50 ‘fixes’ for mental health: it’s time you ‘got it’!

Young people using their experiences of mental ill-health to help others now and in the future.
The Feel Happy Fix

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We’re extremely proud to have been able to support Fixers throughout The Feel Happy Fix and are inspired by what these young people have achieved. Sharing their own experiences and solutions enables people to have a better understanding of what it means to be a young person living with a mental health condition. By doing this, the Fixers are not only raising awareness of mental health, but can help support those in similar circumstances. We know more needs to be done to tackle the stigma around mental health and we wish the young people well with their fixes."

Mark Hamson, Chairman of the Simplyhealth Charitable Committee
I felt like I was being taken seriously, that what I had to say mattered, and it would make a difference to others. As young people, we’re so used to society labelling us with negative stereotypes, blaming us for making bad choices.

The Feel Happy Fix felt different; the tables were turned. We were the experts and the doctors and psychologists learnt from us. But this is rare.

I’d like to see more of these opportunities for young people to have their voices heard and valued. It’s important to listen to us. ‘why?’ You might ask. Because numbers and figures found by adults only tell one side of the story; their needs are different to ours, which means they’ll be designing services for their needs, not necessarily ours. This is costly, it means the services we receive might not be suitable and won’t work for us. Above all else, we’re the experts of our own experience, we know what works, so let us be part of the discussion, the re-design of services, and future interventions.

Evidence proves this works. Research by Coleman and Hagell (2015), Young people, health and youth policy, shows that the more young people have their voices heard and valued through active participation, like the Feel Happy Fix, the more empowered they feel, the more keen they are to engage and take charge of their own health.

I felt like a bystander during my health treatment when I should have felt involved in my own care. I’d like to see more projects like the Feel Happy Fix and call on policy makers, practitioners and commissioners to make sure that young people's voices are heard and valued. But don’t waste time giving us lip service. We need to be heard, recognised and understood for the sake of all generations.

We’re taking this report to Ministers but it’s the people and their voices that will make change happen. Please help us by sharing our 50 ‘Fixes’ for mental health.
50 FIXES FOR MENTAL HEALTH: IT’S TIME YOU ‘GOT IT’!

EXECUTIVE SUMMARY

“I took the scissors out of the drawer and thought, ‘I’m going to do something silly here’. When I got to the hospital they were dismissive. They told me it was just a period I was going through and to give it 10 days. They didn’t understand 10 days was too much. Ten minutes was enough.” (Sally)

Young people’s mental health has rightly, finally, hit a nerve. With one in ten school children having a diagnosable mental health condition and rates of depression and anxiety soaring among teens by 75 per cent in the last 25 years (Place2Be, 2015), young people’s mental illness has become recognised as one of the largest public health concerns. It’s in the headlines daily and a Government taskforce has led to swathes of recommendations for improved ways of working.

It is vital, therefore, that the spotlight remains locked on this issue and we find ways to incentivise the significant cultural changes that are required to allow people to make change happen.

The overarching conclusion of The Feel Happy Fix 2015 is that young people in the UK with lived experience of mental ill-health feel, at best, misunderstood and, at worst, ignored in every aspect of their lives. Whether at home with family, in education with their peers and teachers, at work with colleagues, bosses and customers, interacting with health services, socialising and engaging with all forms of media, they find that people just don’t ‘get it’ - they lack understanding and awareness about mental health conditions, leaving them isolated and battling stigma. At the top of their list of things that need to be done, is that we all do more to listen, put ourselves in their shoes and learn to empathise. This, they say, will not only help them to help themselves, it will also help future generations and build a more mentally robust society.

Fixers are young people aged 16 to 25 from across the UK who are all strongly motivated to use their past to fix the future. Some 69 per cent of the existing 17,000 Fixers are tackling issues with mental wellbeing at the core. By taking part in ‘The Feel Happy Fix’, they have kick-started one of the most significant discussions on young people’s mental ill-health among members of their generation.
In early 2015 almost 300 Fixers with personal experiences of mental ill-health first gathered at 16 locations across the UK to tell us their biggest concerns and obstacles and then to identify their ideas for ways to ‘fix’ them.

In March they converged on the British Film Institute (BFI South Bank) and The London ITV Studios, to hammer down those problems and solutions into a refined set of recommendations during six in-depth focus groups. They also took part in a survey across all UK nations.

They presented their ideas through their powerful Fixers films, poster campaigns and other resources to an assembled audience of 150 policy makers, practitioners, corporates and academics with a vested interest in young people’s mental health who were open to learn from Fixers through this invaluable access. In signature Fixers style, the young people were the experts for the day with the ‘professionals’ there to listen as their audience.

The Feel Happy Fix showed what we have long known. Fixers are their own experts; if they are supported to have their voice heard and valued their testimonies, ideas and solutions can be game-changing.

The result is this report. In it, we reflect the voices of Fixers with experience of mental ill-health and the 50 Fixes they recommend would help them. They include many recommendations for policy and practice but they are not solely the business of policy makers and practitioners.

It doesn’t matter whether you are a teacher, psychiatrist, GP, parent, sibling, friend, criminal justice or social care worker or journalist - because you reflect and influence their lives - they ask you to read this report, hear their voice and value it.

Empathy is mentioned a number of times, as is the idea that people need to be trained to understand more deeply. Fixers recommend this could be achieved quite simply, by those without experience of mental ill-health meeting those living with mental health conditions. By starting a conversation, they will learn from them.

You can start here and now by reading this report which reflects what young people with lived experiences of mental ill-health are saying. Watch their films and put yourself in their shoes. This is fundamental to what happens next. We’ve been talking about change for some time, now “it’s time you got it”.

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The following findings and recommendations come directly from the Fixers themselves. Their knowledge and wisdom is critical to the future of children and young people’s mental health provision, service design and delivery and, importantly, society’s attitude towards mental health. We refer to young people as Fixers throughout the report. They are young people, aged 16-25 from across the UK, who have experienced and been diagnosed with a mental health condition. This is what they have to say.

**Healthcare // findings:**

“We need good quality, timely support tailored to young people”

Fixers told the *Feel Happy Fix* that their mental health is significantly impacted by the lack of access to good quality, timely, and tailored support services close to home. This was particularly prevalent in rural areas across the UK. Drawing on their own personal experiences the Fixers arrived at a number of recommendations to help support other young people in the future receiving mental health care and support.

**Healthcare // recommendations:**

1. “Doctors don’t explain stuff well enough. They use too much medical jargon. Young people would benefit from simplified literature to explain the system. Mental health is very confusing and young people need to be able to negotiate the system.” *(Debbie)*

   **Recommendation:** Simplified literature to explain the child and adolescent mental health system and what to expect.

2. “There’s a difference between primary and secondary mental health and then a gap in the middle. Those people won’t be treated quickly enough. We need to be told about other support.” *(Tamsin)*

   **Recommendation:** Interim services signposted to young people at their first GP appointment to bridge the gap while waiting between primary and specialised support.

3. “When people are waiting for services, charities and other organisations should be commissioned to help during the gaps and waiting period.” *(Tamsin)*

   **Recommendation:** More public sector contracts to be awarded to third sector organisations to provide interim support services to safeguard young people waiting for CAMHS.
“There needs to be a lot more awareness and empathy amongst NHS professionals, for a start I would like general nurses and psychiatrists etc to be more sympathetic. They also need to know who it is best to refer you to, they don’t always know. Some kind of training with a young person with lived experience would help professionals to understand what it’s like for us.” (Natalie)

**Recommendation:** NHS professionals who do not specialise in mental health to receive mental health training as part of their initial training. The training should be co-produced and delivered, in part, with young people. Mental health professionals should also receive the young person led training to benefit from their ‘lived experience’ to improve empathy and understanding.

“It took me 4-5 trips to get diagnosed. GPs try to push you out the door. There should be a special first point of call, like a nurse to take you through your treatment from start to finish so we don’t have to repeat ourselves all the time.” (Iqbal)

**Recommendation:** Designated mental health nurse practitioner to be a central point of contact to young people through their treatment and recovery plan.

“It should just be easier to approach services, like GPs. Like if it was just something that you did every year, something that everybody did, like having a general mental health check-up with your GP. This would help change attitudes and stigma because everyone would see it as ‘normal’ and it would encourage more open lines of communication.” (Cleo)

**Recommendation:** General mental health check-up to be offered by GP surgeries once a year.

“I’m fed up of hearing that CBT is the answer to everything. Border Line Personality Disorder doesn’t respond to CBT (Cognitive Behavioural Therapy) but I’ve been offered it four times. It was then suggested I try DBT (Dialectical Behaviour Therapy) but 200 people were interviewed for 20 spaces. I didn’t get it because they thought I didn’t want to recover. Some treatments can cost £200 per hour. I waited 3 years for psychotherapy but to try and work through all my issues in a few months is not enough. The treatments need to be suited to each individual, age appropriate and varied. CBT doesn’t work for everything.” (Natalie)

**Recommendation:** Ensure services are age appropriate and tailored towards individual needs. This should involve a range of treatment options. Not just medication and talking therapies.

“When I left the hospital I was told the community mental health team would be ready for me. I then had to wait nearly 6 weeks to see the community mental health team and tell them everything again. Services have to communicate better and systems work better to share information.” (Alissia)

**Recommendation:** Improve communication between services to prevent young people having to repeat their story.

“More financial input is needed. Politicians need to be asked for extra funding. Money that’s been given already is just a drop in the ocean. More is needed so changes can be made over time - changes in terms of stigma, educational awareness etc. I’ve now moved into Rethink and they’ve given me contact numbers if I have problems overnight, which is the support I need. Helplines are a lifesaver.” (Alissia)

**Recommendation:** Governments and devolved administrations to prioritise more funding for localised services, especially early intervention, crisis services, and 24 hour support, such as helplines.

“Within my university health centre there is one expert on mental health and he’s wonderful. We think this should be available across all GP surgeries, it’s really important and it would help.” (Bobby)

**Recommendation:** A designated mental health expert to be available in all GP surgeries.
WORK // FINDINGS:

“We’re working hard to be understood”

Fixers say that the biggest issue with employment is getting a job and keeping it. They say they face discriminative interview processes and once in employment struggle to stay there because of the lack of support from employers and colleagues to help them manage their mental health condition and remain productive. Here are some of the solutions Fixers say will help.

WORK // RECOMMENDATIONS:

For employers

11. “Employers need to do the right thing for their employees, not just the easiest thing. You could send someone into relapse. It will be good for business in the long run if employers took mental health more seriously and created more openness around it as an issue for all. They should give time off for appointments and be more flexible if you need a break. People, who suffer with mental health issues at work, tend to feel alone so a ‘buddy’ system would be really helpful. Having a work colleague that you can discuss things with. It gives you the sense that you’re not alone and there is somebody that understands.” (Ricky)

Recommendation: Employers to offer employees more flexibility by providing return to work plans, which may include: flexible hours; regular breaks; extra time off to attend treatment appointments; and a buddy support system.

12. “It feels like there is a lot of tokenism in the workplace around mental health. It’s about saying the right, politically correct things; however it’s not followed through. Mandatory workplace training on mental health would help to reduce stigma at work and regular meetings with your boss to see how you’re coping would be good too.” (Celeste)

Recommendation: Workplace mental health training to be offered to all employees as part of organisational policy to build empathy and understanding. The training should be regulated by an independent body and delivered by a third sector mental health organisation through a central or local Government contract.

13. “As someone who suffers with a mental health condition, I would like there to be a section on application forms which perhaps asks you to state ‘lived experience’. This might encourage others like me to apply for roles where they know they can turn their own experiences into a positive and help others.” (Mohammed)

Recommendation: Application forms to feature a section which asks applicants to state lived experience, specifically for a role which requires it, such as a mental health support worker. The aim being to encourage those with mental health problems to disclose and use their own experiences to help others.
“Business doesn’t recognise happy, healthy workforces are productive workforces. If you fail to invest in your workforce then the quality of the output is poor. It would be good if when you started somewhere there was a system in place to contribute ideas about how people with mental health conditions can be supported in their job.” (Robin)

Recommendation: Employers and employees to work together in organisations to form more open policies on how to support employees to facilitate a productive workforce.

“There needs to be more scope in staff appraisals to see how the individual employee is feeling. It shouldn’t just be about meeting targets. If an employee feels more comfortable with work then the employer has improved output.” (Robin)

Recommendation: More scope in staff appraisals to see how the individual employee is feeling as opposed to simply concentrating on targets.

For policy makers

“They really need more training at the job centre - it’s like, you’re a job seeker, here’s your number. They don’t refer to you by name. You have to re-introduce yourself every time, they can’t remember who you are, what you want. You start to feel even worse if you don’t have a job and then they don’t remember you. The work programmes aren’t geared to you as a person, this should change.” (Sam)

Recommendation: More tailored support via the Job Centre to gain and remain in employment. Back to work programmes should be managed around the young person’s mental health condition.

“If there was some sort of logo that could be used by employers who are ‘mental health friendly’ or something, that would give others like me the confidence to apply for such roles and know they won’t be treated any differently.” (Paul)

Recommendation: An accredited ‘mental health’ kite mark/logo should be introduced into the workplace to signify and reassure that the employer is a ‘mental health’ friendly place to work.

“There is legislation in place to stop discrimination against those with mental health conditions but generally people don’t know about it and don’t know how to stand up for themselves. It would be good if human resource departments helped us know our employee rights.” (Sabrina)

Recommendation: An awareness raising programme about workplace rights to be delivered through human resource professionals to employees.

“At my work, we have mental health first aiders but we are a voluntary organisation and I know most other employers aren’t set up to do this and they lack support. We think every organisation should have mental health first aiders.” (Mandy)

Recommendation: Every organisation to have a mental health trained first aider.

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1 The Work Programme is a government welfare-to-work programme introduced in Great Britain in June 2011. Under the Work Programme the task of getting the long-term unemployed into work is outsourced to a range of public sector, private sector and third sector organisations https://www.gov.uk/moving-from-benefits-to-work/job-search-programmes
School // FINDINGS:

“It’s not just teachers that need to understand more – it’s our friends too”

Fixers are saying that the lack of understanding about mental health issues by teachers and peers, throughout their school years, exacerbated their mental health condition and impacted heavily on their ability to manage it. They said this had a knock on effect on learning, making friends, and sustaining relationships at school. Fixers suggested the following solutions to help make a difference for others with mental health conditions in the education system.

School // RECOMMENDATIONS:

For schools

20. “Schools need to make discussing mental health less taboo and start getting pupil groups together and have them chat about what mental health issues are. Taking away the boundaries like that, like what we’re doing with the Feel Happy Fix, and opening it up, would help people feel comfortable and make mental health less taboo.” (Mandy).

Recommendation: Pupil initiated support groups, with mental health professional oversight, to be set up in schools to discuss mental health. To help ‘remove boundaries’ and encourage young people to feel more comfortable and make the subject less ‘taboo’.

21. “Schools get people in to do talks about drink and drugs - they should deal with mental health issues in a similar way. In schools, young people and teachers need to hear about mental health issues. They are as every day as drink and drug issues. We don’t feel teachers have a clue about what goes on with mental health. There’s children living with alcoholics and they don’t understand what that’s like, going to school, trying to keep your head held high. I think they should get young people in to talk about their lived experiences because it would be so much more real and people would really listen.” (Joseph)

Recommendation: People with personal experience of mental ill-health to give talks to staff and students about the realities of mental health conditions and practical ways to help.

22. “Just making the exam and coursework structure simpler and not overloading us with work all at the same time would help take away pressure so much.” (Alex)

Recommendation: Simplify the structure of exam and coursework timetabling to give more flexibility and ease pressure.
“You’re not going to test a fish on how well it can climb a tree, so why test all young people on how well they do in a written exam when they could be someone who learns by doing or someone who is a visual learner instead of an audio learner. There needs to be different approaches to teaching to help young people get on. An alternative learning environment would also help, if you’re feeling anxious, somewhere to work other than a classroom would be good.” (Meg)

Recommendation: Adapt teaching techniques to fit with individuals’ learning styles and offer alternative learning environments.

“Schools need to stop treating students as a number, e.g. attendance, appearance, and grades given for high performance. It would be good for more time to be dedicated to building a relationship between pupil and teacher. More holistic time, hugs and chocolate!” (Silvie)

Recommendation: Schools to take a more holistic view of students’ needs and not just focus on grades and outcomes.

For policy makers

“Teachers and support staff lack knowledge about mental health conditions. They would benefit from teacher training and workshops on how to cope with mental health and help spot signs and symptoms too. Parliament needs to include education on mental health in schools and during teacher training, so teachers see it as real. Teachers are not examined or graded on pastoral care or mental health support so they don’t take it seriously, they should be assessed.” (Ryan)

Recommendation: Teachers should be mental health trained during their PGCE/NTQ teacher training and support staff should have equivalent 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 teaching development, with periodic testing to ensure they are up to date as new research and techniques are released.

“PSHE classes, if you get them, never have lessons about mental health. Schools can spend weeks on other topics like alcohol awareness and drugs but nothing on mental health. PSHE should be mandatory and taught at a younger age to teach acceptance and understanding of mental health issues.” (Ryan)

Recommendation: Department for Education and all devolved administrations to make PSHE a statutory requirement in their curriculums, with a specific element of the programme dedicated to mental health teaching in all schools, starting before senior school.

“School counsellors are such a good idea. There wasn’t actually a counsellor assigned to my school when I was going through problems in my life. But in my last year there were two counsellors who joined and they did alternate days. I only saw one of them but I really opened up to her and she ended up knowing everything that I’d gone through. But that being so late through my school life, I only got to see her for a few months. If she’d have been there from the beginning of my school life, I could have gone to her and I probably wouldn’t have gone so far with the self-harm.” (Alwen)

Recommendation: Access in every school to a mental health trained professional, such as a counsellor.

“When it’s hard to put things into words, art therapy and getting the chance to be creative in lessons can really help calm me down.” (Bobby).

Recommendation: Funding and recognition given to the creative arts (art therapy) as outlets for expression in schools for those with and without mental health conditions.
Fixers say they’re really struggling at home. Parents and carers, and especially older family members, just don’t understand mental ill-health. Fixers say they lack knowledge and appreciation of the severity of their mental health issues. They said their mental health was adversely affected by experiences of childhood trauma and living with a parent/carer(s) with mental ill-health. Fixers offer the following recommendations to support them at home.

**Older generations just don’t get it**

“Parents and carers should have the option to be mental health trained. At a certain age at school parents could be offered sessions to help them understand the signs and symptoms of mental health so they know what to do if their child has a mental illness, parents and schools have to work together.” (Ashok)

**Recommendation:** Clear guidelines, through a public health campaign, for all carers on spotting the signs of mental illness and advice on where to go for support.

“The pressure facing social workers is so high. They are expected to act in the same way but without as many staff. Their pressure is too high. The Government need to increase funding for the services because they cover so many different issues and then the social workers might have more time to talk to other services more to help young people.” (Candice)

**Recommendation:** Increase funding for social services and train and employ more social workers to ease pressure on the service. This would free up social workers time and enable them to act more quickly and communicate better with other services supporting children and young people.

“We need more family support more than anything else, like, proper mental health support services for families, like professionals coming into the home environment and helping to set up the care programme. Sometimes you need to be taken out of the family environment to talk about the situation or someone needs to enter the family home to help address issues. Parents don’t always understand or recognise the symptoms, if they did through better contact with services then help could be got quicker.” (Kieran)

**Recommendation:** Provide support for all household members, recognising that different families need different kinds of support. Carers should be linked into treatment options so that young people get better support at home to recover;
“Parents need to be open and talk to other parents so they can share experiences and coping mechanisms. We need more programmes to help support parents, like encouraging parent-to-parent support, which can be really valuable.” (Patrick)

**Recommendation:** Improved access to parenting/carer programmes, like parent-to-parent support, to facilitate open conversations with young people about their lives to help understanding and encourage sharing.

