TOP ISSUES ACROSS THE UK: SIX SETTINGS

It should be noted that while the below issues have been generalised across the data from the regional workshops, the causes and consequences leading to each ‘top issue’ will be wide-ranging. No one issue or problem impacting on a young person’s mental health can be taken in isolation. It is highly probable that a number of structural, personal and interpersonal factors have contributed to the outcomes below. However, the below information does contribute new knowledge to aid understanding about what impacts young people’s mental health in the settings they live their lives.

Also, it’s clear that some themes cross the settings, as one would expect. The general theme is lack of understanding, knowledge and empathy concerning mental health conditions across all settings where young people live their lives. Also, the lack of parity of esteem between mental and physical health is also represented across the settings.

HOME

Key findings from across the data highlight that the most prevalent impact on young people’s mental health at home was the burden they felt hiding their feelings from parents and carers because they felt shame about their condition and feared they would not be believed.

The majority of young people talked about hiding feelings because of the lack of understanding about mental health issues shown by parents and carers. This was compounded by a large extent when the young people either disclosed their mental health issue or it was highlighted at crisis point and healthcare professionals intervened.

Lack of understanding was widely expressed by the young people in two contexts. First by the lack of empathy parents/carers exhibited towards their children and second through lack of knowledge about mental health issues. This was a particular issue among older family members and networks. Young people reported ‘not being taken seriously’ and ‘dismissed’ as ‘seeking attention’ by parents and carers. The young people also highlighted that the lack of knowledge by parents and carers about mental health issues exacerbated their mental health condition. This contributed to feelings of loneliness and isolation.
Overall the evidence suggests that there is a distinct lack of knowledge and appreciation of the severity of young people’s mental health issues by parents and carers, and especially older family members, in the home environment.”

**Top solution:** Parents/carers should have the option of being mental health trained so they have better understanding of mental health issues, can spot the signs and symptoms, and better support young people.

Young people felt that training should be co-produced with young people with experience of mental ill-health, it should be age appropriate, visibly promoted and available in a range of settings. For example, family group conferencing, peer support (by parents/carers who have experience of supporting young people with mental health conditions), and television shows. The Government should support schools to deliver the training.

**SCHOOL**

Across the regional workshops young people reported that lack of understanding about mental health issues predominantly by teachers (rather than lecturers), and peers was the biggest factor impacting their learning and social experiences at school, and to a lesser extent at college and university. There was general agreement that understanding, and indeed support improved as the young person moved from the school environment to further and higher education.

The young people said that the lack of understanding from teachers manifested in various ways but was most notable when a young person could not demonstrate a ‘physical’ symptom to express why they ‘needed time out’ from the classroom or time to ‘chill’ away from situations at school causing them anxiety and impacting their condition. However, if the young person reported being physically sick and having a ‘migraine’ or other such recognised conditions they would be excused and permitted to go to the school nurse.

Lack of understanding by peers about mental health issues was also highlighted by young people as a barrier to forming peer relationships at school. Some young people ‘self-isolated’ out of fear they would be bullied if they talked about their mental health issue. Young people also said they were bullied because of their condition by and they felt that this was due to ‘ignorance’ about mental health conditions.

**Top line:** “Young people reported that the lack of understanding about mental health issues by teachers and peers, throughout their school years, impacted heavily on their ability to manage their mental health condition. This had a knock on effect on learning, making friends and sustaining relationships at school.”

**Top solution:** Teachers should be mental health trained during their PGCE/NTQ teacher training. This should be mandatory. The teacher training should include a module on mental health, which the trainee teacher must pass as part of their training. The module should include how to spot signs and symptoms and how to signpost pupils/students to get support. Mental health training should be an ongoing...
part of teacher’s development, with periodic testing to ensure they are up to date as new research and techniques are released.

**PLAY (SOCIAL RELATIONSHIPS)**

One of the key findings from across the data highlighted that the majority of young people experience low self-esteem and lack of confidence in their social settings. Some referred to peer pressure, especially the pressure to ‘fit in’ – to be fashionable, pretty, handsome, sporty, smart, have the latest gadgets, have money, be in with the popular crowd – and be accepted, resulted in young people developing anxiety in social situations.

The young people expressed that feeling different from others led to self-imposed isolation and others reported that existing friends were under pressure from other peers to stop being friends with them because they had a mental health problem. The young people feared that this behaviour perpetuates stigma around mental ill health.

Social isolation was a particular concern raised by young people in the Highlands and Islands of Scotland due to rural locations, poor transport and lack of funds to form social networks and sustain friendships.

**Top line:** “The majority of young people said that low self-esteem and lack of confidence, related to an existing mental health issue, or by the pressure to ‘fit in’ and be accepted by their peers, caused them to avoid social situations and left them isolated.”

**Top solution:** To improve young people’s low self-esteem and lack of confidence, pro-social behaviour should be discussed and techniques taught as part of mandatory PSHE lessons. The techniques should develop positive social skills, creative, and should be taught in small groups. The Government should legislate to make this a statutory requirement in the National Curriculum at a young age. The Department of Health and the Department for Education should work together to deliver this.

