# Supporting young people —

with a focus on trauma

Insight and Recommendations Report / August 2021



Andthen.



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### Introduction

### About the project

Across March to August Andthen was commissioned by Mind to conduct research into young people's (between the ages of 11 - 25) experiences of and preferences for mental health support with a focus on trauma.

This is one of three research projects that was commissioned by Mind to support three strategic priorities that were defined based on engagement with adults and young people with lived experience of mental health problems, funders and staff. These are areas where Mind must significantly increase its work to effectively respond to urgent needs and are defined as:

- Fighting for the mental health of people in poverty
- · Becoming a truly anti-racist organisation
- Supporting young people with a focus on trauma

The mental health needs of young people are increasing rapidly, driven in large part by a surge in experiences of trauma. Mind has extended its work to include people aged 11 and over in recent years. However, there is much more to be done to effectively establish trauma informed work with young people in Mind's activities.

### About this document

This report captures insights and makes recommendations based on the data collected from a range of engagements with over 500 young people.

It is split into four main sections:

### Young people's experiences

What are young people's experiences in relation to the current support on offer?

### Young people's preferences

What do young people want from future support?

### **Process**

What can Mind learn from previous or existing service delivery for young people?

### **Sport and Physical Activity**

What are young people's experiences of and preferences for taking part in physical activity, including physical activity services designed to support their mental health? And what is the current landscape of mental health and physical activity services and support for young people?

### Who we are

Andthen are a team of designers that research. In particular, we research the future — what it could look like, and what people want it to look like. Our approach blends longterm thinking methodologies, such as futures thinking, with human-centered design methodologies such as co-design and design research.

# **Executive Summary**

As a young person, especially one who has experienced trauma, reaching out and receiving mental health support is a difficult journey that can make the young person feel judged, stigmatised, and discriminated against. The system of mental health support is confusing, fragmented, and very difficult for a young person to navigate — time and time again, young people described experiences where the burden to navigate this system and find appropriate support was on them. For those dealing with past or ongoing trauma, this can be especially difficult, and the failures of the mental health system are sometimes so bad that they end up re-traumatising a young person and leave them worse off than they were before they attempted to receive mental health support. Our inquiry into young people's experiences of and preferences for mental health support in England and Wales found a system that must learn to adapt its approach, to better support young people, and to significantly improve it's awareness and understanding of trauma.

Across all of our research, an overarching theme is the complexity of issues that young people are experiencing, especially those with past or current trauma. The young people that are most at risk of being traumatised are those that belong to the most marginalised groups in society. As young people get older, they increasingly connect the racism, stigma, judgement or discrimination that they receive because of their gender, ethnicity, identity or economic situation to their mental health problem.

Stigma and discrimination is also experienced by young people when they open up about their mental health problems or experiences of trauma and many report feeling judged by the communities around them, and sometimes by mental health specialists, as a result of opening up about their mental health problems or experiences of trauma, particularly during the early stages of support. Often, young people turn to their friends for support where they struggle to turn to others, however, this is much more prevalent in young women than young men.

Schools can offer a level of support to young people, and most note that they are a good source of mental health information (both formally and through word of mouth) but school itself can also be a major source of stigma. Low awareness or understanding about mental health problems and trauma in schools often results in teachers or peers misunderstanding a young person's behaviour and punishing them, or discriminating against them in a way that worsens their mental health and becomes a barrier to beneficial support.

Young people note an increasing public discourse about mental health is contributing to greater awareness of mental health problems. However, it was clearly noted that there is a key difference between mental health awareness and mental health understanding — something young people noted was still lacking. Other young people noted fears around the 'over-normalisation' of mental health support, and that their painful and difficult experiences of mental health problems were being trivialised.

Young people with experiences of trauma often feel misunderstood when seeking support. They feel that the complexity and interrelatedness of their experiences are misinterpreted, oversimplified or simply belittled. Consistently they told us that mental health support was not able to see them as a 'whole person' and tended to try and treat neatly diagnosed issues rather than holistically understanding their experiences.

They also told us of their messy, complicated, inconsistent and fragmented experiences of moving through the system of mental health support. Frequently young people felt stuck in never-ending waiting lists, found they were in the waiting list for the wrong type of support, or were pushed from service to service as they transitioned through different stages in their youth. What's clear in young people's accounts is that they feel the burden and responsibility is on themselves to navigate a complex system of mental health, a system that is meant to serve the needs of young people, but from the way it behaves, seems to prioritise the needs of adults first and foremost.

# **Executive Summary (cont.)**

Reaching out for support in the first place is the stage where young people encounter some of the biggest barriers. Young people commonly downplay their issues and despite feeling that they have mental health problems, they don't reach out for support, worried that their needs aren't severe enough. Often, it is the people around them who spot their need, and help them find support — only 6% of young people that had accessed support indicated that they had found it themselves.

Once they are in support, young people report feeling out of control or 'in the dark' due to poor communication from mental health support services and a lack of transparency around what is likely to happen next on their support journey.

These accounts of bad experiences of mental health support spread quickly through word of mouth and social media, and have resulted in low expectations and distrust of the mental health support system and in particular, CAMHS. Young people can rely on their peers, or turn to online communities for support where they are being failed elsewhere, but often this doesn't serve the needs of those with more severe mental health problems or experiences of trauma.

Engaging with young people requires a specific sensitivity, particularly around language. In the early stages of support, generally young people noted that they felt clinical or medicalised terminology such as the term 'mental health' itself could be a barrier for them, and that terms like 'emotional wellbeing' were more likely to encourage them to engage with support. However, later in their support journey,

young people demonstrated that they valued clear, and straightforward factual language that wasn't over-simplified — this helped them feel empowered to take more control of their mental health support.

Young people generally do want to be receiving in-person face-to-face support at least some of the time, they noted a preference for interacting with support services digitally to book appointments, manage their support, and gather information.

While few young people were aware of the term 'trauma-informed,' most of them described a preference for support that was more aware of their needs, sensitive to their triggers and aware of the complexities of their trauma. They wanted to interact with specialists that they felt fully understood trauma, as well as the ways in which race, poverty, gender, identity, and other factors influence mental health.

From speaking to specialists and service providers, as well as conducting a mapping activity around trauma-informed approaches, it is clear that trauma-informed mental health support is still at the early stages of being defined.

While there were no universal principles for trauma informed support for young people, we found that some approaches were relatively consistent across different mental health support services, even if there were minor differences in terminology. The principles we most commonly saw were Safety, Choice and Flexibility, Trust, Collaboration and Empowerment

In addition to these, we propose a series of principles and ingredients for trauma-informed support for young people:

- · Trauma informed support is personalised
- Trauma informed support is concerned with experiences not problems
- Trauma informed support understands how intersectionalities impact mental health
- Trauma informed support considers the sensory experience
- Trauma informed practitioners have specific professional experience with trauma
- Trauma informed support understands when support is needed urgently
- Trauma informed support always communicates what's happening to the young person
- Trauma informed support gives the young person choice and control
- Trauma informed support is aware of the limitations of different modes of delivery
- Trauma informed support understands that it is difficult to talk about trauma.
- Trauma informed is an organisational attitude

# **Executive Summary (cont.)**

When talking about physical activity, young people clearly understood the link between physical and mental health. However, this was often just on a theoretical level and there were limited examples where a young person was consistently using physical activity as a way to support their mental health.

Some noted that mental health support that includes a physical activity component isn't always appropriate, especially in situations where a young person may struggle with motivation, feel a lack of confidence participating in physical activity or have experienced trauma to do with their body. Exercise was also described by several young people as a short term solution, which would have no significant impact unless their underlying mental health problems were directly addressed.

We found that physical activity services and clubs often have implicit links to mental health — for example, talking about the mental health benefits of physical activity — but that it's rare to see physical activity services which have explicit mental health objectives or frameworks for delivering mental health support. However, we did find that mental health support with a physical activity or sport component was most commonly used by quite specific demographics, generally young men, those living in the most income deprived areas, and young people who are from Black, Asian or Minority Ethnic groups. These groups were often underserved by more traditional mental health support and sport was a good medium through which they could engage with other young people, build trust with supportive adults, and open up about their experiences.

Based on our own observations and the preferences of young people, we built a series of recommendations, which are summarised here:

- Educate young people on their right to good mental health
- Continue to support a Whole School Approach with emphasis on education and resources for teachers
- Support education and produce resources for parents, carers and guardians
- Work with partners that can help Mind reach marginalised groups
- Develop age-inclusive language guidelines
- Be flexible with language when delivering support to a young person
- Offer support and information in different languages
- Develop strategic partnerships with influencers
- Support opportunities for a more diverse range of people to work in the sector
- Embed intersectionalities into counsellor training
- Develop trauma understanding at individual and institutional levels

- Embed support in places that young people are familiar with
- Continue to champion lived experience leadership
- Support young people to navigate mental health support
- Endorse low-level self-referred support that is aimed at young people
- Use mental health support that includes physical activity to alleviate the pressure of waiting lists and refusals
- Trauma informed physical activity for mental health needs to be aware of young people's sensitivities around their body.
- Trauma informed physical activity should be used to support young people that experience high levels of stigma around their mental health.
- Partner with local physical activity providers to help them develop a robust approach to addressing mental health problems

# **Key Terms**

### Young people:

The term 'young people' is used in this report to refer to those aged 11–25. We have used the term 'young men' or 'young males' and 'young women' or 'young females' to describe those in this age group who identified as male and female. We recognise that these terms might not reflect all participants' preferences. However, we have used them to describe the notable differences in responses and experiences based on gender.

# Children and Adolescent Mental Health Services (CAMHS):

CAMHS is used as a term for all NHS services that work with children and young people who are experiencing mental health problems.

# Black, Asian and Minority Ethnic communities:

Where possible in this report, we have been specific about people's ethnicity and have tried to avoid putting different groups in a single category. Where this approach hasn't been possible, we have identified people as being from Black, Asian and Minority Ethnic backgrounds. Occasionally this has been abbreviated to 'BAME' – for instance in some of the diagrams.

### **Young Experts:**

We occasionally refer to 'Young Experts' within this report. Here we are referring to the group of 10 young people aged between 18–25, who have lived experience of trauma and mental health support, that worked with us throughout the project.

# Understanding insights in the context of trauma

While the young people we surveyed had a mixture of experiences, with 73% of them noting that they had experienced trauma, it's important to note that every young person we spoke to stated that they had experienced trauma. In the context of this project, we used Mind's definition of trauma, an abstract from this is included below:

Going through very stressful, frightening or distressing events is sometimes called trauma. When we talk about emotional or psychological trauma, we might mean:

- situations or events we find traumatic
- how we're affected by our experiences

Therefore, when we make reference to something a young person said, or something young people told us, even if trauma isn't explicitly mentioned, it's important to note that all of these statements come from young people that have experienced or are experiencing trauma.

# **Methodology Overview**

This study included a review of existing literature, a survey of 523 young people, interviews with 20 young people, indepth diary studies with 5 young people, and interviews with 11 mental health specialists and services providing a range of mental health support to young people. The demographics of the young people we engaged are outlined in more detail at the end of this report.

We also worked with 10 'Young Experts' who were young people between the ages of 18–25 who had lived experience of trauma and accessing mental health support. They worked with us to co-design the research, conduct their own research, and give feedback on our findings.

### Survey

The survey engaged 523 young people in a series of questions about their experiences of mental health and mental health support. 73% of young people that completed the survey indicated that they had experienced trauma.

### **Interviews**

Semi-structured interviews were conducted with 20 young people. In some cases, young people were accompanied by their parents, carers or guardians. Interviews explored young people's experiences of mental health and mental health support. We also asked young people about their preferences for mental health support, by asking them to describe their dream service. All young people interviewed noted that they had experienced trauma.



### **Diary Studies**

We worked with 5 young people to conduct in-depth diary studies. This involved asking young people to maintain a diary about their mental health including any support they were receiving, before reflecting back on this to summarise their dream mental health service. To summarise their dream mental health service, we asked them to draw a mental health mythical creature — its head represented how it communicated with them, its body represented how it supported them, and its feet represented how it gets to them. We also asked them to draw the space in which they would meet this creature. All young people that participated noted that they had experienced trauma.



### Interviews with specialists and services

Semi-structured interviews were conducted with 11 mental health specialists and services providing a range of mental health support to young people. These explored their approaches to working with young people, and issues relating to their domain areas of expertise.

# **Methodology Overview (cont.)**

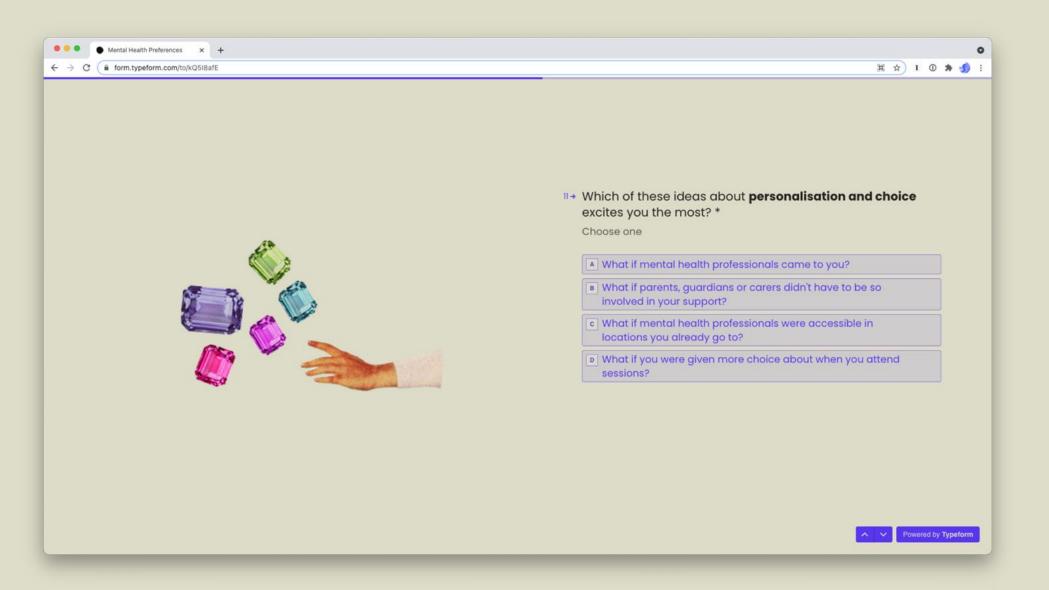
### What-if survey

We re-engaged 125 young people that had participated across different parts of the research through a survey about their preferences for support. This involved asking them to prioritise a series of 'What if' statements about the future of mental health support. These statements were developed by the Young Experts, and the survey participants were also invited to submit their own aspirational What if statements in response.

### Young Experts programme

The Young Experts programme was a 5 month programme where we worked remotely with 10 'Young Experts' who were young people between the ages of 18–25 across England and Wales with lived experience of trauma and accessing mental health support. Across a series of sessions, they worked with us to:

- Reflect on the research questions for the project and think about how best to ask young people about these issues.
- Co-design elements of the survey and the interview questionnaire.
- Create the 'What if' statements for the 'What if' survey.
- Conduct their own research individually about topics that interested them.
- Feedback on the insights and final recommendations outlined in this report.



## Acknowledgements

Source: Young Experts, Self portrait



This report was produced by Andthen on behalf of Mind. However, a large number of people contributed to this report, and we'd like to thank all those who were involved. We would like to thank our advisors, Charlotte Fountaine, Lucy Gunatillake, Abbey Rowe, and Emma Parnell who offered a breadth of support across this project and helped to steer us in the right direction.

We'd also like to thank the 10 young people, described as 'Young Experts' who worked with us across the project to co-design elements of the research, review project outcomes, and conduct some of their own research. While they will remain anonymous, we'd like to thank each and every one of them individually.

We'd also like to thank Dawn Mitchell from Street Games, Wendy Robertson and Kirandip Kaur from Thurrock and Brentwood Mind, Kristy Blackwell from Mind Aberystwyth, Jennifer Rushworth–Claeys from We Are With You, Suzie Franklin from Trauma Informed Schools, Paul Crawford, the lead of the What's up with Everyone Campaign, Christina Witney and Linda Newton from Cardiff and Vale Action for Mental Health, David Trickey from Anna Freud National Centre for Children and Families, Charlotte Mindel and Hannah Wilson from Kooth, and Leroy Harley for sharing their valuable insights, perspectives and experiences with us.

The following research questions were explored in this section:

How do young people, particularly those who have experienced trauma, understand their mental health experiences in the context of their current circumstances and the things that have happened to them?



The more mental health support a young person accesses, the more they understand how their context, environment, and experiences of trauma are impacting their mental health.



Certain demographic groups are particularly aware of how the discrimination they are receiving is impacting their mental health — these include those that identify as Black, Asian, and Minority Ethnic, those that identify as LGBTQIA+, and those that live in income deprived areas.



Social media is opening up the dialogue about mental health and allowing young people to connect with each other without the filtering of an 'expert.'



However, the scale and pervasiveness of content on social media can compound trauma, or be re-traumatising, and the lack of the expert results in a level of poor advice and misinformation.

### Mental health support helps young people better understand how their context and environment influences their wellbeing

In general, we found that young people gain a deeper understanding of the contextual factors in their lives that influence their mental health the more they access support, whether this is formal support (e.g. sitting down with a counsellor) or more informal support (e.g. talking to a friend or accessing information online). This ultimately means those in younger age groups are less likely to have a developed understanding of the contextual factors that influence their mental health compared to those in older age groups who are more likely to have accessed support or to have spoken to those around them about mental health.

In particular, we noted that those with the most experience of support had the best understanding between the links of past trauma and their current mental health issues. As expected, this group was also the best at articulating what good and bad support looks like for them.

Factors associated with certain demographics were commonly linked to mental health problems:

### **Ethnicity**

31% of those who identify as Black, Asian or Minority Ethnic identify the stigma and racism associated with their ethnicity as a cause of difficult emotion. This number is particularly high for those who identify as Pakistani (40%), Bangladeshi (40%), Black African (38%), Black Caribbean (43%).

# Sexual orientation and gender identity

Those that identify as LGBTQIA+ are particularly aware of how factors associated with gender identity and sexual orientation impact their mental health. 67% of those that identify as Gay or Lesbian identified the way they are treated because of their sexual orientation or gender as a cause of difficult emotions.

### **Income Deprivation**

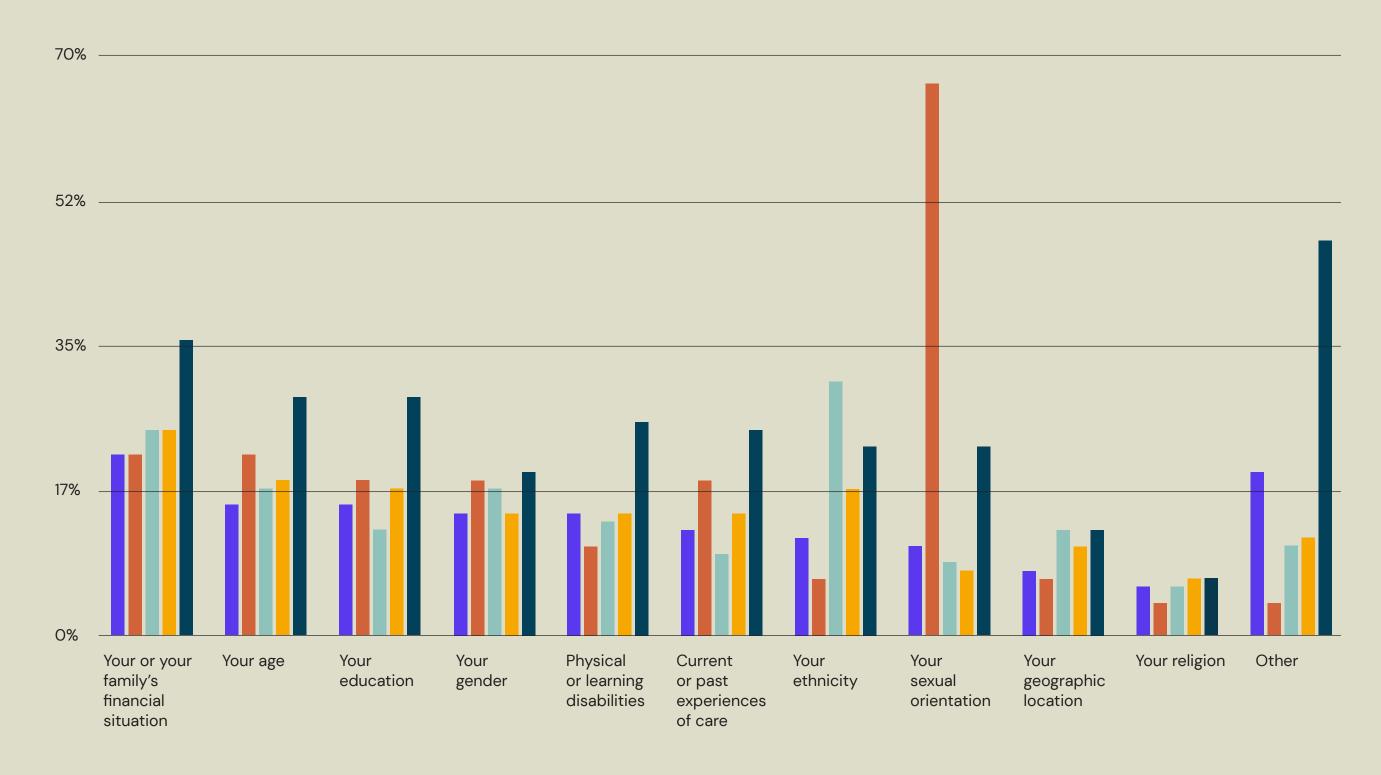
Those that lived in the 20% most income deprived neighbourhoods were only slightly more likely than average (25% compared to the average of 22%) to state that factors relating to 'their or their family's financial situation' were causing difficult emotions. A much higher 36% of respondents in the 20% least income deprived selected this option, as well as indexing higher than other demographic groups on most of the other options.

### **Body image**

Of those who selected 'Other', and left an open comment to the question 'Do you feel like factors related to any of the following have caused or are causing difficult emotions that are impacting your mental health?', the most common responses were around weight, body image and physical appearance.

Do you feel like factors related to any of the following have caused or are causing difficult emotions that are impacting your mental health?

- All
- Gay or Lesbian
- BAME
- 20% Most IncomeDeprived
- 20% Least IncomeDeprived



# Social Media is opening up the dialogue about mental health

We found that one of the most pervasive places that young people contextualise their own mental health or experiences of mental health is through social media. The discussions about personal experience and mental health are generally open and visible, with young people exposed to content about mental health across all platforms and creation of content concerning mental health is standard practice. Social media is a place that, for the most part, is free of vetting or filtering by 'experts' where young people feel able to talk more freely or be more openly curious about the context of their mental health. We found that young people are likely to make links about contextual factors, particularly around race and gender, that have influenced or currently affect their mental health.

While much of this activity and conversation happens from young person to young person, certain young people are particularly outspoken on social media about certain themes within mental health, becoming micro-influencers. However, the demographics of these micro-influencers are quite homogenous — they are generally older young people in their twenties who are White women. Examples of some of these micro-influencers are listed here, although it is important to note that this list isn't exhaustive and that these are simply examples:

Name	Channels Active	Following	Main Topics (based on analysis)
Florence Simpson	Tiktok Instagram	600k	Body positivity, PCOS, mental health is as important as physical health
Meg Zeenat Wamithi	Instagram Twitter	2k	Mental health in education and workplace, public policy, talk therapy, intersectionality.
Mia Vaughn Evans	TikTok	200k	Lived experience of being treated at an in-patient psychiatric unit.
Paul McGregor	TikTok Instagram Twitter	90k	De-stigmatisation of mental health. Grief.
Mair Elliott	Instagram Twitter	2k	Advocacy for young people getting the right mental health support. Reducing stigma.

# However, the scale and pervasiveness of social media can compound trauma or be re-traumatising

We found that the lack of experts in this context can sometimes be problematic as conversation from young person to young person can be misleading, referencing incorrect facts, providing poor advice, or handling issues with a lack of sensitivity which can be damaging. This was seen specifically in discussion around the sharing of traumatic experiences which were done so in a sensational or emotionally loaded way, often demonstrating a lack of sensitivity to the possibility of triggering other young people. For example, sharing or commenting on a personal story of sexual abuse without understanding retraumatisation or understanding the consequences of what it means to be triggered by something. Additionally, the amount of sharing that happens doesn't always equate to good or supportive responses within the conversations which can be bullying and abusive.

Some platforms which are explicitly linked to mental health, like <u>Kooth</u> offer social spaces that go beyond normal moderation practices. Content is actively pre-vetted before it is publicly posted, which can help with the misinformation that is prevalent on social media, acting as a form of safeguarding.

"Social media can also exacerbate problems if it's not the right kind of community and if it's a community that potentially responds in ways that are toxic."