“We need longer than 5 minute visits from support workers. It feels like 5 minutes anyway. If the Government could give more funds for social care to put greater resources into supporting those with mental health issues at home that would really help.” (Rosie)

**Recommendation:** More public funds directed to social care so that support workers can make longer home care visits for those requiring out-patient support at home.

“There needs to be more peer to peer mentoring. We all agree there are lots of charities, support groups, and youth groups that can help but we found it hard to find out information about where to go and who to contact in the first place. We want these organisations to advertise better with age appropriate resources, or be supported better by organisations and individuals who could help publicise them. Access to diverse groups which can support young people would help them find coping mechanisms that work for them and allow better communication in home settings so young children access them early and interact with people who can help before problems grow. Sometimes a person outside of the home just listening to you, not necessarily even understanding, will be a massive help.” (George)

**Recommendation:** Improved access and awareness of age appropriate mental health support programmes (peer to peer, issue specific support groups and youth groups) for young people.
PLAY (socialising) // FINDINGS:

“Help us fit in.”

Fixers say their self-esteem and lack of confidence is at an all-time low. They say this is related to an existing mental health issue and by the pressure to ‘fit in’ and be accepted by their peers. They deliberately avoid social situations, leaving them isolated. At a time in life when young people should be enjoying time with their friends Fixers feel constantly left out in the cold. This is what they think would help.

PLAY (socialising) // RECOMMENDATIONS:

“We think they should teach us about confidence in PSHE. They should teach about dealing with animosity. It needs to be recognised in your friendships. If your social group is aware that mental health is a thing then everyone might watch what they say. There’s nothing to be ashamed of – and that’s where we need to get to. It has to start at home and at school with teachers and parents. It should start as soon as children learn to talk. They learn how to say something hurts, they should also learn to talk about mental health and how to say when something makes you feel sad.” (William)

Recommendation: Pro-social behaviour should be discussed and confidence and assertiveness techniques taught as part of mandatory PSHE lessons to improve young people’s low self-esteem and lack of confidence. The techniques should develop positive social skills, be creative, and should be taught in small groups. Policy makers should legislate to make this a statutory requirement in the National Curriculum at primary level. Health and Education departments should work together to deliver this.

“It’s all about educating people and knowing practical things to help if a friend is having a hard time, we think that awareness campaigns at school, through youth groups and charities could help massively.” (Rosie)

Recommendation: Awareness campaigns about mental health conditions should be delivered by schools, local government youth services and voluntary sector organisations, to reduce stigma and aid understanding. The campaigns should include practical steps about how to support friends when they have a mental ill-health episode.
“We think that more money for youth centres and spaces for young people would be good to deliver awareness sessions about mental health issues to break stigma. Also youth centres offer spaces for different groups to integrate and socialise this can break stigma and build young people’s self-esteem to deal better with peer pressure. Young people can gain confidence to be what they want to be beyond their social group pressures. There should be greater signposting to places where you can work on your self-esteem so social situations don’t leave you so vulnerable.” (Meghan)

**Recommendation:** UK Government and devolved administrations to invest in more youth services with a focus on campaigns and support groups to break the stigma of mental health conditions and encourage young people to develop positive self-esteem.

“It’s really important that people, friends etc, not only understand mental health conditions and notice any changes in behaviour but also that they know how to support someone. It could be really simple like adverts on TV saying what to do to help. This could stop a friend getting worse or get a professional’s help quicker.” (Sabrina)

**Recommendation:** Health departments to use mass media awareness raising campaigns focusing on how to support a friend who is experiencing a mental health problem.

“We think that social media can be helpful. I find a lot of people online that are a lot more like me than people I went to school with. You can be afraid to open up and tell people in person but then on internet chatrooms for mental health you can be anonymous. Nothing can be traced back to you. You’re free to say what you want. It’s easier to talk about it on social media because people can’t physically see you.” (Harry)

**Recommendation:** Health departments to focus on initiatives to improve access and better signposting to internet support groups (chat rooms) for mental health, which are anonymous.
Fixers say they are fed up with the negative way the media portrays them, it impacts on their mental health, especially for those with an existing condition. They feel that some soaps, magazines and newspapers misrepresent them, by using unhelpful labels, which categorize them as “bonkers” and “crazy serial killer” types. This reinforces negative stereotypes of people with mental health conditions. Fixers also say that the triggering images used by media outlets send the wrong message to young people about ‘ideal’ body types and size. Fixers are calling for change and below are their practical recommendations.

**For traditional and digital media**

40. “Charities getting involved would be great. Television companies working with charities to ensure their storylines are accurate and not over sensationalised would be good. If organisations joined together with community services too then it would be great.” (Debbie)

**Recommendation:** Television production companies to source information and guidance from specialist mental health charities and people with lived experience before running a storyline about mental ill-health to ensure accuracy and understanding is communicated to the viewer.

41. “We think there needs to be greater control over social media. Regulate things like Twitter, so people cannot troll and abuse, and make it harder for people to register so they can be traced and stop anonymity too.” (Bradley)

**Recommendation:** Social networking sites to remove the option for people to post anonymously to discourage trolling and ensure cyberbullying offenders can be more easily traced.

42. “You see all across the media six foot, size zero, blonde, blue eyed, skinny model types. In magazines and on shows like Big Brother, and other reality shows, you always have someone with that bikini model look. It’s just not an accurate representation. We want to see more diversity and real people in the media such as other people with disabilities and other races, not just models of a certain type, because when you look at that you might think you need to look like that.” (Amelie)

**Recommendation:** All media outlets to show more realistic images of people, especially those modelling consumer goods.

43. “It would really help if there was information at the end of a show or article that you’re looking at which tells you where to get support. I know some shows like Hollyoaks do that but all media should do it. The content can be triggering so it helps to know where to get support.” (Gerry)

**Recommendation:** All media to include clear details of who to contact for advice and support, especially when printing stories around mental health conditions.
“Chat shows that see celebrities discussing their issues are good. It helps with people saying that we’re not normal. There is no such thing as normal! Everyone has something they don’t feel is right about themselves.” (Tara)

Recommendation: Celebrity ambassadors and public figures to talk openly about their mental ill-health experiences through print and online media campaigns relevant to young people.

“We need a change in the commercial attitude towards mental health. You very rarely see people in films and TV programmes just living with mental illness, it’s always extremes. We want to see more true life accounts of mental health issues portrayed in the media and soaps, which show an understanding of underlying issues. Just because a negative storyline is more shocking, it’s not an excuse to exclude a more positive side to mental health issues. We want to be seen as a whole person and not defined as a condition.” (Bradley)

Recommendation: Broadcasters to show more balanced programmes concerning mental health and reflect real life accounts.

“We want to see a change in attitudes by journalists. Training journalists and media professionals to enhance their understanding of mental health issues and foresee the consequences and repercussions caused by their actions would really help. There should be a ‘three strikes’ system and then a fine or something. Mandatory training could be introduced when there is more than 1 strike. This would help remove stigma or categorizing and present more of a variation of characters and characteristics around mental health issues and disorders.” (Tara)

Recommendation: Media employers to provide mental health information to employees so they can understand and appreciate the consequences and repercussions caused by sensationalist mental health stories. This should be company policy. Young people recommend a 3 strikes system, where if you receive 3 complaints about a story related to mental ill-health then the organisation is fined for mis-reporting.

“Photoshopping images needs to stop, it puts so much pressure on people to look a certain way... it would help to know if the images of perfection have been created using Photoshop and aren’t even real!” (Gerry)

Recommendation: Add captions to all manipulated images to make clear that they have been photoshopped and therefore are not a true reflection of reality.
For policy makers

“We think more regulation is needed. The big thing is they need to research more and show mental health properly as it is not just how they think it is, some kind of guidance might help. There needs to be mental health guidance led by the Government or something so the media actually have to follow it.” (Tilley)

Recommendation: 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.

“Mental illness isn’t promoted, on local news sites for example, you see adverts for new toilets not for mental illness or where to go to get help. It’s about how messages are delivered. You need to make sure they’re done in the right way for young people. Old people make policies and they don’t know what those channels are, so campaigns done with young people and working with broadcasters to get the messages across right could really work.” (Kayleigh)

Recommendation: Public broadcasting campaigns focused on raising awareness of mental health conditions to promote understanding and reduce stigma.

“People putting photos of you that you don’t like on Facebook and stuff, not just sexual photos, ones that you don’t like of yourself, can make you feel bad. Once a photo is out there, it’s out there. You can’t get it off the internet. Even if you’re not on Facebook people can put your pic on and that can cause stress, if you’re on a site and you didn’t want it up there. Just being a bit more aware of that and other dangers on the internet could help our mental health a bit more.” (Martina)

Recommendation: Department for Education, Department for Culture, Media and Sport, the Home Office, and relevant devolved departments to work on cross-departmental public broadcasting campaigns and guidance about safe internet usage to help parents and carers support young people using the internet.
Mental health is a key component of young people’s overall wellbeing. It affects every aspect of their lives, from physical health, personal and family relationships, educational attainment and obtaining and remaining in employment (Hagell, Coleman & Brooks, 2013). However, recent media and academic reports highlight that a generation of young people are at risk (See Green, McGinnity & Meltzer, 2005; Hagell et al, 2013; Ward, 2015; Campbell, 2015; Young mental health services cannot cope BBC News, 2014; & Mentally ill teenager held in police cell, BBC News, 2014). The most recent academic research suggests that around 850,000 children and young people across the UK are facing mental ill-health and one in ten has a diagnosable mental health disorder (Green et al, 2005).

However, experts suggest that the true figure is unknown due to the lack of up to date and reliable data. Critical to addressing this public health concern is the collection of new data, which considers the impacts of the 2008 economic crisis, rises in youth unemployment and cuts to services (Hagell et al, 2013).

To contribute to knowledge in this area, the award winning national social action charity Fixers undertook a programme of work throughout 2015 to bring together new, much needed evidence of young people’s mental health experiences. Fixers feature at the forefront of this body of work, which aims to be a co-productive approach to informing evidence based practical policy solutions in the area of young people’s mental health.
Fixers is not a single issue based charity, therefore we are not experts in any given area of policy. Our unique offer, however, is to provide a platform for young people to get their voices heard and valued on any issue that is important to them. At present, 69 per cent of Fixer projects, led by young people, have an element of mental health at their core, which is the justification for this report.

The following report brings together the experience and wisdom of the young people we work with at a critical time when policy makers and practitioners are starting to take action. The paper outlines the findings and 50 recommendations prompted by a broad exploratory question to uncover what impacts Fixers’ mental health in the settings they live their lives (health, work, school, home, play (socialising), and in the media) and how they want to ‘fix’ those problems to help others. The findings are common through the four countries in the UK and therefore the recommendations should be considered by the UK Government, The Scottish Government, The Welsh Assembly and the Northern Ireland Executive.

Definition of mental health and wellbeing

The following definition was adopted to guide the research:

“Mental health is defined as a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity…” (World Health Organisation, 2015)

All of the Fixers involved in the research had a diagnosed mental health condition and their mental health and well-being in reference to this definition had been severely impacted.

Children, adolescents and young people are referred to in a similar context during parts of the report. This is because they are considered under the same title in policy and service provision. It should also be noted that the Fixers who inform this report are aged between 16 and 25 and therefore range from children to young adults. The Fixers names have been changed to protect their anonymity.

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2 The UN Convention of the Rights of the Child defines a child as everyone under 18 unless, “under the law applicable to the child, majority is attained earlier”. The UK has ratified this convention (NSPCC, 2015).
**Research focus and methods**

The research covered the whole of the UK (England, Northern Ireland, Scotland and Wales) in line with Fixers geographical reach and due to the ‘common challenges’ facing the four countries of the United Kingdom (*No Health without Mental Health*, 2011:5). The recommendations for policy makers and practitioners are relevant to all of the UK jurisdictions.

The aim of the *Feel Happy Fix* exploratory research is to uncover the key issues impacting Fixers mental health in the everyday settings they live their lives. This includes in the health service, at work, school (including further and higher education), at home and play (in social environments with friends and peers), and in the media (traditional and digital).

Four main methods were employed in this study. First, we undertook 16 regional workshops, with 265 young people, throughout the UK (in Birmingham, Bristol, Leeds, London, Maidstone, Newcastle, Norwich, Plymouth, Salford, Southampton, Belfast, Omagh, Glasgow, Galashiels, Inverness, and Cardiff) to gather evidence of their experiences of mental ill-health.

The aim of the workshops was to allow the phenomenon of mental ill-health in Fixers to be explored using a reflective process of progressive problem solving led by them. The Fixers worked collaboratively as part of a community of practice (Robson, 2002) to address issues and solve problems within public service delivery and wider society. The Fixers arrived at 3 ‘top’ issues and 3 ‘top’ solutions to ‘fix’ young people’s mental health. This was achieved through discussion and a democratic voting system to decide on the most important themes to take forward for further consideration. The workshop sessions were predominantly a space for Fixers to interact. However, key local stakeholders* were also invited to ‘listen in’ so the process of engagement between Fixers, decision makers and practitioners could begin.

Second, the key themes from the regional workshops were considered in greater depth during 6 focus groups, one for each research setting (health, work, school, home, play, and media), in London prior to a large national debate.

The focus groups offered the Fixers an opportunity to revisit the most important topics uncovered in the regional workshops and analyse further the most appropriate ‘fixes’ (recommendations). Key stakeholders were again offered the opportunity to ‘listen in’ during the focus groups.

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* Mental health practitioners, academics, teachers, local decision makers, service providers and third sector organisations with an interest in young people’s mental health.
Third, a large national debate was also held in London to provide a platform for Fixers across the UK to disseminate the findings from the workshops and focus groups to engage with key stakeholders and the public through a ‘Question Time’ style filmed debate at ITV London Studios. This was streamed with support from ITV online via Fixers YouTube Channel. Supported by a media campaign, the objective was to stimulate online public debate about young people’s mental health.

Fourth, a survey was conducted with 155 Fixers to find out what helps them to be happy and what impacts their happiness.

The following section is led by Fixers’ voices, their experiences of mental ill-health, and the solutions they feel would help to meet their needs and the needs of others. They have experienced a wide range of conditions including self-harm, eating disorders and depression, all of which can become lifelong debilitating disorders unless they are successfully treated, or better still prevented.

Many of the Feel Happy Fix findings substantiate recent investigations into young people’s mental health throughout the UK, particularly the Future in Mind work by the UK’s Department of Health (see appendix 2). There are also many new practical insights for the Government and administrations to take note and listen to Fixers across the UK as they call for promises to be kept and action where current policy announcements fall short.
Young people share their stories:
Findings and recommendations

I once asked a psychiatrist for help and said the pills weren’t stopping my self-harm. She closed the blinds and asked to see my arms. She called me a pathetic child when I pulled away. When she spoke to my mum she described us as ‘having a spat’. She should have asked me why my self-harm had increased and how she could help. (Natalie)

Quality of care

Fixers told the Feel Happy Fix that although many healthcare workers were doing a good job, under difficult circumstances, they felt others appeared to lack empathy in relation to their mental health condition. Fixers said that GPs, A&E staff, and some specialised mental health workers, accused them of ‘attention seeking’, appeared not to care and were judgemental and dismissive. Most said that they did not feel supported or listened to, and felt that doctors were more likely to prescribe medication rather than listen and suggest different treatment options.

“I was in hospital and talking to a CPN [Community Psychiatric Nurse]. I told them I was feeling suicidal. I said I had been self-harming and was told ‘that’s cat scratches’. They said they had driven half way across the city to see me. I wanted to shout ‘that’s your job!’ I was so angry they didn’t understand. It put me off talking to anyone.” (Michael)

“I used to be in A&E once a week for stiches and I was getting so much abuse and sighs from doctors that I stopped going. This meant I ended up with bad infections and nerve damage and I’m going to need skin grafts. If I hadn’t felt afraid to go, or felt that I was wasting everyone’s time then I wouldn’t now have these problems to fix.” (Roxanne)
"I took the scissors out of the drawer and thought, ‘I’m going to do something silly here’. When I got to the hospital they were dismissive. They told me it was just a period I was going through and to give it 10 days. They didn’t understand 10 days was too much. Ten minutes was enough." (Sally)

Many Fixers also felt that some healthcare professionals were poorly trained and appeared to lack knowledge about their mental health condition. They said that GPs were surprised the appointment was not to do with a physical ailment and did not have enough time to see them to build a relationship and holistic view of the symptoms. In some cases this was felt to lead to misdiagnosis. GPs and hospital staff were cited most by young people as misunderstanding the severity of their condition making it more difficult to get the support they needed.

"My mum took me to the doctor and explained that I was self-harming. The doctor said to me, ‘every young person will self-harm at some point in their life’, as if it were an experience, like losing your virginity, it’s ok get over it. The service we’re getting is not good enough." (Holly)

"Basically the problem is that conditions are too easily diagnosed and mental health doctors need to have time with the patients and get to know them." (Aston)

“When you’re first diagnosed by a GP they can quickly misdiagnose you. By the time you do see a specialist and it’s not the right one, you’re so far down the line that the whole process takes longer because then you have to start again.” (Tamsin)

“Everyone gets a certain amount of help and then you’re cut off and left on your own. My little sisters are going through counselling and have been told that they have six weeks counselling. So they are bringing everything to the surface and then cutting off any help, which puts them in a worse position than before they started.” (Heidi)

Accessibility and structure of services

According to the Feel Happy Fix survey 62 per cent of Fixers had used self-harm as a way to cope with their problems and around half had attempted suicide. Accessing quality and timely support, therefore, has never been more vital. The evidence gathered through the Feel Happy Fix highlights that Fixers found both primary and secondary services too difficult to access and too complicated to navigate once in the system. Fixers reported being stuck on long waiting lists, some for several years, before they received support. These findings are supported by the empirical work of the Chief Medical Officer (2012).

Once they were engaged they felt that the support was too time restricted and not always the most appropriate. Furthermore, they described having to travel long distances to access highly specialised services, due to lack of provision in their locality. Being isolated from support of family and friends exacerbated their mental health condition in the majority of instances.

“I’m someone who experienced a waiting list and then still didn’t get anywhere. The process of the mental health service is incredibly confusing. When you’re referred into the mental health service you may have been referred to one particular part of it, then you’re back to see your GP, then to a community service. It would be better if it was more linear and more straightforward.” (Debbie)
“If you’re suffering, you can’t always get a GP appointment which doesn’t help. You start ringing at 8.30am, get through at 9am and then there are no appointments. You’ve wasted 30 minutes in a telephone queue. Then you ring again the next day and it keeps happening over and over again. So you end up in A&E but because it’s not an emergency they tell you to go to the GP. What do you do?” (Tamsin)

“You can wait years and years for help – which can result in overdose and death whilst waiting.” (Mazey)

A strong theme in the evidence was also the difficulty Fixers experienced coping on their own while they waited for their specialist mental health appointment. They highlighted that their mental health deteriorated while they were waiting and in some instances they had to receive crisis care. Similar findings are also reported by the Royal College of Nursing (Turning Back the Clock; 2014). Many Fixers relied on mental health charities for information and support until their appointment came through.

