so.

DID YOU KNOW?

- The most commonly used drug was **synthetic cannabis (2.6%)**. The next most commonly used drugs were MDMA (1.6%), cocaine (1.6%), inhalants such as nitrous oxide (NOS) (1.6%), and magic mushrooms (1.5%).
- **Use of some of the most common drugs has halved.** MDMA, cocaine, and NOS use have all more than halved in the past four years. There has been no statistically significant change in the use of synthetic cannabis or magic mushrooms.
- **Several groups were 3–5 times more likely to take drugs.** These include: pupils from Traveller backgrounds (4.9 times more likely), with care experience (3 times more likely), and who are neurodivergent (2.7 times more likely).
- **Asian pupils were less likely to use drugs.** Only 6% of Asian pupils had ever taken any drug.



**CONCLUSION:
DATA-DRIVEN PRIORITIES
FOR PREVENTION**

With responses from nearly 14,000 pupils, covering more than 400 variables across three survey waves and with response rates above 80%, the Planet Youth survey now represents one of the richest and most up-to-date datasets on young people in Scotland.

1 The findings from the 2025 survey paint a powerful and encouraging picture

Young people in Planet Youth areas are, on average, safer, healthier, and experiencing fewer harms than they were four years ago. Smoking and alcohol use have fallen sharply. Mental health indicators have improved. And bullying and feelings of being unsafe have declined.

2 At the same time, the analysis highlights the factors that matter most for young people's lives

Three protective influences stand out:

PARENTAL SUPPORT

Consistently linked to better outcomes across ten areas

SLEEP

A universal behavioural protective factor across multiple mental health indicators

SELF-ESTEEM

One of the most powerful single predictors of improved wellbeing.

Three of the most influential risk factors include:

POOR MENTAL HEALTH

Strongly associated with a wide range of behavioural risks

BULLYING

A major driver of harm across emotional and safety outcomes;

PERSISTENT ABSENCE

Often reflects deeper challenges in school connection and wider engagement.

3 The data also make clear who is being left behind

Trans and non-binary pupils, neurodivergent pupils, care-experienced young people, LGBTQ+ young people, and Traveller pupils face the most severe and consistent inequalities, often experiencing double or triple the risks of their peers. These inequalities cut across domains and demand urgent and sustained national attention.

4 Acting on the evidence

Taken together, these insights provide clear evidence and priorities for prevention, highlighting where early, upstream action can have the greatest impact, which protective environments to strengthen, and which inequalities demand urgent attention.

The opportunity now is to turn these insights into action. At a national level, the findings can inform policy, challenge assumptions, and help prioritise where prevention efforts are most needed. At a local level, they can support communities, schools, and services to strengthen the conditions that allow young people to thrive.

SCOTLAND NOW HAS THE EVIDENCE. THE TASK AHEAD IS TO ACT ON IT.

For further information, regional reports, or access to additional materials, please contact: info@planetyouth.scot

Acknowledgements

Planet Youth Scotland would not exist without the boldness, leadership and commitment of the six local areas who chose to take part in this national pilot. We want to extend our sincere thanks to: Angus, Argyll & Bute, Clackmannanshire, Dundee, Highland and West Dunbartonshire.

These areas have shown vision and courage by adopting an upstream, evidence-based prevention model and by creating the conditions for young people's voices to be heard. Their willingness to learn, collaborate, and use data to inform what they do has been central to building the foundations for a prevention-focused system that supports young people to thrive.

We are also grateful to the thousands of pupils, teachers, school staff, parents and carers, who took part in and helped deliver the Planet Youth survey. Their participation and support have made it possible to generate the insights in this report and to strengthen Scotland's growing prevention movement.

With thanks from Planet Youth Scotland



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