(Lofton, 2019 cited Pickens)

People recounting and sharing racist events on social media is having a huge impact on large communities of people and has been coined as 'Vicarious Racism'. The awareness of other people experiencing racism can trigger personal historic trauma as well as the fear of future racist experiences.

Many Black, Asian and Minority Ethnic people have reported experiencing media fatigue from the reporting of racist events as there are no warnings or boundaries in place on social media and news channels (Gann, C., Dr Allan, A., 2020.). This sustained racism was described by some young people as having a compounding effect on their existing trauma. British writer Paula Akpan wrote a piece reflecting on the impact of viral videos showing violence against Black people and how this can incite collective trauma.

"As the widespread sharing of George Floyd's murder last year showed, this sort of content can also traumatise not just individuals but entire communities."

### (Akpan, 2021)

Social media usage is high for those with mental health problems. An NHS Digital study of young people found that 29.4% of daily users with a disorder were on social media for more than four hours in a typical school day compared with 12.0% of daily users without a disorder (NHS Digital, 2018). However, several young people we spoke to have opted out or disengaged with social media partially or entirely due to bad experiences engaging with others, or mental health content. While there are several organisations that provide

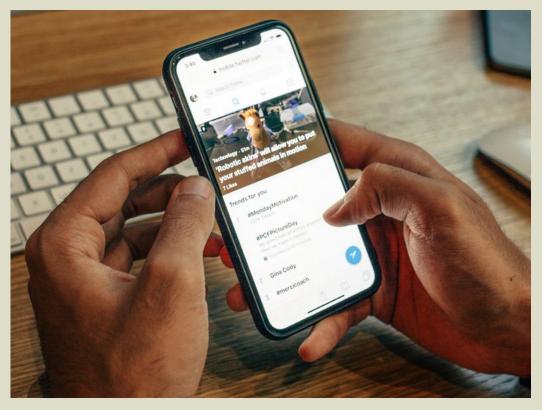
guidance on 'safe' social media use, there was no mention of a desire to engage with these organisations from the young people we spoke to.

"I don't want to go on social media anymore. I think that must've also contributed to stuff."

### Young woman, 23, White

"People do talk about [mental health] on social media. I see that a lot. The social media one is a bit like... just social media, in general, can just be toxic. So yeah, it doesn't help that much."

### Young man, 20, Black African



Source: Unsplash, Charles Deluvio

The following research questions were explored in this section:

What are young people's experiences of stigma and discrimination in relation to their mental health?

- How do these intersect with their experiences of stigma and discrimination in other areas?
- How do young people experience stigma and discrimation when trying to access support for their mental health?
- How do these intersect with or impact upon their thoughts and feelings about their experiences of trauma?

## Key points



Most young people experience or fear stigma and discrimination, either around sharing their experiences of mental health problems and/or trauma, or through the journey of accessing mental health support.



Young people report being judged the most in the early stages of looking for or applying for suitable support. They experience much less judgement when receiving support.



Young people belittle their own experiences and needs — 23% of young people who had experienced trauma said that they didn't feel that their problems were serious enough to reach out to mental health support.



Social or cultural stigma around mental health is often passed down through generations.



Parents can be a major source of stigma and discrimination.



Religious faith groups can struggle to accept the validity of mental health problems.



Young people struggle to find privacy in tight-knit rural communities.



Young men find it particularly difficult to open up about their mental health — 37% of young women over 16 who have received mental health support have received this from a friend, but only 15% of young men over 16 state they have done the same.

## Key points (cont.)



As young people grow up, they develop individual points of view about mental health and mental health support that can be at odds with the communities around them, which can be difficult to process and share with others.



Schools play a central role in young people's mental health experience, being the main source of information for school-age young people. However challenges around poor mental health literacy in schools means that teachers often misunderstand behaviour that is related to a young person's mental health problem, leading to the teacher becoming a source of stigma and discrimination.



The increasing discourse around mental health is contributing to improved awareness of mental health problems, however it's important to distinguish the difference between 'awareness' and 'understanding'. Young people commonly mention that society still struggles to understand the day-to-day experience of having a mental health problem.



Some young people have concerns of the over-normalisation of mental health discourse, and are afraid that mental health problems will be trivialised.



Anonymous mental health support services offer young people an opportunity to try out or build confidence with support with reduced risk of stigma and discrimination, however, such support has limitations in its ability to be trauma informed and help those with more severe mental health problems.

Recommendation

Educate young people on their right to good mental health

Recommendation

Continue to support a Whole School Approach with emphasis on education and resources for teachers.

# Most young people experience stigma around their mental health

The stigma that young people experience can be described in two broad categories; the stigma and discrimination associated with having a mental health problem or past experiences of trauma, and the stigma and discrimination that may be experienced when accessing mental health support.

Most of the young people we spoke to described experiences of being stigmatised or fears of 'anticipated stigma' because of sharing a mental health problem or telling someone about a traumatic experience.

These experiences or fears are more severe for certain demographics which is something we unpack throughout this section. The anticipated stigma that many young people have fears about often discourages them from reaching out for help in the first place.

Other young people actively experience stigma and discrimination when reaching out for or receiving mental health support. For instance, some feel particularly discriminated against due to their age, feeling they were unnecessarily patronised or spoken down to, and some felt stigmatised through negative responses to discussing their issues. The majority (66%) of the young people that responded to our survey said that they had experienced stigma and discrimination at some point when reaching out for or receiving support for their mental health.

"It's just so difficult for a young person to be able to be treated the same as an adult would be, or just on a similar level."

### Young man, 15, White

One of the key worries around talking to someone about the issues they are experiencing is the fear that they will not be believed. This fear relates to talking within their own social circles, such as friends and peers, parents or other responsible adults, as well as talking with mental health specialists. Talking about mental health or trauma is in itself difficult, this is compounded for young people by worries of what will happen if they speak to someone about it:

Will I be believed?

What will others think of me?

Will I be labelled as an 'attention seeker'?

Is it my fault?

Am I admitting to something I don't want to by talking about my mental health?

The instances of not being believed interestingly increased with age — while just 8% of young people under 16 said that they felt excluded from mental health support due to not being believed, 16% of over 16's said the same. However, this might be explained by an increased awareness as the young person gets older. For example, they may not have been aware if they weren't believed when they were younger. Beyond age, there are no major distinctions between demographic groups, however, those that have experienced trauma are much more likely to report that they felt excluded from mental health support due to not being believed (16%) than those that haven't experienced trauma (4%).

"I don't know why I was just so terrified of speaking to someone... because I was scared that I'd be accused of lying or I'd be told that I'm just attention seeking or just lying about everything."

### Non-binary young person, 17, White

"I don't like talking about [what happened to me] because I don't know how it will be received. I just feel it could get into the wrong hands. I would let my best friend know but then they pass it on to someone I'm not good friends with, I don't know what would happen with that information then."

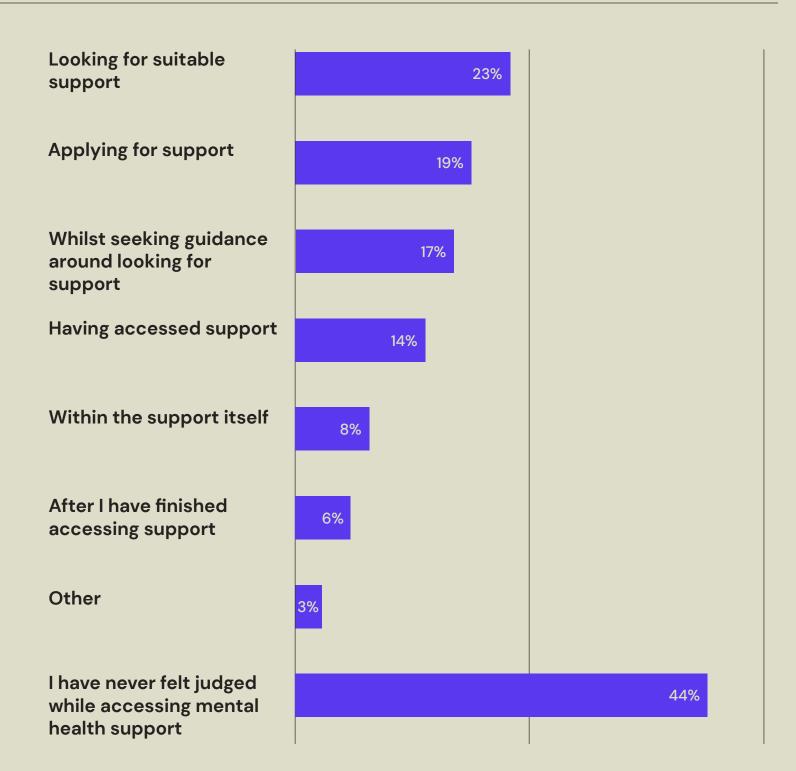
Young man, 14, White

Responses to our survey paint a clear picture around stigma and discrimination — young people experience the most stigma at the beginning of their mental health journey when looking for, applying for or seeking guidance around support.

Certain groups of young people experience stigma more than others. Specifically:

- Young women experience more stigma than young men in all areas.
- Experiences of stigma and discrimination increase with age, although a hypothesis here is that older young people are more aware of current or past stigma and discrimination.
- 32% of Black, Asian and Minority Ethnic young people experience stigma when looking for suitable support compared with 20% of White young people.

Have you ever felt judged during any of the following activities? (select multiple)



# Young people commonly belittle their own experiences and needs

Many young people report experiences, especially in their younger years, of struggling to validate their own experiences of mental health. A clear example of this comes when speaking to those whose needs are more severe. Several of those we spoke to who had experienced severe trauma(s) and had articulated a past need for crisis support had not reached out to such support. Some explained this by stating that they felt their needs were probably not as severe as others, and stating a concern that they may be 'taking the spot' of someone who has more need.

We found that overall 23% of young people who had experienced trauma said that they didn't feel that their problems were serious enough to reach out to mental health support. This is consistent with other findings from Mind — a study in 2020 found that 28% of young people did not access support because they did not think that their issue was serious enough (Mind, 2020).

"You could convince yourself that everything you're thinking is fake or that you're just making stuff up and you'll just convince yourself that nothing's wrong."

Young woman, 19, Mixed Ethnicity

23%

of young people who had experienced trauma said that they didn't feel their problems were serious enough to reach out to mental health support.



# Educate young people on their right to good mental health

### Recommendation

There is clear evidence that young people need to be better educated on their right to good mental health.

On a national level, it is important that Mind continues its work with the <u>#fundthehubs</u> campaign, and work to normalise early help seeking behaviour.

On a local level, local Minds should ensure that mental health support offered to young people explicitly addresses these issues of young people belittling their own experiences, addressing this directly in messaging and outreach (e.g. within schools) as well as being particularly sensitive to in the early stages of providing support.

- How might we normalise early help-seeking behaviour?
- How might we help young people understand that they have a right to good mental health?
- How might we make mental health support feel more accessible to those that are questioning the severity of their issues?

# Social or cultural stigma can be passed down through generations

∇ See 2CV and The Unmistakables' reports for additional insights on Intergenerational Impacts from a poverty and anti-racism perspective

There are some groups that experience stigma more severely than others, and this is often down to social or cultural stigma passed down through generations.

For instance, young people in Black, and particularly Black Caribbean communities, experience significant cultural stigma around mental health problems. Young people and professionals from Black and Black Caribbean communities that we spoke to described how mental health problems can be conflated with being 'insane' or 'mad'. Therefore many struggle to recognise or open up about their experiences.

"Especially for Black kids, Black boys primarily, mental health for them means that they are mad. That's the image they have in their head. If you have a mental health problem, you're mad."

Leroy Harley, Independent Counsellor and Youth Worker

29%

of Black, Asian and Minority Ethnic respondents to our survey noted that they had experienced stigma and discrimination from friends, family or carers, compared to 18% of White respondents.

One young Black man we spoke to noted a preference for a service where 'nobody is listening on the other side,' where he could vent and speak about his issues without the fear that someone might judge him. His fears of the consequences of talking about his mental health were so large that his ideal form of support was something he could do on his own and that was completely private.

Across our research, it is clear that most young people's experiences of mental health and mental health support are heavily impacted by their parents and the communities around them — these are often sources of stigma. These impacts appear to be greatest in younger age groups, with 35% of 11–13 year olds feel that friends, family, carers, teachers or someone in an authority role are a source of stigma and discrimination.



Source: Unsplash, Federico Giampieri

### Parents can be a major source of stigma

Parents' attitudes and cultural preconceptions around mental health have a significant impact on young people. Mainly this has an impact through influencing the way that the parent perceives their child's experiences of trauma and their mental health problems, influencing the level of support the parent ultimately offers the child. However, as mentioned in the previous section, attitudes towards mental health can easily be passed down through the family.

Several young people we spoke to recounted experiences of feeling judged or having fears of being judged by their family, or specific members of their family, based on their experiences of trauma and/or mental health problems. In these cases, the young people felt silenced, unable to open up about their mental health, or otherwise sought help without their parents' knowledge, potentially putting them in a situation of risk.

The clearest factor that influenced parent's attitudes to mental health was ethnicity, however, this certainly isn't exclusive and was experienced across a broad demographic of young people. While the sample size of qualitative research participants was not large enough to make conclusive statements, related themes that were observed here included:

 There is a tendency in East Asian families to accept the existence of mental health problems but to downplay them through always responding positively or optimistically to accounts of difficulty and failing to engage with the difficult realities of mental health problems. One young person described this as 'toxic positivity.'

- South Asian families rarely openly talk about mental health.
- Black Caribbean families have a negative view of mental health problems and stigmatise those with problems by labelling them as having something seriously wrong with them.
- Polish families struggle to engage with talking about mental health problems.

"When it comes to my family, you know, if I actually talked with them about it, they just tend to downplay it....it's just like toxic positivity."

Young woman, 25, Asian



Source: Unsplash, Suzi Kim



# Spotlight on a Young Expert research project

As part of the Young Experts programme, some of the Young Experts chose to work on individual research projects, each choosing a theme with a personal interest. Summarised here is the focus and learnings of one of these projects.

One Young Expert focused their research around the impact of growing up with Minority Ethnic parents on accessing mental health support. The research grew out of an existing research poll the Young Expert had completed which was to ask young people with parents who are first–generation Filipino immigrants about their parents' attitudes to mental health. They then conducted interviews with young people of various Minority Ethnic backgrounds, expanding on this theme about barriers to mental health support due to having first generation immigrant parents. This is how people responded:

- There were multiple young people who said their parents didn't believe them or their parents believed that the mental health issue didn't exist when they approached them for help. Others said their parents reacted in a way that left them feeling belittled or misunderstood. For example: being told "just get over it", "you're insane" or the parent becoming angry. This also created confusion for the young people when trying to accept or validate their own personal experience with mental health.
- Some young people said they could talk openly about mental health and felt their parents valued their opinions but this felt far from a real understanding of the issues.
- Some young people spoke about their mental health issues being seen as a lack of religious faith by their parents and not acknowledged as being related to anything else.

- There was a message from some parents who argued that they had moved to the UK for a 'better life' and so it didn't make sense for the young person to be experiencing mental health issues.
- People interviewed hadn't reached out for formal support due to the lack of understanding and resources from their parents, or they waited until they were legally adults and could get help without relying on parents for permission and guidance.
- Young people interviewed felt that their parents didn't know how to deal with mental health concerns as there's a lack of knowledge and resources for parents who didn't grow up with the information. This also meant that it felt embarrassing to talk about mental health as there is an ignorance about it.
- The young people interviewed felt that inclusivity and representation needed addressing within mental health support generally. Because of the current lack of this, ethnic minority young people often look to private support to find the right fit but find the cost can be offputting or exclusionary.

### Religious faith groups can struggle to accept the validity of mental health problems

It's been noted across existing literature that there are high levels of mental health stigma in faith groups, and in particular, ethnic faith groups (Education Institute, 2020).

Religious faith groups were mentioned several times within conversations around stigma and discrimination. We found that within religious groups, and particularly within the Christian faith, having mental health problems were almost framed as 'antithetical' to having faith. Several young people and experts spoke specifically to this, stating that there is a dominant perspective within their religious communities that you shouldn't have a mental health problem if you truly surrender to God, and that the best solution to a mental health problem is prayer or speaking to God.

"We've got a couple of people in school that are chaplains, cause we're a church school and a lot of [their response to mental health concerns are] just sort of speak to God about it. I know a few people that have just been told by one of the chaplains, 'God will help you', 'find God' or whatever."

Young man, 15, White

"...especially some of the larger churches, their whole premise has been about God's been the answer to everything...you know, praying about it, getting somebody to lay hands on you and praying for you is not always the sole answer because we all have deeper issues that we need to explore and praying is not always the answer."

# Leroy Harley, Independent Counsellor and Youth Worker

Young people also recounted how experiences of traumatic events had been in conflict with Christian morals and are therefore impacting their relationships within the church's community — for instance, one young person spoke to us about how she was unable to be open about difficult experiences around an abortion she had.

[Speaking in relation to the church community] "With mental health, there might be, or there is some morality in it, but people have very strong opinions about your choice over your body. And I just found it really hard to know who to engage with and who to talk with. I was very guarded about who I was asking for advice from, but that still felt quite isolating to have to be thinking; well who do I need support from? And, who will back me? Who do I know won't say anything that will really upset me? And then who will back me even if they disagree?"

Young woman, 24, White



Source: Unsplash, Ben White, 2016

# Young people struggle to find privacy in tight-knit rural communities

We found that stigma was more prevalent in tight-knit rural communities, where there is little privacy, and 'everyone knows everyone's business.'

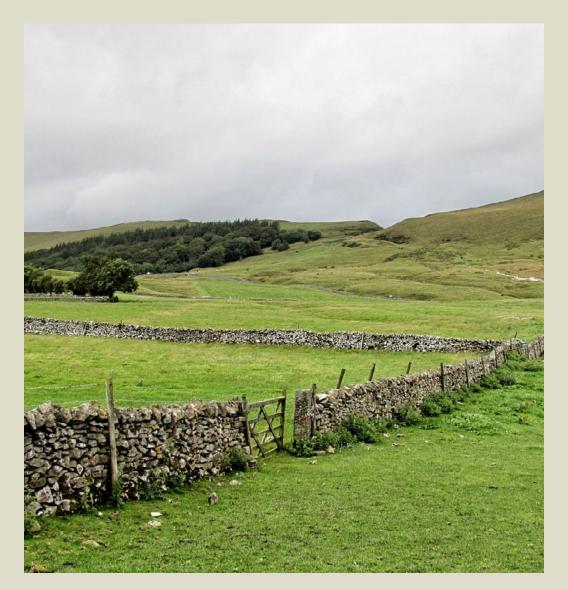
It was suggested here that the term 'mental health' was off-putting, due to fears around being labelled as someone with a 'mental health problem' by the community. Language around 'wellbeing' was suggested by one professional as a way to reach people in rural communities who need support that doesn't carry the same level of stigma.



### In Wales

Rural farming communities in Wales were flagged as an example of where this is particularly visible. The high-stress level of farming as a career, coupled with the low levels of education and training (e.g. around how to run a farm/business) that is common in rural Welsh communities, were flagged as a key contributor to mental health problems, however the fear of being labelled as someone with 'mental health issues' becomes a significant barrier to those who need support.

"...a lot of the things that we see from [farming] communities is mental health that's affected by situational things like finances on management and pressure of taking on a business. I think a lot of the time people think it's because they're isolated, but that's not the feedback that I've heard from people in the farming community, it's more the responsibilities and lack of training."



Source: Unsplash, Magda V

# Toxic masculinity limits young men's ability to open up about their mental health

See 2CV and The Unmistakables' reports for additional insights on **Toxic Masculinity** from a poverty and antiracism perspective

One clear example of an impact that is passed through communities or across generations is toxic masculinity. In the context of mental health, young men often take on a discriminatory attitude towards having mental health problems (particularly as a man) that is learned from other men in their family or close community.

In general, this results in young men finding it much harder to talk about their mental health problems and experiences of trauma. This is particularly visible in older young men. While young women consistently report more experiences of stigma and discrimination or feeling judged, the one area where young men feel more judged is from friends, family members or carers. 28% of young men over the age of 16 feel that they were being judged by friends, family members or carers when accessing mental health support, whilst only 19% of young women over 16 feel the same way.

This high level of stigma that young men experience and anticipate from their close social circles severely impacts who they open up to about their mental health if they do so at all.

According to our survey, of those that have received mental health support, 21% of young men noted that they have received support from a friend, compared to 31% of young women. Of those who are over 16, the difference is even more distinct; 37% of female respondents over 16 who have received mental health support have received this from a friend, but only 15% of males over 16 state they have done the same.

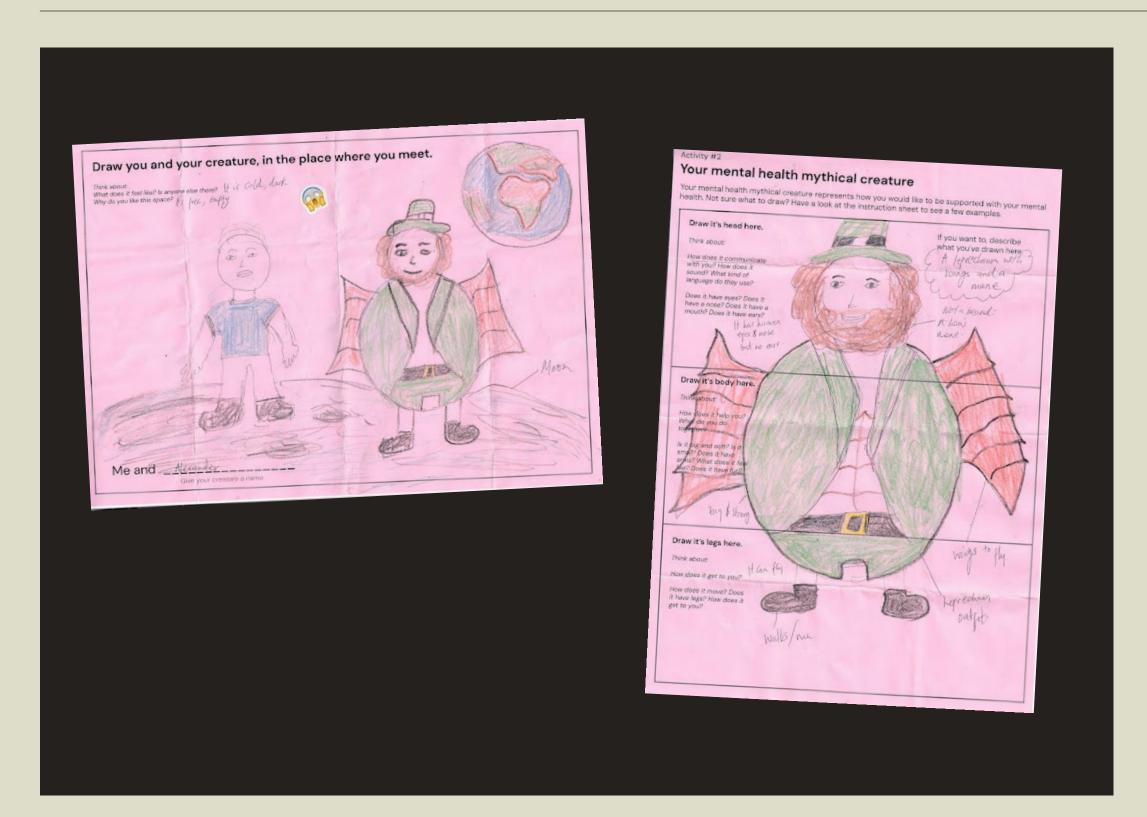
Young men are less likely than others to seek support, and find the ability to self-refer particularly appealing, as found across our research as well as Mind's recent report 'Not Making the Grade' (Mind, 2021a). They are also more likely to open up to male specialists; one male counsellor noted that in his experience young men, particularly those from ethnic communities, have been trained not to show 'weakness' in front of specialists who are women.

In particular, young men talk about positive experiences opening up to strong male figures in their lives. One young person spoke about particularly good experiences he had of receiving support from his football coach. Another, when asked to depict their example of 'dream support,' drew a hyper-masculine figure. Two young men also explicitly spoke about positive experiences of seeing male sports personalities campaign for or speak about mental health, and how this helps them normalise seeking support for mental health.

Source: Unsplash, Matthew Henry, 2018



37% of female respondents over 16 who have received mental health support have received this from a friend, but only 15% of males over 16 state they have done the same.



# Diary Study: Mythical Creature named Alexander

Young man, 20, Black African

As part of a social probe activity, we asked young people to draw a mythical creature that represents their dream mental health service. One 20 year old Black African man drew a distinct masculine figure, with a lion's mane, a muscled chest, and notably with no ears. When asked about this, he noted that his dream mental health support wouldn't be able to hear him — that he could speak without it listening, and that it would simply offer unconditional support.

In addition to this, the participant drew himself with the creature on the moon described as "cold, dark, free and empty" – as far away as possible from society. The creature, being a leprechaun, symbolised the want for the person supporting him to have a mischievous and naughty side for him to be able relate to.