“For me there was no immediate help. I was on a quick spiral down last year. I was suicidal and I wanted to self-harm. I was told, ‘we will give you a referral for a hospital session in four weeks’. I ended up losing my job.” (Justin)

“There isn’t enough support between visiting your GP and waiting for specialist care. There aren’t the resources.” (Tamsin)

“I hated all the waiting. I feel they [healthcare practitioners] could give you more information about what’s going on but they don’t. People can deteriorate while they are waiting.” (Jake)

Transitioning from CAMHS to adult mental health services was also cited as a key concern by those involved in the Feel Happy Fix. The message from Fixers was that adult services were not appropriate for young adults transitioning between 16-18 years old. Many Fixers found adult service practitioners too academic in their approach and lacking in empathy. They also said that they did not appear to have communicated effectively with other professionals in charge of their care. This meant the Fixers were required to repeat their stories ‘over and over again’ to a number of practitioners, who had not read their medical history. Essentially, joint working between mental health services and continuity of care was referred to as poor.

“My consultant is amazing and goes beyond the job description. He’s at CAMHS and I’m 21 and he’s kept me on. I have had experience of adult services and they are totally different. They read out of a textbook. Passing an exam to become a psychiatrist isn’t appropriate.” (Roxanne)

“They need to look at the age groups they put people into as well. My best friend got an eating disorder aged 14. At 16 she needed help but she wasn’t a child and not an adult and she didn’t meet the adult BMI level. She got sicker and passed away at 21 because there was no one to treat her.” (Heidi)

“There is inconsistency in GP care. You can visit the doctor four times and each time you see a different doctor and you have to re-tell the same story each time.” (Sam)

“Sometimes you can go to the appointments and they won’t have read your notes so you spend the time repeating yourself.” (Megan)
The Feel Happy Fix has also found that many Fixers cannot access services, despite being very unwell, due to high thresholds to receive care. Some Fixers felt that the diagnostic criteria and assessment process was overly complex, stringent, and designed only to support the most extreme cases. Fixers reported feeling the need to ‘prove’ how unwell they were and exaggerate existing symptoms out of desperation to receive specialist support.

“The medical profession doesn’t listen and take young people’s mental health matters seriously. You’re told ‘you’re not ill enough’. You have to be at the point of self-destruction before you’ll get help and then the waiting times are too long.” (Justin)

“I went to the doctor with my issues and they said I wasn’t ill enough. In my head I then thought I had to be that ill to be considered poorly. In society’s eyes I’m not ill enough. It’s not good enough. I had to go through so many appointments to be an inpatient. You have to change where you go to seek the help you need.” (Marie)

“People feel they have to lie to make it worse just to get the help they need. We shouldn’t have to lie to get healthcare. It should be accessible if you need it. In the end I had an 18 month wait.” (William)

“You need to be at breaking point before you’re allowed to get help.” (Clara)

The evidence collated throughout the Feel Happy Fix also found that Fixers find disclosing their mental health concerns a traumatic experience. This led some to not disclose the full account of their symptoms putting themselves at risk. Fixers expressed there was not enough time to build a relationship with a designated professional and therefore they lacked trust when disclosing. It is also apparent that they were too nervous to disclose for fear of not being believed and were concerned about privacy and what would happen next. Once disclosure did occur Fixers felt that their condition was exacerbated by having to re-tell the story to a number of healthcare professionals due to the lack of continuity of care.

“I was strapped to the bed when I was sectioned and it was very traumatic. My step-dad used to restrain me like that and beat me. The medical team didn’t know this because I never felt comfortable telling them my past.” (Stephen)

“Young people feel like they have no one to turn to that they trust to give impartial medical advice.” (Robin)

“I was worried about asking for help as a teenager in case my parents found out. This stops young people seeking help.” (Sam)

Fixers also told the Feel Happy Fix how they felt lack of funding and early intervention services were the causes of many of the difficulties they face when trying to engage with mental health services. They expressed a desire for mental health to be treated equally to physical health and believed extra funding needed to be allocated to the system to achieve this.
“It would be good to have a trial run – equal funding for physical and mental health and see what a difference it can make.” (Harry)

“Without the funding, they don’t have the time to get to know you, then the medications are easy to dish out and of course then they diagnose quicker.” (Louise)

“Politicians need to be asked for extra funding. Money that has been given already is a drop in the ocean. More is needed so changes can be made over time – changes in terms of anti-stigma campaigns, educational awareness etc.” (Debbie)

**Summary of key findings**

Fixers’ mental health is significantly impacted by the lack of access to good quality, timely, and tailored support services close to home. Access was a particular concern in rural areas across the UK with Fixers travelling long distances to access services and parents/carers travelling long distances to visit their children. The Fixers reported that the cause was a lack of funding for services, especially for early intervention services.

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

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

The majority of young people felt strongly that all healthcare staff and general practitioners in particular, should have more mental health training, co-produced and delivered, in part, by young people with personal experience to support those presenting with a mental health issue. This was felt to be especially important for young people seeking support for the first time before they can gain access to a specialist mental health practitioner. Fixers indicated that providing mental health training to healthcare professionals would enable them to relate better to young people with mental health concerns. Overall the Fixers reported that there must be improvement of healthcare practitioners’ knowledge, behaviour and attitudes around young people’s mental health conditions.
HEALTHCARE // YOUNG PEOPLE RECOMMEND:

1. “Doctors don’t explain stuff well enough. They use too much medical jargon. Young people would benefit from simplified literature to explain the system. Mental health is very confusing and young people need to be able to negotiate the system.” (Debbie)

**Recommendation:** Simplified literature to explain the child and adolescent mental health system and what to expect.

2. “There’s a difference between primary and secondary mental health and then a gap in the middle. Those people won’t be treated quickly enough. We need to be told about other support.” (Tamsin)

**Recommendation:** Interim services signposted to young people at their first GP appointment to bridge the gap while waiting between primary and specialised support.

3. “When people are waiting for services, charities and other organisations should be commissioned to help during the gaps and waiting period.” (Tamsin)

**Recommendation:** More public sector contracts to be awarded to third sector organisations to provide interim support services to safeguard young people waiting for CAMHS.

4. “I’m fed up of hearing that CBT is the answer to everything. Border Line Personality Disorder doesn’t respond to CBT (Cognitive Behavioural Therapy) but I’ve been offered it four times. It was then suggested I try DBT (Dialectical Behaviour Therapy) but 200 people were interviewed for 20 spaces. I didn’t get it because they thought I didn’t want to recover. Some treatments can cost £200 per hour. I waited 3 years for psychotherapy but to try and work through all my issues in a few months is not enough. The treatments need to be suited to each individual, age appropriate and varied. CBT doesn’t work for everything.” (Natalie)

**Recommendation:** Ensure services are age appropriate and tailored towards individual needs. This should involve a range of treatment options. Not just medication and talking therapies.

5. “When I left the hospital I was told the community mental health team would be ready for me. I then had to wait nearly 6 weeks to see the community mental health team and tell them everything again. Services have to communicate better and systems work better to share information.” (Alissia)

**Recommendation:** Improve communication between services to prevent young people having to repeat their story.
“More financial input is needed. Politicians need to be asked for extra funding. Money that’s been given already is just a drop in the ocean. More is needed so changes can be made over time - changes in terms of stigma, educational awareness etc. I’ve now moved into Rethink and they’ve given me contact numbers if I have problems overnight, which is the support I need. Helplines are a lifesaver.” (Alissia)

**Recommendation:** Governments and devolved administrations to prioritise more funding for localised services, especially early intervention, crisis services, and 24 hour support, such as helplines.

“There needs to be a lot more awareness and empathy amongst NHS professionals, for a start I would like general nurses and psychiatrists etc to be more sympathetic. They also need to know who it is best to refer you to, they don’t always know. Some kind of training with a young person with lived experience would help professionals to understand what it’s like for us.” (Natalie)

**Recommendation:** NHS professionals who do not specialise in mental health to receive mental health training as part of their initial training. The training should be co-produced and delivered, in part, with young people. Mental health professionals should also receive the young person led training to benefit from their ‘lived experience’ to improve empathy and understanding.

“It took me 4-5 trips to get diagnosed. GPs try to push you out the door. There should be a special first point of call, like a nurse to take you through your treatment from start to finish so we don’t have to repeat ourselves all the time.” (Iqbal)

**Recommendation:** Designated mental health nurse practitioner to be a central point of contact to young people through their treatment and recovery plan.

“It should just be easier to approach services, like GPs. Like if it was just something that you did every year, something that everybody did, like having a general mental health check-up with your GP. This would help change attitudes and stigma because everyone would see it as ‘normal’ and it would encourage more open lines of communication.” (Cleo)

**Recommendation:** General mental health check-up to be offered by GP surgeries once a year.

“Within my university health centre there is one expert on mental health and he’s wonderful. We think this should be available across all GPs surgeries, it’s really important and it would help.” (Bobby).

**Recommendation:** A designated mental health expert to be available in all GP surgeries.

“The discussions weren’t simply based around the problems that young people have faced or are facing. It was all focussed on what can be done about this, how could someone else be protected or helped to prevent the same thing happening and what needs to be changed.” (Education professional)
The most common issue affecting Fixers with mental health conditions in the workplace is the lack of support and understanding. The majority of Fixers felt discriminated against by their employers and colleagues. They cited that the main reason for this treatment was lack of understanding about mental health conditions.

“If you work for a large institution, you can feel very small and like you’re just another statistic and easily replaced, which can be hard for someone with a mental health condition.” (Lucile)

“At work they just want you to get on with your job. There are unrealistic expectations. It’s not always easy. As long as you’re doing your work, they [employers] don’t care.” (Sally)

“There needs to be more transparency and understanding in the workplace. There is legislation out there that says employers can’t discriminate, but how do we know it’s actually being enforced? Employees do not know their employee rights.” (Annie)

“For me it’s mainly other people not understanding what you’re going through. I have OCD (Obsessive Compulsive Disorder) and there have been instances where some of my colleagues have played pranks on me or tried to humiliate me. Sometimes I hear them talking about me like I’m a freak or something, which can be really hard to deal with.” (Leonard)

In many cases, work is no better than school. But there is an additional pressure that you’re expected to be more grown up and cope alone. You’re just a number. The anticipation of work can be really hard when you wake up and know you’re having a bad day. The worry itself can be hard when there is a lack of support and understanding when you get there. (Justin)

Work environment

In many cases, work is no better than school. But there is an additional pressure that you’re expected to be more grown up and cope alone. You’re just a number. The anticipation of work can be really hard when you wake up and know you’re having a bad day. The worry itself can be hard when there is a lack of support and understanding when you get there. (Justin)
disclosing their condition. Fixers reported a lack of flexibility by management when they needed to take leave for treatment. Fixers also said that they had experienced ‘subtle’ workplace bullying by colleagues. A combination of the above factors left the young people feeling anxious and undervalued, which exacerbated their mental health condition as well as having a detrimental impact on their productivity.

“Discrimination in the workplace can affect whether or not you get promoted. People who have been discriminated against because they suffer with depression and anxiety think they’re not good enough. That anxiety can be crushing and could affect you getting promotions.” (Tamsin)

“I was sent for counselling which was really hard to fit in around my work. I had to give it up because there was no space from work for me to go to counselling.” (Justin)

“It’s like subtle abuse. Making fun of someone with mental health problems is subtle it’s not someone directly swearing at you.” (Pamela)

“I once had an episode at work and I was actually reprimanded for it because they said I didn’t tell them I had a mental health disorder and I ended up getting into trouble for it.” (Leonard)

The majority of Fixers involved in the Feel Happy Fix also said that one of the key issues in the workplace was the lack of parity of esteem between physical and mental health conditions. Fixers felt that those with a physical ailment were taken more seriously and permitted greater flexibility in their working day. They also felt that profit was put before employee welfare.

“It’s important to treat mental health the same as physical health. If people have a broken leg it’s more accepted.” (Felix)

“Mental health needs to be considered equal to physical health conditions that may keep someone from working at times. You need to be able to call in sick if you’re having mental health issues and not feel worried about losing your job.” (Marlon)

“I find that a lot of the time employers tend to focus on what you’re doing wrong rather than what you’re doing right. It adds pressure and isn’t helpful. Some days I know what’s coming and just want to stay at home.” (Annie)

“Business doesn’t recognise happy, healthy workforces are productive workforces.” (Robin)

“Employers need to do the right thing for their employees, not just the easiest thing. You could send someone into relapse. It will be good for businesses in the long run if employers took mental health more seriously and created more openness around it as an issue for all. Employers need to make sure staff understand that just because you can’t see a mental issue, doesn’t mean it’s not there.” (Justin)

**Access to jobs**

Evidence from across the Feel Happy Fix highlights a number of issues, which impact Fixers when trying to access work and remain in employment. They felt the first barrier comes at the application and subsequently at the interview stage. Fixers suggested that some application forms and interview techniques were discriminative, 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. The situation was also compounded for
individuals at interview stage where they had an additional physical symptom such as panic attacks or Tourette’s syndrome. Overall, Fixers did not feel comfortable disclosing their mental health condition at the application and interview stage because of the associated stigma around mental ill-health and feeling that if they declared their condition (in an application or interview) they would not get the job.

“At an interview would you be happy to disclose anything about mental health – and even generally in the workplace? It’s a problem not to feel able to be open about mental health issues.” (Felix)

Fixers also reported that travelling long distances to interviews was a significant factor impeding their chances of gaining employment. Indeed, ‘area effects’, such as poor transport links, lack of information about available jobs and stigmatisation of particular areas (Social Exclusion Unit, 2004) can further compound the issue of gaining access to employment for those with mental health conditions.

“Sometimes if a job interview is quite far away, you’ll end up passing up the opportunity because of the stress of travelling there.” (Felix)

Institutional barriers to employment

Evidence from the Feel Happy Fix also found that Fixers with mental ill-health are negatively impacted by institutional factors, when seeking work. This included lack of professional support, information, advice and guidance at the job centre, social security support, and access to jobs with prospects. Many of these institutional influences are the result of state policy responses to market failure (Sanderson, 2006; McKenna; 2013). For example, some Fixers said that they were forced
to take any job or risk having their social security benefits sanctioned. Many also reported that they did not feel well enough to get back to full-time work because of their mental health condition. Although, they desperately wanted to work they did not feel that the job search support they received was ‘targeted’ or ‘relevant’ to their skills, which left them feeling like they did not matter.

“The job centre is lacking – it’s like you’re a job seeker, here’s your number. They don’t refer to you by your name. You have to re-introduce yourself every time, they can’t remember who you are, what you want etc. It’s not geared to you as a person.” (Luke)

“You start to feel even worse when you don’t have a job and they [job centre staff] don’t remember you.” (Hannah)

“Going in so often to the job centre can make you feel like a nobody, especially if you’re not recognised by your advisor.” (Sabrina)

Fixers without relevant work experience also reported that their self-esteem suffered when they were constantly rejected for roles in a highly competitive job market. Many talked about how they were locked in a ‘no experience, no job’, ‘no job, no experience’ dichotomy familiar to many young people who cannot afford to volunteer to gain experience.

“It can be very difficult for young people – a catch 22. Employers want experience and qualifications to get a basic job at the bottom. It used to be that they’d [organisations] train you up and you’d move up. That’s not how it is now.” (Candice)

“A lot of organisations won’t accept you without experience, but they won’t give me experience so I can’t get the job because of lack of opportunities.” (Elise)

“If you’re already suffering [with a mental health condition] the rejection layered on top is really bad.” (Sabrina)

“A lot of the time, when you don’t get the position, it can feel really awful, which is the case for everyone. But what makes it worse for those with mental health issues, is not getting any feedback. You start to blame yourself and wonder what you did wrong, which can be quite stressful.” (Leonard)

A further institutional factor impacting Fixers with mental health conditions is the ‘quality’ of job on offer. The findings from the Feel Happy Fix found that the jobs available to the Fixers were low paid, service sector work, featuring temporary contracts, zero hour contracts, and part-time hours. Further analysis of the data suggests that Fixers were not concerned with the traditional narrative of ‘quality’ meaning a lucrative pay packet and high qualifications but rather job opportunities that are ‘fit for purpose’ for the employee, such as the opportunity to undertake training, progress, and earn a ‘living’ wage. Evidence presented by Bridge, Murtagh & O’Neill (2009) and McKenna (2013) finds similar parallels with other vulnerable groups (such as carers, long-term unemployed and homeless people) that experience mental ill-health. The stress of not having access to this type of employment compounded the mental health of those Fixers involved in the research.
"Underpaid jobs and the stress of having to support your family spill over to the workplace. There is ample evidence that 1 in 4 people experience mental ill-health so there is wide recognition yet no support in the workplace to help people." (Annie)

"Lack of hours and unreasonable working hours contribute to mental ill-health when someone’s already in a vulnerable state.” (Lucile)

**Summary of Key Findings**

The most common issue affecting Fixers’ 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 application and 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 the Fixers’ confidence and self-esteem, 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 Fixers felt that there was little parity of esteem between physical and mental health conditions and management could be much more understanding of employees requiring time off for physical rather than mental health conditions.

Overall the most prevalent issue concerning Fixers’ mental health in work is the difficulty gaining employment and remaining employed. Fixers face a number of personal and institutional barriers to employment and struggle to remain in work because of the lack of support from managers and colleagues to help them manage their mental health condition and remain productive.
Employers need to do the right thing for their employees, not just the easiest thing. You could send someone into relapse. It will be good for business in the long run if employers took mental health more seriously and created more openness around it as an issue for all. They should give time off for appointments and be more flexible if you need a break. People, who suffer with mental health issues at work, tend to feel alone so a ‘buddy’ system would be really helpful. Having a work colleague that you can discuss things with. It gives you the sense that you’re not alone and there is somebody that understands.” (Ricky)

**Recommendation:** Employers to offer employees more flexibility by providing return to work plans, which may include: flexible hours; regular breaks; extra time off to attend treatment appointments; and a buddy support system.

“It feels like there is a lot of tokenism in the workplace around mental health. It’s about saying the right, politically correct things; however it’s not followed through. Mandatory workplace training on mental health would help to reduce stigma at work and regular meetings with your boss to see how you’re coping would be good too.” (Celeste)

**Recommendation:** Workplace mental health training to be offered to all employees as part of organisational policy to build empathy and understanding. The training should be regulated by an independent body and delivered by a third sector mental health organisation through a central or local Government contract.

“As someone who suffers with a mental health condition, I would like there to be a section on application forms which perhaps asks you to state ‘lived experience’. This might encourage others like me to apply for roles where they know they can turn their own experiences into a positive and help others.” (Mohammed)

**Recommendation:** Application forms to feature a section which asks applicants to state lived experience, specifically for a role which requires it, such as a mental health support worker. The aim being to encourage those with mental health problems to disclose and use their own experiences to help others.

“Business doesn’t recognise happy, healthy workforces are productive workforces. If you fail to invest in your workforce then the quality of the output is poor. It would be good if when you started somewhere there was a system in place to contribute ideas about how people with mental health conditions can be supported in their job.” (Robin)

**Recommendation:** Employers and employees to work together in organisations to form more open policies on how to support employees to facilitate a productive workforce.

“There needs to be more scope in staff appraisals to see how the individual employee is feeling. It shouldn’t just be about meeting targets. If an employee feels more comfortable with work then the employer has improved output.” (Robin)

**Recommendation:** More scope in staff appraisals to see how the individual employee is feeling as opposed to simply concentrating on targets.
For policy makers

“"They really need more training at the job centre - it’s like, you’re a job seeker, here’s your number. They don’t refer to you by name. You have to re-introduce yourself every time, they can’t remember who you are, what you want. You start to feel even worse if you don’t have a job and then they don’t remember you. The work programmes aren’t geared to you as a person, this should change." (Sam)

Recommendation: More tailored support via the Job Centre to gain and remain in employment. Back to work programmes should be managed around the young person’s mental health condition.