**WORK**

The most common issue affecting young people’s mental health in the workplace is the lack of an inclusive and supportive work environment. This included exclusion from the labour market in general. First through discriminative interview techniques such as being asked to account for periods of unemployment and facing the decision to disclose their mental health issue and fear being rejected for the role. Also being rejected for a role based on lack of experience had a significant impact on young people’s confidence and self-esteem thus compounding their resilience in a highly competitive job market.
Second was poor understanding of mental health conditions by managers and colleagues and no mechanisms in place to support employees during periods of mental ill health. The young people felt that there was little parity of esteem between physical and mental health conditions and management were much more understanding of employees requiring time off for physical rather than mental health conditions.

**Top line:** “The most common issue concerning young people’s mental health in work is the difficulty gaining employment and remaining employed. Young people face discriminative interview processes and once in employment struggle to stay there because of the lack of support from managers and colleagues to help them manage their mental health condition and remain productive.”

**Top solution:** Managers should undertake mental health training as part of company/organisational policy. An accredited ‘Mental Health’ certificate could be awarded to signify that the employer is a ‘Mental Health’ friendly place to work. The training should be regulated by an independent body and delivered by a third sector organisation (charity or social enterprise) a mental health organisation through a Government contract or local government commissioning.

**HEALTHCARE**

A key finding across the data is that young people’s mental health is impacted most significantly in the healthcare setting by poor access to good quality services tailored to individual needs. Access was a particular concern in rural areas such as the Highlands and Islands of Scotland. However this was common across the UK with young people travelling long distances up to 3 hours to access services and parents/carers travelling long distances to visit their children. The young people reported that the cause was lack of funding for services, especially for early intervention services.

The lack of available services caused some young people to ‘fall through the gaps’ while waiting for referrals from GPs to specialist mental health services. This further compounded some young people’s mental health issue and left some needing crisis care.

Closer analysis reveals that the lack of professionalism of healthcare workers heavily impacted the young person’s journey through treatment and in some instances negatively impacted on their mental health. Young people said that some healthcare professionals – including GPs and general hospital staff - lacked understanding of mental health conditions and empathy. The respondents said staff were dismissive and accused them of “attention seeking”.

Young people also highlighted that some mental health specialists also lacked empathy.
Top line: “Young people’s mental health is significantly impacted by the lack of access to good quality, timely, and tailored support services. Young people highlighted that the lack of funding for mental health services, especially early intervention services, is the cause”.

Solution: The Government to provide more funding for services, especially early intervention services. To address access issues there should be more local services. In response to quality, NHS professionals should receive mental health training as part of their initial training. The training should be co-produced with young people, be age appropriate and mindful of the use of technical language. Until waiting times are reduced by better availability of services, young people suggested interim support should be available so young people do not ‘fall through the gaps’ while waiting for specialist support. Interim support could be signposted by GPs and include smart phone applications, peer group support and online anonymous forums. The latter should be delivered by third sector organisations/charities. Support services could be better tailored to individuals by ensuring consistency in care, with one ‘buddy’ taking the young person through their whole treatment journey.

MEDIA

Evidence across the regional workshops also indicated that young people’s mental health is heavily impacted by negative portrayals of them in the media - notably television shows (soaps), magazines and news articles - particularly those with mental health conditions.

The respondents felt that the media misrepresent young people via two distinct avenues. First through the use of indiscriminate language, describing them as “bonkers”, “dangerous”, “crazy” “serial killers” and “rapists”. Furthermore, terms including “mental breakdown” and “split personality” were felt to be unhelpful. Young people said that the use of unhelpful language “categorized” them and further embedded negative stereotypes of people with mental health problems.

The second misrepresentation was through imagery. The young people felt that media outlets fail to show real stories and representations of ‘everyday people’ with mental health issues. Indeed the approach of the media was felt to be “black and white”, failing to represent the nuances of trying to live day to day with a mental health condition.

The young people also said that the proliferation of false images of people - which have been edited - glamorize unrealistic portrayals of perfection and have a significant impact on young people’s perceptions of the human body.

Finally, the lack of parity of esteem between physical and mental health conditions was raised as an issue for broadcasters to address. The respondents felt that public broadcasting messaging focused too heavily on physical conditions such as the danger of smoking (cancer awareness) and obesity (Change 4 Life) but nothing to highlight the importance of looking after your mental health.
**Top line:** “Young people’s mental health is negatively impacted by how the media portrays them, especially for those with mental health issues. Young people feel that some soaps, magazines and news articles misrepresent them, by using unhelpful labels and categorizing them as “crazy serial killer” types. This reinforces negative stereotypes of people with mental health conditions.”

**Top solution:** There should be a code of media guidance, which outlines what words and images can be used to describe and portray mental health conditions. This should be regulated by the Independent Press Standards Association and OFCOM.