### Growing beyond their community

For a young person, knowing when to trust their own instinct and when to trust adults around them can be difficult. As young people grow up, they encounter new perspectives and often start challenging the long-held views of their parents and other communities they are part of. As this happens, young people start to form stronger opinions around the type of mental health support they want or need, and have stronger desires to exercise the choice and control that comes with age, which may go against what others close to them believe.

"I feel that when I was first admitted [to CAMHS] they were very family-centred and the parents take control of your eating. Whereas when I was readmitted, the onus was on me to look after myself when I wasn't in the right headspace to do that at all. An eating disorder just sort of makes you completely irrational. The approach [suggested] was that my parents just sort of 'back off,' but then they weren't really comfortable with that either because they didn't feel like I was ready for that cause I was still 16 to 18 and I was still a child in their eyes. An eating disorder sort of exacerbates that as well because it makes you feel like you're a child."

### Young woman, 21, White

Certain key milestones where a young person achieves more independence can be linked to age. For example moving from CAMHS to Adult Mental Health Services (AMHS), or other life milestones such as moving into their own home, or going to university.

"I think in a strange way, because I've bought this house and I'm now fully independent. I sort of feel a bit better about making my own GP appointments and things like that when I need to. Or if it gets to the point of needing to go to the hospital, I think I'd feel a bit more courage. I think just from the thought of 'I'm actually an adult now'."

### Young woman, 25, White

For a young person, questioning and challenging the longheld beliefs of those that have surrounded them is a difficult process and requires experience and deep understanding of their own mental health as well as a good grip on what support is available.



Source: Unsplash, Rémi Walle

# Schools play an important role in young people's mental health experiences

Young people have very different experiences of receiving mental health support in education. Some young people cite school support as the most important and useful support they've received while others found the support difficult, poor or lacking. Whatever the experience, most young people talked about school or college being the right place to talk about mental health and where support and knowledge should be obtained.

We found that good experiences with support at school were associated with ease of access. This included being seen quickly, being seen consistently, the ability to self-refer, having the autonomy to choose when to attend and the support being ongoing. One of the main points about accessibility is that the support is in a place the young person is and where they spend a large part of their lives.

The support at school is received in both formal and informal ways. Formal might include one-to-one weekly counselling sessions or informal support involving spending time having lunch with a supportive teacher. Many young people spoke about mental health support at school as being their first experience of support and an easy entry point into the mental health system for the reasons stated above. Young people described school as one of the main, if not the main source of mental health information for a young person.

"I'd say that probably was the best bit of support that I had for my mental health outside of my family, because obviously I was going to school five days a week...So I

definitely feel like that level of support was valuable."

### Young woman, 21, White

"I think it was two to three months before I actually started seeing anyone from CAMHS, but the school counsellor, I got to see a lot quicker. I got that support a lot earlier."

### Young man, 16, White

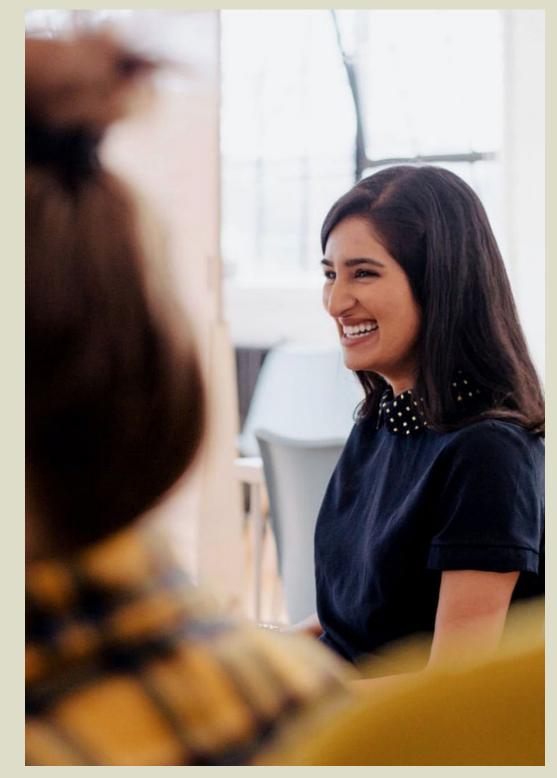
However while school is an accessible source of information and support, many bad experiences using school support cited their inability to deal with more severe mental health issues.

"I was not doing well, or wasn't exactly making much progress with just the school counsellor. It was helping, but I feel like I needed a bit more than just the school counsellor. I couldn't see her for that long. She wouldn't have the resources and stuff that CAMHS would use."

### Young man, 16, White

"I've never really thought about a student counsellor because I had a bad experience in secondary school. Yeah, they just really didn't think it was anything... we just sat there, they offer you candy, and just say 'oh it's just fine.'"

### Young woman, 25, Asian



Source: Unsplash, Leon, 2016

# Schools play an important role in young people's mental health experiences (cont.)

Ultimately, a clear difference was observed between positive and negative experiences of support in school. Positive experiences were generally citing the ease of access of and proximity to mental health support in schools, however, negative experiences were often criticising the quality of such support and its general lack of a trauma informed approach.

Schools account for a significant proportion of referrals to CAMHS, referring 183 children and young people every day (RCPCH, 2018 referencing NSPCC, 2018). However in line with the findings of Mind's recent report, 'Not Making the Grade' (Mind, 2021a) we found that the levels of mental health support from schools and school referrals have dropped significantly across the past year due to school closures.

"I only saw the school counsellor when school was open, which was till December from about mid-October."

Young man, 16, White

# However, there are clear challenges around mental health literacy in schools

We found that mental health literacy in schools is varied both for students and teachers alike. One of the biggest problems that young people identified is that often schools fail to understand that mental health problems can be the cause of 'misbehaviour.' The 'Not Making the Grade Report' (Mind, 2021a) gives some clear examples of where such behaviour was misunderstood:

- Parents being threatened with court action for child absences related to mental health.
- Parents being fined for child absences related to undiagnosed mental health issues.

"They saw [anxiety] as something you can easily control and that [my friend] was doing to just get out of lessons and that really, and yeah, that wasn't fair at all."

### Young woman, 16, White

In line with Mind's recent findings (Mind, 2021a), we found that young people find academic pressure and exam stress are key drivers of mental health problems. Academic achievement was described as being often prioritised above wellbeing, although young people often have differing views about this. Some feel that this is wrong, while others feel that it is the role of the school to prioritise academic achievement.

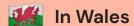
"I think because schools are seen as a place to get education and stuff that is obviously the priority and sometimes it can be quite... well exam results and all of that can be quite heavy. But either way, if someone struggles with their mental health it's going to be much more difficult to do the best they can if they don't have support. But because of how much pressure could be on schools, I don't think they realise that. And I think it's just the lack of knowledge."

### Young woman, 16, White

Additionally, some young people recognised the lack of resources in schools and were often well aware of the systemic issues around funding and the prioritisation of academic achievement.

Some young people noted that because they receive lessons for social and personal topics through Personal and Social Education, that emotional wellbeing should be included too. Many of the young people we spoke to directly noted the need for better education around mental health in schools, both in terms of better education for staff around how to address mental health problems and trauma, and spot red flags, and for pupils, to understand what mental health is, and what to do when they experience difficult feelings, or see friends dealing with difficult emotions.

In general, young people feel too sheltered from conversations about mental health in school and many are taking it upon themselves to educate their own schools and classmates (see following Case Studies).



In the new Welsh school curriculum, due to be used from 2022, health and wellbeing will be a new statutory 'Area of Learning and Experience.' One of 27 'What Matters' statements includes 'How we process and respond to our experiences affects our mental health and emotional well-being.' It's important to think about how this might cause disparity between the psychoeducation of the two nations.



Source: hwb.gov.wales/curriculum-for-wales, 2021

### Case Study:

# Case Study: A young person made a presentation for their school about anxiety

We spoke to one young person who told us they wanted to raise awareness in school after talking to a friend and classmate about how they were feeling. Their friend said they had anxiety and that one teacher had accused them of using anxiety to 'get out of lessons'.

This young person felt there was little to no education about mental health and disorders in school and this led to a lack of understanding which created issues and stigma. They made a presentation which delineated the difference between feeling anxious as a "normal human emotion" versus when it is classified as a 'disorder' in the hopes of raising awareness and providing education to teachers and students.

"I thought it was really important for [mental health resources] to be entirely spread out [throughout the school] and just, I think more importantly, change teachers and how to face it almost. Or just like for [teachers] to understand it a bit better."

### Young woman, 16, White

The creation of this presentation highlights a lack of mental health education in schools and the importance of committing to the 'Whole School Approach' which wants schools to work in a less siloed way around mental health – for example in Team around the Child (TAC) meetings or wellbeing areas – and make sure

it's integrated into the curriculum, protocols and attitudes, and not just in certain departments.

While the young person wished their school had the education and resources available for teachers to be informed, they were also pleased to be able to be part of something that directly affects students. They believe that a mental health-experienced young person's voice is crucial as part of future teaching and resources in schools.



Source: presentation for school made by young person



#### Case Study:

# Young people setting up a mental health education charity for schools

One young person we spoke to was in the process of registering a mental health charity to provide school with resources about mental health. Having taken part in the "Early Help 4 Mental Health" (Humphries, 2018) training programme for young people, a group of friends decided to start improving the state of mental health education at school themselves.

As a group they are still attending school and are between the ages of 13–16.

They felt that their school had a deep lack of understanding of the complexities of mental health and how it was impacting

themselves and the people around them.

"I know from lots of personal experiences and experiences of people around me that a lot of the time [mental health is] overlooked and you just get told, "do this for 30 seconds" and then everything should be all right".

Young man, 15, White

Four years down the line they are working with charities and councils to create and distribute resources and setting up a newsletter to send out to young

people across England with the motto "written for young people by young people". They have also been raising awareness for mental health through sharing messages from celebrities and influencers on social media.

Going forward their ambition is to continue to create resources for schools and work towards a standardised mental health curriculum for England.

Source: Unspash, John Schnobrich, 2021

# Continue to support a Whole School Approach with emphasis on education and resources for teachers

#### Recommendation

Young people spend a very large portion of their time at school, and describe school as a key touchpoint for mental health education. They already describe school as their main source of mental health information, and believe that it is a place where mental health discussions should happen.

If Mind is developing resources for young people, it needs to consider how these resources can be accessible by schools, and also designed for schools to deliver, particularly with the increasing emphasis on mental health education in the new Welsh curriculum. It also needs to consider how young people might coauthor these while also making sure the messaging is consistent across services and local authorities. It is crucial that Mind continues to support a Whole School Approach, with a particular emphasis on

increasing staff awareness and understanding of mental health problems — an area highlighted by the young people we spoke to. Ultimately, efforts to support a Whole School Approach should extend to a 'Whole Community Approach' which involves those beyond the school, such as parents, carers or guardians in a young person's mental health.

- How might we make mental health resources for young people easier for schools to deliver?
- How might we support increased mental health awareness and understanding in teachers?
- How might we involve young people in the creation of resources, where appropriate?
- How might we make sure the message is consistent within resources, training and across different local authorities?



Source: Unsplash, NeONBRAND, 2021

#### Mental health support in education tends to be very boundaried

Most of the young people we spoke to who had received formal mental health support at school described their experiences of support at school (and often university) as very boundaried; much of this type of support is focussed on supporting young people with needs that are explicitly related to their school or education, for instance bullying or exam stress. Often mental health support is only provided during term time — young people found that support was unavailable during school holidays or during school closures across the past year.

We also found that school and university support consistently fails to respect the constant change that is present in young people's lives - there were three accounts of support waiting lists that were longer than the period that the young person would be attending school or university.

Some schools and universities are located in areas with many funded support services to refer to, and therefore the boundaried nature of in-school support can be addressed through referrals. However, other schools are located in areas where there is little or no funded support. Therefore, even if these schools are doing all they can to support young people, they don't have additional support to refer to other than CAMHS. The disparity of the availability of support between local authority areas is an important factor to account for when considering the barriers to accessing mental health support for young people.



#### In Wales

In Wales, all state schools have government funded schools-based counsellors as a statutory service and recent funding has extended this to include under 11's and teachers. (Welsh Government, 2021).



#### In England

Recent data from a nationally representative survey of teachers suggest that only 48% of state schools in England offer onsite mental health support to their pupils (IPPR, 2021).



#### Physical space is an important factor for those in education

In the context of mental health support within education, it is important to highlight the key role that physical space plays as many young people don't have a sense of privacy in general, both at home and in education. In another recent study by Mind about the impacts of the coronavirus pandemic, it was noted that 'Young people are more likely to have been negatively affected by lack of private space in their house (56% said it affected their mental health, in comparison to 36% of adults).' (Mind, 2021b)

"...there's nowhere to go as well. There's certainly people that I've spoken to that have said they'd benefit from having a room where you can just sit. Because some of the people that have had panic attacks, they're like, 'it's so loud here. There's nowhere quiet to go.' I think every school should have somewhere - a guiet room - that can be used to just sit in and have a think or have an hour."

#### Young man, 15, White

Young people speak about the value of having dedicated quiet spaces at school or university to either go and spend time alone or where they can talk to someone about their mental health. Often, having such spaces was described as creating the condition for more informal types of support - where a young person can have a conversation with a teacher in confidence, taking full advantage of the support networks in place in the spaces and communities they spend significant time in.

# An increasing discourse around mental health contributes to awareness

See 2CV and The Unmistakables' reports for additional insights on 'The discourse of mental health' from a poverty and anti-racism perspective

Overall the young people we spoke to noted that mental health is becoming more openly talked about across society, and the pandemic has been a large driver for a rise in awareness. Young people note that mental health is being talked about more at home and amongst friends, as well as publicly in the media or through more formal interventions such as schools, universities and workplaces. However, while there is an increase in awareness and conversation about mental health, it is important to highlight the difference between awareness and understanding — many young people still feel that an understanding of the realities of having a mental health problem is still limited.

"The discussion about mental health has obviously had to be spoken about because of Covid. So I feel like that pushed the conversation about making sure you're not stressed. There were a lot of workshops available talking about how to balance life and what could help with managing your mental health."

Young woman, 18, Black Carribean



### Some have concerns of the overnormalisation of mental health problems

When discussing the increasing amount of conversation and awareness around mental health, a few young people noted worries about the over-normalisation of the mental health discourse, and the damaging effects that casualising it may have to those with severe needs. A couple of people noted that people around them sometimes perceive a mental health problem as a 'personality quirk.' They spoke to the feelings of invalidation as a result.

"I think because I was diagnosed quite late with Aspergers, a lot of my peer group...they didn't realize that it meant I struggled with stuff. So what they thought [I was experiencing] were just sort of personality traits, it was like 'No, literally, this is causing distress'!"

#### Young woman, 25, White

"There's either been people that can really get weirded out by mental health, but there's also people that almost romanticise it and make it seem like a quirky personality trait. So that's also quite difficult. And it can get really invalidating for people who actually struggle because it can... although I think normalizing mental health is really important, but I feel like if it's over normalized, it's like, 'Oh, it's just like a personality trait'."

Young woman, 16, White

"I said I have OCD, and she was like, 'Oh, I have a bit of OCD as well...I tidy my pencils.' I was like, 'that's not really what it is!' When it comes to stigma, a lot of it is... firstly people saying that they have mental illnesses like offhand, which at this point doesn't really hurt me. But like when I was really going through struggles... it kinda affected me. I'd say it's like people accepting people with mental illness, but not really the symptoms of that mental illness."

Young woman, 18, White and Black African





#### The benefits and limitations of anonymity

See 2CV and The Unmistakables' reports for additional insights on **Anonymity** from a poverty and anti-racism perspective

Anonymity plays a key role in helping young people avoid or deal with the stigma they experience or anticipate around talking to others about their mental health.

Mental health support that offers an opportunity for a young person to participate anonymously (usually online) helps them to open up about their experiences with less concerns about the consequences. Usually, a young person can engage with anonymous support without involving their parents, or any other adults who traditionally may be 'gatekeepers' to mental health support. Providers of anonymous support that we spoke to also noted that young people can use anonymous mental health support as an opportunity to behave or identify in a way that may not be possible in their immediate community. For instance, some young people use anonymous mental health support to test out identifying as a different gender.

Ultimately, this type of support allows young people to test out what it feels like to share details of their experience without a commitment to continuing support or progressing further. This gives the young person more control of the pace of support, and more choice in how they interact with it.

However, service providers, young people and our group of Young Experts all noted that there are some clear limitations of partially or fully anonymous support, particularly in the context of trauma informed support. While it is possible for anonymous mental health support to be trauma informed, a very clear limitation is in its inability to identify and respond to non-verbal cues, as most anonymous support is text or voice based. It is also difficult to support someone who has been triggered — for instance if a young person is triggered due to the content of a text-based chat, the support provider is unlikely to have visibility of that and be in a position to respond. Service providers we spoke to noted that they sometimes have to steer clear of certain types of conversation to mitigate this risk.

Ultimately, it is clear that anonymous mental health support is particularly effective for young people taking their first steps towards receiving mental health support, or for those with more low-level needs. For those with more severe mental health problems, who for instance might need crisis support, such anonymous mental health support is unlikely to fully address their needs if it is the only form of support they are receiving.



"We also get people who are in traditional services, they're in face-to-face work, but they come and say, 'I would never tell my therapist this,' and it's almost like they're trying it out and that's usually around stuff to do with shame. So there's this sense of it's too shameful to sit in front of someone and tell them this, 'I can't do that.' But because of again, sort of distance, the text-based, it's digital, it's anonymous, they feel able to disclose it, and often what they'll then say is, 'Okay, you didn't freak out. You didn't tell me I'm weird. You didn't shout at me. I feel able now to go and tell my therapist.' "

#### Kooth



Source: Unsplash, Andrew Neel, 2021

The following research questions were explored in this section:

What is the level of awareness of and perceptions of the mental health information and support currently on offer, including support from Mind?

- Where are young people, particularly those who have experienced trauma, currently seeking support for their mental health?
- Does the support on offer feel relevant, accessible, and relatable to young people, particularly those who have experienced trauma?
- Do young people, particularly those with experience of trauma, feel that their experiences are represented?

## Key points



It's important to acknowledge that avoidance can be a key coping strategy - sometimes unconsciously - for young people who have experienced trauma.



When young people are using avoidance or finding it difficult to use support verbally, it's useful to be able to access alternative, nonverbal means of support.



A number of young people felt they hadn't been listened to which led to 29% feeling excluded due to being spoken down to and 24% feeling misunderstood.



Young people not feeling listened to or believed results in them questioning their own feelings or feeling excluded from services.



Diagnosis can have a huge impact on a young person's mental health support journey. It may feel empowering and affirming or it might make the support feel one-sided and off-putting to the point of choosing to end the support.



Issues around trauma are often treated in isolation rather than in a 'whole person' approach. Young people find this leaves them feeling the support is unfinished when the service feels they can be discharged.



Expectations for the treatment and support of trauma often don't match up to young people's expectations. Young people hope to find specialist and expert support and can lose faith in a worker's ability to attend to trauma and hold the support skillfully and reliably.



Helplines are widely available and known by young people but are often not a common choice for support as they are perceived as crisis support and are also off-putting as a medium for young people who tend to prefer support in-person.



Mind is perceived by older young people as a place to access resources for their own mental health while younger people saw Mind as a charity who focus on young people. A higher proportion of Black African young people felt Mind's services wouldn't be applicable to them.

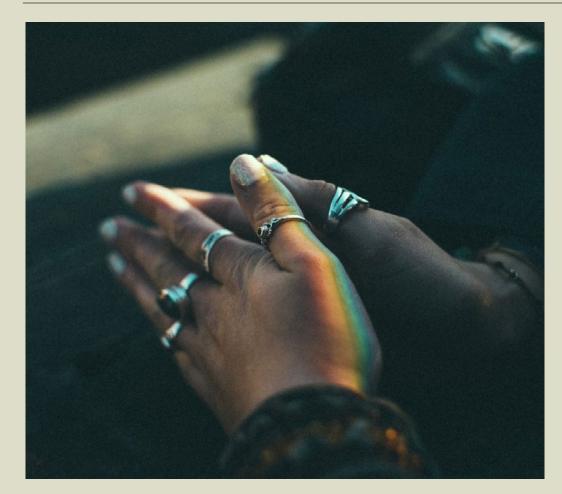
# Avoidance is an often used coping mechanism for trauma

In the early stages of experiencing mental health issues avoidance is often used as a coping mechanism, and avoidance can continue to persist throughout a young person's mental health journey. Avoidance is a common reaction to trauma, as the attempt to avoid distressing memories, thoughts, or feelings as well as external reminders such as conversations about the traumatic event or people or places that bring the event to mind. For example, a person may try to avoid difficult emotions through the use of substances or dissociation, which may provide temporary relief. Avoidance is also common among young people when they don't understand what they are experiencing, either due to lack of education, awareness, experience and discussions around this. We spoke to David Trickey, Clinical Psychologist and trauma specialist at the Anna Freud National Centre for Children and Families who explained there are three important aspects of the Cognitive Behavioural Therapy model in dealing with trauma; Memory, Meaning and Maintenance. He describes that young people who have experiences of trauma often suffer from difficulties in association with memories and meaning, which "colours their view of things, and causes problems which is what usually brings them to therapy. And then usually by some process of avoidance, those difficulties are maintained."

"Sometimes it used to confuse me why they would try to get me to remember specific things that my brain was trying to keep away from me. Because I know I dissociate to get rid of those memories, but why they would try and have you recall them when it sometimes brings up more negative emotions"

Young woman, 18, Asian





Source: Unsplash, Michael Heuss

# Young people with experiences of trauma often have their needs misinterpreted, or feel that their experiences are being belittled

Often young people are still making sense of their experiences and don't want to talk about their trauma. This hesitation to open up means they struggle to articulate their experiences, leading to a range of negative feelings around reaching out for support. Some young people speak of not feeling confident in explaining themselves verbally, and would prefer to express themselves in other ways.

"[In my dream service, providers would be] like, 'go to this music therapist and hit the drums and just find music to comfort you.... or for someone who likes art, just paint your feelings, be as messy as you want, do whatever you want.' Just lay it all out and interpret their hobbies and what they like into the session. So they're not just there being like, 'I'm not good with talking. I'm better at expressing it with our music or something'."

#### Non-binary young person, 17, White

Several young people speak about bad experiences of support where they feel that they haven't been listened to — their needs were misinterpreted (e.g. what they later understood to be depression was at the time written off as 'exam stress', or young women's mental health being dismissed as just being hormonal). This experience is damaging — it was described as 'invalidating' their feelings, and makes young people hesitant about seeking support. 19% of survey respondents noted that they felt excluded at

some point because they were spoken down to, and 18% felt excluded because that their issues weren't understood correctly.

"I think it's really just the whole downplaying it. It just invalidates what you're feeling and it just doesn't feel good. You're already not feeling good."

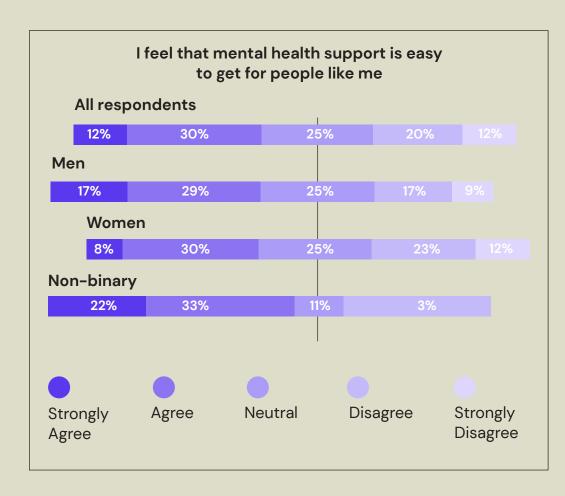
#### Young woman, 25, Asian

One service we spoke to — <u>Kalda</u> — is a community of peer support for the LGBTQIA+ community. They noted that most of the people in their community found them after having bad experiences with mainstream mental health support, where their needs weren't understood or were misinterpreted.

"When we started doing research, we found that the LGBT community were having a particularly bad time connecting with the right kind of resources. So having trouble finding therapists that really understood their lived experience."

#### Kalda

Young people with experiences of trauma often have their needs misinterpreted, or feel that their experiences are being belittled (cont.)



A huge source of concern for young people when reaching out to mainstream mental health services is to do with not being believed. For instance, young people often report not being believed in a GP setting (Plaistow et al., 2013) and instead of their mental health being addressed, physical health checks were conducted that returned as 'normal' with no follow up.

Young people largely feel negative about experiences of support that felt impersonal. Particularly those who have experienced trauma feel that their needs are misinterpreted due to the lack of sensitivity to the personal nature of trauma.

"So that made me really scared of getting support anywhere after that, because I was like, oh, everyone's just going to tell me all of that was my fault and I should have done something else."