“If there was some sort of logo that could be used by employers who are ‘mental health friendly’ or something, that would give others like me the confidence to apply for such roles and know they won’t be treated any differently.” (Paul)

Recommendation: An accredited ‘mental health’ kite mark/logo should be introduced into the workplace to signify and reassure that the employer is a ‘mental health’ friendly place to work.

“There is legislation in place to stop discrimination against those with mental health conditions but generally people don’t know about it and don’t know how to stand up for themselves. It would be good if human resource departments helped us know our employee rights.” (Sabrina)

Recommendation: An awareness raising programme about workplace rights to be delivered through human resource professionals to employees.

“At my work, we have mental health first aiders but we are a voluntary organisation and I know most other employers aren’t set up to do this and they lack support. We think every organisation should have mental health first aiders.” (Mandy)

Recommendation: Every organisation to have a mental health trained first aider.

“I was really impressed by level of maturity, strength of character and confidence shown by the Fixers who took part. It’s not easy to talk about such matters, and to do it so eloquently and with such conviction in front of a room full of adults, many of whom haven’t experienced the same. It’s so brave.” (Health insurance professional)

*The Work Programme is a government welfare-to-work programme introduced in Great Britain in June 2011. Under the Work Programme the task of getting the long-term unemployed into work is outsourced to a range of public sector, private sector and third sector organisations https://www.gov.uk/moving-from-benefits-to-work/job-search-programmes
Over 90 per cent of Fixers involved in the Feel Happy Fix reported being most unhappy between the ages of 11 and 16. This is a crucial time in their formal learning development. A number of key issues were uncovered during the regional workshops and focus groups, which impacted Fixers' mental health in the learning environment. Primarily, the lack of understanding and awareness of mental health issues by teachers and support staff. This was also reflected in further and higher education institutions. However, there was consensus that awareness and support improved in post-16 education.

Fixers said that teachers, in particular, lacked empathy and were not equipped to support pupils who needed support. They also reported feeling misunderstood and often their behaviour was taken to be disruptive without staff understanding that their mental health condition could be a contributory factor to their ‘bad’ behaviour. This led some Fixers with mental health conditions to be excluded.

“Teachers have a lack of awareness about different problems. They may be like ‘try harder’ or label kids as naughty rather than thinking it could be a [mental health] problem.” (Karl)

“Teachers just see a problem child and they don’t understand the problem behind it and they don’t make allowances for help.” (Duncan)
“Some kids can’t sit, listen and learn – some people are not given the correct support. If I said I had a migraine I could get some time to chill and take a minute but if I said I was feeling anxious I couldn’t.” (Joseph)

“If you have problems with peer pressure or sexuality you should be able to approach officials, whereas at the moment they’re [teachers] not doing anything and they’re not approachable because they’re not equipped. Schools don’t have support set up and students don’t feel like they can go to a teacher for a problem.” (Amber)

“I was kicked out of school for having a mental health illness.” (Silvie)

Many Fixers said that when they did disclose their mental health concerns teachers broke their confidence by sharing the information with other members of staff. Teachers and support staff were also felt to be unaware of the signs that may indicate mental ill-health, although, the Fixers said that staff could not be expected to have this knowledge without adequate training. Combinations of the above factors lead Fixers to feel that teachers were unapproachable and not trustworthy.

“When I was at school one of my teachers found out how I was feeling and we had a chat about it and I said I was ok and not to worry. It turns out she sent a note to all my teachers which I was unaware of [at the time]. I felt like I had a target on my head, like they were watching my every move. I felt like I had to be happy and outgoing for everyone around me.” (Johan)

“Students need to be able to trust the teacher to be able to confide in them. When I went into sixth form we were allocated a different person to go to for problems. When I had a panic attack a few months ago, I went to the person I used to speak to but they told me I couldn’t go to them anymore because I was no longer in their year. I technically had to go to a different person but I didn’t want to, seeing the same person would help.” (Matilda)

“Pupils need someone who is open and not just there to deliver a session or do a job.” (Sebastian)

“Teachers have to understand that there may be damage done to young people and try to support them but you can’t expect someone to understand the issues if they’ve had no training.” (Holly)

Pressure and expectations from teachers and peers

Fixers told the Feel Happy Fix that they felt under increasing pressure during their school years and into further and higher education. Evidence highlighted that Fixers feel multiple pressures from teachers to get good grades, to get into college and university, and to be good at sports. They also reported feeling peer pressure around being popular and ‘fitting in’ to social groups, managing part-time work, and forming sexual relationships. The level of expectation by teachers and fellow pupils exacerbated their mental health condition.
“Teachers are unaware of pressures on pupils, both work pressures and external pressures.” (Celeste)

“There’s high and unrealistic expectations, you can feel like a failure and different. Big schools are impersonal and not able to look after students as individuals. There’s too much focus on grades and exams and not enough on people.” (Joseph)

“There are overly high expectations on young people. This adds to pressure to achieve something that is constantly being changed. The expectation is to ‘get over it.’” (Silvie)

“You can be made to feel a failure. School is a definite pass/fail environment. Taking part doesn’t count! At school, unless you’re doing your work, you’re told you’re going to fail in life.” (Eric)

“You’re not going to test a fish on how well it can climb a tree, so why test all young people on how well they do in a written exam when they could be someone who learns by doing or someone who is a visual learner instead of an audio learner.” (Meg)

Fear of failure and not meeting expectations are not the only issues impacting Fixers mental health in education. Evidence collated for the Feel Happy Fix also shows that the lack of formal teaching about mental health conditions and related support, particularly in the school environment had a detrimental impact on Fixers mental health.

“Where support is available it’s poor and does not cover mental health. Current PSHE [Personal, Social and Health Education] arrangements are unsatisfactory and not useful. It only covers drugs and alcohol. The learning environment is really strict, which doesn’t lead to discussion.” (Silvie)

“Soc Ed classes (Scotland version of PSHE in England) never have lessons about mental health illness. Schools can spend weeks on other topics like alcohol awareness.” (Yasmin)

“At my old school they’ve cancelled PHSE completely and you’d be lucky if you got one lesson every half term.” (Harry)

“There’s a lack of training in schools for teachers. They are not examined or graded on mental health training so they don’t take it seriously.” (Joseph)

“Mental health training should be standard for teachers. They need to come prepared. You don’t come to the party without a bottle!” (Cleo)

Where support was available it was often focused on a particular condition, such as eating disorders, confused with special educational needs, or loosely linked to sessions on alcohol and drug misuse. The Fixers also reported that the school nurses were not trained in mental health support.

“We mentioned eating disorders at school more than mental health. All illnesses should be treated the same.” (Mazey)

“Lots of young people don’t understand mental health issues so if someone is struggling with mental health they can be bullied, picked on, and called names in school.” (Yasmin)

“When my best friend died, it affected me badly. Someone came to see me in school the first week but after that no one came to
see how we were. I shut myself away and started skipping classes. I started drinking, smoking and self-harming, and ended up getting kicked out of school. The school should have been more aware of what was happening. I went from being a straight A student to not talking to anybody.” (Mariam)

**Bullying**

A significant factor impacting Fixers mental health in educational settings, but especially in schools, was bullying. Fixers were bullied for a number of reasons. For some it was because they could not afford school uniform and others because they received free school meals. They were bullied also as a direct result of having a mental health condition. Regardless of the reasons, the bullying either contributed to the Fixers mental health condition and/or compounded it. This evidence is supported by Newman and colleagues (2013) and Hagell and Coleman (2014) who found that particular groups such as those facing social disadvantage, including poverty and discrimination, experience higher levels of health mental ill-health than others.

Fixers said that teachers did not know how to deal with bullying and their peers failed to understand the ramifications of their actions. The Fixers felt this was due to lack of awareness of mental health conditions.

“Bullying is the main cause of depression in schools. When it goes on for a long time you start to believe the bullies. So now you’re dealing with them, but also your own thoughts as well.” (Lucan)

“Unless it’s physical it’s hard to know it’s there and people don’t understand.” (Alex)

“I took drugs because I wanted to get away from the bullying and also the voices in my head.” (Silvie)

“Schools don’t know how to handle bullying.” (Joseph)

“I had free school meals but I would never get them because of what people might say to me.” (Heidi)

“I told teachers that I was being bullied and then got accused of being racist. I was then bullied by the person. When I told the teachers his mates backed him up. How could I prove that I wasn’t the bully.” (Joe)

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**Summary of Key Findings**

Fixers 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. There was general agreement that understanding, and indeed support, improved as the Fixers moved from the school environment to further and higher education. The Fixers also said that the lack of understanding and empathy from teachers manifested in various ways but was most notable when their behaviour was disruptive because of mental ill-health and they were not able to leave the classroom to take a moment to deal with their anxiety. They were more likely to be afforded ‘time out’ to see a nurse about a physical ailment.

Lack of understanding by peers about mental health issues was also highlighted by Fixers as a cause of bullying. They felt that training around mental health was insufficient for teachers and pupils and want this to be made statutory. Mental health education is not currently featured in the National Curriculum. However, it is included in the guidance for non-statutory PSHE education across the UK and devolved administrations. At present there are no plans to make this statutory (Blow, 2015).
**School // Young People Recommend:**

**For schools**

20. “Schools need to make discussing mental health less taboo and start getting pupil groups together and have them chat about what mental health issues are. Taking away the boundaries like that, like what we’re doing with the Feel Happy Fix, and opening it up, would help people feel comfortable and make mental health less taboo.” (Mandy).

**Recommendation:** Pupil initiated support groups, with mental health professional oversight, to be set up in schools to discuss mental health. To help ‘remove boundaries’ and encourage young people to feel more comfortable and make the subject less ‘taboo’.

21. “Schools get people in to do talks about drink and drugs - they should deal with mental health issues in a similar way. In schools, young people and teachers need to hear about mental health issues. They are as everyday as drink and drug issues. We don’t feel teachers have a clue about what goes on with mental health. There’s children living with alcoholics and they don’t understand what that’s like, going to school, trying to keep your head held high. I think they should get young people in to talk about their lived experiences because it would be so much more real and people would really listen.” (Joseph)

**Recommendation:** People with personal experience of mental ill-health to give talks to staff and students about the realities of mental health conditions and practical ways to help.

22. Just making the exam and coursework structure simpler and not overloading us with work all at the same time would help take away pressure much.” (Alex)

**Recommendation:** Simplify the structure of exam and coursework timetabling to give more flexibility and ease pressure.

23. You’re not going to test a fish on how well it can climb a tree, so why test all young people on how well they do in a written exam when they could be someone who learns by doing or someone who is a visual learner instead of an audio learner. There needs to be different approaches to teaching to help young people get on. An alternative learning environment would also help, if you’re feeling anxious, somewhere to work other than a classroom would be good.” (Meg)

**Recommendation:** Adapt teaching techniques to fit with individuals learning styles and offer alternative learning environments.

24. “Schools need to stop treating students as a number, e.g. attendance, appearance, and grades given for high performance. It would be good for more time to be dedicated to building a relationship between pupil and teacher. More holistic time, hugs and chocolate!” (Silvie)

**Recommendation:** Schools to take a more holistic view of students’ needs and not just focus on grades and outcomes.
**For policy makers**

25. “Teachers and support staff lack knowledge about mental health conditions. They would benefit from teacher training and workshops on how to cope with mental health and help spot signs and symptoms too. Parliament needs to include education on mental health in schools and during teacher training, so teachers see it as real. Teachers are not examined or graded on pastoral care or mental health support so they don’t take it seriously; they should be assessed.” (Ryan)

**Recommendation:** Teachers should be mental health trained during their PGCE/NTQ teacher training and support staff should have equivalent 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 teaching development, with periodic testing to ensure they are up to date as new research and techniques are released.

26. “PSHE classes, if you get them, never have lessons about mental health. Schools can spend weeks on other topics like alcohol awareness and drugs but nothing on mental health. PSHE should be mandatory and taught at a younger age to teach acceptance and understanding of mental health issues.” (Ryan)

**Recommendation:** Department for Education and all devolved administrations to make PSHE a statutory requirement in their curriculums, with a specific element of the programme dedicated to mental health teaching in all schools, starting before senior school.

27. “School counsellors are such a good idea. There wasn’t actually a counsellor assigned to my school when I was going through problems in my life. But in my last year there were two counsellors who joined and they did alternate days. I only saw one of them but I really opened up to her and she ended up knowing everything that I’d gone through. But that being so late through my school life, I only got to see her for a few months. If she’d have been there from the beginning of my school life, I could have gone to her and I probably wouldn’t have gone so far with the self-harm.” (Alwen)

**Recommendation:** Access in every school to a mental health trained professional, such as a counsellor.

28. “When it's hard to put things into words, art therapy and getting the chance to be creative in lessons can really help calm me down.” (Bobby).

**Recommendation:** Funding and recognition given to the creative arts (art therapy) as outlets for expression in schools for those with and without mental health conditions.
According to the Feel Happy Fix survey around 44 per cent of Fixers reported that problems at home kept them awake at night. Fixers from across the Feel Happy Fix regional workshops outlined that the most prevalent impact on their mental health at home was the burden they felt hiding their feelings from parents and carers. The Fixers widely agreed that this was because they did not want to worry caregivers but also, crucially, that parents and carers lacked understanding about mental health conditions and therefore would not be able to support them. The Fixers also highlighted that the lack of knowledge by parents and carers about mental health issues exacerbated their mental health condition. A combination of the above factors contributed to feelings of loneliness and isolation.

“Not wanting to be miserable for others, having to be strong, not wanting to be the cause of my feelings put into someone else. That can make you feel vulnerable somewhere you should feel safe. If you’re in your home and don’t feel safe that is obviously going to affect you.” (Eric)

“Young people hide their feelings at home and are not able to be open and honest about what they are experiencing because they’re trying to pretend to be ok to protect people from how they are feeling or because they feel there is a lack of trust, and understanding about mental health issues. Both make them feel vulnerable in what should be a safe environment.” (Nigel)

“My parents don’t always understand or recognise the symptoms – if they did then help could be got quicker.” (Tamsin)

I felt the need to put on a brave face because I was afraid to upset others. When I was self-harming it was quite hard to hide it from family. You’d get blood on something by accident and panic. What do I do now? You can end up feeling like you’re in a hostile environment when it should feel safe. (Mandy)
“Parents have biased and old fashioned views on sexuality and mental health. Parents need to be more open.” (Celeste)

Closer analysis of the evidence suggests that Fixers felt lack of understanding about mental health conditions was particularly prevalent among older generations.

“The older generation aren’t fully aware. There is still a stigma. Like people are crazy and they should be locked up. It’s a taboo subject and we need to be more open about it.” (Tamsin)

“Adults and members of older generations have grown up in a world where mental health was a taboo – only just starting to be talked about. They don’t know how to help because they don’t know where to go themselves. They never think it’s going to happen to them - it’s denial in a way.” (Daisy)

“If young people keep up with society then older people have a duty to do the same.” (Robin)

Fixers also reported feeling shame about their condition and feared they would not be believed. This was compounded when they either disclosed their mental health issue or it was highlighted at crisis point and healthcare professionals intervened. Fixers suggested that parents and carers lacked empathy and demonstrated negative reactions when they did disclose how they were feeling. Fixers also reported ‘not being taken seriously’ and ‘dismissed’ as ‘seeking attention’ by parents and carers.

“Parents tend not to believe you unless you’ve been diagnosed.” (Mary)

“Being dismissed by parents when you tell them about your mental health problem and they don’t take you seriously. That’s the issue at home.” (Rosie)

“My mum slammed the door in my face when she found out I self-harmed.” (Catherine)

“I had people telling me ‘anorexia is a girl’s illness’.” (Kieran)

“Once I came out to my mum about my transition, I stopped self-harming but I was told it [self-harming] was because my dad passed away. It wasn’t.” (Ricky)

“Mental health isn’t taken seriously by parents, it’s treated as teen angst and attention seeking!” (Elizabeth)

Pressure and expectations by parents and carers

The majority of Fixers engaged in the Feel Happy Fix echoed similar concerns about the pressure they feel at home being similar to that at school (see section 2.3). Fixers felt under immense pressure at home to achieve what their parents wanted them to achieve, especially to gain good grades. The pressure had an adverse impact on their mental health conditions.

“There’s pressure at home – they [parents/carers] want you to do well at school but there’s too much focus on grades and exams and not enough on people.” (Daisy)

“There’s pressure from parents for you to be what they want you to be.” (Desiree)

“There is double pressure for us with exams and home life. They spill over.” (Patrick)

The Fixers said that it was difficult to talk about the impacts on their mental health
in the home environment without reflecting on their experiences at school. They said that home and school life were interlinked and should be considered together when finding ways to support young people, parents and carers, and teaching professionals, to address mental health concerns.

“If mental health was taught as a topic of its own at school then perhaps change would be made. If you get support at school it wouldn’t affect home life so much.” (Patrick)

“School [professionals] need to talk more to young people and find out what’s happening at home.” (Desiree)

“Mental health needs to be on the National Curriculum. This would help us cope at home.” (George)

Fixers generally agreed that any interventions to support them in coping with their mental health condition would have to be joined up between school and home. They did not envisage one without the other.

Abuse

Evidence to *The Feel Happy Fix* also shows that Fixers mental health at home was also negatively impacted by their experiences of physical, sexual and/or emotional abuse by a parent or member of the family network.

“Abuse in the home environment is a problem. Parents misusing substances are inattentive and use emotional and physical harm.” (Phillip)

“I was so lonely due to the abuse. Family should be there for you at all times and love you unconditionally. If they abuse you they don’t love you and you feel alone.” (Ashok)

“I blocked it [abuse] all out at home for so long. I got immune. It was a terrifying time and people shouldn’t underestimate what is going on. Everything I saw at a very young age is still with me; it’s still in my head now. Don’t underestimate the trauma you see as a child; it stays with you.” (Ricky)

“The abuse goes on because there is no one to protect you, no cameras or security.” (Mohammed)

In addition, many Fixers also indicated that their mental health was impacted by living with a parent(s) who also had a mental health condition. Some Fixers described that when their mental health condition was disclosed it triggered a period of ill-mentality for a parent. They also said they were predisposed to mental ill-health because their parents had a condition(s). In some cases the Fixers’ mental health was severely affected when they experienced the dual situation of an abusive parent who also had a mental health condition.

“I don’t feel there is enough help for children to help understand their parent’s mental health issues. My Mum has Borderline Personality Disorder and there was no one to help me understand.” (Patrick)

“My mental health was triggered by my dad’s depression, affairs, abuse in the home and drink. I’m too anxious to go home sometimes. But if I’m not at home I’m constantly texting my Mum to check she’s ok.” (Ashok)

“Doctors said my mental health was my Mum’s fault because she has Borderline Personality Disorder.” (George)
“My Mum reported sexual abuse from her dad in her childhood. She still suffers with depression and I feel useless because I can’t help.” (Rosie)

Finally, Fixers noted that despite social workers best efforts they sometimes failed to resolve harmful situations. This had a negative impact on their mental health. The Fixers also felt that the pressure on social workers trying to support their family was too great and many felt as though they were ‘ticking boxes’ to get through visits.

“You have to be careful though as it disclosing abuse can ruin a family. I’ve been through it, where a social worker comes out but then they don’t take it any further. They don’t always try their best they try to go round the situation rather than try to resolve it.” (Bella)

“The pressure facing social workers is so high. They are expected to act in the same way without as many staff. Their pressure is too high. They [Government] need to increase funding for the services because they cover so many different issues.” (Charlotte)

“We need to show social workers that it’s not about ticking boxes, it’s more sincerity [they need] to approach the issue.” (George)

Moreover, there was a further link with the school environment with Fixers suggesting that they did not understand what was happening to them was abuse. They suggested that education in schools about what abuse entails might encourage young people to seek help.

“We need more awareness of it [abuse] in schools. Some young people might see domestic violence or abuse but not know it’s not normal. If they see it all the time they’ll think it’s normal. We need better education about it in schools.” (Sally)

Overall the evidence suggests that there is a distinct lack of knowledge and appreciation of the severity of Fixers mental health issues by parents and carers, and especially older family members, in the home environment. The Fixers 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. The evidence also suggests that pressures and expectations by parents and carers for Fixers to achieve academically had an adverse effect on their mental health at home. This finding corresponds to conclusions drawn in the school [education] setting where young people felt similar pressures and levels of expectation by teaching professionals to achieve. With this in mind, the Fixers said that interventions to support them would need to be delivered in both environments. Finally, young people’s mental health was also severely affected by personal experiences of abuse and further compounded if the abusive parent also had a mental health condition.

SUMMARY OF KEY FINDINGS

Overall the evidence suggests that there is a distinct lack of knowledge and appreciation of the severity of Fixers mental health issues by parents and carers, and especially older family members, in the home environment. The Fixers 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. The evidence also suggests that pressures and expectations by parents and carers for Fixers to achieve academically had an adverse effect on their mental health at home. This finding corresponds to conclusions drawn in the school [education] setting where young people felt similar pressures and levels of expectation by teaching professionals to achieve. With this in mind, the Fixers said that interventions to support them would need to be delivered in both environments. Finally, young people’s mental health was also severely affected by personal experiences of abuse and further compounded if the abusive parent also had a mental health condition.
“Parents and carers should have the option to be mental health trained. At a certain age at school parents could be offered sessions to help them understand the signs and symptoms of mental health so they know what to do if their child has a mental illness, parents and schools have to work together.” (Ashok)

**Recommendation:** Clear guidelines, through a public health campaign, for all carers on spotting the signs of mental illness and advice on where to go for support.

“The pressure facing social workers is so high. They are expected to act in the same way but without as many staff. Their pressure is too high. The Government need to increase funding for the services because they cover so many different issues and then the social workers might have more time to talk to other services more to help young people.” (Candice)

**Recommendation:** Increase funding for social services and train and employ more social workers to ease pressure on the service. This would free up social worker’s time and enable them to act more quickly and communicate better with other services supporting children and young people.

“We need more family support more than anything else, like, proper mental health support services for families, like professionals coming into the home environment and helping to set up the care programme. Sometimes you need to be taken out of the family home to talk about the situation or someone needs to enter the family home to help address issues. Parents don’t always understand or recognise the symptoms, if they did through better contact with services then help could be got quicker.” (Kieran)

**Recommendation:** Provide support for all household members, recognising that different families need different kinds of support. Carers should be linked into treatment options so that young people get better support at home to recover;

“Parents need to be open and talk to other parents so they can share experiences and coping mechanisms. We need more programmes to help support parents, like encouraging parent-to-parent support, which can be really valuable.” (Patrick)

**Recommendation:** Improved access to parenting/carer programmes, like parent-to-parent support, to facilitate open conversations with young people about their lives to help understanding and encourage sharing.

“We need longer than 5 minute visits from support workers. It feels like 5 minutes anyway. If the Government could give more funds for social care to put greater resources into supporting those with mental health issues at home that would really help.” (Rosie)

**Recommendation:** More public funds for social care so that support workers can make longer home care visits for those requiring out-patient support at home.

“There needs to be more peer to peer mentoring. We all agree there are lots of charities, support groups, and youth groups that can help but we found it hard to find out information about where to go and who to contact in the first place. We want these organisations to advertise better with age appropriate resources, or be supported better by organisations and individuals who could help publicise them. Access to diverse groups which can support young people would help them find coping mechanisms that work for them and allow better communication in home settings so young children access them early and interact with people who can help before problems grow. Sometimes a person outside of the home just listening to you, not necessarily even understanding, will be a massive help.” (George)

**Recommendation:** Improved access and awareness of age appropriate mental health support programmes (peer to peer, issue specific support groups and youth groups) for young people.
One of the key findings from the Feel Happy Fix workshops highlighted that the majority of Fixers experience low self-esteem and lack of confidence in their social settings. The Fixers talked about the two terms interchangeably, suggesting that they experienced both afflictions. However, although they are very similar, they are two different concepts so it is important to decipher what the young people were referring to. The term self-esteem refers to the beliefs someone has about themselves, the type of person they are, their abilities and the positive and negative things they feel about themselves (MIND, 2013). Self-confidence, on the other hand, refers to how competent someone feels to get a task done, speaking up in a group for example (NHS Surrey, 2013).

The Fixers told the Feel Happy Fix that they perceived their mental health condition as something to be ashamed of. It made them feel insecure and ‘different’ from their friends and caused them to lack confidence in social and peer group situations. The consequences of these feelings led the Fixers into self-imposed isolation, further exasperating their mental ill-health and impacting further on their self-esteem and confidence levels. They also felt that withdrawing from peer group interactions also increased the stigma around mental ill-health.

“Insecurity and lack of confidence around my mental health condition and feeling different from others creates stigma around mental health.” (Meghan)

“I guess its dealing with the unknown [social situations]. You’re worried that you’re the least popular. Like when you don’t get picked for the school team. If you have no confidence then it’s a never ending cycle.” (Tamsin)

“Even getting there [social occasion] can be hard. I had to take the train today so I was really nervous. I think people worry about what others think of them. With me I’m awkward and shy but people say that I come across snobby.” (Martina)

Low self-esteem and lack of confidence

You’re so isolated because you can’t explain to anyone what has changed. People expect you to be the life and soul. When you don’t even understand yourself, there’s awkwardness. (Nathan)
Peer pressure and negative relationships

In addition, Fixers told the Feel Happy Fix that peer pressure also affected their self-esteem and confidence further impacting their mental health condition and intensifying it in some instances. The Fixers related to the commonly used definition of peer pressure, which can be described as feeling like you have to do something just because your friends or other people around you are doing it - to feel like you fit in (Childline: What is peer pressure?). Fixers talked about feeling the pressure to ‘fit in’ - to be fashionable, pretty, handsome, sporty, smart, have the latest gadgets, have money, sex text, and be in with the popular crowd - and be accepted. Some Fixers reported being pushed out of the social groups by certain individuals who encouraged other friends to bully them or distance themselves from them because of their mental health condition. This negatively impacted on their self-esteem and prompted or heightened social anxiety.

“There can be a lot of peer pressure. Like sexting. You might not want to do it but are pressured to do it and then blackmailed after you’ve sent it.” (Joe)

“People putting a photo of you that you don’t like on facebook and stuff, not just sexual photos but ones you don’t like about yourself that can make you feel bad.” (Martina)

Fixers also recognised that they put pressure on themselves through seeking perfection in their lives, which for some was part of the behaviour involved in their mental health condition.

“You can put your own peer pressure on yourself by wanting to fit in.” (Heidi)

“You think everyone else is thinking that bad thing about you but you put all that pressure on yourself and think people think that about you when they’re not.” (Charlotte)

Fixers also expressed that peer pressure manifested in negative friendships that had detrimental impacts on their mental health. In many cases the Fixers recognised that the relationships were unhealthy and eventually removed ‘friends’ from their lives.

“They [‘friends’] would use negative language. ‘There is something wrong with you’, call you ‘strange’, in a ‘funny’ mood, ‘crazy’!” (Meghan)

“If you’ve been ill around people and then you’re better people still expect you to act crazy and be the entertainment. They [‘friends’] nicknamed me crazy for a while.” (Cara)

“I have had to eliminate some people who are not helpful, which is sad. But it’s important to know what’s best for you. If you find the right people who are supportive, when you go out you’re no longer awkwardly standing next to the emergency exit so you can run!” (Peter)
“When I was younger, I used to surround myself with mates that were not good for me. I’m proud that my mates today are people I can talk to and explain issues to.” (Lauren)

“I wrote a blog about it [depression] to try and tell friends and family what was going on without being a burden. I found out who my friends were. You have to make sacrifices sometimes, to eradicate some people out of your life if they’re not providing positivity.” (Alfie)

Lack of understanding by peers

A common theme running throughout the Feel Happy Fix is the lack of understanding about mental health conditions. The majority of Fixers felt like they could not disclose their mental health concerns with friends and peers. Fixers were concerned about being rejected and/or misunderstood and struggled to maintain their friendships.

“When my friend died, I’d hoped my friends would have understood but they didn’t. They just thought I was a waster because I dropped out of school and started drinking and smoking. I still haven’t spoken to them since Alice died.” (Heidi)

“There is a problem of lack of knowledge and understanding. I’ve been called moody, miserable and sensitive. I’ve been told I need to ‘get a grip’. I feel different from my friends.” (Ally)

“People don’t know how to cope. If you’re out somewhere and flip or have an attack then people don’t know what to do or say to you.” (Sally)

“If friends don’t understand a situation [mental health episode] it makes it worse.” (Alfie)

“I hid how I was feeling because I was scared that if I had a panic attack they [friends] would think I was mental. I was vulnerable because of lack of understanding.” (Sally)

Evidence from the Play (socialising) Feel Happy Fix focus group sessions also suggests that the difficult relationships Fixers had with their peers, led to more severe problems, such as social isolation and reduced help seeking. Some Fixers also faced the added logistical pressure of isolation due to rural locations, poor transport links, and lack of funds to sustain friendships and build support networks. This was especially prevalent across rural areas of the UK. According to the Feel Happy Fix survey half of Fixers said that having access to peer-to-peer support groups, with young people who had similar experiences, would help.

“People can judge you on behaviours and you can end up feeling isolated and lonely because of the way you are.” (Mary)

“You can actually end up isolating yourself based on other people’s perceptions of you. You can be reluctant to talk to others.” (Anna)

“People with mental health issues tend to isolate themselves because friends don’t understand.” (Bobby)

“You’re isolated because you can’t explain to anyone what has changed. People expect you to be the life and soul. When you don’t even understand yourself, there’s awkwardness.” (Nathan)
The overwhelming issue impacting Fixers’ mental health in their social settings was their experiences of low self-esteem and lack of confidence. This was related to an existing mental health issue, which in many cases was amplified by the pressure to ‘fit in’ and be accepted by peers. Lack of understanding about mental health conditions and the negative language used by peers towards their ‘friends’ with mental ill-health caused the Fixers further distress.

Summary of Key Findings

Lack of understanding is re-occurring throughout the settings in which Fixers live their lives and is deeply rooted as a central theme underpinning the Feel Happy Fix. In addition the evidence suggests that Fixers experience further serious social exclusion due to their mental health condition including isolation, both self-imposed and unintentionally enforced logistically and financially.

Play (Socialising) // Young People Recommend:

“**We think they should teach us about confidence in PSHE. They should teach about dealing with animosity. It needs to be recognised in your friendships. If your social group is aware that mental health is a thing then everyone might watch what they say. There’s nothing to be ashamed of – and that’s where we need to get to. It has to start at home and at school with teachers and parents. It should start as soon as children learn to talk. They learn how to say something hurts, they should also learn to talk about mental health and how to say when something makes you feel sad.”** (William)

**Recommendation:** Pro-social behaviour should be discussed and confidence and assertiveness techniques taught as part of mandatory PSHE lessons to improve young people’s low self-esteem and lack of confidence. The techniques should develop positive social skills, be creative, and should be taught in small groups. Policy makers should legislate to make this a statutory requirement in the National Curriculum at primary level. Health and Education departments should work together to deliver this.

“**It’s all about educating people and knowing practical things to help if a friend is having a hard time, we think that awareness campaigns at school, through youth groups and charities could help massively.”** (Rosie)

**Recommendation:** Awareness campaigns about mental health conditions should be delivered by schools, local government youth services and voluntary sector organisations, to reduce stigma and aid understanding. The campaigns should include practical steps about how to support friends when they have a mental ill-health episode.
We think that more money for youth centres and spaces for young people would be good to deliver awareness sessions about mental health issues to break stigma. Also youth centres offer spaces for different groups to integrate and socialise this can break stigma and build young people’s self-esteem to deal better with peer pressure. Young people can gain confidence to be what they want to be beyond their social group pressures. There should be greater signposting to places where you can work on your self-esteem so social situations don’t leave you so vulnerable.” (Meghan)

Recommendation: UK Government and devolved administrations to invest in more youth services with a focus on campaigns and support groups to break the stigma of mental health conditions and encourage young people to develop positive self-esteem.

“It’s really important that people, friends etc, not only understand mental health conditions and notice any changes in behaviour but also that they know how to support someone. It could be really simple like adverts on TV saying what to do to help. This could stop a friend getting worse or get a professional’s help quicker.” (Sabrina)

Recommendation: Health departments to use mass media awareness raising campaigns focusing on how to support a friend who is experiencing a mental health problem.

“We think that social media can be helpful. I find a lot of people online that are a lot more like me than people I went to school with. You can be afraid to open up and tell people in person but then on internet chatrooms for mental health you can be anonymous. Nothing can be traced back to you. You’re free to say what you want. It’s easier to talk about it on social media because people can’t physically see you.” (Harry)

Recommendation: Health departments to focus on initiatives to improve access and better signposting to internet support groups (chat rooms) for mental health, which are anonymous.

What stood out? There was a real sense of community. You all knew each other and knew the Fixers, and it was clear that there was mutual respect. (NSPCC)
The majority of Fixers from across the Feel Happy Fix workshops felt that their mental health was impacted by negative portrayals of mental health conditions in the media. This was most notable in television shows (soaps), film, magazines, newspaper articles and online. The Fixers felt that the media misrepresented young people through the use of damaging language, describing them as “bonkers”, “dangerous”, “crazy”, and labelling them as “serial killers” and “rapists”. Furthermore, terms including “mental breakdown” and “split personality” were felt to be unhelpful. Fixers said that the use of unhelpful language “categorised” them and further embedded negative stereotypes of people with mental health problems.

“When you watch horror movies it’s always mental people, who are psycho, crazy and it makes you question, is that me?” (Tilly)

“People in the media that have mental health issues are portrayed, as like, EMOs or Goths or people who cut themselves. But mental ill-health isn’t just about cutting yourself it’s all the actions that come before or after. I suffer with mental ill-health but no one thinks that just by looking at me. However, in the media, you instantly know if they’re supposed to have a mental health issue.” (Louise)

“Negative portrayal

“When you look at the papers like the Sun and Daily Mail there’s a lot of negative portrayal and sensationalism. It’s always a mental patient caught up in a crime.” (Marcus)

“Mental health is portrayed as wrong. People without mental health [conditions] are always portrayed better than those who do have it for sensationalist stories.” (May)

“There is a stigma in terms of language. People are termed as ‘a bit OCD’ or ‘acting Bipolar’, when they are not. The media has a responsibility to educate, to stop stigma and not to spread it.” (Percy)

One group of Fixers also reported that young people with mental health conditions are unhelpfully categorised into specific sub-cultures in television programmes and film, including from contemporary genres
of the post hard-core punk movements of goths and EMOs (emotional hardcore). This, they felt, encouraged the existing stereotype of people with mental ill-health and those who identify with various subcultures. They expressed particular concern that placing young people with mental health conditions in these groups portrayed a visible representation of how someone with a mental health condition should look. When in reality, they said it was an invisible illness and attributing physical characteristics to people with mental ill-health intensified the chasm between physical and mental health conditions. Some Fixers also highlighted that public broadcasting campaigns focused solely on raising awareness of physical health with no mention of mental health conditions.

“It’s an invisible illness and the images don’t represent how someone is feeling but instead stereotype the images with subculture such as EMOs and goths.” (Percy)

“I feel that people with mental health issues are placed into boxes. Like, if you have OCD, then you must be like this...like everyone with OCD is the same!” (Tara)

“You always see Change4Life adverts about going to the gym and not watching films. The media are too focused on physical health and not mental health.” (Alannah)

When referring specifically to soaps and dramas, the Fixers said that the stereotype of people (not just young people) with mental health conditions was negatively portrayed and poorly researched. The Fixers felt that the media just focused on sensationalist stories without taking the time to properly represent conditions.

“The media sensationalise stories about young people. There are better stories but the media just produces easy formulaic content. People with mental health issues are portrayed in the media as ‘thick’ and suggest things like people could catch a mental health condition.” (Robin)

“It’s always so negative! Apparently everyone is killers and murderers and they’re always overacting! It’s the scriptwriters fault – it’s the way they show it. They [media] never show that just because you may have issues it doesn’t mean that you’re incapable. They [media] should do some research about how it [mental ill-health] feels works and functions.” (Sabrina)

“It’s annoying with EastEnders as people believe it and that’s horrible. It’s assumed by viewers that it is actually how it is and once that view is there it’s hard to overcome that. It’s down to the scriptwriter they don’t understand the depth of the issues.” (Tamsin)

“Programmes like the Undateables...they [television producers] take serious issues and turn them into entertainment. It’s the same with X Factor and the sob stories. People with issues are there for others to feel sorry for them.” (Bradley)

“Channel 4, for example always does programmes on benefits. People watch and think ‘go get a job, don’t be lazy’. You can’t see that people have something like depression or an invisible disability. It’s about understanding more.” (Candice)

The Fixers did recognise, however, the impact that positive well-researched storylines in soaps could have for audiences. Moreover, they talked about the important role ‘celebrities’ can play by talking about their mental health experiences. They said that they and other young people look up to celebrities and those that talk about their personal experiences of mental ill-health.
“People like Dougie from McFly. He had depression but not many people know about it. It would be helpful if they did.” (Alannah)

“We need more people like Dougie coming out as role models.” (Melissa)

“I think chat shows that see celebrities discussing their issues are good. It helps with people saying that we’re not ‘normal’. There is no such thing as normal. Everyone has something they don’t feel is right about themselves.” (Bradley)

“Steve’s story in Corrie [Coronation Street] at the start of the story they showed people shouting at him and telling him that it was wrong to feel like he did. Now people are accepting him for it. People watching the show can see that he can’t control his feelings.” (Heidi)

However, some Fixers acknowledged the unintentional negative impact that public figures with mental health conditions can have on young people. Fixers who admire and consider celebrities as role models said they felt pressure to be that successful and look like their idols.

“It can also work the other way round though. Take Bi-Polar for example you can show a picture of Stephen Fry and people will think ‘wow what he’s achieved so far is great, he’s so successful’. People then think everyone with Bi-Polar should be successful, just like he is.” (Candice)

“It’s how celebrities are represented in the media. People with mental ill-health are represented as lesser than those who don’t have it [mental ill-health].” (Mark)

“You’ll get celebs like Davina [McCall] who will do their fitness DVDs. They put it out for physical reasons but it comes across like they’re saying, follow in my footsteps. If they [young people] can’t get the body and they’re working really hard they can end up depressed and annoyed with themselves.” (Stuart)

There was a feeling among the Fixers that media is everywhere and it is difficult to simply “turn it off” in a culture which encourages people to be constantly logged on through various devices and mechanisms. It was agreed that scriptwriters and journalists needed to dig deeper than the initial story and should reflect the complexities of mental health issues and essentially a broader perspective of people living with mental illness. The Fixers want to see a more realistic portrayal of mental health issues across media platforms that demonstrate an understanding of underlying issues. They felt that while a negative storyline might be more shocking this should not be used as an excuse to exclude a more positive side to mental health issues. Fixers want to see people with mental health issues defined by who they are as a whole and not by their condition.