Young woman, 18, Asian

I can't name a single person that had a good experience with CAMHS as a kid. You could be in hospital suicidal and they'd be like 'hAvE yOu TrleD rEaDiNg a NiCe BoOk ?' Ahahahah

6:30 PM · Feb 3, 2021 · Twitter for iPhone

73 Retweets 20 Quote Tweets 791 Likes

Source: Twitter, 2021

Examples of negative experiences the young people we've spoken to have included:

- Most common is support that takes a blanket approach to the young person's need, which feels invalidating and impersonal. In particular, support where it feels like mental health professionals are giving very broad suggestions that they've 'learned from a textbook,' but not specifically based on the person they're talking to.
- Support conducted in groups which felt inappropriate considering the young person was dealing with a specific trauma which they felt others couldn't relate to.
- Support where a young person is being asked to repeatedly recount (often to different people) a complex trauma in a finite amount of time, which feels difficult, triggering and an unhelpful use of time.
- Support where mental health professionals jump to conclusions and make assumptions rather than listening in full to a person's account of their experience.

Such experiences can make the young person question the validity of what they are feeling.

"They just tell me something different every time I've reached out, it's like, they didn't want to know."

Young woman, 23, White

# Diagnosis is a powerful moment in young people's mental health journeys

Diagnosis is a clear focal point in young people's journey, with some talking about the experience of being diagnosed as extremely positive, while others experience it as a negative and impersonal experience.

Most young people who speak about it in a wholly positive way appear to have relatively low-level needs, and explain that their experiences of support were improved after diagnosis, as it became more tailored to their needs.

The majority of negative experiences spoke to concerns that their experiences of trauma were not represented in their diagnosis — that their diagnosis was oversimplified, which changed their trust and perception of the support. For example, one young person decided not to return for counselling sessions after feeling that their self-reported reason for being there was dismissed in favour of working with an historic diagnosis. Another young person felt undervalued and rejected by a mental health service after the physical symptoms of an eating disorder had been treated but the root trauma remained present. Another young person felt a loss of trust with a service when they didn't appear 'interested' in the cause of the issues and instead worked with the symptoms of the diagnosis.

Across the board, diagnosis has a clear impact on young people's perceptions and understanding of their own mental health. It seemed common that while a young person often knew that they had mental health problems before

their diagnosis, they couldn't really 'allow' themselves a self-diagnosis until it had been formally given. Diagnosis generally helped them deal with self-invalidation, and to take more control of their condition, for example, through doing their own research. This ownership helped them to be self-caring, particularly through researching the diagnosis, or reaching out to others for support.

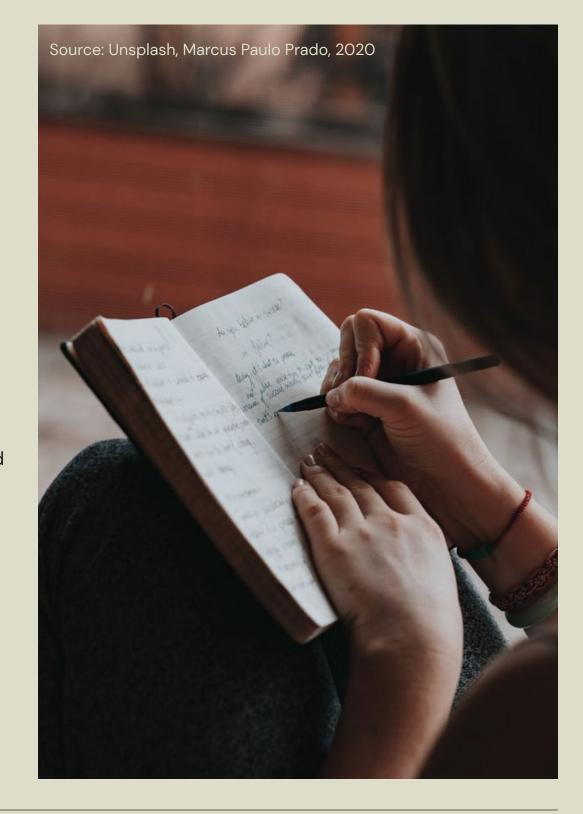
In addition to feeling more validated, young people also talked about how a diagnosis legitimises their attempts to receive this support. Having a diagnosis also offers a shorthand for practitioners, which results in them feeling they are being taken more seriously and usually makes it easier to receive further or additional support.

"Obviously, it's not something that I'm happy with because it's still a condition, but it was a big relief... because I was worried around the time and almost invalidated my experiences and I just was really confused with what was going on. So I guess having a diagnosis of something really helps you understand what's going on."

#### Young woman, 16, White

"And then when the CAMHS nurse told me I had severe anxiety, I was relieved kind of, not because I knew I had anxiety, but because I was happy that my hallucinations were because of the anxiety, because I knew it wasn't so severe, like psychosis or schizophrenia."

Non-binary young person, 17, White



# The issues stemming from trauma are treated separately instead of holistically

 ∇ See 2CV and The Unmistakables' reports for additional insights on separation of issues from a poverty and antiracism perspective

One of the main places where the mental health support system fails to represent young people's experiences of trauma is in its approach to dealing with mental health problems in isolation from each other and the individual, as opposed to looking at the complexity of their experiences as a whole.

Trauma often creates a whole range of mental health problems or layers in with any pre-existing mental health issues. Many young people have spoken about feeling that a wedge is placed between their own complex experiences and the one diagnosed element of their mental health. Suddenly all focus is placed perhaps on an eating disorder, and they are being weighed, given meal plans, and filling out forms about their eating disorder rather than dealing with their past trauma, and a host of other issues that they may also be experiencing.

One young person described the feeling that the specialists she spoke to didn't want to go beyond her very surface level diagnosis as if they were afraid of talking about her trauma. This highlights a feeling of dissonance between the 'box-ticking' process of being diagnosed and put through

a boundaried pathway of support, and the complexity of trauma which requires a 'whole person' approach.

We spoke to <u>We Are With You</u> who provide confidential support for people experiencing issues with drugs, alcohol or their mental health. Generally mental health and substance misuse are treated separately in the mental health system whereas We Are With You recognise that these issues are often linked and value helping people understand the connection between them.

"I think the important thing is, although we're commissioned to provide substance misuse services, young people rarely have one issue in isolation. We don't just deal with 'the issue' (such as their substance misuse), we help the young person with whatever their issues are."

Jennifer Rushworth-Claeys, Head of Young People Service Delivery, We Are With You

"Well, during those hard times that I went through and I was talking to numerous therapists and counsellors, one of them helped me and all that, but the others, they just didn't communicate with me on a certain level. They didn't understand, like they didn't want to know what I was feeling or thinking."

Young woman, 23, White

"I was just seen as a bipolar person...they wouldn't look deeper to see what I was struggling with or what was going on."

Young woman, 25, White

# The issues stemming from trauma are treated separately instead of holistically



The following statements align with commonly accepted principles of trauma informed practice with young people:

Safety, Trust, Choice, Control and Empowerment.

In general the mental health support I have received has made me feel safe 13% 18% 39% In general I have trusted the mental health support I have received 5% 39% 19% In general I have been given enough choice in how I receive mental health support 15% 16% 36% In general I have felt in control of the mental health support I have received 15% 34% 26% 20% In general I have felt empowered in my life as a result of the mental health support I have received 17% 17% 34%



Name Ethan
Age 24
Gender Male
Location Vale of Glamorgan
Living Situation Recently
bought his own home.
His partner lives with him.

#### Ethan's Journey

Ethan is diagnosed with Bipolar Disorder at age 16. Since the diagnosis, he has

been receiving medication.

He attended a short period of in-person therapy with CAHMS, but didn't trust the counsellor's abilities. He finds it difficult to spot the signs of deteriorating mental health, which has resulted in him being sectioned twice since diagnosis. Since trialling private therapy, he has become aware that he has underlying trauma, which hasn't been properly dealt with in the past.

#### Sentiment

"I find that any medical professionals that I speak to just see my bipolar diagnosis first. I know that I have undealt with trauma, however, it's so difficult to get enough time with any support services to build up the trust I need before I can talk about it... Sometimes I feel that counsellors have tried to avoid it too."

#### **Description**

Since Ethan has been diagnosed with bipolar he's found it difficult to access any form of support for his mental health that isn't the psychiatrist. Whilst attending one series of counselling sessions through CAMHS he felt that the counsellor was shying away from what he was saying for fear of upsetting him. This put him off and led to a long period of neglecting his mental health until he was sectioned. After which he attended private therapy which uncovered trauma from his teenage years relating to being stigmatised in the rural community he grew up in. He realised that this had been overshadowed by his bipolar diagnosis and had been left undealt with for years.

#### **Pain Points**

- Ethan's diagnosis overrides any other mental health issues he has.
- He generally distrusts medical professionals.
- He is often unable to spot the signs of deteriorating mental health.

#### **Attitudes & Behaviours**

- Ethan can be impulsive with decisions in life and can often form short, intense relationships.
- He struggles to spot signs of his own deteriorating mental health.

#### **Future Preferences**

- Ethan needs someone who understands his needs to guide him in navigating mental health services.
- He also requires a place to get help for mental health that doesn't feel like a GP's office and is lacking in personality
- Support that sees him as a whole person, not just as a bipolar diagnosis.

#### **Types of Support Accessed**

- Psychiatrist
- GP
- Emergency Services
- Counselling (NHS & Private)

#### **Severity of Needs**



#### **Awareness of Available Support**















# Mismatch between expectation and experience

When initially accessing one-to-one mental health services, young people have an expectation that they are going to meet a highly trained specialist who will reassure them, through accessing expert knowledge. Young people often talk about the role of mental health 'experts and professionals' as a critical part of their dream service and their hope and expectation is that they will have the expertise to help them understand what is happening and make them better.

"[my ideal support service would involve] professionals and therapists helping you and getting you back on your feet. And making sure that you've got enough reassurance and also just giving you a helping hand."

#### Young woman, 23, White

However, experiences rarely match up to expectation, especially for those who have experienced trauma, where in many cases they feel the dissonance previously described between their experience of support and their past experiences of trauma. The most consistent message from young people around this theme is that there tends to be a 'one-size-fits-all' approach when they report that a more 'person-centred' and 'personalised' approach feels much more 'useful.'

"If someone was going to say that they've got to make a service trauma informed or someone's undergone trauma, the first thing I'd want to think is that it's a very personal experience to them and it's a very difficult experience, and really hard to talk about."

Young woman, 21, White

Some young people speak of experiences where they felt worried the mental health professional they were speaking to wasn't equipped to deal with their trauma, which often led to them losing faith in the support and shutting down the conversation.

"Not having to feel like you are holding the hand of the professional, who you're telling your trauma to when you're the one who has experienced it, but they find it hard to listen to because that just makes you feel like if you're finding it hard to listen to you"

Young woman, 18, Asian

# Mismatch between expectation and experience (cont.)

Clinical psychologist, David Trickey, who specialises in working with traumatised children and young people, highlighted the need for a more 'expensive, sophisticated and difficult to apply' approach to trauma intervention.

"It's going to take you more than 12 sessions just to develop enough trust for [young people] to start to tell you about what's going on, let alone, do anything effective"

David Trickey, Consultant Clinical Psychologist and trauma specialist at the Anna Freud National Centre for Children and Families

Trickey emphasises the need for a flexible and adaptive approach which is tailored to the young person.

"I'm not teaching a manual and I would never say this is session three so we're going to 'relaxation'. I adapt it completely to the young person in front of me. Good evidence-based practice is not sticking rigidly to a manual. Good evidence-based practice is knowing about those manuals and knowing about the research and the evidence in the models. But you weave that together with the young person in front of you."

David Trickey, Consultant Clinical Psycologist and Trauma Specialist, Anna Freud National Centre for Children and Families Trickey aims to establish a relationship where his patients feel they are "equal partners, rather than me being a therapist, who's doing something to you or even for you, I want to be doing it with you or helping you to do it yourself." An example of this is leaving room for patients to determine their language preferences and making sure patients feel able to challenge him when they are using language the patient doesn't feel comfortable with. "I certainly try to adapt language to the individual in front of me, but I also try to make therapy a space where they can challenge me. I'd like to think they would be able to say to me, do you know what? I don't like it when you say this, I prefer it when you call me that, or when we talk about this or, you know, I would like to think that they are able to give me some feedback."

"One guy that I worked with, I was talking about his sister who died...and he interrupted me. He said she didn't die. She was killed. And that's really important, you know? So I like to think that I create an environment where they can give me feedback so that I don't have to get it right the first time. That there's a bit of room for me getting it wrong and then learning from them."

David Trickey, Consultant Clinical Psycologist and Trauma Specialist, Anna Freud National Centre for Children and Families



Source: Unsplash, Priscilla Du Preez

### Helplines, whether framed as crisis support or not, can be seen as so due to the immediate nature of their support

When young people are looking for in-the-moment support they are generally unsure about what support to reach out to and what is 'for them'. Some young people noted that this is because talking with a stranger over the phone is one of the ways they would least like to be supported — young people identified a phone call as the type of mental health support they would feel least comfortable with. For these young people it can feel as if they have to do a lot of work before making the call or during the call which can be, at worst, completely off-putting and exclusionary. The lack of personal connection adds to this experience too. Young people are mostly likely to use a helpline when they are in crisis and it feels like it's the only remaining option.

"...some people benefit from doing online chats like the NSPCC and the Childline and on the phone support, but it's never really worked for me. And I think it's because of that human connection, that human contact, it just wasn't as easily available or accessible."

Young man, 15, White

"I just thought it would be really helpful. And even though I was scared, I thought I should just go for it. Why not? It's there, it's available to me. I should just go for it. And I probably had the worst experience ever because I was like bawling my eyes out. And he sounded like an automated robot that was just reading off the screen and it just didn't sound like a human. And I just got so angry and just ended the call because it just wasn't what I needed at the time."

#### Young woman, 19, Mixed Ethnicity

Others found that when they needed in-the-moment support the most, it was unavailable to them.

"...at the times I needed support was like at night or in the evening. So that's when my mind is buzzing a lot. So yeah, they weren't available at that time that I needed them."

#### Young woman, 18, Black Caribbean

Other young people see in-the-moment support as only emergency or crisis support and feel excluded from helplines if they don't feel in crisis or at risk. "I think because hotlines primarily say it's a suicide hotline. They deal primarily with people wanting to kill themselves. And then... if I'm just sad or I'm just anxious, but I don't actively want to kill myself or have suicidal thoughts, I just don't think it's right for me to call them up, because there are many other people out there who might have suicidal thoughts at the moment."

#### Young woman, 25, Asian

"Childline, when it came to like going online and asking for help, it was very much a sense of, I don't think I'm bad enough to need to ask for help. So it was really hard to actually take that first step and start talking to someone that I didn't know at all and be like, 'I'm struggling'."

Young woman, 18, Asian

#### What people know about Mind is limited

While a large portion of survey respondents indicated that they were aware of Mind's support, and felt it was applicable to them, we found that young people's understanding and awareness of Mind at a national and local level is limited. One trend we recognised was older young people are more aware of the work of national Mind, in particular the information and resources side of Mind's offering.

"I know Mind as it's kind of like a hive of information. I've accessed it through the internet, just by Googling, you know, 'what is this?' And then Mind often comes up quite quickly. ...[I've also] accessed it through physical leaflets as well. ...I've never directly contacted them or anything"

#### Young Woman, 24, White

Young people who are typically 16 or under often described of Mind as a charity that is focussed on young people.

"I think I've mainly heard it from school and I've seen it from football as well, so that's what I've heard about it. It's just a charity for young people I think."

#### Young Man, 16, White

Most felt that Mind's support would benefit them or someone like them, however a particularly high portion of Black African (27%) young people felt that Mind's services would not benefit them or someone like them.



The following research questions were explored in this section:

What are the barriers to young people accessing support for their mental health, including: remote services, trauma focused support, sport and physical activity services, and services specifically aimed at young people?

 What are services (including Mind) currently doing that feels exclusionary?

## Key points



The system of accessing mental health support is very complicated, especially in the eyes of a young person, yet the burden is on them to navigate this broken system.



Young people yearn for a consistent experience in a fragmented system.



Young people are often damaged by their experiences of trying to navigate this system, for instance by being turned away by support that doesn't fit their needs.



In general, mental health support isn't designed around the needs of the young person, but instead the adult delivering the support.



Young people usually don't know when they need help, and rely on those around them to spot the signs that they need support.



Once the young person realises they need help, they face the challenge of advocating for themselves and their need for mental health support, which is very difficult for those experiencing mental health problems or who have experiences of trauma.



In the early-stages of accessing support, over-medicalised language can be a barrier, as young people may struggle to identify with clinical terms.



GP's play a large role in early mental health support, yet young people, especially young men, see interacting with the GP as a barrier.



Due to poor communication and awareness of the mental health support system, young people often fear the consequences of reaching out for support and anticipate a loss of control.



Transitioning from child to adult mental health services is confusing and poorly designed.



Parents, guardians or carers play a large role in helping young people access and navigate support, which creates an inequality between those that have supportive parents and those who don't.



Parents can also become barriers if they are actively unsupportive of young people's attempts to reach out for mental health support.

# Key points (cont.)



Financial issues can also create barriers for young people, usually around the contextual factors of receiving support, such as getting to support or paying for medication.



Bad experiences of support amongst the young people we spoke to who had experienced trauma were extremely common. In particular, negative experiences stemmed from support not understanding the complexity of their needs — often stemming from their trauma.



Bad experiences spread quickly amongst young people through word of mouth and create a general distrust towards the system (currently much of this is aimed at CAMHS).



Peer support offers young people opportunities to connect with others who have lived experience, and works well for many.

#### Recommendation

Support education and produce resources for parents, carers and guardians.

# The burden is on young people to navigate a broken system

See 2CV and The Unmistakables' reports for additional insights on **System Failure** from a poverty and antiracism perspective

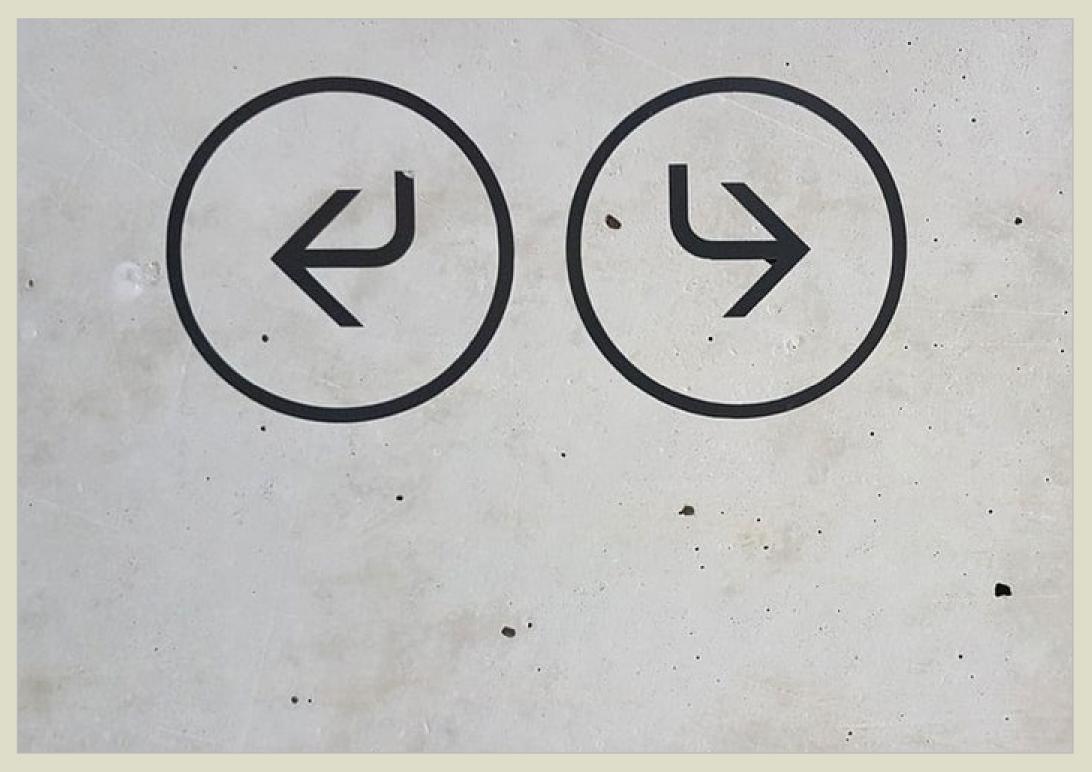
In general, the system for mental health support for young people is a complicated game of 'snakes and ladders', as stated by the Children's Commissioner for Wales, Sally Holland (BBC, 2021). The system is fragmented and insensitive to the evolving mental health understanding of young people, placing the burden on them to navigate the broken system.

Young people's understanding of mental health and the mental health support system is still developing, however support for young people generally doesn't consider this. The system is complicated, terminology is often very clinical, and services aren't joined up.

Without a supportive adult, the burden is on the young person to navigate this 'snakes and ladders' system — spotting the need for support, finding the right support, and articulating their needs.

"I think the system is a huge source of trauma for so many young people."

Christina Whitney, Join the Dots, Cardiff and Vale Action for Mental Health



Source: Unsplash, Marianne Bos, 2020

# Spotlight on the system letting young people down

Whether due to waiting lists, admin errors, trouble with referrals, struggles with transitioning from one service to the next, many young people have been deterred from seeking help due to system failures. The following outlines some instances where young people felt the system let them down.

"And my waiting list for the local area was two years, four months. That was just simply not going to work. I was not in a position to be able to wait for two years to get access to mental health support."

Young man, 15, White

"I think it took a doctor's referral, a school referral and our own referral to get seen [by CAMHS] within two months."

Parent

Young woman, 21, White

"My school gave the counselor my email, the wrong email, which means I never heard from anyone until we got out of lockdown again. Obviously I could understand that but very, very deep down, I felt... 'why is nobody contacting me? Why did somebody forget about me? What's going on?' ...It was quite difficult. A support system was established and then broken down again because of a simple admin error. And that's disappointing!"

Young man, 15, White

"When I was 16, it was all different because they started treating me like I was almost an adult and that I needed to go to adult services. They sort of dropped the level of support as soon as I was getting towards my 18th birthday, when I wasn't ready at all! So a lot of this has made me realise like how much services has definitely sort of failed on me."

"But being told that I'd be seen in like eight months time.

Because you know, if things are really bad as they are now,

knowing that OCD is just going to get even more powerful"

You just think like, what's the point in carrying on then?

how do you expect me to sort of continue with my life,

Young woman, 21, White

"Some psychiatrists will directly write what you're saying and some will paraphrase it, but while paraphrasing it, [it will become] a completely different sentence with a completely different meaning and it doesn't get you where you want to go. So in some ways I have to reexplain it a million times."

last four years at my university that there was a mental health advisor that would have been great for me to have in my first year. I think a lot of the support feels disjointed... often it felt like there was no nobody to go to that had it all."

"Often it felt like it was a little too late. I realised that in the

"I had a lot of friends who were getting referred to CAMHS as well, and theirs was taking longer than mine. It made me think, 'am I bad enough? Do I actually deserve this support? I'm not really badly hurting myself, I'm only slightly hurting myself, do I ask to go to CAMHS or not?"

Young woman, 24, Asian

Young woman, 18, Asian

Young woman, 18, Asian

# Young people yearn for consistency in a fragmented system

When imagining their dream service, many young people comment directly on this issue of navigating the complexities of the mental health system. A couple of young people describe a desire for a single point of contact that is aware of their particular needs and has an awareness of the mental health system in their local area, who can help them join the dots. Others describe wanting similar types of support, but don't explicitly state that it should come in the form of 'one point of contact.'

"If there was one person, one point of contact that knew my whole history and the struggles I was going through rather than bouncing around between different services and not really knowing which one is signposting me where and getting passed around. You know, even if that person wasn't actually qualified and trained to treat me, maybe having someone that could maybe even just triage me and say, right, you need to go here or remind me of what options I've got."

#### Young woman, 25, White

"I've had a lot of cases and a lot of people have seen me, if I get support from somewhere new, there's lots of people that need to be contacted from what they've seen before. And there's a lot of prior knowledge you need to know. So it just becomes a bit harder organizing everything."

Young woman, 18, Asian

"I'm just not too sure on how to access the support and I kind of need someone to lead me to how to get there and talk together."

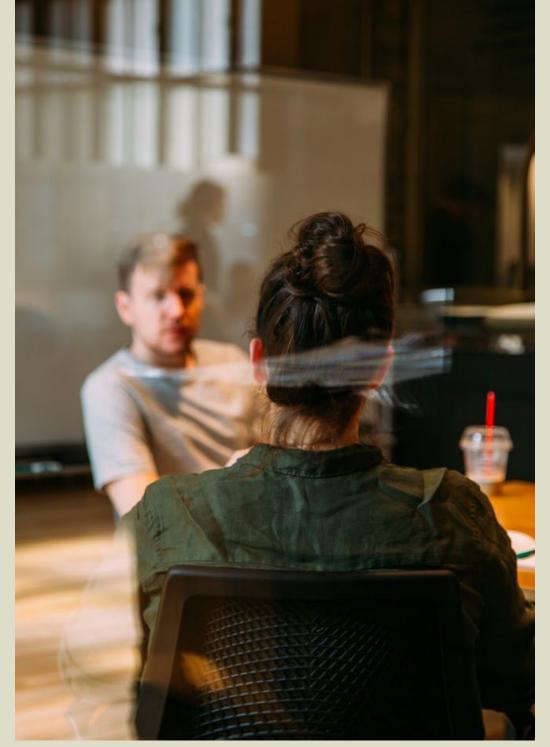
#### Young man, 16, White

Commonly, young people experience a disjointed process, where they are moving between different waiting lists as they relocate or get older. They can see the value of having a continued relationship with a mental health professional in order to build trust and make progress, although they acknowledge and understand this isn't always possible and may be affected by circumstances out of anyone's control. Nonetheless, feeling as though they have to start again each time is disappointing and can be harmful.