“We are the first generation who have really grown up with the media being everywhere. You can’t get away from it. It’s the young ones that are really at risk. Problems are being stored up for the future.” (Bradley)

“In the soaps, scriptwriters automatically stereotype and lock the character up in a psychiatric unit. It doesn’t show the full story and what else is going on and you never see information about where you can seek help. Do you remember with Britney Spears? It was about how she’d gone mental and shaved her head.” (Mandy)
“When you look at The Sun and Daily Mail, there’s a lot of negative portrayal. It’s always a mental patient caught up in a crime. These shocking stories are used to sensationalise mental health conditions but there are positives.” (Marcus)

Many of the Fixers consulted during the Feel Happy Fix also described how the images used by media outlets had a negative impact on their mental health.

They felt that there is too much focus on gender stereotypical images of what a male or female body should look like. There was a particular concern that representations of being thin (subconscious messaging) to be accepted gave out the wrong message to young people. Conversely the negative coverage of people with obesity perpetuated ‘fat shaming’. The use of extreme images, such as those of people with an eating disorder, was also felt to have triggering effects on their mental health. The Fixers also said that the proliferation of false images of people - which have been edited through applications such as photoshopping - glamorise unrealistic portrayals of perfection and have a significant impact on their perceptions of the human body, negatively impacting on their self-esteem.

“This media portrays a very specific idea of body image. Like, boys should be butch - so they don’t need help. This could prevent them from coming forward if they have a mental health issue.” (Melissa)

“I was going to pick up on triggers, there are quite a few mental health charities that have published media guidelines that have set out rules that encourage others not to sensationalise. Yet the media still gravitates towards the shocking images or facts that are going to shock people.” (Clara)

“Magazines and women and their size - I was told by a panel of producers and photographers that I'd be a plus size model and yet I wear a size eight. Then I didn’t eat for two weeks. In every TV show you will see the six foot, size zero, blonde, blue eyed, skinny model character. It's just not an accurate representation.” (Louise)

“The media portrays a very specific idea of body image. Like, boys should be butch - so they don’t need help. This could prevent them from coming forward if they have a mental health issue.” (Melissa)

“Photoshopping needs to stop. It puts so much pressure on people to look a certain way. Even if we know the images of perfection have been created using photoshop and it isn’t even real. But the opposite is also bad. Pictures of celebrities’ cellulite being blown up and being shamed for it.” (Percy)

Social media

The Fixers said that on social media there was an abundance of triggering content, especially on Pro-anorexia websites and platforms such as Tumblr, which they said exacerbated their mental health condition. For example, Tumblr allows users to post micro blogs about anything and converse with other users in a social media style format. The Fixers said that such platforms allow triggering videos and images and some of the content can be dangerous and factually incorrect around mental health conditions such as self-harm and suicide.
The Fixers also said that some social media sites provide a platform which promotes an almost romantic picture of mental health conditions.

“The media can present a variety of ‘triggers’. While some sites can monitor things, you’re going to be exposed to something like self-harm.” (Gerry)

“There are videos of extreme content and that’s not good for you.” (Phillip)

“The romanticisation of mental health in the media doesn’t reflect the realities of life with mental illness. Social media sites like Tumblr, allow pages devoted to self-harm and pro-ana [anorexia nervosa] sites. The marks and scars have become a fashion statement.” (Tara)

The bullying may start on social media but continue into real life, suggesting that young people have no reprieve from the bullying.

“Cyberbullying is not just texts, it’s pictures and videos and it’s hard to get away from it because it’s not just a case of changing a number or changing your account. There are people out there who follow your behaviour and can hack the system to find out you’ve changed your details too.” (Aston)

“Problems like bullying may start on social media but continue into real social life too.” (Robin)

“I hardly post anything on Facebook because of trolls. It’s my anxiety. I’m anxious someone is going to battle me. When I posted my Fixers video though I only had good things written to me. I wasn’t expecting that!” (Eric)

Fixers also alluded to the phenomenon of ‘chasing likes’, where young people deliberately post provocative images in order to gain recognition and receive virtual ‘likes’. The Fixers felt that this practice was damaging. They also said it made them feel pressure to conform and do the same and if they did not they would be singled out by peers on social media for not following their behaviour. They said this was particularly bad in rural communities. Some Fixers said this left them feeling pressure to live up to other people’s expectations of what people should look like and the kind of lifestyle they should lead.

“Facebook and other social media sites have a lot to answer for with mental health. It is young kids that are really at risk. My cousin will get dressed up especially to take a photo because she is chasing likes and not even from people she knows. Chasing likes is dangerous. Is this what they should be doing? Wearing less clothes to get more likes? No!” (Cara)
“Social media is either fat shaming or skinny shaming and obsessed with image, perfect high standards, money and lifestyle.” (Tara)

“There is pressure to conform by social media. It causes problems. If you are different you are singled out, particularly in rural communities.” (Yasmin)

The Fixers also told the Feel Happy Fix that social media represented a platform where people presented false representations about their lives. They felt that social media gives the allusion that people have amazing lives when the reality may be very different. Fixers said they developed ‘fear of missing out’, (more commonly known as FOMO) and would become anxious that their lives did not match that of their peers.

“Social media encourages fear of missing out and anxiety. It looks like people have such great lives and others get upset as their lives are not as great. It hides what’s really going on.” (Bradley)

“Social media can be harmful – everyone looks like they are having fun and you can take things to heart more.” (Amelie)

Evidence across the Feel Happy Fix indicated that Fixers mental health is heavily impacted by negative portrayals of them in the media - notably television shows (soaps), magazines, news articles and online. The Fixers felt that the media misrepresent them 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. Fixers 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 Fixers 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 Fixers also said that the proliferation of false images (print and online) of people - which have been edited - glamorise unrealistic portrayals of perfection and can have a significant impact on young people’s perceptions of lifestyle and the human body. The Fixers 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 mental health.
MEDIA // YOUNG PEOPLE RECOMMEND:

For traditional and digital media

40. “Charities getting involved would be great. Television companies working with charities to ensure their storylines are accurate and not over sensationalised would be good. If organisations joined together with community services too then it would be great.” (Debbie)

Recommendation: Television production companies to source information and guidance from specialist mental health charities and people with lived experience before running a storyline about mental ill-health to ensure accuracy and understanding is communicated to the viewer.

41. “We think there needs to be greater control over social media. Regulate things like Twitter, so people cannot troll and abuse, and make it harder for people to register so they can be traced and stop anonymity too.” (Bradley)

Recommendation: Social networking sites to remove the option for people to post anonymously to discourage trolling and ensure cyberbullying offenders can be more easily traced.

42. “You see all across the media six foot, size zero, blonde, blue eyed, skinny model types. In magazines and on shows like Big Brother, and other reality shows, you always have someone with that bikini model look. It’s just not an accurate representation. We want to see more diversity and real people in the media such as other people with disabilities and other races, not just models of a certain type, because when you look at that you might think you need to look like that.” (Amelie)

Recommendation: All media outlets to show more realistic images of people, especially those modelling consumer goods.

43. “It would really help if there was information at the end of a show or article that you’re looking at which tells you where to get support. I know some shows like Hollyoaks do that but all media should do it. The content can be triggering so it helps to know where to get support.” (Gerry)

Recommendation: All media to include clear details of who to contact for advice and support, especially when printing stories around mental health conditions.

44. “Chat shows that see celebrities discussing their issues are good. It helps with people saying that we’re not normal. There is no such thing as normal! Everyone has something they don’t feel is right about themselves.” (Tara)

Recommendation: Celebrity ambassadors and public figures to talk openly about their mental ill-health experiences through print and online media campaigns relevant to young people.
“We need a change in the commercial attitude towards mental health. You very rarely see people in films and TV programmes just living with mental illness, it’s always extremes. We want to see more true life accounts of mental health issues portrayed in the media and soaps, which show an understanding of underlying issues. Just because a negative storyline is more shocking, it’s not an excuse to exclude a more positive side to mental health issues. We want to be seen as a whole person and not defined as a condition.” (Bradley)

Recommendation: Broadcasters to show more balanced programmes concerning mental health and reflect real life accounts.

“We want to see a change in attitudes by journalists. Training journalists and media professionals to enhance their understanding of mental health issues and foresee the consequences and repercussions caused by their actions would really help. There should be a ‘three strikes’ system and then a fine or something. Mandatory training could be introduced when there is more than 1 strike. This would help remove stigma or categorizing and present more of a variation of characters and characteristics around mental health issues and disorders.” (Tara)

Recommendation: Media employers to provide mental health information to employees so they can understand and appreciate the consequences and repercussions caused by sensationalist mental health stories. This should be company policy. Young people recommend a 3 strikes system, where if you receive 3 complaints about a story related to mental ill-health then the organisation is fined for mis-reporting.

“Photoshopping images needs to stop, it puts so much pressure on people to look a certain way… it would help to know if the images of perfection have been created using Photoshop and aren’t even real!” (Gerry)

Recommendation: Add captions to all manipulated images to make clear that they have been photoshopped and therefore are not a true reflection of reality.
"We think more regulation is needed. The big thing is they need to research more and show mental health properly as it is not just how they think it is, some kind of guidance might help. There needs to be mental health guidance led by the Government or something so the media actually have to follow it." (Tilley)

**Recommendation:** 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.

"Mental illness isn’t promoted, on local news sites for example, you see adverts for new toilets not for mental illness or where to go to get help. It’s about how messages are delivered. You need to make sure they’re done in the right way for young people. Old people make policies and they don’t know what those channels are, so campaigns done with young people and working with broadcasters to get the messages across right could really work." (Kayleigh)

**Recommendation:** Public broadcasting campaigns focused on raising awareness of mental health conditions to promote understanding and reduce stigma.

"People putting photos of you that you don’t like on Facebook and stuff, not just sexual photos, ones that you don’t like of yourself, can make you feel bad. Once a photo is out there, it’s out there. You can’t get it off the internet. Even if you’re not on Facebook people can put your pic on and that can cause stress, if you’re on a site and you didn’t want it up there. Just being a bit more aware of that and other dangers on the internet could help our mental health a bit more." (Martina)

**Recommendation:** Department for Education, Department for Culture, Media and Sport, the Home Office, and relevant devolved departments to work on cross-departmental public broadcasting campaigns and guidance about safe internet usage to help parents and carers support young people using the internet.
CONCLUSION

Ask young people who have lived with the tough realities of mental ill-health what the biggest problem is they face and they will tell you, ‘No-one gets what it’s really like. If they did, it would help us so much.’ That’s the overarching conclusion of the The Feel Happy Fix, the campaign by Fixers which brings together new, much-needed evidence on young people’s mental ill-health.

There are 50 detailed, practical recommendations they have come up with which are outlined here. These, the young people say, will help them live happier, healthier, more resilient lives. Crucially, they say that the need for greater understanding and empathy is across all the settings in which they live their lives. Don’t do something to help us at school, they say, and then not implement it in the health services we access, at home where we interact with our families and at work where we deal with colleagues, customers and bosses. They say that they want to see their teachers, their fellow students, all the health professionals they access, parents, grandparents... everyone, understand more and stigmatise less. They talk about all sectors in society being ‘trained’ to have more empathy by listening to the testimonies of people with lived experience. They say that we all bear a responsibility, from Government through all sectors including health, education, the media, and voluntary sector to make sure this happens.

There are other core themes that impact young people’s mental health and in some instances transverse the settings where young people lead their lives.

In healthcare, the young people said their mental health has been significantly impacted by the lack of access to good quality, timely, and tailored support services close to home. This left them locked out of care, vulnerable and frightened. While this was a common theme throughout UK countries, it was found to be particularly prevalent in rural areas. Some young people who faced long waits for treatment, far from home, became critically ill while waiting. Furthermore, some were turned away from treatment, as they were not deemed to be ‘ill enough’. These factors, when combined, resulted in crisis intervention at great cost to young people’s health and public funds. Here, the Fixers are calling on policy makers
and practitioners to spend money to save money. They want priority funding for more services, especially early intervention services to stave off a crisis.

At work, the young people are saying their mental ill-health and the lack of understanding from colleagues, managers and customers leaves them feeling excluded. They struggle to get a job in the first place, then they struggle to keep it, largely due to lack of workplace support and understanding about mental health conditions by employers and other employees. Young people struggle to ‘get on’ in the workplace feeling that promotion is out of reach because of employers discriminatory attitudes towards young people with mental health conditions and their focus on physical health. There is also a shortage of opportunities for flexible working to attend appointments for treatment. This often leaves young people in low paid, unskilled work, on temporary or zero hours contracts. They feel discriminated against, excluded from work, and like they don’t matter. In this neglected area of policy, they are calling for trained mental health first aiders in every workplace, greater flexible working practices and a Government regulated industry standard mental health ‘kite mark’.

At school, college and university, Fixers say the lack of understanding and awareness of mental health issues they encounter from everyone - teachers, students and support workers - continues across educational settings and adds to the pressure cooker environment which is so commonly reported. This leaves young people under pressure, under supported and overly stressed. Bullying was also a significant factor impacting young people’s mental health. Fixers are calling for mental health to be added to the curriculum and for teaching professionals and support staff to have mandatory mental health training so they can spot signs and symptoms of mental ill-health before a crisis and signpost young people to services.

The one place where we should all feel safe, at home, does not escape criticism. Amongst their families, the young people said lack of understanding and awareness of mental health issues were commonplace and pressure and expectations to succeed could exacerbate their conditions. Parents and carers, and especially older family members struggled to comprehend the
complexities of mental health conditions and were dismissive, leaving young people feeling **lonely, isolated and misunderstood**. Their mental health was also severely impacted by childhood trauma such as abuse. Where a parent had a diagnosed mental health condition, often the two were interlinked. Crucially, the young people identified strongly that the key solution to their problems at home was to ensure that any interventions to support young people are joined up between home and school and include access to counselling services and peer support groups.

While **socialising** with friends and peers, the Fixers said their mental health was severely affected by low self-esteem and lack of confidence. For many this was a part of their mental health condition but it also intensified because they felt ashamed and insecure about their illness. It left them **isolated and struggling to make friends because their peers did not understand nor appreciate the impacts of mental ill-health**. Where they live in remote rural areas, they said their illness was made worse due to the practical barriers – poor transport links and lack of funds – forcing them to be isolated. They concluded that they would benefit greatly from learning confidence, assertiveness and pro-social behaviour techniques and these, they recommend, should start in the classroom as mandatory PSHE lessons addressing mental health issues and mental wellbeing.

The young people who took part in the Feel Happy Fix were concerned all branches of the **media**, including social media platforms, should shoulder a new responsibility towards the portrayal of mental health issues. The young people said their experience of the media was culturally ingrained negative reporting of mental ill-health by the media across all platforms including sensationalist headlines and damaging language about mental illness. They found “serial killers and rapists” were too swiftly described as having mental ill health and labels were attributed such as “bonkers and crazy”. The types of images used by the media also had a detrimental effect on young people's mental health, they said. Young people cited that the media use edited and often enhanced images of the ‘ideal’ body type as well as extreme images around low body weight, which are triggering to those with an eating disorder. Social media also had an adverse effect on their mental health with many young people experiencing cyberbullying in the inescapable digital
age. All these factors combined, leaves young people with mental ill-health feeling stigmatised, ostracised, and misrepresented by some media outlets. To solve this, young people are calling on policy makers to introduce regulation by a governing body to pursue and oversee balance in the reporting of people with mental ill-health and to stop using potentially triggering content.

The Feel Happy Fix shows that a new conversation around mental health is needed right across society to break this impasse. With many people in all walks of life lacking basic knowledge of mental health conditions and understanding of how to support people, new ways of tackling this lack of empathy and understanding is needed.

Our work at Fixers sees the person; we empathise completely, we treat every Fixer with dignity and respect. We trust them to know what they want and need, and we listen. And then act with them.

In every section of this report, Fixers are crying out to have this happen in all areas of their lives. Interestingly, they don’t blame anyone but they want to change an underlying fault which sits at the heart of whether any public strategy will work; that while voices are sometimes heard, they are not always valued.

Fixers are masters of empathy; they put themselves forwards on a daily basis to show people the tough realities of their existences in order to create greater understanding for themselves and others. They call upon you to value their voices in this report by ensuring you spread their messages as a new narrative around young people’s mental health, support their recommendations and champion 50 new fixes for mental health.

It’s time we all ‘got it’!

“\nIt was heart-warming and encouraging to see so many young people speaking out and dealing with a variety of mental health issues in such a responsible and encouraging way. I admired their honesty and commitment. Through sharing their own thoughts and feelings in such a safe environment, they had gained in confidence which in turn had helped build resilience which was needed to progress forward and to help others. Congratulations to all involved.

(Creative artist)
BIBLIOGRAPHY


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One in four people on average experience a mental health problem, with the majority of these beginning in childhood (Blow, 2015). Fifty per cent of adult mental health problems start before the age of 15 and 75 per cent before the age of 18 (Davies, 2014). There is considerable debate about whether young people’s mental ill-health is more prevalent than in previous generations (Hagell, 2013; Hagell, 2012; Collishaw, 2004), although recent figures would certainly suggest this is the case with as many as three children in every classroom with a diagnosable mental health condition and rates of depression and anxiety in teenagers having increased by 75 per cent in the last 25 years (Place2Be, 2015). But there is little dispute that mental health disorders in young people are remarkably common (Hagell, 2013). The most common mental health concerns during adolescent years include anxiety, depression, eating disorders, conduct disorder (serious antisocial behaviour), attention deficit and hyperactivity disorder (ADHD) and self-harm (Hagell et al, 2013). It is also at this time that less common psychotic disorders start to emerge, such as schizophrenia. These disorders can start as early as 14. Indeed, half of all lifetime cases of psychiatric disorders start at this age and three quarters by age 24 (Kessler et al, 2005; Green et al, 2005; Hagell et al, 2013).

Incidences of selected diagnosed mental health conditions of young people in the UK are not measured regularly and the lack of reliable up to date information makes understanding this significant area of public health concern problematic. Measures can be found in the British Cohort studies but these are not repeated annually and the current Millennium Cohort Study only surveys primary school aged children at present (Hagell, 2013).

The most recent large scale and robust survey on the prevalence of mental ill-health of children and adolescents in Great Britain was commissioned over a decade ago by the Office for National Statistics (ONS) (Green et al, 2005). The surveyed population included children and young people aged 5-16, living in private households in Great Britain. The main aims of the survey were to examine any changes between the first survey in 1999 and the second survey in 2004, with a view to highlighting any increases of the three main categories of mental disorder, conduct disorders (i.e. serious anti-social behaviour), emotional disorders and hyperactivity disorders (ADHD, i.e. inattention and overactivity). Characteristics and behaviour patterns – medication usage, absence from school, empathy and social capital - were also investigated, as were the protective and risk factors associated with the main categories of disorder and the precursors of personality disorder for use in future surveys. The survey also looked in more detail at children with autistic spectrum disorder. These elements were not covered in the previous 1999 survey.