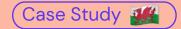
In particular, young people often spoke of the frustration of finding themselves having to repeat their trauma and answer repetitive questions whenever there was a change in their mental health worker or provider. For some, this had a negative impact on the way they perceived their own trauma, by 'dissociating' from it, depersonalising or disconnecting from the story of the event in order to help them cope with relaying the information. This is not only challenging for young people to experience, but also has negative consequences on their attitude towards the treatment they are receiving, as repeating themselves makes them feel as though they aren't making progress and are 'wasting time'.

"[In my dream service] you are able to go back to the same person."

Young woman, 24, Asian



Source: Unsplash, Charles Deluvio, 2017



#### No-wrong door approach

The Child Commissioner for Wales, Sally Holland, has responded to the issue of young people being 'bounced around services' by releasing a report outlining a vision and recommendations around what's being termed as a 'no-wrong door' approach. The approach responds to a situation 'where health, social care, and other professionals are (sometimes literally) arguing over the heads of children and young people with complex needs; when they cannot agree who is responsible for their care.'

The no-wrong door approach lays out a vision of and recommendations for a system in which regions move rapidly towards an approach that sees services wrap around children and their families, and 'not for them to have to navigate complicated systems.' The approach aims to ensure that wherever young people enter the system, they are directed to appropriate support. As Sally Holland outlines:

"Children are waiting too long to access services, they're being passed from pillar to post and often find themselves lost in a maze of bureaucracy. There are glimmers of hope which confirm to me that what I'm calling for is not unobtainable. I've seen some areas taking a no-wrong door approach, where children can enter the system from any point and

where professionals come together to find out what help they can all offer, where flexible care is delivered to meet an individual's needs."

The 'no-wrong door' approach also addresses the need for 'whole person' approach when considering the best mental health support for an individual. This may involve taking into consideration contextual factors such as housing, finances, education, care relationships and cultural, social and spiritual factors.

Gwent region's single point of access to children's emotional-wellbeing (SPACE-Wellbeing) early help panels are described as the most advanced example of a timely 'no- wrong door' approach. (Children's Commissioner for Wales, 2020).

There is now an updated NEST framework which includes the 'no wrong door' approach. The NEST Framework is a planning tool for Regional Partnership Boards that aims to ensure a 'whole system' approach for developing mental health, well-being and support services for babies, children, young people, parents, carers and their wider families across Wales (NHS Wales Health Collaborative, 2021).



Source: childcomwales.org.uk, Child Commissioner for Wales

# The damaging experience of being turned away from support

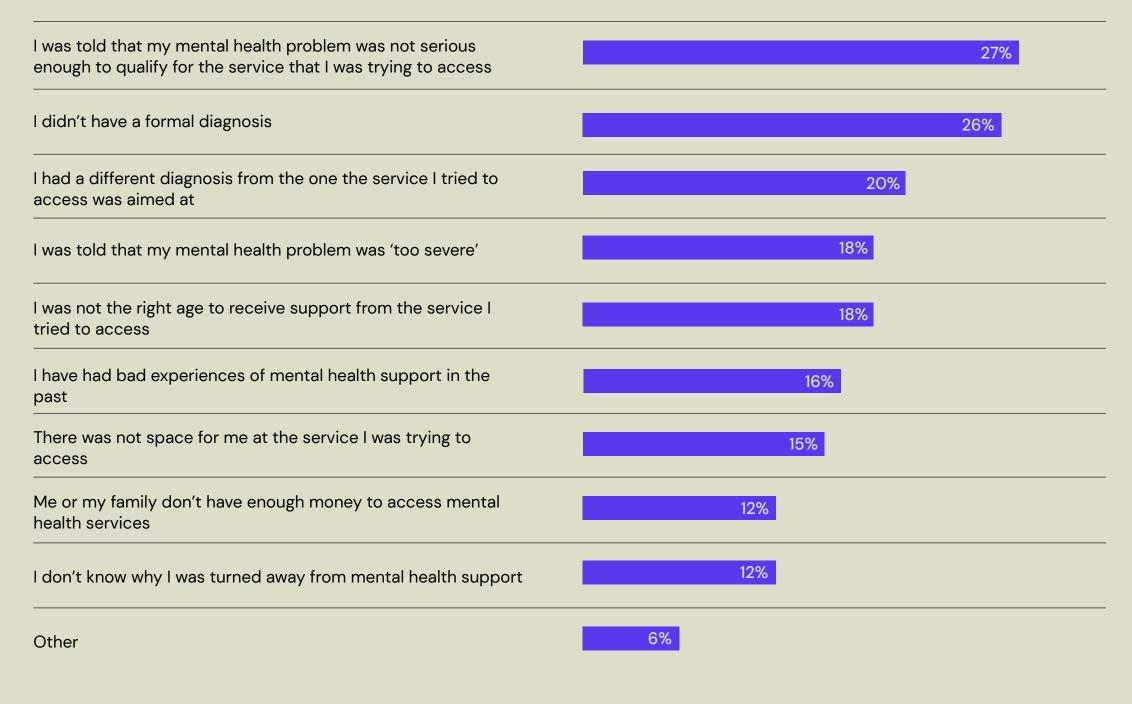
Young people commonly experienced being turned away from support as they didn't meet its requirements. Whilst many young people understood the practicalities behind being rejected from a service (such as lack of funding or resources) on an emotional level they still felt impacts from these experiences. Mainly, this involved feeling invalidated, and such experiences reinforced the commonly (mistaken) belief that in order to get help you need to be at a point of crisis. Several described that after such experiences they felt they had to rely on themselves.

"I just wish I could not say this, but just the IAPT service in [location] was terrible, I mean, it's part of the whole main issue, underfunding and a lack of resources. And I understand that... It was just a bit like disappointing to be told, like, 'okay, well you're not bad enough'"

#### Young woman, 24, white

27% of young people stated that they have been turned away from accessing mental health support as they were told their mental health problem was not serious enough, and 18% were turned away because they were told their problem was too severe.

# When you were turned away from accessing mental health support, which of the following reasons were given? (select all that apply)



# Mental health support isn't designed around the needs of the young person

In general, mental health support for young people is designed around the needs of the adult delivering the support and not the young person receiving the support.

Young people experience a huge number of barriers and difficulties in accessing support that are clear indications that the unique needs of the young person has not been considered in the design of a service. Common barriers include:

- Support being delivered in a location that is difficult to access through public transport — 13% of young people noted that they decided not to, or were unable to use mental health support as it was too difficult to get to their appointment. This number was higher (21%) for those in the 20% most income deprived neighbourhoods.
- Support is delivered at a time that doesn't suit the young person's schedule (e.g. they would need to miss out on school or university to attend).
- Support using paper correspondence, sending letters to their parent's address, and not considering that older young people at University may have a term-time address.
- Putting students on waiting lists for University support that are longer than the period that they will be attending University.

"If you're in halls [of residence], they say, 'oh, we've got a three month waiting list,' but then by the time three months is over, you've got to move back to your home because the University semester finishes."

Young woman, 21, White



Name Alex
Age 18
Gender Non-Binary
Location Brighton
Living Situation Lives in private
student accommodation with
four of their closest friends

#### Ethan's Journey



Has experienced poor mental health throughout their teenage years due to sexual trauma.

Attended the school counsellor and previously had a positive experience of therapy.

Since moving for university and no longer being eligible to see the school counsellor their mental health has deteriorated. Due to Covid-19 restrictions and limited resources, the university has instead provided Alex with a short series of remote CBT sessions,

#### Sentiment

"I'm attending remote Cognitive Behavioural Therapy (CBT) sessions through my university, but I don't have anywhere private to take the calls, and once they're over, I'm left sitting in my room with horrible memories racing around in my head. It leaves me not wanting to see or talk to anyone when this happens."

#### **Description**

Alex has recently moved away from home to study in Brighton. They had been meeting their secondary school counsellor for the past 2 years due to a childhood sexual trauma. Moving to university meant they could no longer rely on the school counsellor. They've been provided remote counselling from the University due to Covid restrictions preventing face—to—face sessions, however they struggle with this as the walls are paper thin in their bedroom and there are no other private spaces available to them. They also have anxiety around their parents knowing the extent of their mental health issues.

#### **Pain Points**

- Moving away from a trusted counsellor, who is no longer available to them.
- Not having the privacy to attend remote therapy.
- Practicalities around having multiple addresses means information often gets lost.

#### Attitudes & Behaviours

- Wants a sense of privacy to talk through experiences with mental health problems.
- Will often disengage with support that doesn't seem like it understand their trauma, and how their gender identity is wrapped up in their mental health problems.

#### **Future Preferences**

- To have a private space that is separate from their living space, to be able to access support.
- The ability to access to mental health services without needing to use their home address which would alert their parents.

#### **Types of Support Accessed**

- Online information
- Peer support
- Messaging services
- School counselling
- University CBT services

#### **Severity of Needs**



#### Awareness of Available Support



**Preferences** 

# Young people usually don't know when they need help

See 2CV and The Unmistakables' reports for additional insights on 'Entry to the system is confused' from a poverty and anti-racism perspective.

The first step in seeking support for mental health problems is actually identifying the need to seek support, and for young people, it's rare that they are the one to identify this need themselves. Often it takes those around them (usually friends or adults) to identify a problem.

"I think sometimes it's easier for other people to spot it, people who you're seeing a lot, like my housemates or my partner. And, I think with the relationships I have, I feel that they can just be like, 'how are you doing mentally?' And it's a bit of a check-in."

#### Young woman, 24, White

Over a third of young people (37%) who have already accessed support indicated that they had been referred to mental health support by a friend, family member or carer, and of those who haven't accessed support, the majority (58%) indicated that they would find support through a friend, family member or carer. Only 6% of young people who have already accessed support referred or found out about it themselves, despite a 26% of young people who haven't received support indicating that they would find support on their own.

6%

of young people who have already accessed support referred or found out about it themselves

"Probably one of my biggest weaknesses is that I don't recognize when I'm on a downtrend. On my most recent hospital section, they said on discharge that you should try and work out what the signals are for your downward spirals and let other people know them so they can point it out."

#### Young woman, 25, White

However, some young people do not have the support network to spot these signals — for example, and as stated previously, some live in a community or with parents that don't have awareness or understanding of mental health issues. Such a situation places the burden on the young person themselves, or other young people (their friends) to identify their needs, and then navigate the complex system of mental health support.

Young people usually don't know when they need help (cont.)



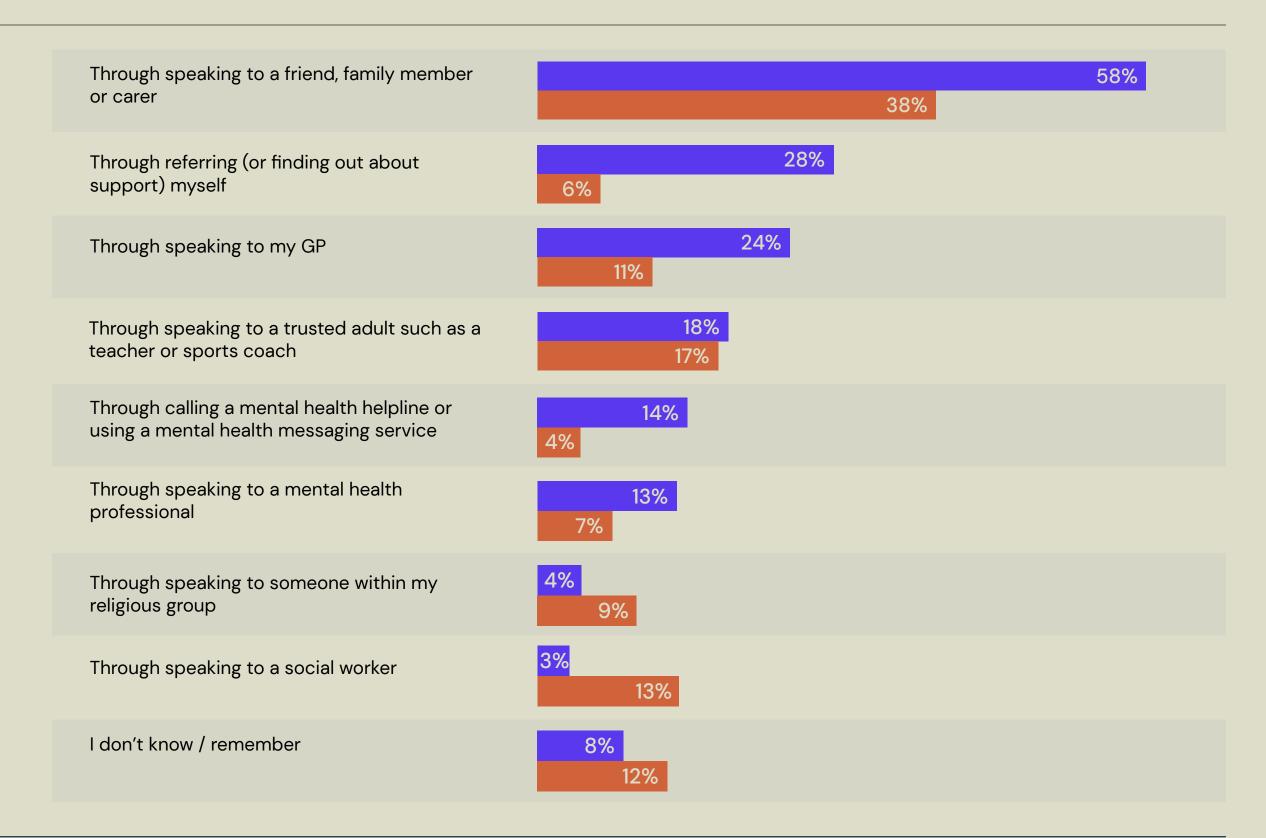
Sample: Young people that haven't accessed support

If you felt you needed mental health support, how would you find that support? (Select all that apply)



Sample: Young people that have accessed support

How have you accessed mental health support in the past? (Select all that apply)



#### The challenge of advocating for themselves

Within this journey, a young person also encounters the challenge of advocacy where someone needs to advocate for the young person to help them enter the mental health support system. If the young person is referred to support through a formal channel or through a parent, it is likely that a level of advocacy can come from an adult, although usually there is still some burden on the young person to speak up and explain why they need support, and at what level. However, if the young person reaches out for support themselves, or with help from a friend, the burden of advocacy is on the young person (and possibly other young people who are supporting them). However, most young people felt that their mental health issues impacted their ability to advocate for themselves. For example, they noted mental health impacting on their confidence and creating a feeling of invalidation or questioning their own thinking.

Common experiences that were described to us included:

- Young people worrying that their issue isn't big enough.
- Young people worrying that nobody will believe their trauma.
- Young people struggling to articulate what happened to them.

"But it was honestly really, really hard and it was really hard because it felt like I had to be an advocate for myself when I really didn't have the capacity to be an advocate for myself. It really was a fight and it felt like I had to fight it every time – like I would come out of my GP sessions having panic attacks routinely and I don't think that's normal."

#### Young woman, 20, White

"I saw a brochure or leaflet or flyer. I think it was on a wall and I wrote the number down and gave them a call... Well, I did have some anxiety and panic attacks first and had to take a couple of breaths."

Young woman, 23, White

#### Case Study

### A young person created a shared Google Doc to help their friends access support more easily

A young person we spoke to talked to us about their experience as a university student while seeking mental health support. They mentioned times they had initially been "written off" as "just a uni student that was stressed about exams or trying to get a deadline extension". They said this external stigma fed their selfstigma and they struggled to get support.

The young person said that their friends had suggested they seek support but that it was important to use deliberately exaggerated language in order for someone to listen to them and take you seriously. One friend said, "you've got to be really dramatic" and another suggested, "I won't shower before a GP appointment so they know that I'm unwell".

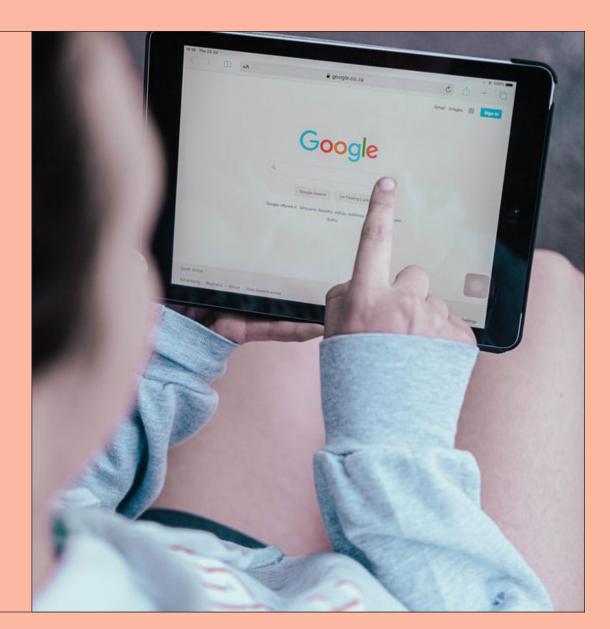
This group of "veterans", as the young person described

their group of friends, helped each other and other young people in an "informal support network". They had a list of buzzwords and shared a Google Doc that suggested techniques and phrases that would help trigger getting support. It suggested: don't say something like 'I'm finding things 'a bit hard' and instead:

- Mention your sleep
- Mention your food
- Mention your work
- Talk about an impact on your life
- Don't shower before you go in

One person added they had smudged eyeliner under their eyes to 'look' unwell.

The young person said they found language to be so important in this type of self-advocacy and that it can make the difference between getting support or 'becoming alienated' from the mental health system.



Source: Unsplash, Duncan Meyer, 2020

# A sensitivity to language is important in the early stages of accessing support

At this early-stage of accessing support, when the young person is still learning about (their) mental health, language can play a huge role.

While a young person's literacy is likely to increase as they get more support, at this early stage technical language (e.g. acronyms or clinical terms) can be off-putting and hard to follow along. It can also be difficult for the young person to express themselves in a way that fits into the medical framework that matches them to the support they need. For instance, generally a young person that isn't experienced with the mental health support system won't use terms like 'depression' or 'anxiety' and will instead describe difficult to articulate feelings through personal stories.

"It often starts off with them telling you a story and [their mental health problem] will come out in that story. It's our job as the professionals to help them to work through the emotions they have expressed in that story, and how that links to their mental health and wellbeing."

Jennifer Rushworth-Claeys, Head of Young People Service Delivery, We Are With You

"I don't know what I would say, what language would I use? How would I let that GP know about all these complicated feelings that I had. I didn't really understand, how was I meant to sort of lobby myself to get support?"

Young woman, 20, White

"There've been meetings where I've taken young people along with me, that are designed to be open meetings so that young people can have their say and input. And then, some of the professionals will be talking in acronyms and hospital speak and it just drives me around the bend because quite often I will go, 'excuse me, what does that mean?' Cause I can see the young person [looking confused]. And quite often when I do that, other professionals will go, 'oh, I had no idea what they were talking about either'."

Christina Whitney, Join the Dots, Cardiff and Vale Action for Mental Health



Source: Unsplash, Jeremy Yapp, 2020

#### GP's play a large role in early mental health support, yet young people see interacting with the GP as a barrier

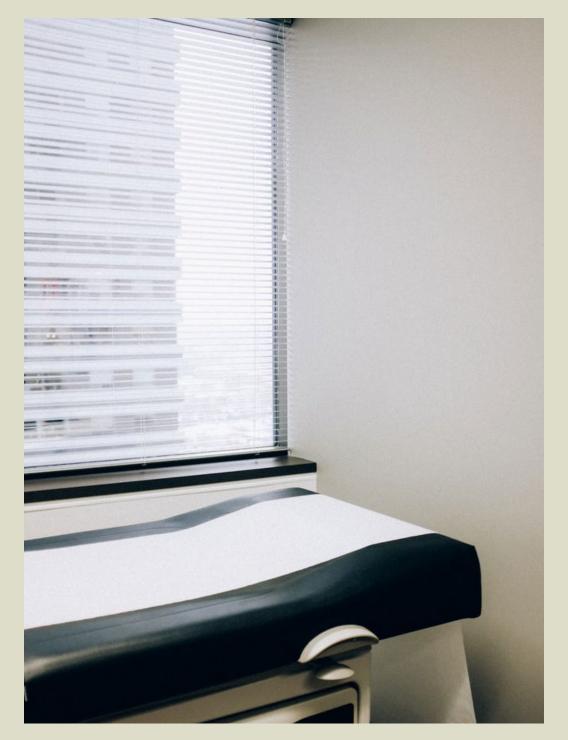
11% of the young people we surveyed who had already accessed support noted that they had been referred at one point by their GP, although there is reason to believe that GPs play a larger role in a young person's mental health — a YoungMinds study noted that 55% of 16–25 year olds have visited their GP at some point in their lives about their mental health (YoungMinds, 2021). We also heard several accounts of being referred by their GP to a mental health service, or speaking to a GP about their mental health, from those we spoke to.

While GPs feature prominently in experiences of accessing mental health support, young people frame their interactions with the GP in this context as a less than ideal option, and in some cases speak about GPs as if they are a barrier. Based on conversations with young people, this seems to be because the relationship they have with their GP is mediated or controlled by a parent, and they haven't yet built up enough of a rapport with their GP to feel comfortable sharing details of their mental health or traumatic experiences. Older young people commonly describe that they are moving around, with temporary student addresses, and note that they may not have a GP near where they live or at all. This non-engagement with the GP appears to be even more prevalent in young men compared to young women — young men were less likely than young women to say that that they had accessed or would access support through their GP — this may be

because young men are less likely to be in contact with their GP than young women for physical health reasons.

"Going to the GP would have to inevitably, one way or another, involve my parents within it."

Young man, 15, White



Source: Unsplash, Charles Deluvio, 2019

# Options to self-refer can help to deal with some of the barriers to accessing support

For young people with less severe needs, self-referral is generally described as a good option.

Services that reach out to young people directly and offer support without the involvement of parents help to avoid some of these barriers and allows young people to enter the system on their own terms. Kooth is an example of this that came up regularly throughout our conversations with young people and experts. However, this isn't a complete solution as it isn't appropriate for all young people — as mentioned previously, one of the biggest barriers is that it is difficult for a young person to identify that they need support.

Case Study

#### Kooth

Kooth was launched in 2004 as an online support service for children and young people. It has since grown to offer support services to adults too. They work with schools, institutions, NHS boards, Local Authorities and workplaces.

Kooth offer a purely digital support service which hosts private journaling, goal-setting, a chat and messaging function (synchronous and asynchronous), and a magazine and forums (the content of which is all prevetted by mental health specialists). Some young people go on (after an assessment) to have a named worker and regular sessions and others use it as an adhoc drop-in service.

Although they recognise having limitations around physical support and the need for literacy, Kooth meets many wants and needs of young people and is seen as an accessible option for many. This is partly by offering different ways to engage (as outlined above) which can be particularly helpful for young people at either end of the 'severity' continuum. For example, a young person with complex needs might not engage with the service therapeutically but may be supported to feel ready to engage in other support, for example with a social worker or through CAMHS, when they're ready. On the

other end, young people who don't meet the threshold for face-to-face services can engage in regular sessions or ad-hoc support through Kooth.

Kooth is also a completely anonymous service, unless the young person chooses to self-identify (Kooth currently works with young people aged 11+ who, in England and Wales, don't need parental consent to engage in support services). There are challenges with issues like safeguarding for Kooth however it also allows support for young people who are perhaps in risky situations and who would never speak to a traditional service for fear of being 'found out' or worried about what might happen to them. They also support young people in these situations to feel ready to disclose when it feels safe enough to do so.

Anonymity and distance also increases the ability for young people to 'be themselves'. This is because they feel free to share interests and likes without the fear of being rejected by friends or peers and meet likeminded people to share this with. Young people have reported feeling able to be their 'whole selves' through using Kooth, and not just for the 'formal' counselling sessions, helping them to feel comfortable and a sense of belonging.

# Poor communication leads to fear about the consequences of support

Young people are afraid of what the consequences of getting support will be, they aren't aware of the nuances between different types of support and are worried that asking for support will result in disruption of the norm, and in choice and control being taken away from them (e.g. is an ambulance about to appear if I tell someone I am self-harming?) through being swept up into 'the system.' This fear is associated with poor awareness of the processes involved in mental health support; this poor awareness becomes a barrier in itself.