The findings of the survey highlight the detrimental impacts that mental ill-health can have across all aspects of young people’s lives. Some 44 per cent of children with emotional disorders were falling behind at school and for those with conduct disorders it was 59 per cent. Social bonds were also reported as difficult to form; 35 per cent of those with emotional disorders, and 33 per cent of young people with conduct disorders struggled to make
friends (Green et al, 2005). Overall a quarter reported they were suicidal (Margo & Sodha, 2007). The survey also found that one in five children diagnosed with a disorder had more than one disorder, with the most common overlap occurring between emotional disorders, conduct disorders, and hyperactivity disorders. Furthermore, almost three quarters (72% of children) with multiple disorders were boys (Green et al 2005; Margo & Sodha, 2007).

The 2004 ONS survey remains the most exhaustive account of children and young people’s mental health in Great Britain. However it has not been repeated in over a decade and therefore is highly likely to be outdated. Furthermore, despite the illuminating findings the study is somewhat limited by its methodology as the analysis depends on a large-scale private household survey. This means that important groups such as children and young people in care and young homeless people are not covered by the research. The sampling technique is also restricted between 5-16 year olds and therefore, young children, older teenagers and young adults are not covered by the research. This leaves a significant gap in data on rates and profiles of mental health problems, particularly in under-5s (Chief Medical Officer, 2012) and the impacts on the mental health of those moving from school to other settings such as further and higher education, work, and training. The ONS survey was also conducted prior to major global structural changes and cultural developments. For example, in the last decade there has been a global economic crisis with major structural knock on effects including rising youth unemployment, homelessness and substantial welfare reform. There has also been the proliferation of the online world, which is now ingrained in many young people’s lives bringing with it great stresses. At the time of the ONS survey children’s access to the internet would have been limited to some extent by home computers and not individual devices with little means of parental control. At present there is no data available on what effects this may have had on children and young people (YoungMinds, 2014).

A more recent report by the Association for Young People’s Health (Hagell et al, 2013) provides a comprehensive review of the key data on adolescence across various social contexts. The chapter (6) on mental health draws out the key data from the 2004 ONS study outlining contributory factors that have an impact on the mental health of young people in a range of settings. This includes education, home life, employment, healthcare and mental health. It should be noted, however, that all of these areas are interrelated when it comes to young people’s mental health and wellbeing and should not be considered in isolation but as part of a set of related conditions when designing policy responses.

The findings of the report highlight that in total around 13% of boys and 10% of girls were found to experience a mental health disorder (see table 1). Notably, the most common mental health problems in young men are conduct disorders and in young women emotional disorders, although both can be found in each gender.
Table 1: Prevalence of mental disorder (of any type) by age and sex in 2004

<table>
<thead>
<tr>
<th></th>
<th>Boys</th>
<th>Girls</th>
<th>All</th>
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<tr>
<td>5-10 yr olds</td>
<td>12%</td>
<td>8%</td>
<td>9%</td>
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<tr>
<td>11-16 yr olds</td>
<td>10%</td>
<td>6%</td>
<td>8%</td>
</tr>
<tr>
<td>All children</td>
<td>9%</td>
<td>5%</td>
<td>6%</td>
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Adapted from Green et al, 2005

The report also reviews the socioeconomic data from the 2004 ONS study and how it impacts on young people’s mental health. The report found that the occurrence of mental health problems is higher in some black and ethnic minority groups (BAME) than others. Young black people are more likely than those from Indian, Pakistani and Bangladeshi backgrounds to experience mental ill-health. Parents’ educational background also had an impact on mental health outcomes for young people. The findings outlined that young people living in households with parents with high educational backgrounds had lower levels of mental health disorder. The report also highlighted a clear link between strong social networks and mental health. In other words, if young people are part of stable social support systems they are less likely to experience mental ill-health, therefore safeguarding their future as adults (Hagell et al, 2013).

Family structure was also found to have an impact among children. The prevalence of mental disorders was greater in children from lone parent backgrounds, in blended families (with stepchildren), where parents had no educational qualifications, and in families with neither parent working. Income and receipt of benefit also impacted on the child. Those families with a below average income (less than £100 per week), in receipt of disability benefit, and those with a lower paid occupation were found to be negatively impacted. The type of housing also made a difference to the mental health of young people. Those with higher levels of mental disorder were more likely to live in social or privately rented accommodation, opposed to owner occupied, and living in areas of deprivation (Hagell et al, 2013).

Finally, children’s social functioning was also impaired. Children with an emotional disorder had more time off school than other children, 44 per cent of children were behind in their intellectual development at school, with 23 per cent being two or more years behind. Also those aged 11-16 and diagnosed with an emotional disorder were more likely to smoke, drink and use drugs than other children and 28 per cent said that they had tried to harm or kill themselves (Hagell et al, 2013). Overall, this report shows that social exclusion, through poor educational attainment, unstable housing situations, and difficulty accessing the labour market can have a detrimental impact on the mental health and future life chances of young people. Essentially, we are seeing that particular groups such as
those facing social disadvantage, including poverty and discrimination, and involved with the youth justice system (Newman, Talbot, Catchpole & Russell, 2013), are experiencing higher levels of health inequality than others (Hagell & Coleman, 2014).

The literature discussed so far covers the more common mental health conditions, including depression and anxiety. However, a less widely documented phenomenon, self-harm, is having a significant impact on young people's mental health. Self-harm can involve: cutting, burning, scalding, banging or scratching one's own body, breaking bones, hair pulling, and ingesting toxic substances or objects. Self-harm is often referred to as a symptom concealing underlying emotional and psychological trauma (Truth Hurts, 2006). The Mental Health Foundation’s (MHF) Truth Hurts: national inquiry into self-harm among young people outlines that ‘self-harm among young people is a significant and growing public health problem’ (2006:3). Indeed, the numbers of young people harming themselves has increased significantly. In the last 10 years there has been a 68 per cent increase in inpatient hospitalisation admissions for self-harm (YoungMinds, 2014).

The intention of the MHF report was to spark a step-change in understanding self-harm and act as a platform to suggest changes in the prevention of, and response to, self-harm. Rates of self-harm are much higher among young people than the general population. Therefore the cohort surveyed was aged between 11 and 25 years. The report outlines that ‘self-harm affects at least one in 15 young people in the UK, with some evidence suggesting that rates of self-harm in the UK are higher than anywhere else in Europe’ (Truth Hurts, 2006:5). One of the key findings highlighted that young people prefer to disclose self-harm practice to another young person. The act of disclosing was reported to help young people feel less socially isolated. However, some young people reported extremely negative reactions when disclosing to professionals. This could be incredibly detrimental to the young person at a critical time when they are seeking support. The inquiry concluded that more research into self-harm is needed to develop effective services. This should include support and therapeutic interventions, with particular emphasis on preventative measures and training and awareness raising among professionals and peer-to-peer initiatives. It is recommended that this should be delivered within an overall framework of a whole school approach towards mental wellbeing (Truth Hurts, 2006).

A more recent report by YoungMinds and Cello Group, Talking Taboos - Talking Self Harm (2012), found that 3 in 4 young people do not know where to go to seek help and support to talk about self-harm. Also a third of parents would not seek professional help if their child was self-harming. Furthermore, almost half of GPs reported that they lacked understanding about the condition and young people's motivations to self-harm. This experience was also shared by education professionals with 2 in 3 teachers expressing that they did not know what to say to young people who self-harm (YoungMinds, 2014).

Worryingly, recent NHS figures highlight that there is still significant work to be done to improve young lives affected by self-harm. Latest reports show a 20% rise in the number of 10 to 19 year olds admitted to hospital because of self-harm injuries across England, Wales and Northern Ireland (Whitworth, 2015), with similar figures for those aged up to 18 in Scotland (Ellison, 2015).

A further condition which is causing severe mental health distress for many young people is eating disorders. Until recently eating disorders have received little attention by policy makers. However,
experts have warned that specialist NHS services are struggling to cope and waiting times for treatment are astronomically high, forcing young people to wait longer while their condition worsens and can become critical (Campbell, 2015). Moreover, latest reports outline hospital admissions for UK teenagers have nearly doubled over the past three years (Jones, 2015). These accounts have pushed the issue further up the political agenda and into the public consciousness prompting, in part, the UK Government’s announcement of £30 million of investment for children and young people with eating disorders in England (143m for children’s mental health, BBC News 2015).

The latest report by BEAT, the eating disorder charity, outlines the devastating impacts on young people who have an eating disorder. The Costs of Eating Disorders study included a survey of 435 people with a range of eating disorders and 82 carers across the UK to assess some of the key economic, health and social impacts attributable to the illness. Based on the survey findings young people indicated that eating disorders are initially recognised under the age of 16 in 62 per cent of cases (BEAT, 2015:9). This is at a critical time in their compulsory learning period and has severe implications for educational attainment and longer-term impacts on employment and earning potential (BEAT, 2015:7). Indeed, the findings suggest the impact of time off work and education across all those who took part in the study was £650 per annum for young people under the age of 20, £9,500 for the over 20s, and £5,950 per annum for carers. While this signifies the cost in real terms, the emotional and wellbeing costs attributable to young people are insurmountable with 90 per cent of those surveyed reporting that their illness had a very significant or significant impact on their well-being and quality of life (BEAT, 2015:9).

Wellbeing and resilience to safeguard mental health

The review so far has concentrated on the prevalence of young people’s mental health and their associated conditions. However, childhood experiences of wellbeing and resilience forming capabilities should also be considered in the overall lexicon of mental health. Resilience is important not only in protecting a child in difficult circumstances, but also in assisting the child to develop and progress regardless of the circumstances (Newman, 2004; Glover, 2009). Action for Children (formerly the National Children’s Home, NCH) published a review of The Emotional Harm and Well-Being of Children, in 2007. The literature review offers a comprehensive background of key Government reports on children’s wellbeing and effective policy interventions set out in Acts of Parliament, most notably under the Every Child Matters: Change for Children framework in the Children’s Act 2004. A central element in the report is a review of the definitions associated with defining mental health. The report calls for agencies working in children and young people’s settings to ‘develop consensus regarding definitions and thresholds to enable interdisciplinary communication and the development of coordinated policy and strategy for intervening to enhance children’s emotional wellbeing and reduce emotional harm’ (2007:4). The report clearly highlights the importance of early intervention initiatives as an important strategy for enhancing emotional wellbeing and building resilience in children to safeguard their mental health in the future.

Building on this, Margo and Sodha (2007) provide analysis of children and adolescents’ emotional wellbeing, behaviour and mental health. The aim of the study was to explore the role of emotional wellbeing in childhood and how different factors may predict mental illness in adolescence and thus impact life chances in adulthood. Using the British
Cohort Study (BCS) the researchers used the technique of regression analysis to assess a group of children born between 5 and 11 April 1970. The researchers collated detail on the cohort’s family and economic background, and their subsequent experiences.

At the time the report was published (2007), the cohort were in their 30s and so the researchers were able to track back and determine how early childhood experiences impacted on later life outcomes. This new analysis of the original BCS study examined the extent to which individuals believed they could control events affecting them, self-esteem, and some behavioural and emotional indicators (see Margo & Sodha, 2007) in childhood for mental health outcomes in adolescence. The research showed that the emotional wellbeing of a young person at age 16 is a strong indicator of their mental health and life chances at age 30.

A significant finding from the research shows that non-cognitions (emotional and personality traits) are just as important as cognitions (numeracy and literacy) in a child’s development to ensure resilience. The researchers call for a reprioritisation of policy focus in education to bring parity between emotional and cognitive development in schools (Margo & Sodha, 2007). Indeed, the research proves the importance of early adolescence in shaping emotional wellbeing and calls for initiatives to be introduced as early as possible to safeguard mental health in adulthood (Margo & Sodha, 2007). This finding adds further weight to the argument that mental health prevention strategies are imperative in childhood.

Another pertinent finding in Margo and Sodha’s research, and one which has wider implications for the youth social action sector, is the positive assimilation between a child’s involvement in extracurricular activities and emotional wellbeing in adulthood. The activities are required to take place in a group setting, with a clear hierarchy, requiring young people to work collectively towards clearly defined goals. The findings outline this form of engagement in childhood has a positive influence on a child’s social and emotional development (Margo & Sodha, 2007).

These findings have wider implications for the youth social action sector and the role organisations can play in developing young people’s resilience and supporting their well-being.

To aid further understanding of young people’s wellbeing and impacts on mental health, the Princes Trust annual Youth Index tracks the concerns of young people over time. It is the largest study of its kind and has been operating over the past seven years to assess young people’s wellbeing, happiness and hopes for the future (The Princes Trust, 2015). Young people are asked how happy and confident they are in different aspects of their lives. The responses are converted to a numerical scale, resulting in a number out of 100. 100 represents entirely happy or confident, with zero representing not at all happy or confident.

The 2015 index suggests that young people’s happiness has dropped by one point to 70 from 2014. While this is not significant, the rating for young people not in education, employment or training (NEET) has dropped by five points from 2013. Therefore, the study highlights that employment status has a significant influence on wellbeing. Indeed, NEET young people have an overall index of 59 compared to 72 for those in education, employment or training. The qualifications obtained by a young person have also been proven to impact on their wellbeing. The survey indicates that young people who have five or more A*-C GCSEs or Scottish Standards levels 1 or 2 rate their happiness and confidence as 71 compared to 65 among those who have fewer than five. The survey also reveals that more than 1 in 10

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young people often feel unable to leave the house due to anxiety, while 1 in 5 reported ‘falling apart’ emotionally on a regular basis (The Princes Trust, 2015:3).

The strength in this study lies in the longitudinal account of the state of young people’s wellbeing over time. Therefore it is possible to track any significant increases or decreases of wellbeing for a number young people. Also, this report builds on the 2004 ONS study referred to earlier as it considers an upper age range for the assessment of young people from 16 to 25. The sample is also representative with over 2,265 young people taking part. The key limitation, however, as with most surveys, is the lack of clarity about whether young people with experience of local authority care were consulted. It is highly probable that being placed into care will have a significantly negative impact on young people’s happiness and wellbeing. However, it should be noted that the report does refer to those who have experienced ‘troubled childhoods’.

Overall this latest report of the Youth Index shows that a significant number of young people feel anxious, unsafe and unhappy in their communities and this is compounded for those further from education or employment opportunities. Indeed, young people who are NEET are far more likely to demonstrate anxious behaviour. This will undoubtedly have long-term detrimental impacts on young lives. Securing children’s emotional wellbeing is critical to ensure equal life chances for all in adulthood. Their social mobility increasingly depends on policy responses that explicitly focus on developing the emotional wellbeing of young people to ensure the emotional and mental health of the next generation (Margo & Sodha, 2007).

This section has reviewed the significant scale of the problem concerning young people’s mental health across the UK. The studies discussed outline that mental health affects every area of young people’s lives, whether at home, school, work or socialising with friends. The various insights have also highlighted the socio-economic factors that can impact young lives. Structural disadvantages such as housing tenure, and employment and education status, can have detrimental effects on young people’s mental ill-health. Cultural factors, such as the proliferation of the digital world and its related pressures, and personal factors, such as family make-up, gender, and being from a specific ethnic minority background, are also significant factors in the prevalence of young people’s mental health. These elements when interspersed with deprivation and poverty suggest that young people from vulnerable groups are more likely to experience health inequalities, including mental ill-health, than others.

Most commentators judge that prevention and early intervention services are the most appropriate course of action to promote wellbeing and resilience early on to safeguard young people’s mental health in adulthood. It is also clear that more research, focused on the critical examination of the prevalence of young people’s mental health conditions and the related causes and consequences, is needed. Regular research is desperately required, particularly with a wider age range, inclusive of those in local authority care settings, and associated youth homelessness organisations. Moreover, consideration of structural conditions, such as youth unemployment, welfare reform, and housing, should be integral to any evaluations, alongside the cultural and personal aspects of young lives. Only then might there be a truer sense of the scale of the problem concerning children and young people's mental health.
APPENDIX 2:
A RECENT POLICY REVIEW OF CHILDREN AND YOUNG PEOPLE’S MENTAL HEALTH IN THE UK

England

Since 2011 the Government has published a number of policy proposals designed to improve mental health provision and services for children and young people. *No Health without Mental Health* (2011) was published by the Government to improve mental health outcomes for people of all ages. The report highlighted the importance of ‘promoting good mental health and intervening early’, especially in children and adolescent years to help prevent mental illness from developing and lessening the effects when it occurs (2011:2). The report also pledged to ensure high quality services, equally accessible to all. The proposals focus primarily on devolving more power to the local level to decide the most appropriate service to commission for that area, more control over public finances, more choice of provider, and lessening bureaucracy. The strategy focused on England but outlined that the ‘challenges are common across the four countries of the United Kingdom’, *(No Health without Mental Health, 2011:5)* and therefore pledged to work closely with devolved administrations in Northern Ireland, Scotland and Wales (Blow, 2015).

The Implementation Framework for this strategy, published in July 2012, outlined how various bodies, including schools, employers and local authorities should work collaboratively to support young people’s mental health. A key recommendation was for schools to promote children and young people’s wellbeing and mental health (Blow, 2015). This corresponds closely to the recommendations around wellbeing initiatives outlined by Margo and Sodha (2007) earlier in this paper (for further detail see Margo & Sodha, 2007, *Get Happy: Children and Young People’s Emotional Wellbeing*).

In 2013, the former Leader of the Opposition, Ed Miliband, launched an independent taskforce review to assess how society can do better at promoting good mental health, preventing ill health and supporting those living with mental health problems. *The Mentally Healthy Society* was published in early 2015 containing 40 recommendations focused on the settings where people live their lives, including in homes, schools, communities and workplaces. The key recommendations are concentrated around early intervention, and include improved access to services, parenting programmes, school-based counselling, and talking therapies. A further significant proposal looks at how to support those with mental health conditions to fulfil their potential in the workplace by encouraging businesses to join schemes for supporting mental health. Finally, the report recommends that the proposals must be underpinned by a wider generational shift in attitudes and discrimination towards mental health (*The Mentally Healthy Society*, 2015).

In January 2014, the Government published, *Closing the Gap: priorities for essential change in mental health* (2014). This outlined a specific commitment to improve mental health care for children and young people. A number of recommendations were made. First was to improve access to psychological therapies for children and young people across England by 2018. Second a new Special Educational Needs (SEN) Code of Practice

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*This section is designed to provide a brief overview of children and young people’s mental health policy in the UK. For a more exhaustive account please see: YoungMinds Website [http://www.youngminds.org.uk/training_services/policy/camhs_in_the_uk]*
to be implemented through statutory
guidance to identify and support children
and young people with mental health
problems who have a special education
need. Third a commitment was also made
to improve information in schools about
how to identify mental health problems
sooner. This guidance is to be published
from the Department of Health (Blow,
2015).

To compliment this report several other
major Government announcements
were made in 2014. The Department for
Education has pledged to work formally
with the Personal, Social, Health and
Economic (PSHE) Association to support
schools to teach pupils about mental health
and tackle stigma among peers. As part
of this new approach the Government
also pledges to introduce a blueprint for
counselling services in schools. In October
2014, the Government announced the first
waiting time standards for mental health
services for adults. At present this does not
extend fully to children and young people
although the former Minister for Care and
Support, Norman Lamb, said in December
2014 that where adult IAPT (The Improving
Access to Psychological Therapies
programme) services are commissioned to
provide a service for 16 and 17 year olds,
the new waiting time standard will apply. A
Government mental health taskforce was
also established in 2014 to examine how
to improve child and adolescent mental
health services and ways of accessing help
and support. The campaign organisation
YoungMinds was commissioned by the
Government to embed the views of young
people who are using or who have used,
child and adolescent services, in the
report. This approach has ensured that
children, young people, and families’ voices
and experiences are firmly at the heart
of the recommendations. It is also clear
recognition of the important work of third
sector organisations supporting children
and young people’s mental health.