"When I was 12, I was resisting left, front and center. I was like 'you're taking away my independence!' "

### Young woman, 21, White

In addition to a fear of a 'loss of control' young people can also refrain from reaching out as they are worried that in doing so, they will have to admit to something they aren't comfortable sharing — for instance reaching out for support may involve admitting to their parents that they had done something they weren't meant to.

"So a teacher might refer a young person to our service because they've caught them smoking a spliff at lunchtime and the young person will often play it down and not really engage with us. It's only when you have absolutely reassured them that our conversation is confidential... that the teacher's not going to find out, nine times out of ten you will then get to the truth of what's going on for that young person. There is a fear factor for young people and those in education that if they admit to having a problem they'll get expelled or suspended because they may have substances on them. The other barrier to Young people accessing service is parents, particularly for adolescents who are 15 to 17, who often say like, 'well, I'd like to engage, but I don't want my mum to find out.""

Jennifer Rushworth-Claeys, Head of Young People Service Delivery, We Are With You



Source: Unsplash, Christina, 2019

# Transitioning from child to adult mental health services is confusing and poorly designed

The transition from child to adult mental health support is also a poorly designed process, which is sudden, jarring, and unsupported.

Moving from under-18's to over-18's support is relatively immediate, and results in a very different experience for a young person overnight. While one day the expectation is that a young person is well supported, and that support can be somewhat flexible to their needs, the next day they are expected to be independent — missing an appointment for instance, might mean that they are refused further support.

This overnight change in support available doesn't mirror the experience of a young person, and creates difficulties for those transitioning from child and adolescent to adult mental health services.

"I feel like in that period, you go through so much change... to be cut off when you're 18 or transferred to a completely adult service where they treat you independently.....I personally would advocate for a service for people between ages 18 to 25, instead of CAMHS, because.... you're not an adult yet! I feel that when I was an adult, and put into adult services, I wasn't ready for it at all.'

Young woman, 21, White



### In Wales

The issues around the transition from child to adult services in NHS Wales are currently an area of focus, and recommendations are laid out in the 'Mind Over Matter' report which seeks to change systemic issues in 'emotional and mental health support'.

Around the subject of transition from child to adult mental health services, the report proposes to shift the emphasis from an "arbitrary age related transition point" to "a young person's best interests". This shift was named a priority partly due to the suicide rates in 18 and 19 year olds and other vulnerabilities seen in this age group.

Practically, the transition is seen as 'adaptable' in that it is led by and follows the young person's needs which means the young person could be seen in CAMHS until age 25.

Co-developed by Barnardo's, it is proposed that the young person is also accompanied by a "transition passport". The passport includes key clinical information as well as likes and dislikes of the young person. One of the main functions of this is so the young person doesn't have to repeat their history or story while entering a new service. (National Assembly for Wales, 2018)



### In England

In England, as with Wales, the issues around the transition from CAMHS to adult services are well known. NHS England have also adopted the "transition passport" to support this (NHS England, 2015).

The current system sees young people transitioning to adult services at a specific age (this changes depending on locality - it could be between ages 16 to 18) where a young person can effectively no longer access CAMHS when they reach a certain age.

If a young person is currently in the CAMHS system and they are due to transition to adult services due to age, there is a transition process that the young person can be supported through, but the timing is not within the young person's control.



# Spotlight on a Young Expert research project

As part of the Young Experts programme, some of the Young Experts chose to work on individual research projects, each choosing a theme with a personal interest. Summarised here is the focus and learnings of one of these projects

One Young Expert wanted to look at what's missing from young people's mental health services at the moment from the point of view of an on-the-ground worker. They chose to speak to a specialist at a Local Mind in Wales. This is what they found:

- There is a capacity issue in mental health services. Not enough services means waiting lists are too long and this perpetuates the stigma of having to reach 'rock bottom' to seek and receive help.
- There aren't enough services to provide support to lower level mental health issues and there is little to no support for young people on waiting lists.
- There is a lack of understanding about where to go and how to access support. Young people are often instructed to go to their GP but this can be intimidating or confusing. There is a lack of awareness of other sources of support like groups in local Minds and websites like The Mix.
- There's not enough variety in the type of support available which puts some young people off before they take the first step in reaching out.
- There's a lack of awareness of the time it takes to improve or stabilise symptoms of mental health and more education is needed around the process of getting support and the importance of the individual taking responsibility to work with professionals to get the most out of the support they might receive.
- There's not enough time for the young person to improve as the system relies on brief therapy models.
- There's a lack of coordination and communication between services which leads to confusion and delays and the young person having to repeat their situation

- and story to many people which may be off-putting or triggering.
- A lack of clarity around confidentiality can lead to reluctance about receiving support.

They also discussed potential - and some active - solutions to these issues:

- Most of these issues are caused by lack of government funding. In Newport, for example, the Welsh government is funding a 'Whole School Approach' to mental health which is a good starting point for a more centralised strategy to improve mental health support in schools. The aim is to include the whole community to encourage mass wellbeing. However the funding for this is very minimal and has led to a lot of confusion and a long time to generate a feasible framework for the scheme.
- Having trained professionals in schools to give talks and lessons to tackle stigma and emphasise the importance of mental health instead of teachers who are not trained to deliver this.
- Having a centralised database to overcome issues with lack of communication between services, limit repetition and coordinate support more easily.
- Specifically to improve Mind's services: an increase in autonomy for local Mind services and an increase in communication between national Mind to improve the implementation and practicality of the initiatives national Mind generates.
- In Wales, there is a panel called 'SPACE' which stands for 'Single Point of Access to Children's Emotional Wellbeing'. It is a panel made up of various groups such as GP's, school professionals, youth services etc. They all meet to discuss the mental health referrals so they can coordinate a support plan and next steps.

## The role of the parent, guardian, or carer

With such a complex system, and complex entry points to the system, often the role of a trusted adult is crucial — usually this is the parent.

Putting so much power in the hands of parents, carers or guardians is difficult — it creates an inequality between those who have supportive parents and those who don't. The Children's Commissioner for Wales commented on this, noting that "the children with the most backing, who don't have to take three buses to access support, and who have the most persistent parents are getting that 'golden ticket' of seeing the psychiatrist." The children without parents or adults who are able to 'champion' them are less likely to access support, or often found themselves knocking on the wrong door (e.g. finding out they had been incorrectly referred after a long waiting period) or simply slipping through the cracks according to the Children's Commissioner's research (BBC, 2021).

For those who have the backing of supportive parents, carers or guardians this can often be the source of a referral as they can be the one that spots something is wrong and seeks out support. They can help the young person find the right support, and may also be effective in helping a young person progress through waiting lists faster — one young person told us that their mother helped him get multiple referrals from the GP and his school, which reduced the amount of time he spent on a waiting list. Parents, carers or guardians may also offer very practical support — e.g. driving them to an appointment, getting a note to skip school or managing medication.

However, placing the power in the hands of parents, carers or guardians creates issues. Mainly, this is because they can be positioned as the 'gatekeeper' of support — which has been especially true over the past year as, due to reduced contact with schools, parents, carers or guardians are one of few adults that commonly interact with a young person. A parent, carer or guardian may not always support or recognise needs, and may be very opinionated about the type of support needed.

As commonly described, young people often don't want to open up to their parents, carers or guardians about their mental health problems or experiences of trauma, and can end up reaching out for support in a way that doesn't involve the parent. In some cases, this was described as 'unsafe,' particularly when young people anticipated hostile reactions from parents, carers or guardians in response to learning that the young person was seeking support, or had experienced trauma.

One frontline professional noted that another common issue is that parents, carers or guardians don't communicate the steps they are taking to get support for the young person in their care to said young person. So when it comes to initiating support, the young person may actually not be willing to engage, or else the parent, carer, or guardian may have misinterpreted the situation.

It's important to note that parents, carers or guardians can also be experiencing their own mental health problems, and can be contributing to mental health problems or being a source of trauma to the young people in their care. "Working remotely often heavily involves the parent, as the parent is the gatekeeper at the moment and we need to build trust with the parent."

### Thurrock and Brentwood Mind

"It was the reason why I was readmitted was because of my parents sort of noticing that things weren't right."

Young woman, 18, Asian

# Support education and produce resources for parents, carers and guardians

## Recommendation )

As one of the, if not the most important, points of adult contact for a young person, parents must be well educated in understanding mental health, spotting signs and symptoms in young people, and in communicating effectively with the young people in their care about mental health. This is especially important in demographics where mental health awareness and understanding is low, or where mental health problems are even stigmatised or discriminated against.

It is recommended that Mind produce more parenttargeted information that can be disseminated to parents directly (e.g. targeted marketing) or through building partnerships with parent-focussed organisations and entities.

- How might we help parents spot signs of a mental health problem?
- How might we help parents talk to young people in their care about mental health?
- How might we share information directly with parents?



# Financial issues can create barriers for young people

See 2CV and The Unmistakables' reports for additional insights on 'Financial Barriers' from a poverty and antiracism perspective

While the system is difficult and confusing, those we spoke to rarely mentioned paying for support (private support). One hypothesis for this is that young people or families only pay for support once they are confident with the process of getting mental health support. On a couple of occasions, those who did talk about paying for support felt they engaged more deeply due to the fact they were investing in the support.

There are clear financial barriers to accessing private support regardless of age. However, other key financial barriers to accessing support are not so directly about paying for support, but are more to do with contextual factors. For example, the cost of transport to and from support, no private space at home to access online or remote support, and the cost of prescription medication.



### In Wales

Young people in Wales noted that medication is free and described how having to pay for medication would create significant financial barriers for their family.

One person noted that she wanted to move to a university in England, but was worried that she would not get free prescriptions, and was weighing up her options, including trying to stay registered at parents' Welsh address.



### In England

In England, medication is not free, and several young people spoke about concerns that a need for medication would create financial barriers.

One young person noted concerns that she would need to ask her parents for financial support if she ever needed any prescription medication, but didn't want to tell them about her mental health problems.

# Dismissed, invalidated and discriminated against

See 2CV and The Unmistakables' reports for additional insights on being 'Dismissed, invalidated and discriminated against' from a poverty and anti-racism perspective

Bad experiences of support amongst the young people we spoke to who had experienced trauma were extremely common. In particular, negative experiences stemmed from support not understanding the complexity of their needs — often stemming from their trauma.

Such experiences lead to young people feeling dismissed, invalidated and sometimes discriminated against. This was particularly prevalent amongst young people who have experienced severe trauma and have the greatest need of support; young people are suffering from support that isn't trauma informed, which is creating more problems than it solves.

Often, a misunderstanding of trauma leads to long waiting lists — young people who have experienced trauma find their mental health problems tend to get worse. Two months is a long time to wait for a young person, whose life is in constant flux, let alone waiting times of up to 2 years as one young person reported.

"My waiting list for the local area was two years, four months. That was just simply not going to work. It was just not, I was not in a position to be able to wait for two years to get access to mental health support...a two year waiting list, that can't happen! That's horrible. A young person waiting for that long either could unfortunately turn to worse things or they could just simply not know what to do with themselves."

### Young man, 15, White

"I think that as soon as somebody presents to you and says, I need some help, I think that you should act then. It shouldn't be like, okay, here's your 18 month waiting list. That's such a traumatic experience. And in that period of time of people living with their trauma, it becomes so easy to then live your life in a way where more traumatic things continue to happen. So I think that that early action, that early intervention would be extraordinarily useful."

### Cardiff and Vale Action for Mental Health



Name Grace
Age 12
Gender Female
Location Newcastle-Upon-Tyne
Living Situation Lives at home
with her mum, two rabbits, a cat
and a dog.

### Ethan's Journey

Her mum suspects a behaviour disorder due to difficulties faced at school. She suffers from poor mental health and doesn't

know how to calm down

when she's anxious.

Grace went to seek help for her mental health, but was informed that she wouldn't be seen until a behavioural diagnosis was confirmed. Grace relies heavily upon her mum to manage her mental health, and navigate the process of seeking a diagnosis. Grace is finally diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) and offered talking therapies.

She finds it hard to concentrate and feels restless during the talking therapy sessions with her counsellor. She's not sure the sessions are making any difference.

### Sentiment

"It took ages to get help when I was feeling really bad. I get really upset sometimes but I don't know how to stop it. I talk to someone now but I don't feel like they really understand me"

### Description

Grace lives at home with her mother and is attending the local secondary school. She's often in trouble at school but she doesn't feel like the reasons for this are within her control. She often feels misunderstood by the people around her and this has resulted in low self esteem. Her mental health has been deteriorating since experiencing trauma involving the breakdown of her parents' relationship.

#### **Pain Points**

- Having to wait for a behavioural diagnosis before receiving mental health support.
- Parent is heavily replied upon to navigate support system where there is no formal support available.
- Has had a poor experince of talking therapy, leading to the feeling that she is misunderstood.

### Attitudes & Behaviours

- Feels misunderstood by most people around her.
- Finds it difficult to concentrate on one thing at a time.
- Has low self-esteem and anxiety.

### **Future Preferences**

- A quiet and calming physical space where she can go during school hours when she's feeling anxious and becoming overwhelmed.
- Support that better understands her

### **Types of Support Accessed**

- Information leaflets from GP
- School support services once per week
- Talking therapy

## **Severity of Needs**



### Awareness of Available Support



# Bad experiences lead to distrust

See 2CV and The Unmistakables' reports for additional insights on 'Bad experiences lead to distrust' from a poverty and anti-racism perspective

Young people learn about mental health and the mental health system from those around them (other young people), and therefore bad experiences of support can spread quickly. This leads to a sort of 'contagious' effect of bad experiences, where young people share horror stories and in a completely non-malicious way, create barriers for each other. There is a clear challenge here to balance young people's needs for peer support and right to campaign for improved care, whilst recognising negative side-effects.

The discourse about mental health on social media evidences this contagion effect in particular — much conversation on social media is about young people connecting over stories (mainly at CAMHS) of poor support. The volume of these has some questioning their positive experiences of CAMHS support.

Replying to

Its really worrying to hear about people having bad CAMHS experiences, mine were pretty good, now i'm doubting if i should be thinking that ...

\( \rightarrow \)

One clear example is where a local service provider was seeing a high volume of students, despite the local university having its own mental health support service. Accounts of support at the University had led to young people circumventing the service altogether and accessing support from the local service provider instead.

Ultimately, these fast-spreading negative accounts of support lead to distrust of the system in general, although it is evident that much of this distrust is aimed at CAMHS specifically.

# Peer support offers young people opportunities to connect with others who have lived experience

Contrasting to the system of formal face-to-face support, peer support provides another option for the young person. This can take a few different forms, such as:

- Talking to friends informally.
- Formal organised peer support groups facilitated by mental health support services.
- Talking to other young people online (e.g. sharing stories through a social media platform or a message board).
- Talking to other young people through an online service provided by a mental health support service.

As noted earlier, it's common that young people learn about mental health and the mental health system from those around them, especially other young people. Building on this, it's clear that for young people, shared experience creates the foundations for strong support; young people find it easier to share with those who they feel a connection or likeness with.

Therefore, young people often talked about finding solidarity amongst their friends who had similar experiences to them; they commonly describe how other young people are more likely than mental health professionals to understand their 'whole self' (i.e. understand their experiences or the trauma that is impacting their mental health).

Some mental health peer support platforms aim to simply connect young people with those who have shared experience of mental health problems. This form of support traditionally can be seen in places like youth clubs, as well as increasingly in online spaces — one young person noted an app called 'Talk Life' as an example of this. A 2018 study by UK Youth notes the importance of youth clubs in combating loneliness, and notes a key contributing factor to loneliness is 'going through a significant or difficult situation.' They go on to note that youth clubs create safe spaces for young people to socialise, as well as to access support from a trusted adult, or at least to signpost to specialist services (UK Youth, 2021). Arguably, online analogues also provide a similar safe space and signposting to support, although the oversight of each young person is greater here.

Sometimes the simple act of connecting young people to others with lived experience is enough to have a meaningful impact. It was noted by several service providers, and evidenced by accounts of several young people that young people often just want to socialise with others who understand where they are coming from, who don't need, for example, social anxiety explained to them.

"I would say that [my best experiences of support have been] online mostly with others who are the same age or who have been through the same experiences. It feels common and good on a deeper level. It's like they get me better than my own family."

Young woman, 23, White

"I think there's that relatability and identification factor for young people where they can connect with another young person and feel trusting of their perspective. Or what they've said has helped them, or even just the empathy... a professional can feel a bit more removed from that."

### Kooth



Source: Unsplash, Hannah Busing, 2017

# Peer support offers young people opportunities to connect with others who have lived experience (cont.)

Often in professional support young people identify that the focus can just be on one diagnosed element of their mental health, rather than their whole self with the complexity of their experiences. Peer support gives them the opportunity to have a conversation that goes beyond the boundaries defined by the mental health professional. Often young people's conversations in peer support go beyond mental health altogether, and are instead about connecting around other common interests. For example, Harry Potter films, pets, football, or music. Ultimately, peer support gives young people the opportunity to bring their 'whole self' to the support experience rather than isolating their mental health problem — they don't need to focus their energy on talking about the mental health problems all of the time.

Mind's previous work around developing a peer support toolkit outlines a set of core values that makes peer support effective. These are — Experience in common, Safety, Choice and control, Two-way interactions, Human connection, and Freedom to be oneself. The toolkit argues that these values interact with one another, and that the 'Freedom to be oneself' can only be achieved once the other values are in place (Mind, n.d.).

Informal, or self-directed peer support was described by several young people as an important early step in their journey of support, helping them build comfort in talking about their experiences, and confidence to reach out for further mental health support.

"I wasn't able to make that first step by myself. My friends were quite worried about me and sort of sat me down, asked if I needed some support told me I should probably get in contact with my GP."

### Young woman, 20, White

However, it was noted by some who had experienced particularly severe trauma that they were not able to connect with any other young people who understood them — one noted that facilitated peer support wasn't appropriate for them as they couldn't find anyone who understood what she had been through.

"I went to group therapy for anxiety disorder and depression. And there were kids there who were scared about like spiders, or their parents getting hurt and would have recurring anxiety about that, but me sitting there as a girl who's been through a child sexual exploitation was sitting there being like, oh, I'm scared to get raped and stalked again. So it was very different when it came to group settings."

Young woman, 18, Asian

In the cases where peer support is suitable, it is generally a positive experience for the young person – and there are clear benefits to it being enhanced by mediation or facilitation from a professional, whether this is online or inperson. Facilitation helps to:

- Connect a young person with other young people out of their immediate social circle who have shared experience. This is especially important for marginalised demographics who struggle to connect with others around mental health — such as LGBTQIA+ and Black and minority ethnic young people.
- Educate young people around how to better support each other with their mental health.
- Provide a safe and secure space.
- Share useful professional knowledge when appropriate.

"None of us are trained in mental health support. So having professionals there that can help, they can do lots of stuff. Because obviously we can't go around telling everybody exactly what to do, and say 'this would definitely work' because we don't a hundred percent know that would definitely work. So just having professionals there, having support, having the resources and the capabilities..."

Young man, 15, White

# Peer support offers young people opportunities to connect with others who have lived experience (cont.)

"I've joined a Facebook group, and I've seen people sharing stuff about themselves and other people who experienced similar stuff — they're really supportive. I haven't actually actively engaged in that group yet because I'm still looking around, I just think it's a very, very nice thing to do because there's just a few people online at any time on social media. And when you actually say something, people kind of respond immediately. And sometimes it's just that immediate response that I need to actually talk something out, to start feeling better or to curtail the spiralling."

## Young woman, 25, Asian

Young people also experience a therapeutic benefit to helping peers — several young people who are further along in their mental health journey than their peers described positive experiences of helping friends.

"One of the most interesting things we found is this digital altruism where young people really benefit from being able to support others. And it's not just about what they're getting from the support, but actually that being part of that process for them."

### Kooth

The clear downside to peer support, particularly the more informal or unfacilitated forms of peer support, is that young people can quickly become out of their depth. Difficult situations arise where young people need crisis support but the young people providing peer support are unclear on what to do.

"We've spoken to young people who were offering peer support to their friends, but were way out of their depth — they had for instance suicidal friends, and were carrying way too much responsibility."

### **Thurrock and Brentwood Mind**

### Main pros of peer support for young people:

- Gives young people an opportunity to bring their 'whole self' to mental health support.
- Helps young people connect with others and combat loneliness.
- Helps young people build comfort in talking about their experiences.
- Young people benefit therapeutically from supporting their peers.

### Main cons of peer support for young people

- Can be difficult for those with more severe problems to relate to peers.
- In informal peer support settings, young people can get out of their depth quickly.

# Online support provides a low barrier to entry form of support, but with many limitations

Like peer support, online support is another option for young people to overcome many of the barriers previously described. Through online support, young people can access peer support, as well as directly contact (often through text based messages) a trained professional. Across the lockdowns over the past year, young people have also commonly received specialist support sessions online through audio or video calls.

"I've reached out to a self-help group, it's an online self help group. It was actually in person like pre COVID, but I think I prefer online because there's not that pressure and expectation to physically go somewhere."

## Young woman, 21, White

"I guess now with like online and all that, it's good that you...don't have to ring people now and that you can do it all anonymously online without people knowing."

### Young man, 15, White

A good deal of online peer support occurs in an unfacilitated way — for instance <u>r/depression</u> is a popular subreddit with over 750k members at the time of writing, and 'Anxiety, Depression & Mental Health Support' is a group on Facebook with over 70k members. However, there is an emergence of online services such as the previously

mentioned services <u>Talk Life</u> and <u>Kooth</u> who offer a similar type of online peer support, however these are moderated by professionals. Kooth explained to us that nothing gets posted on forums until it is vetted by a member of their team, while Talk Life have a strict moderation and inappropriate content policy. Essentially, these offer the same type of interaction that is present on social media, but with an added layer of safeguarding to prevent abuse and misinformation.

One young person described how she felt a sense of safety using one of these apps, after deleting her social media accounts due to abuse and online bullying.

"Online with other members who are the same age or who have been through the same experiences... they understand you and they talk to you and check up on you online and see if you're alright."

### Female, 23, White

In the context of specialist and/or one-to-one support, delivering support online removes some very practical barriers, such as the need to travel somewhere. Counsellors noted that they observed less cancellations from young people who were accessing support sessions online.

Around half of the young people we spoke to had experienced a video or audio call counselling session online (mainly due to the lockdowns and social distancing measures in place over the past year), and usually it was a mixed experience.

### Main pros of online support for young people:

- Online support is an easy place for a young person to receive early-stage mental health support.
- It removes the need to travel which can be a barrier.
- Counsellors observed less cancellations from young people who were accessing support sessions online.
- Young people with experiences of severe depression noted that it can be difficult to motivate yourself to leave the home for a session, and that texting or calling a specialist can be easier.

Online support provides a low barrier to entry form of support, but with many limitations (cont.)

### Main cons of online support for young people

- Eventually young people tend to want to connect with professionals face-to-face.
- Young people report not having a private space at home through which they can access support.
- Experience is 'brittle' the start of a session and end of a session don't include much smalltalk, and there is very limited non-verbal communication. Both of these are important to build rapport and trust. Similar themes were uncovered in Mind's research on the Covid-19 pandemic's impact on mental health where it was noted that online support offers fewer opportunities for 'communication and spontaneity.' (Mind, 2020)
- Online support can 'erode boundaries' for the young person, making it difficult for them to switch off after a session as conversations weren't left in the counsellors office.

Overall, 58% of young people agreed or strongly agreed with the statement, 'I would be comfortable with online support.' This number is higher for those in younger age groups, with 68% of 11–13 year olds agreeing or strongly agreeing with the statement, compared to lower levels in other age groups, the lowest being 47% in 16–17 year olds. Notably, 77% of those that identify as transgender, agreed or strongly agreed with the statement. Only 47% of young people who noted that they don't know if they have mental health problems agreed or strongly agreed with this statement.

"I think it's because of that human connection, that human contact, it just wasn't as easily available or accessible from a mobile phone call or a text message or an online chat. I think it's just not the same. And that's why I've never really clearly benefited from it [online or remote support]."

### Young man, 15, White

"When I spoke to the local mental health services, I had to have my appointments online, which is really handy, especially because I often struggled to, to get up, especially from a low mood, I struggled to get up and make it out."

Young woman, 20, White

"I didn't like therapy being online because I just found it so draining. And often after therapy calls, I'd be just left with my own thoughts in my bedroom. And I think there's something about parking your thoughts when you go into a centre — being able to leave them there. I didn't have the right home space or environment to sort of escape after each therapy session, which I would have really benefited from."

### Young woman, 21, White

"It doesn't feel as personal when it's on like video calls. You can't like, see the person moving, or you also don't have that time where you're getting into the appointment. Then you have awkward hellos and goodbyes. The screen turns on, you start, and you've jumped straight into it. And you also don't have the whole, when you're packing up to leave that like five minutes while you just chill, then you walk out, it just ends. So it feels a lot more abrupt online."