In March 2015 the Government published
its taskforce review, *Future in Mind,
promoting, protecting and improving
our children and young people’s mental
health and wellbeing*. The report outlines
the severity of the challenges facing child
and adolescent mental health services
and outlines 49 recommendations to be
implemented across the following areas;
promoting resilience, prevention and
early intervention, improving access to
services, care for the most vulnerable,
accountability and transparency in services,
and developing the professional workforce
(*Future in Mind*, 2015:30).

The taskforce proposals are wide-ranging
and will be delivered with additional
Government funding of 1.25 billion for
children and young people’s mental health
services (*Deputy PM announces billion
pound boost, 2015*) and new waiting
time standards (*First ever waiting time
standards*, 2014). An anti-stigma campaign
will aim to raise awareness and promote
improved attitudes to children and young
people’s mental health difficulties. There
are also plans for a five year programme
to improve access to services when young
people need it. This will be delivered
with additional funding. Services will be
redesigned, moving away from tiered
support and towards a more simplified
one built around the needs of children and
young people. This will include joining up
local services, with lead commissioning
arrangements, to ensure a single integrated
plan, and support to transition to other
services based on need and not age. New
measurement tools are also proposed
to gather information about standards
of performance and how to get the best
outcomes for children, young people,
families/carers and public investment.
Plans are also included to ensure that
all professionals that work with children
and young people are trained in child
development and mental health, so they
can offer support. Finally, a clear plan is
to be established to utilise the information
provided about successful outcomes to make better judgements on the right services to invest in (Future in Mind, 2015).

**Northern Ireland**

Children and young people’s mental health policy has been shaped significantly over the last decade in Northern Ireland by a seminal report, *The Bamford Review: A vision of a comprehensive child and adolescent mental health service* (2006). The Review was originally announced in October 2002 to investigate law, policy and provision affecting people with mental health needs or a learning disability in Northern Ireland (MENCAP, 2008). This report was one of 10 published by the Bamford Review, which described services as in ‘overwhelming need’ and characterised by ‘chronic under-investment’ (*The Bamford Review*, 2006:13) and made 51 recommendations for change (*YoungMinds, CAMHS Policy in Northern Ireland*). It should be noted that the Review also made specific reference to the ‘impact of Troubles related Trauma, the effects of sectarianism, and the associated violence on children and young people and the related impacts on their mental health’ (*The Bamford Review*, 2006:79). This should be viewed as a critical insight into the social and cultural nuances underpinning Northern Ireland’s societal infrastructure and highlight the need to shape services around local need.

*The Bamford Review* made proposals for widespread changes to raise awareness of mental health, focus on the prevention of mental ill-health, and provide accessible and effective treatment services for those in need. The Review also centred on the requirement to engage a range of agencies to deliver the reforms including, health and social services, education, youth justice, and the voluntary sector (*The Bamford Review*, 2006:1).

In October 2009 the Northern Ireland Executive (NIE) published their response, *Delivering the Bamford Vision*. The report outlined that the full process of improving and modernising services was likely to take around 10-15 years to implement (*Delivering the Bamford Vision*, 2009) with the intention of Northern Ireland being recognised as an innovative leader in the practice of delivering mental health services for children and young people (*YoungMinds, CAMHS Policy in Northern Ireland*). An independent Review of Child and Adolescent Mental Health Services in Northern Ireland was undertaken during 2010. The report, carried out by the health watchdog, *The Regulation and Quality Improvement Authority* (RQIA) and published in 2011, acknowledged that progress had been made following the Bamford reforms. However, concerns were raised about the number of young people being cared for on adult wards between 2007 and 2009 (*YoungMinds, CAMHS in Northern Ireland; 200 young people treated in adult mental health wards, 2011*). The report made 21 recommendations, including the proposal for an overall CAMHS strategy across Northern Ireland and better access to timely early intervention support services (*RQIA Independent Review*, 2011).

A cross-departmental *Bamford Action Plan* was completed and a consequent evaluation published by the NIE in 2012. The evaluation found that 80 per cent of actions had been completed, although there were areas where services still needed to improve. For example, the need for better information on services available and how to access them; improved local level cross-sectoral working; a focus on outcomes, rather than inputs; and more effective tools to monitor and measure achievement. The NIE pledged to deliver these changes through the 2012-2015 Action Plan (*Written Ministerial Statement*, 2013).
Scotland

In 2003 the influential Needs Assessment Report on Child and Adolescent Mental Health, (commonly known as the SNAP report) was published. The report, commissioned by the Scottish Executive, made 10 recommendations, on the following themes. First to improve service provision for children and young people through a focus on the rights of young people. Second to improve focus on promoting mental health and emotional wellbeing, preventing mental ill-health, and early detection. Third to invest in research, and fourth to strengthen the local, regional and national responses to care (Needs Assessment Report, 2003). This formative report has continued to underpin the strategic policy environment around children and young people’s mental health provision since its publication (YoungMinds, CAMHS Policy in Scotland).

To make the most of this strong policy landscape a number of action plans followed to set a framework for delivery including, The Mental Health of Children and Young People: A Framework for Promotion, Prevention and Care, (Scottish Executive, 2005), which built on the 10 recommendations of the SNAP report (YoungMinds, CAMHS Policy in Scotland). The framework is broken down into three distinct areas. The prevention of children and young people’s mental health problems through both universal and targeted interventions. Improved care and after-care services, with robust evaluation mechanisms so that feedback can be given to services who can respond and make any appropriate changes. Finally, promotion of mental health, which outlines how to create supportive environments to empower young people and build resilience and competence from an early age. The framework was underpinned by a model of partnership requiring NHS services, education, social work and the voluntary sector to embed the framework and ensure a continuum of support (Scottish Executive, 2005).

In 2009 the Scottish Government published, Towards a Mentally Flourishing Scotland: Policy and Action Plan 2009-2011 (2009). The report outlines six strategic objectives which reflect the needs of the individual across the lifecycle and in the various settings they live their lives. The objectives include: mentally healthy infants, children and young people; mentally healthy later life; mentally healthy communities; mentally healthy employment and working life; reducing the prevalence of suicide, self-harm and common mental health problems; and improving the quality of life of those experiencing mental health problems and mental illness. This model is deemed as a holistic approach ‘based on a social model of health, which recognises that our mental state is shaped by our social, economic, physical, and cultural environment, including people’s personal strengths and vulnerabilities, their lifestyles and health-related behaviours, and economic, social and environmental factors’ (Towards a Mentally Flourishing Scotland, 2009:5).

The Mental Health Strategy for Scotland 2012-15 was published in 2012 and set out key commitments across ‘the full spectrum of mental health improvement services and recovery to ensure delivery of effective, quality care and treatment for people with a mental illness, their carers and families’ (Mental Health Strategy for Scotland, 2012:2). Within this plan specific commitments on children and young people’s mental health were outlined, including in the areas of infant and early years mental health, conduct disorders, attachment issues, looked after children, learning disability and CAMHS, access to specialist CAMHS, and reducing admissions of under 18s to adult wards (YoungMinds, CAMHS Policy in Scotland).

As well as a strong policy environment in Scotland, specific legislation has also been recently been passed. The Mental Health Scotland Bill was introduced to the Scottish Parliament on 19 June 2014 and received Royal Assent in August 2015 (Mental Health...
(Scotland) Act, 2015). The Act builds on the principles of the Mental Health (Care and Treatment) (Scotland) Act 2003 ‘to make a number of changes to current practice and procedures to ensure that people with a mental disorder can access effective treatment in good time’ (Stage 1 Report on Mental Health, 2015:2).

Wales

Historically, Wales has led the way in terms of specific actions to address children and young people’s mental health. It was the first UK country to have a national CAMHS strategy, Everybody’s Business, which was launched in 2001. The strategy outlined a comprehensive, four-tiered model based around a multi-agency approach and partnerships between children, young people, their families and professionals (Everybody’s Business, 2001). The Welsh policy context for children and young people is based on the UN Convention on the Rights of the Child (UNCRC), which follows seven key themes: equal early life chances; access to a comprehensive range of education and learning opportunities; to be free from abuse, victimisation and exploitation to enjoy the best possible health; to be listened to, treated with respect, and have race and cultural identity recognised; to have a safe home, and a community, which supports physical and emotional wellbeing; and to not be disadvantaged by poverty (Convention on the Rights of the Child, 1990; YoungMinds, CAMHS Policy in Wales).

In 2005 the Welsh Assembly Government published the National Service Framework for Children, Young People and Maternity Services. The framework has been developed as a partnership between health and social care with links to education, housing, leisure, the voluntary sector and other stakeholders including parents/carers, children and young people. The aim of the framework was to improve quality and equity of service delivery through the setting of national standards (Children’s National Service Frameworks). There are provisions within the framework, which focus specifically on children and young people’s mental health. Chapter 2 looks at psychological wellbeing; Chapter 4 mental health problems and disorders; and Chapter 5 considers other universal services and transitions through a ‘transitions standard’, to ensure equitable, timely, effective and co-ordinated access to services (National Service Framework for Children, Young People, 2001; YoungMinds, CAMHS Policy in Wales).

In 2009, Healthcare Inspectorate Wales (HIW), the Wales Audit Office, Education and Training Inspectorate for Wales (Estyn), and the Care and Social Services Inspectorate Wales (CSSIW) published a report of a joint review of Child and Adolescent Mental Health Services (CAMHS). The extensive review scrutinised a wide range of services for children and young people with emotional and mental health problems across health, social services, and education. The primary aim was to find out whether services were adequately meeting the mental health needs of children and young people (Services for Children and Young People, 2009).

There were five main safety issues highlighted in this report, which included, the inappropriate admission of children and young people to adult mental health wards; health staff not understanding and/or not acting upon their safeguarding duties; health professionals not sharing information regarding individual children with other practitioners; and the closing of cases or discharge of patients following non-attendance at appointments (Services for Children and Young People, 2009). The conclusion was ‘that despite some improvements in recent years, services were still failing many children and young people, reflecting a number of key barriers to improvement’ (Services for Children and Young People, 2009:16). In response, the
Welsh Government produced an action plan to address the issues highlighted in the report. *Breaking the Barriers: Meeting the Challenges* (2010), set out a number of actions for the NHS and local authorities to undertake. A follow up review was published, *Child and Adolescent Mental Health Services: Follow up Review of Safety Issues* (2013) to establish whether the Welsh Government and Health Boards had addressed the issues in the 2009 report. The ‘overall conclusion was that whilst there has been some progress by the Welsh Government and health boards in addressing the safety issues, children and young people continue to be put at risk due to inappropriate admissions to adult mental health wards. There are problems with sharing information and acting upon safeguarding duties, and unsafe discharge practices’ (*Child and Adolescent Mental Health Services: Follow up Review, 2013:5*). Following this influential report The National Service Model for Local Primary Care Mental Health Support Services was published (2011). The model aims to ‘assist the delivery of local primary mental health support services across Wales’ (*Model for Local Primary Care Mental Health Support Services, 2011:6*).

Further significant Welsh policy includes The Mental Health (Wales) Measure, which was passed into law by the Assembly in March 2010 (*YoungMinds, CAMHS Policy in Wales*). This measure focuses on people’s individual needs in the settings they live their lives. This is a departure from the 1983 and 2007 Mental Health Acts, which were largely about compulsory powers, and admission to or discharge from hospital (*Mental Health Wales*). *Thinking Positively: emotional health and wellbeing in schools and early years settings*, also came into action in 2010. This good practice document published by the Welsh Government aims to support all schools and Early Years settings in promoting emotional health and wellbeing. The Schools Effectiveness Framework (SEF) outlines the key features required to build on existing best practice and improve children and young people’s learning and wellbeing throughout Wales; highlighting how each stakeholder contributes (*YoungMinds, CAMHS Policy in Wales*). Wellbeing is at the centre of the School Effectiveness Framework (SEF) and is a crucial core element of the work of education settings. Key features in the best practice report include: proposals to support schools and local authorities to promote their work around emotional health and wellbeing, early identification and intervention, and signposting to resources and sources of support (*Thinking Positively, 2010; YoungMinds, CAMHS Policy in Wales*). Finally, the Welsh Government recently (June 2015) announced an extra £7.6 million funding for children and young people's mental health services to improve access and treatment (*Mental Health Wales, 2015*).

This appendix has provided a brief review of the most current and significant policy developments referring to children and young people’s mental health across each UK jurisdiction. The challenges facing children and young people’s mental health services are common across the four countries of the UK and therefore there are opportunities to share and build on best practice. Devolution of decision making and localisation and integration of services is also strong across the policy frameworks. However, while this is welcome the lack of resources to deliver the services remains a significant barrier to improving children and young people’s mental health. Considerable effort still needs to be made to devolve decision making concerning appropriate services and levels of need made at the local level, where services have more control over budgets.

More recent policy proposals focus on prevention measures, wellbeing initiatives and multi-agency approaches to deliver reforms, including working with health and
social services, education, youth justice, and the voluntary sector. There has also been recognition throughout the UK about the pressing need to address the situation of young people with acute mental ill-health being detained in police cells and cared for on adult wards, which gives rise to serious safeguarding concerns. Overall, despite some improvements in recent years services are still failing many children and young people.

**APPENDIX 3: MENTAL HEALTH SERVICE PROVISION, ACCESS AND FUNDING IN THE UK**

Child and Adolescent Mental Health Services (CAMHS) are commissioned from various sources including parts of the health, education and criminal justice sectors, local authorities and related agencies, reflected by the policy framework within each UK country. Generally CAMHS is provided across the UK through a network of services which include universal, targeted, and specialist services, currently organised in four tiers. Tier one includes universal services such as early years and primary care. Tier two provides targeted services such as youth offending teams, primary mental health workers, and school and youth counselling (including social care and education). Tier three offers specialist community CAMHS and tier four involves highly specialist services such as inpatient services and very specialist outpatient services (Blow, 2015).

Despite the universal adoption of the tiered model throughout the UK, there are serious concerns about the commissioning process, especially in England. A House of Commons Health Select Committee Inquiry found that ‘there are serious and deeply ingrained problems with the commissioning and provision of children’s and adolescents’ mental health services’ (Health Select Committee, 2014:5). Key concerns highlighted include access to inpatient services, increased waiting times, high referrals thresholds, and some Clinical Commissioning Groups (CCGs) reporting that their budgets have been frozen or cut, and are too short-term (Blow, 2015). Two-thirds of ‘top tier’ local authorities in England have reported that their CAMHS budget has dropped since 2010, with one local authority reporting a drop of 41% in their CAMHS budget between 2010 and 2013 (YoungMinds written submission, 2014). Many of the cuts affected early intervention initiatives, which means by the time a young person eventually receives care they may have become critically ill, require more intensive treatment and after care. This approach is "short-sighted" (YoungMinds written submission, 2014:2) and at great emotional cost to young people and fiscal cost to the NHS.

Furthermore, commentators say the tiered system leads to confusion as to who is responsible for the delivery of services in each part of the model. They also argue that if financial restraints are placed on one area of the service it can have a detrimental effect on demand on other services commissioned by another commissioner. This is especially prevalent in early intervention services, which provide support to children and young people before mental health problems become entrenched and more severe (YoungMinds written submission, 2014). YoungMinds

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7 See the following for each country:


suggests that the best way to alleviate these issues is to install a local CAMHS Pathway Commissioning Strategy. The strategy would bring together tiers one through to four and be jointly funded between health and local authorities with significant involvement from schools and youth justice (YoungMinds written submission, 2014).

A recent report by the Royal College of Nursing provides further evidence on the state of mental health services in the UK. The report acknowledges the growing problems in CAMHS services, from prevention, to early intervention, and inpatient services. An urgent issue associated with access to services is the availability of beds for young people in crisis. Young people have to travel miles from home to access services, and far from vital family and friend support (Turning Back the Clock, 2014). Fragmenting the social network of young people in such a way can be detrimental to recovery.

The report also takes a closer look at mental health service provision in each UK country and highlights key areas of concern. Inpatient services are especially acute in England, with a significant 4 per cent increase in people (3,800 people) accessing services, balanced on the back of a reduction in beds. At a critical time of service reduction this is compounded by reduction in the workforce (3,265) of specifically trained mental health nurses. There are also further concerns around the geographical access to services (rural areas suffering more), recent funding reductions, long waiting lists and extremely high thresholds for referral and lack of integration between services (Turning Back the Clock, 2014; Chief Medical Officer, 2012).

The reduction in the mental health nursing workforce in Scotland is a critical concern, especially given the profile of the ageing workforce. The reductions appear to be related to a fall in inpatient admissions and inpatient beds as more people are being treated in the community. However, patients that do require inpatient services are presenting with more complex needs and therefore require more, not fewer nurses, to manage the increase in patients with more complex needs.

In Wales young people with acute mental health problems are increasingly being cared for in acute adult mental health wards (Tier four), out of their county and even out of country. This gives rise to serious concerns around safeguarding and availability of family and social network support.

Finally, in Northern Ireland, there is broad concern about the model of care provided due to the implementation of self-care, self-directed support and individual budgets in mental health care settings. While the premise of this approach is a well-meaning attempt to promote independence, choice and dignity, in reality some people are forced into inappropriate care which is not currently designed around their needs (Turning Back the Clock, 2014:24). This is especially worrying for young people transitioning to adult support who are particularly vulnerable. The report concludes that while mental health care has made significant progress over the decades, the current framework for commissioning, alongside budgetary constraints and personnel issues, “show that mental health services in the UK are under unprecedented strain” (Turning Back the Clock, 2014:24).
While the UK Government and devolved administrations have made positive strides towards policy development in this area (see appendix 2) - including a commitment to extend and ensure more access to The Improving Access to Psychological Therapies (IAPT) programme (England), a commitment to engage a range of agencies to deliver reforms including, health and social services, education, youth justice, and the voluntary sector (Northern Ireland), specific Mental Health legislation to ensure effective treatment in good time (Scotland), and focus on individuals’ needs in the settings they live their lives (Wales) – the evidence presented above from third sector organisations, representatives of frontline services and independent Government inquiries, suggests that children and young people’s mental health services remain in crisis. The crisis is set against a backdrop of underinvestment in children and young people’s mental health services, particularly early intervention, within a context of austerity measures. The added combination of cuts to welfare support (Aldridge & Macinnes, 2014) and overall cuts to local authority budgets, and the consequent scaling back of young people’s services, means the infrastructure around supporting children and young people’s wellbeing has been significantly reduced. This is a worrying landscape for children and young people, which is likely to significantly impact their future life chances.

The Feel Happy Fix: “It’s made me feel passionate and more determined about fixing mental health in the UK. Mixing with other young people meant we didn’t feel alone. I felt comfortable because there was no judgement and everyone was very supportive. I’ve never before spoken to complete strangers about my experience with mental health and it made me feel so confident. I would do it all over again tomorrow if I could!” (Fixer Shannon Finan)
THE FEEL HAPPY SERIES

The Feel Happy Fix was supported by Simplyhealth and underpinned by the ongoing work of 17,000 Fixers.

The development of the Feel Happy Series is being supported by the Paul Hamlyn Foundation.

Fixers is a campaign of The Public Service Broadcasting Trust, leading the way in innovative and meaningful engagement with young people.

In 2015, Fixers also held the Feel Happy [Eating] Fix, supported by the Wellcome Trust, to delve into young people’s experiences around eating disorders.

The findings of the Feel Happy Fix Live and the Feel Happy [Eating] Fix can be located on dedicated sub-domains of the Fixers website, home to thousands of thought provoking and impactful films and resources:

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www.fixers.org.uk

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