Young woman, 18, Asian



# Spotlight on a Young Expert research project

As part of the Young Experts programme, some of the Young Experts chose to work on individual research projects, each choosing a theme with a personal interest. Summarised here is the focus and learnings of one of these projects

One Young Expert chose to interview a resilience and family worker at a local Mind in Wales about remote therapy. They wanted to understand whether virtual therapy helps to address some of the barriers young people face with therapy and if it improves therapy for anyone. The Young Expert chose the interviewee based on their experience with working in both virtual and face-to-face therapy. Here's what they found:

- In general, young people view virtual therapy as more accessible and convenient, which may mean young people are more likely to engage with virtual therapy.
- Virtual therapy can give young people a greater sense of choice and control. Young people may also feel more comfortable engaging with virtual therapy. Together, this can mean young people are more likely to open up.
- For young people working remotely can be a good option if they aren't feeling motivated enough to leave the house to go to an appointment.
- There are benefits of virtual therapy to the service provider too — namely cost and fewer cancellations.
- There is a feeling of safety for the young person due to the anonymity possible of working remotely, however, privacy is a concern as the practitioner can't eliminate the possibility of someone else being there guiding the young person.
- There is a risk for the young person if their parents aren't supportive and they are attempting to use virtual therapy in the same house. Physically going to therapy is easier for these young people as there isn't a risk of being overheard or seen.
- There are barriers to working remotely relationships are

- easier to build in person and there are limitations of what type of support can be delivered online.
- Changes in body language and expressions can be easier to miss in virtual therapy. This can mean important information is missed.
- Virtual therapy isn't really the best option for people in crisis as it is hard to assess, and de-escalate. This can be particularly risky or dangerous for people who don't know they are in crisis. However, it is okay for crisis support to be remote for the initial contact, but it eventually needs to be in-person.
- It is hard to boundary and psychologically separate online support from the rest of someone's life. Specialists need to create a safe psychological space, and help the young person boundary this support appropriately.

The following research questions were explored in this section:

How can Mind contribute towards tackling structural inequalities that impact the mental health of young people, particularly those who have experienced trauma?

- What areas should Mind prioritise?
- How can Mind work collaboratively with others already operating in this space to make a change?

# Key points



Structural inequality plays a role in all parts of the mental health system, and as a theme is recurring across this report; inequalities are referred to in most sections.



Groups that are marginalised are much more likely to experience trauma or have a mental health problem. This includes young women, young people living in poverty, racialised ethnic groups, LGBTQIA+ young people, young people in care, and young people with a disability.



Marginalised young people are also less likely to access or receive effective mental health support — this is usually due to stigma and discrimination around mental health problems in their families, or local communities, poor representation in mental health specialists, and/or low availability of funded mental health support services in their areas.



Most frontline services are aware of unmet need in marginalised groups, but struggle to pinpoint where this is exactly — this is the role of a thought leader like Mind.

Recommendation

Work with partners that can help Mind reach marginalised groups

# Structural inequality plays a role in all parts of the mental health system, and as a theme is recurring across this

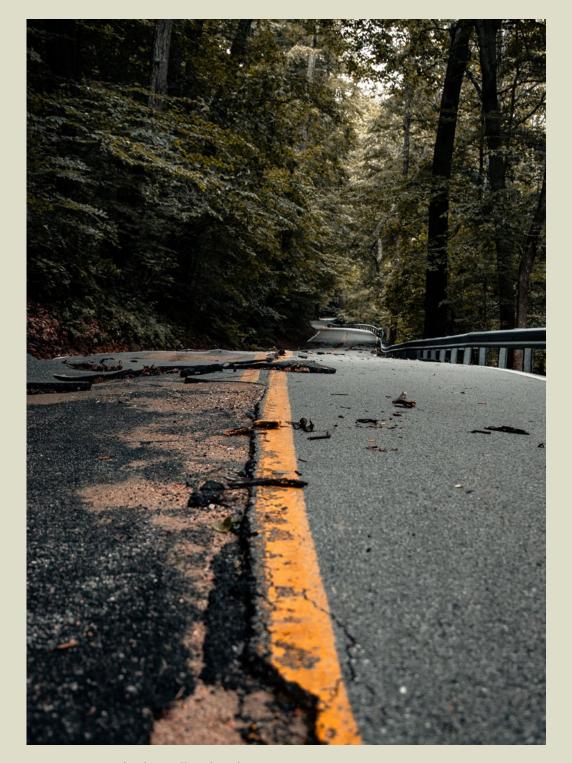
It's most important to note that inequalities result in certain groups of young people being more likely to experience trauma or mental health problems in the first place. For instance:

- Young women are double as likely than young men to have a probable mental health problem (NHS Digital, 2020).
- Children with mental health problems are more than twice as likely to live in a household in financial difficulty (NHS Digital, 2020).
- Children in the lowest income bracket are 4.5 times more likely to experience severe mental health problems than those in the highest income bracket (Gutman, et al. 2015).
- Young people who experience racism are more likely to experience low self-esteem, anxiety and depression, and a reduced ability to recover from other kinds of trauma (Agenda, 2020).
- Young people aged 14–19 who identify as LGB or other are more than twice as likely (35%) to experience a mental health problem compared to young people who identify as heterosexual (13%) (NHS Digital, 2018).
- · Looked after children and children in care are

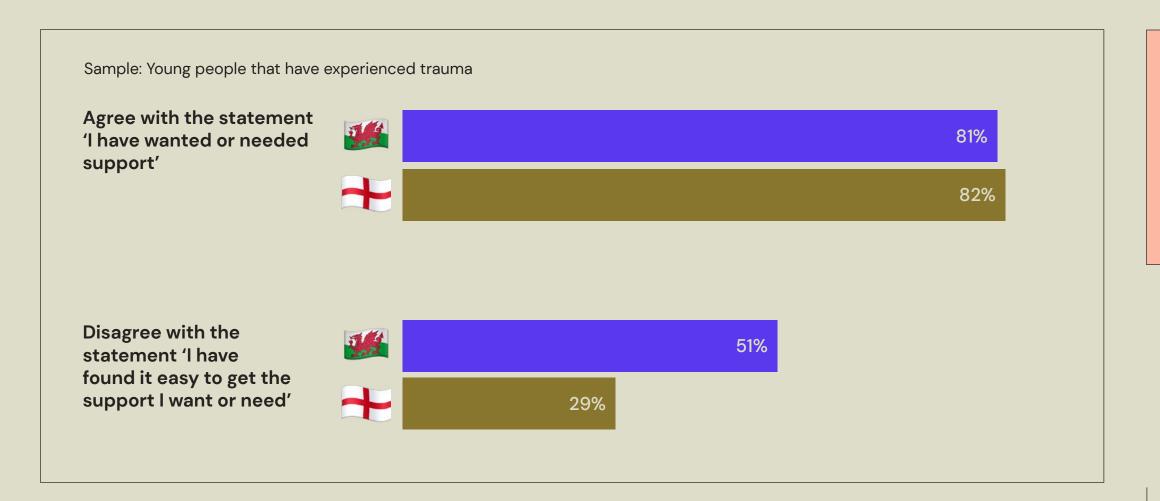
- approximately four times more likely to experience a mental health problem than those who live with their birth families (NSPCC, 2015).
- Over a third (36%) of children and young people with a mental health problem also have recognised special educational needs, compared to 6% of those without a mental health problem (NHS Digital, 2017).

In addition to this, those in marginalised groups are less likely to access or receive effective mental health support for a number of reasons that are explored across this report. These include:

- Lower awareness and understanding of mental health problems in ethnic groups, sometimes to the point where communities stigmatise young people experiencing mental health problems.
- Low availability of funded support services in certain local areas.
- High levels of stigma and discrimination around mental health problems in rural communities.
- Low representation of Black, Asian, and Minority Ethnic groups in mental health specialists.
- Difficulties for young people to spot the need for mental health support, and then reach out to and navigate the mental health support system without a supportive adult.



Source: Unsplash, Colin Lloyd, 2021



In Wales

25% of young people in Wales felt that their geographic location limited the support available to them.

In England

11% of young people in England felt that their geographic location limited the support available to them.

Based on responses to our survey, it was also indicated that young people who have experiences of trauma, have very different experiences of getting support for their mental health. While in both England and Wales, about 80% of young people who had experienced trauma agreed with statement 'I have wanted or needed support,' 51% of those respondents in Wales disagreed with the statement 'I have found it easy to get the support I want or need' compared to just 29% of young people in England.

Many young people feel that support available to them is limited by factors related to their demographics, in particular, age and financial situation. Interestingly, those that identify as Black, Asian or Minority Ethnic don't identify ethnicity here as a factor any more than those who identify as 'White,' however, 16% of them identify religion as a factor compared with just 4% of White respondents — this is particularly high for Pakistani, Bangladeshi and Indian respondents.

"Certain groups of young people are more likely to get traumatized in the first place, and then they're going to be exposed to more potentially traumatic events. If we think just about PTSD, speaking on average, those that are not White are more likely to get PTSD. And then they are more likely to encounter trauma events, more likely to develop difficulties and less likely to access services. So this is a real kind of a triple whammy for them."

David Trickey, Consultant Clinical Psycologist and Trauma Specialist, Anna Freud National Centre for Children and Families



# Spotlight on a Young Expert research project

As part of the Young Experts programme, some of the Young Experts chose to work on individual research projects, each choosing a theme with a personal interest. Summarised here is the focus and learnings of one of these projects

One Young Expert spoke to a counselling psychologist based who has a lot of experience working within Black, Asian and Minority Ethnic communities in Greater London. They were interested in learning about the specialist's experiences working with young people with Black, Asian and Minority Ethnic backgrounds. They were looking to understand what barriers these young people face accessing and during therapy. This is what they found:

- Black, Asian and Minority Ethnic young people might feel like they're misunderstood and can't explain cultural context easily. For example, one topic that counsellors of another background might find difficult to understand is colourism and its impact on their clients. Having more mental health practitioners from Black, Asian and Minority Ethnic backgrounds leading training and working as counsellors and supervisors would help to reduce barriers both in the support and research in the area.
- Language is a huge barrier. This might be because a service or information source has only included information and materials in English and so excludes young people or their parents who don't speak or read English. This is also an issue with helplines which are not always bi-lingual.
- Language also speaks to conceptual aspects of Western mental health. For example, it is hard to talk about Eastern values in a space that offers a Western approach to mental health and it's often difficult to marry those things together as they rely on different values and belief systems. This is also true of mental health specialists training where, for example, the concept of 'boundaries'

- in a Western clinical approach are different to the concept of boundaries in a South Asian household. This is also true of other western psychological concepts like the reliance on an individualistic approach versus an Eastern reliance on collectivism.
- It might be difficult for parents to tell their children what and how to get mental health support when they don't know themselves and it hasn't been part of their own education. Improving mental health education for parents will improve this for young people.
- The training for mental health workers is lacking in training about race and cultural nuances and is also lacking an understanding that some modalities may be too limited to work with clients from Black, Asian and Minority Ethnic backgrounds. Understanding different cultural beliefs and being part of open and honest forums is recommended as a way to address this.

# Services find it difficult to spot where needs aren't met

It's important to note that while it is important to address problems on the ground and develop more equitable services and support, this is a structural problem that needs to be addressed at a systems level through tackling racism, poverty, and discrimination. While some front-line services are making a concerted effort to tackle inequalities on the ground, it's clear that it's difficult, particularly for services that are addressing broad demographics or populations to spot where needs aren't being met, or who isn't reaching out.

Several local and national services we spoke to noted that they found it difficult to identify where there was unmet need and to understand who they weren't reaching. With tight resources and a focus on the delivery of support, it is difficult for frontline service providers to understand and address the larger systemic challenge – which essentially must be the role that national Mind and thought leaders in mental health play.

# Work with partners that can help Mind reach marginalised groups

### Recommendation `

As a leading mental health charity, it is Mind's responsibility to address the structural inequalities that are embedded in young people's experiences of trauma, mental health problems, difficulties accessing support and difficulties receiving support. However, visibility and awareness of Mind across many of the most marginalised or vulnerable groups of young people is poor, and it is important that Mind partners with organisations that can help them better reach and provide support to marginalised young people. This support can be delivered directly to young people, or through the communities around them.

Partnerships with organisations that don't have an explicit link to mental health such as the following are likely to be impactful in providing support to marginalised groups of young people:

- Religious organisations embedded in Black, Asian or Minority Ethnic communities
- Youth clubs in low income areas
- Youth clubs working with Black, Asian and Minority Ethnic groups (e.g. <u>Onyx</u>, <u>The Winch</u>)
- LGBTQIA+ focussed groups, blogs or online communities.

- Mentorship programmes for young people (e.g Reachout, Cardiff Youth Service)
- Sports charities who provide free or low-cost training.
- Arts charities who provide free or lost-cost tuition or workshops.
- How might we speak to young people in marginalised groups through a voice that they feel is familiar?
- How might we make support and information more visible in a community through partnerships and relationships?
- How might we speak to young people in marginalised groups through a voice that they feel is familiar?
- How might we make support and information more visible in a community through partnerships and relationships?

The following research questions were explored in this section:

How can Mind engage most effectively with young people who are experiencing poor mental health, particularly those who have experienced trauma?

- What language should Mind be using to talk about mental health and trauma?
- How can we most effectively tailor our approach for different groups of young people?
- How can Mind empower young people to run their own campaigns and get more involved in our work?
- How can Mind reduce structural barriers to engagement?

# Key points



It's important to be sensitive to language preferences. Poor use of language can be alienating



Young people struggle to engage with the idea of campaigning, but are most passionate about a few key issues; Destigmatisation and improving mental health literacy, Personalisation and choice, Improving the resources of mental health support and Diversity and Inclusion



While young people want support to be inperson, they expect to interact with mental health services digitally

### Recommendation

Develop age-inclusive language guidelines

# Recommendation

Be flexible with language when delivering support to a young person

### Recommendation

Offer support and information in different languages

### Recommendation

Develop strategic partnerships with influencers

# It's important to be sensitive to language preferences

Preferences around language for young people is complicated, and there is an element of this that appears to be connected to young people's experience with mental health support. On the one hand, as mentioned previously, over-medicalised language and jargon can be belittling, off-putting, alienating, and can create barriers. Three of the service providers we spoke to noted that they had explicitly adjusted their terminology to address this — most notably changing the term 'mental health' to 'emotional wellbeing' or simply 'wellbeing.'

"We're always asking the question of how we can be more inclusive and more accessible. I think we used to talk about the term mental health and we use emotional wellbeing more now."

### Kooth

"I also think about how things are advertised. A lot of things have a mental health association and some people would be put off by that. Whereas if it was just something more wellbeing focused or more focused on the proactive needs that might help."

### **Mind Aberystwyth**

On the other hand, most young people we spoke to appreciate the medical language specifically when it was

used around their diagnosis — it gave them confidence that what they were dealing with was something others recognised and were also dealing with, and it empowered them to take more control of their mental health. It unlocks options for them of doing their own research, and connecting to others with the same diagnosis.

"I wanted to go to my GP and be able to sit down and talk with them and to get an amount of certainty [about a diagnosis]. I think it's that confirmation and certainty that would have been able to confirm what I was going through."

### Young man, 15, White

"My experience [of young people's feelings about diagnosis] is that many young people like it, because it's a 'thing.' So if they say 'I'm having these nightmares, I don't want to think about it but it keeps coming to my head and I just can't sleep.' If I say, that's PTSD, they go, 'oh, it's a thing, thank goodness'. [A diagnosis] offers a description and explanation and hope that we can do something about it. A lot of people assume that young people don't like diagnoses, but that's not been my experience with trauma."

David Trickey, Consultant Clinical Psycologist and Trauma Specialist, Anna Freud National Centre for Children and Families

Finding a shared language, clinical or otherwise, creates search terms that unlock options for young people doing their own research and connecting with others with the same diagnosis. While those in early-stage support or pre-support tended to use everyday terms to describe their emotions (for example, 'it was doing my head in') we observed that particularly older young people who had a lot of experience with mental health support used clinical and medicalised language to describe their support (for example, 'sometimes the way I act on Instagram is a bit disordered').

Poor sensitivity around language use and not acknowledging young people's language preferences can be triggering. While it's not always possible to be aware of language preferences on an individual level, trauma focussed practitioners noted that they tend to adapt and personalise language as they learn more about the young person they are working with. This issue is particularly important for young people who are dealing with trauma that is related to their identity. For instance, those who identify as LGBTQIA+ note that language can be triggering if it isn't inclusive of genders and identities.

Only 10% of young people identified that they had felt excluded from mental health support due to not understanding the language used to describe their experiences or situation. This was particularly high for those that identified as transgender (31%), those that identified as gay or lesbian (22%), and those waiting to speak to someone about their mental health (23%).

# Develop age-inclusive language guidelines

Recommendation

While the ideal is to adapt language to different age, or developmental age, groups, the reality is that much of Mind's content needs to speak to all ages.

Mind's information resources, whether they are targeting young people or not, should be applicable to all ages. A specialist at local Mind noted that they often tell young people to look at adult content on the Mind website, as it is much more detailed and young people want that level of detail.

Language that is inclusive of young people doesn't need to be simplified, it just needs to be straightforward. Young people note that this approach to language feels safer — they know the person speaking or writing is experienced, but that they also feel included and acknowledged. It shouldn't include acronyms, but can use medical language, as long as it is clearly explained — this has been identified as empowering by some young people. We've found that the magazine 'Teen Breathe' is a good example of inclusive language being used around mental health.

It is important to make a clear distinction around where the terms 'emotional wellbeing' and 'mental

health' should be used. 'Emotional wellbeing' has been described by several service providers and young people as more accessible and less stigmatising terminology. Those that experienced stigma and discrimination to a greater extent were the most outspoken about this. However, it was also clear that in some places, the straightforwardness of the term 'mental health' was appreciated.

It is recommended that 'emotional wellbeing' is used in places where young people are most likely to experience high levels of stigma — as based on our findings, this is in the early stages of looking for support, particularly for marginalised demographics. For instance, it would be appropriate for a local Mind to use this term when initially reaching out to young people who are interacting with mental health support for the first time.

The term 'mental health' however, is still useful to use in information support, as the term is clearer, more succinct, and is unlikely to be the cause of stigma in that context. So for instance, it would be appropriate for National Mind to use the term 'mental health' in online information resources.

- How might we develop language guidelines that are appropriate for all ages?
- How might we adapt language in places where young people experience the most stigma?



Source: Unsplash, Derick Anies, 2016

# Be flexible with language when delivering support to a young person

[Recommendation]

In one-to-one or group support, it is recommended to adapt language to an individual as it's difficult to know the young person's developmental age up front, and there is a wide variance in individual preferences. It was also highlighted that it is important for mental health specialists to acknowledge when they get language wrong.

Do what's possible to learn about a young person's preferences (e.g. ask them for their pronouns) and be sensitive to how poor use of language may be triggering.

- How might we help mental health specialists to better understand the individual sensitivities young people may have around their language?
- How might we help mental health specialists better tailor language to individual young people's preferences?



Source: Unsplash, Paul Castanie, 2018

# Offer support and information in different languages

Recommendation `

Where mental health support and information are only available in English, this creates a barrier and excludes young people or their parents if they don't speak English, or if English isn't their first language. One Young Expert noted that to support a young population, services also need to support parents, and to fully support parents from different ethnic groups, Mind needs to be a multilingual organisation.

While it would be very resource-intensive to translate all information resources into several languages, key information pages for young people should be translated into non-English languages that are common in the UK. According to the Office for National Statistics, the top five languages spoken in England and Wales that aren't English are Polish, Panjabi, Urdu, Bengali (with Sylheti and Chatgaya) and Gujarati.

Here, the translation of key information resources may be an effective way to improve awareness, understanding, and mental health support for some of the most disadvantaged ethnic groups — young people in Bangladeshi and Pakistani households are most likely to live in poverty (ONS, 2020) and may therefore be most likely to face the negative mental health impact associated with poverty.

More translation support should also be available for in-person or helpline support, with a higher number of interpreters available, and/or specific emphasis placed on bringing bi-lingual mental health specialists into the workforce.

# In Wales

Support services in Wales, including several local Minds, noted that there wasn't enough resource to develop bilingual resources and services for Welsh speaking communities or Welsh-medium schools.

Some Welsh-medium schools only allow services or resources to be delivered if they are in Welsh—this limits the mental health support available to them, both because the young people attending these schools may not be confident enough to speak in Welsh about their mental health, and also because there may not be Welsh speakers available to deliver support.

- How might we tackle inequalities through making support and information available in different languages?
- How might we make support available in different languages in a resource efficient way?

# Engaging young people in Mind's policy and campaigns work

Young people struggled to engage with questions about campaigning and engaging with Mind's policy and campaigns work, likely because the idea of campaigning was quite removed from their individual experiences of support and mental health problems. However, in order for Mind to engage young people in its policy and campaigns work, it is important to connect with them over the problems in the mental health system that they are most passionate about, and we were able to gain an understanding of the issues that young people are most passionate about.

Informed by our interviews with young people, we worked with the Young Experts to develop a series of 'what-if' questions outlining aspirational visions of the future. We then re-engaged over 100 young people that we'd connected with across the project to reflect on which of these what-if questions excited them the most, and to submit their own. This gave us clear insight around the issues young people care most about.

The most common what-if statements young people submitted were about the following themes, which reinforce findings we had through other research activities:



# Destigmatisation and improving mental health literacy

A large number (20%) of open text submissions of whatif questions were around this theme, significantly higher than most other themes (the next largest theme only had approximately 12% of open text responses).

Young people are keen to see mental health support as more routine and normalised, and to see more education around mental health and mental health conditions for young people, teachers, parents and society in general.

Example questions submitted:

- What if everyone had to have mental health check ups, like the dentist or the doctors?
- What if mental health was accepted to be just as important as physical health?
- What if there was a campaign that encouraged older people to open up and that educated them about mental health?



### Personalisation and choice

Young people are keen to see a mental health system that values their opinions and gives them more choice, and ultimately more tailored support.

Example questions submitted:

- What if the young person had more say in their treatment plan and what may work for them?
- What if services worked around young people rather than the young people having to fit the service?

# Engaging young people in Mind's policy and campaigns work (cont.)



# Improving the resources of mental health support

Young people think the mental health support system is stretched, and want to see more resources allocated support and more people working in the sector to meet their own mental health needs.

Example questions submitted:

- What if there was funding and mental health was prioritised by the government?
- What if everyone who needed it got support?



## **Diversity and Inclusion**

Young people want to see a more diverse range of individuals working in the sector, who are sensitive to complex intersectionalities and actively work to make mental health more accessible to those who are marginalised in society.

Example questions submitted:

- What if support was more inclusive of neurodivergent brains?
- What if there were mental health professionals that were more educated on transgender related issues?

A clear thread across all research is how priorities change with age. Younger participants are more likely to speak about the contextual factors around mental health support — such as not being taken seriously, issues around schools, or with parents — while older participants are more likely to talk directly about services — that they are underresourced, that support isn't sensitive to their needs.

Out of the four issues listed above, those who identify as LGBTQIA+ were most strongly concerned with 'Personalisation and Choice' as well as 'Diversity and Inclusion,' while those that are Black, Asian, or from another Minority Ethnic group were most strongly concerned with 'Destigmatisation and improving mental health literacy' and 'Improving the resources of mental health support.' Pakistani, Bangladeshi and Indian participants were also likely to indicate interest in what-if statements that were about guaranteeing privacy and confidentiality during mental health support, and avoiding involving their family in support.

# Role models and influencers help to destigmatise mental health problems

Role models and influencers play an important role in destigmatising and normalising discussions about mental health problems.

While those we spoke to with more severe needs rarely mentioned role models and influencers, it was noted by some, particularly young males, who were pre-support or in early-stage support that seeing influencers talk about mental health helped them open up about what they were going through.

One young male noted that seeing iconic sportsmen speak about their mental health helped him open up and admit something was wrong. The recent attention brought to mental health by Simone Biles during the Tokyo Olympics was also described as positive and empowering.

However, the Young Experts had a good deal to add on this topic, and they noted that it is important to understand the types of information that are appropriate or inappropriate for an influencer to share. While they (broadly) agree that it's helpful for an influencer to signpost people to expert advice due to their massive reach, they note that influencers have to be careful not to attempt to frame themselves as an expert.

"There needs to be an understanding that these people [influencers] are not medical health professionals. They can understand and bring attention to their conditions but they shouldn't be viewed as a spokesperson for that. Anthony Hopkins isn't an expert on autism but he knows how his autism has affected him... They can speak about their coping mechanisms but there always needs to be the caveat that what works for them isn't the be all and end all of it."

### **Young Expert**

# Develop strategic partnerships with influencers

### Recommendation

Influencers have a unique ability to impact young people's perceptions and norms, and have the potential to de-stigmatise and normalise talking about mental health.

Mind should continue its work with celebrity ambassadors, by developing strategic partnerships with influencers that can connect with the demographics that are experiencing the highest levels of stigma around their mental health.

This should include partnering with influencers that can connect to young males, and ethnic minorities — groups that feel poorly represented in discussions about mental health, yet have indicated to us that seeing mental health being discussed by people they can identify with is de-stigmatising.

 How might we speak to groups of marginalised young people using a voice that they identify with?

# While young people want support to be inperson, they expect to interact with mental health services digitally

While young people usually express a desire for mental health support sessions to be delivered 'face-to-face,' generally, they expect interactions with mental health services that are outside support sessions themselves to be digital. This may just involve an initial point of contact to book or organise a session, or something more extensive to manage their support. We Are With You, a national addiction and mental health support service, told us that a recent transition to digital booking had resulted in an increased uptake in the services they offer.

Providing options for young people to digitally manage their support helps to reduce barriers through offering the young people an option to directly interact with their service, as opposed to interacting through other 'gatekeepers' such as parents or at school.

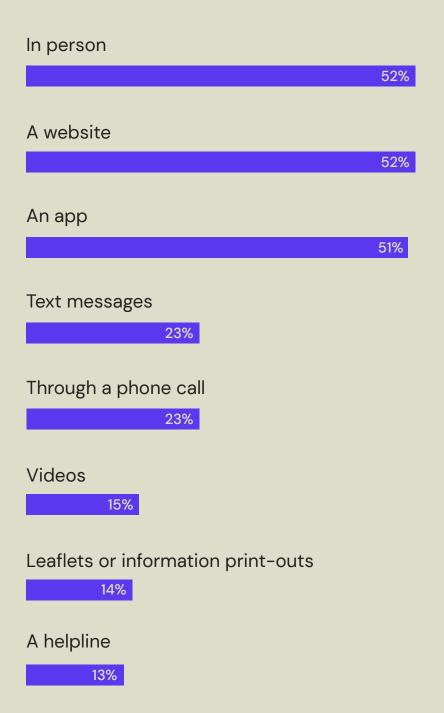
While delivering support online has limitations in terms of being trauma informed, allowing young people to book, manage and interact with services (outside of support or support sessions themselves) gives them more information, offers more straightforward and transparent communication, and helps them establish a sense of choice and control, which is a key component of trauma informed support.

"Basically if there's like an app with which I can just book and go...or maybe like call or SMS or anything of that sort would be good."

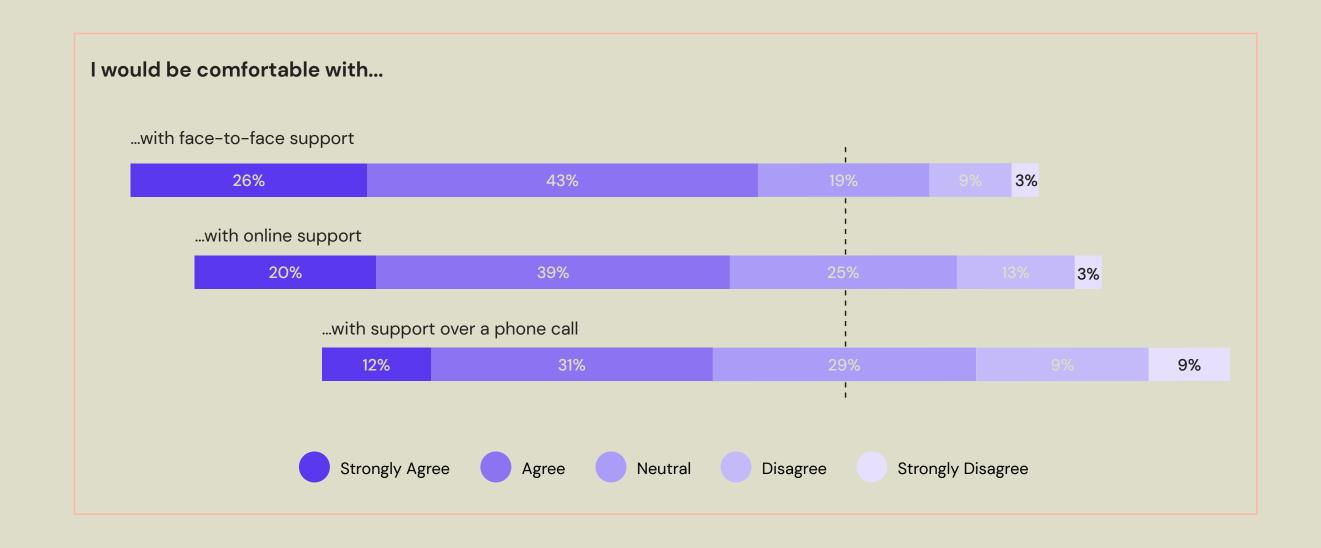
Young woman, 24, Asian

It's important to bring attention to the impact that age can have on young people's preferred channels. While, surprisingly, age had a marginal impact around preferred channels in our survey, it was noted by a mental health specialist that preferences here are very dependent on the age of the young person and whether they have their own phone/device or not. They usually saw more digital autonomy in accessing services from around 14+.

# Select three ways that you would like to receive or find information about mental health



While young people want support to be inperson, they expect to interact with mental health services digitally (cont.)



# Mind's Role

The following research questions were explored in this section:

What role do young people, particularly those with experience of trauma, want Mind to play to help them to stay well and support their mental health?

- What don't they want Mind to do and where are others better placed to offer support?
- What are the active ingredients of information and support that is trauma informed?

# Mind's Role

This section outlines a series of principles and ingredients for trauma informed support for young people:



Trauma informed support is personalised



Trauma informed support is concerned with experiences not problems



Trauma informed support understands how intersectionalities impact mental health



Trauma informed support considers the sensory experience



Trauma informed practitioners have specific professional experience with trauma



Trauma informed support understands when support is needed urgently



Trauma informed support always communicates what's happening to the young person



Trauma informed support gives the young person choice and control



Trauma informed support is aware of the limitations of different modes of delivery



Trauma informed support understands that it is difficult to talk about trauma



Trauma informed is an organisational attitude

# **Contextualising Mental Health Experiences**



# Spotlight on a Young Expert research project

As part of the Young Experts programme, some of the Young Experts chose to work on individual research projects, each choosing a theme with a personal interest. Summarised here is the focus and learnings of one of these projects.

One Young Expert wanted to hone in on the reason for Mind asking us 'What does trauma informed support look like?' by interviewing an expert practitioner who works at national Mind. They wanted to understand why there is a focus on trauma informed support at this moment within the organisation. They found that:

- Mind has recently done a piece of research that shows more and more young people are dealing with complex trauma. It isn't completely clear why this statistic has increased at this moment but Mind would like to know what trauma informed support might look like to this demographic.
- Charities should think about how trauma informed approaches can be applied throughout their organisation and not just in their service provision.
- Working in a more trauma informed way means viewing mental health in a less diagnostic or pathologised way and instead, thinking about the experiences that led to that diagnosis.
- Moving to a trauma informed approach is tricky for a national organisation that needs to maintain a standardised level of service, while allowing its local practitioners to adapt to regional challenges.

## Principles and ingredients of trauma informed support for young people

While tackling the breadth of challenges facing young people today is a huge task and cannot be addressed by any single organisation, playing a clear role in developing the narrative and understanding around trauma informed support is the responsibility of leading mental health charities like Mind.

There are existing models such as the 'Four R's' (SAMHSA, 2014) that outline common principles of trauma informed support, which will be discussed in more detail in the 'current landscape' section of this report.

In this section, we outline principles and ingredients to trauma informed support that are specific to young people, and which build on the existing accepted principles of trauma informed support. We aim to give an insight into what young people's current experience is around these principles, outlining their preferences for a trauma informed mental health support system.

#### Trauma informed support is personalised

Recommendation `

Young people very commonly reported that the support they experienced had the inability to be flexible to their needs. In some cases young people described feeling retraumatised due to impersonal or inflexible treatment.

Be careful not to prioritise the needs of the adult delivering support over the needs of the young person, and work out where it is realistic to be flexible to the young person's needs. When possible, speak to the young person about the length and duration of support sessions offered, who delivers it, and when it happens.

It's particularly important to give choice around where support happens. Young people ascribe different meaning, memories and emotions to different spaces — for some, a bedroom might be a safe space to access support, while for others it might be associated with trauma. Give young people a choice around where they access support and provide a few suggestions. For instance, support could be delivered over the phone while going for a walk, in the park, in a school, in a community space, at home, or online.

"I went to CBT and it didn't feel very personalized to me, a lot of it was very one size fits all."

Young woman, 18, White and Black African

One straightforward way to support personalisation would be to conduct a 'pre-session' of support, before starting sessions which gives the young person a chance to get comfortable, share their experiences and preferences, before 'work' begins.

""People should really be treating young people as an individual whole person and with all of the parts of them, you know, like you can't just say, well, we'll intervene in this way at that time. I think that you really need to be like, well, what is meaningful to you based on what has happened to you? A lot of people that have been through trauma, you know, it's really through no fault of their own. So then to continuously be doing stuff to people, rather than giving them a bit of the power and control back and giving them the opportunity to say, you know, this is how I wish to be treated."

#### Cardiff and Vale Action for Mental Health

- How might we support specialists to have conversations with young people about their personal preferences?
- How might we make it easier for specialists to be flexible to a young person's preferences?



Source: Unsplash, Didssph, 2021

## Trauma-informed support is concerned with experiences not problems

Recommendation

Young people commonly spoke of experiences where support had over-focussed on one diagnosed aspect of their mental health, at the expense of seeing the bigger picture and understanding their multiple problems in the context of their experiences of trauma. For instance, it was mentioned by at least four young people that an eating disorder had been diagnosed early, and that was the focus of their treatment for the first few years. Usually later it had been found that there were also several other deeper mental health problems, at which point experiences of trauma were more directly addressed.

"I think when I first got referred, they didn't really look into my past, like trauma and stuff, and they kind of just overly focused on the eating disorder. I completely understand that some physical aspects have to be checked on because eating disorders can get really serious and can obviously get people into danger physically. But I think sometimes it's better to do an overall check and they never really did that. And when I did struggle with other stuff that wasn't linked to an eating disorder they still linked it to the eating disorder although it was completely separate."

Young woman, 16, White

Trauma informed support must not focus on problems or diagnoses, but instead needs to focus on the experiences young people have had. Ultimately, what really matters is if the young person is distressed.

Trauma informed support needs to take a 'whole person' approach. This means specialists should look to understand young people through the collective experiences they have had rather than their specific diagnoses or current problems. They should also consider the wider context of the young person — e.g. family situation, financial situation, religious groups, geography, and perceptions or cultural attitudes of any Minority Ethnic communities surrounding the young person — and factor these into their approach and recommendations to the young person.

- How might we identify if a young person needs support without focussing on a diagnosis?
- How might we build measurement and reporting systems that don't involve specific diagnosis?

# Trauma informed support understands how intersectionalities impact mental health

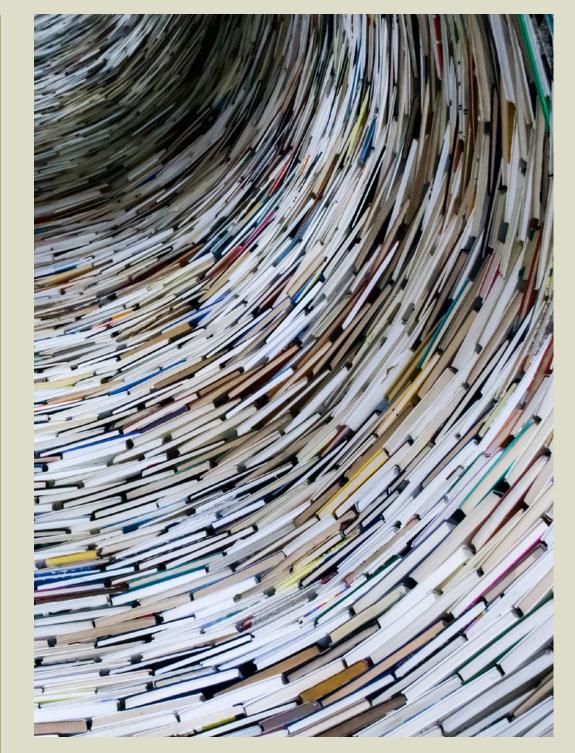
#### Recommendation `

Trauma informed support should understand how factors such as poverty, ethnicity, and identity impact young people's likelihood of experiencing trauma, their perceptions of traumatic events, and the way they understand and deal with their own mental health problems. It should also understand how a young persons' context, communities, and/or surroundings will play a role in their recovery.

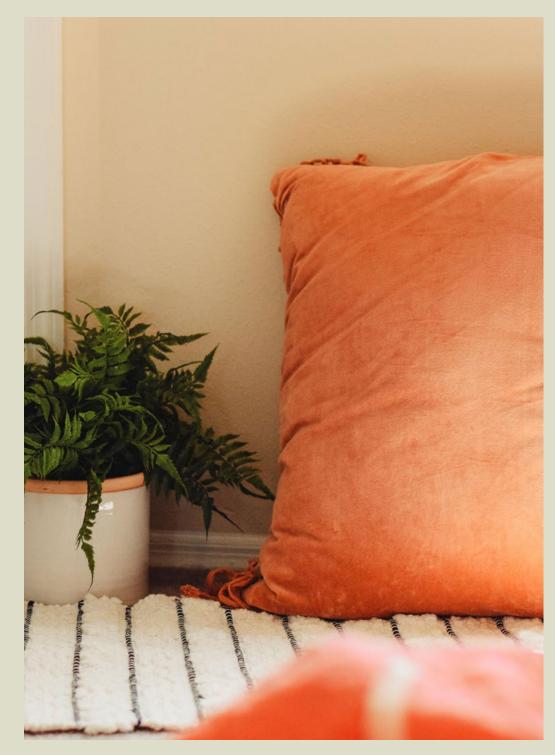
Specialists should be able to speak to the young person confidently and knowledgeably about how the young person's demographics and situation may be influencing their mental health. Currently, it was described by mainly LGBTQIA+ or Black, Asian, and Minority Ethnic young people that those offering support are unlikely to be able to speak to them about how their race or identity is intertwined with their mental health problems, and this means that their issues aren't understood correctly. Kalda, an online mental health peer support service for LGBTQIA+ people, noted that most of their users felt that they weren't properly served by mainstream support for this reason. On average, 24% of young

people felt that they had been excluded from mental health support because their issues weren't understood correctly. This number was significantly higher in those that identified as LGB or Other/Prefer to self-describe (40%).

 How might we make specialists more comfortable and confident in talking about the relationship between different demographics and mental health?



Source: Unsplash, Lysander Yuen, 2017



Source: Unsplash, Sarah Brown, 2019

## Trauma-informed support considers the sensory experience

Recommendation `

Young people with experiences of trauma showed a preference for support to be conducted in a non-clinical space that feels comforting — unlike a hospital. Consistently, young people with experiences of trauma speak to a preference for support delivered in a space that provides comfort, usually quite literally in terms of physical comfort. Four young people, when describing their dream service, explicitly mentioned positive bright colours. Some mentioned nice smells, and many specifically mentioned comfortable seating. One young person noted that it would be great to bring her pet. Open spaces, low ambient noise, and the ability to bring fidget toys were also mentioned. All of this was completely unprompted.

"less like a hospital... I imagine it even to have like days where you can bring your pet "

Young woman, 15, White

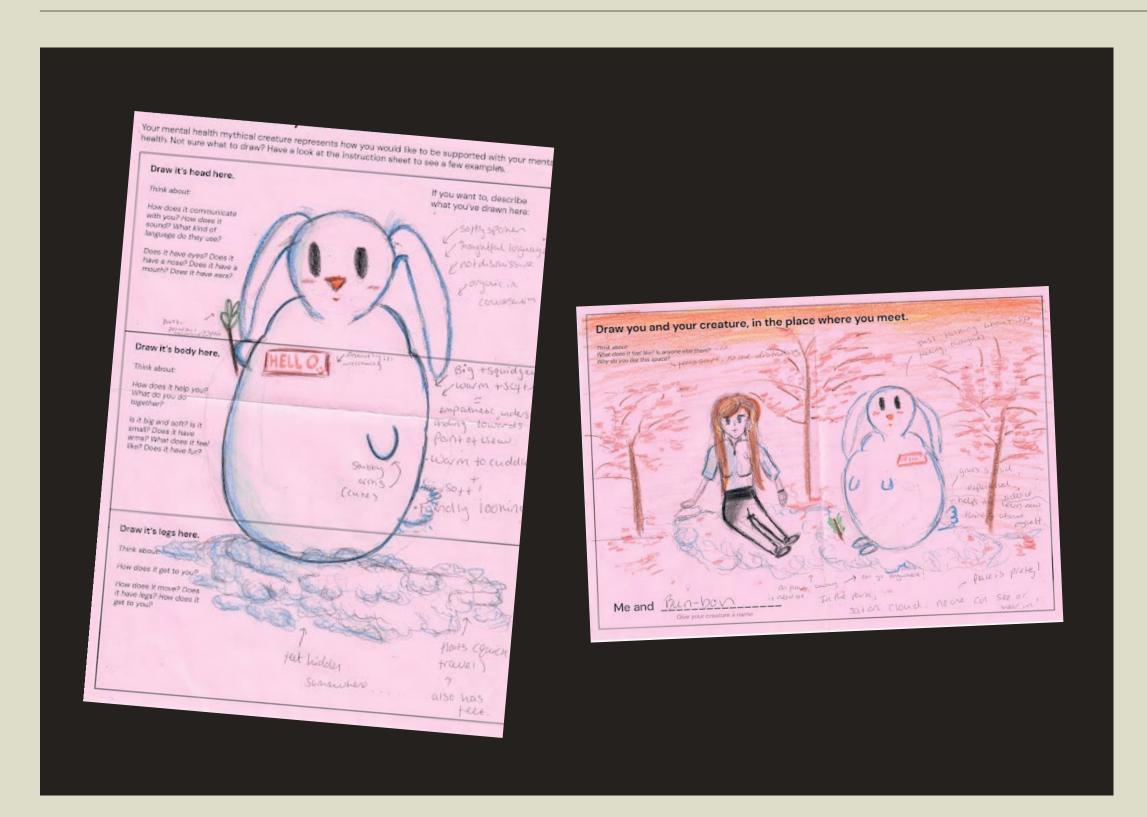
"I think it's not so much about where it is, but how the interior is. Probably really comfortable cushions... because you're definitely going to be sitting on a cushion talking. Having many different choices. So maybe bean bags or maybe even like floor seats. So people might prefer to talk over an island.. like an island counter. I'd probably have plants there as well. Color scheme, having candles, and like really nice smells, but then again smell is a really personal thing."

#### Young woman, 25, Asian

Spaces that are meant for supporting young people should be designed with comfort in mind. Where this isn't possible, encouraging young people to bring things with them that provide them with a sense of comfort is also helpful, whether it is bringing a pet, a toy, or just wearing a comfy jumper.

However, another interpretation of these accounts is that in giving young people more choice in where they receive support, it is likely that they will choose a space that feels comfortable to them.

- How might we design spaces that young people find comfortable?
- How might we develop trauma informed approaches to the design of space?
- How might we make it easier for a young person to feel comfortable in a space?



## Diary Study 5: Mythical Creature named Bun-bon

Young woman, 20, White

Bun-bon is a mythical creature that embodies this diary study participant's preferences for mental health support. Bun-bon is a friendly and welcoming mythical creature who is softly spoken, thoughtful and empathetic. They are described as cute, warm and soft and float around on a cloud allowing them to travel where they need to be quickly.

This participant described experiencing social anxiety and describes meeting her mental health mythical creature in a space that is outdoors, aesthetically pleasing, safe and where they cannot be distrubed or overheard. Bun-bon is described as moving around on a cloud that reaches people quickly and protects them.



Trauma-informed practitioners have specific professional experience with trauma

Recommendation `

When asked about their dream services, around a third of young people explicitly described the importance of having well qualified and knowledgeable specialists on hand. Embedded in many young people's descriptions of support, were accounts of how young people had been treated in a way that evidenced the specialist didn't fully recognise trauma or understand how to respond to it. Some specialists clearly didn't recognise the difficulties people have in talking about trauma, others didn't recognise the specific issues around trust that a young person who has experienced trauma may have, or were insensitive to the difficulties a young person might have in repeating descriptions of their trauma to different people. There are two accounts from young people of positive experiences where a mental health specialist had disclosed their own experiences of trauma.

"[there are problems with specialists who give] very broad suggestions that they've learned from a textbook, but not specifically based on the person they're talking to and that trauma, because that trauma is going to be very different."

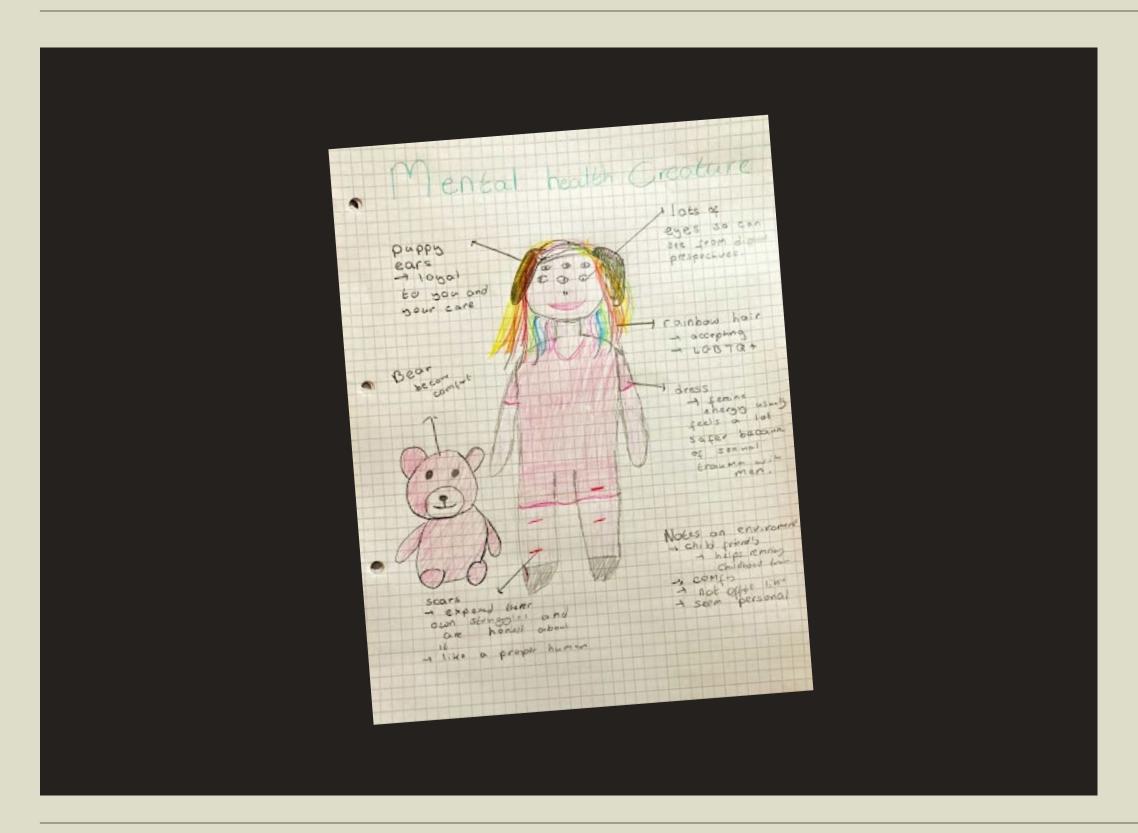
Young woman, 18, Asian

A trauma informed practitioner needs to deeply understand how trauma is fundamentally different cognitively, and how some traditional approaches may be ineffective for those who have experienced trauma.

"If I'm working with a girl, say, who was bitten by a dog and is now so terrified of leaving the house that she doesn't go anywhere. I could do straightforward CBT for anxiety while I try and help her to leave the house and try to help her to reevaluate whether it's dangerous out there. But if every time she leaves the house, she sees a dog and that memory is triggered that kind of resets the system. So if I don't help her to update the memory with the information that most dogs aren't dangerous or whatever, it is probably not going to be that effective."

David Trickey, Consultant Clinical Psycologist and Trauma Specialist, Anna Freud National Centre for Children and Families

Source: Unsplash, Scott Graham, 2015



## Diary Study 6: Mythical Creature (unnamed) Young woman, 18, Asian

One participant who has experiences of severe trauma drew a mental health mythical creature with scars to demonstrate the struggles they had been through and how they would be willing to honestly share their trauma as a form of support. They are also described as loyal, accepting and human. The participant also emphasised that the space they meet in should be comfy, child friendly and have sensory options available in the space, rather than an impersonal office space.

## Trauma-informed support understands when support is needed urgently

(Recommendation)

Immediacy of support is often essential, in both crisis and non-crisis situations. Young people can be triggered at any time, and while an immediate face-to-face support session isn't always practical or appropriate, the ability to access a basic level of support at all times is important, as waiting when in crisis can be extremely damaging.

"I gets me quite irate...if someone turns up at two o'clock in the morning saying that they want to die, that they're not going to immediately meet them... It's the waiting for it. I think that is the worst part."

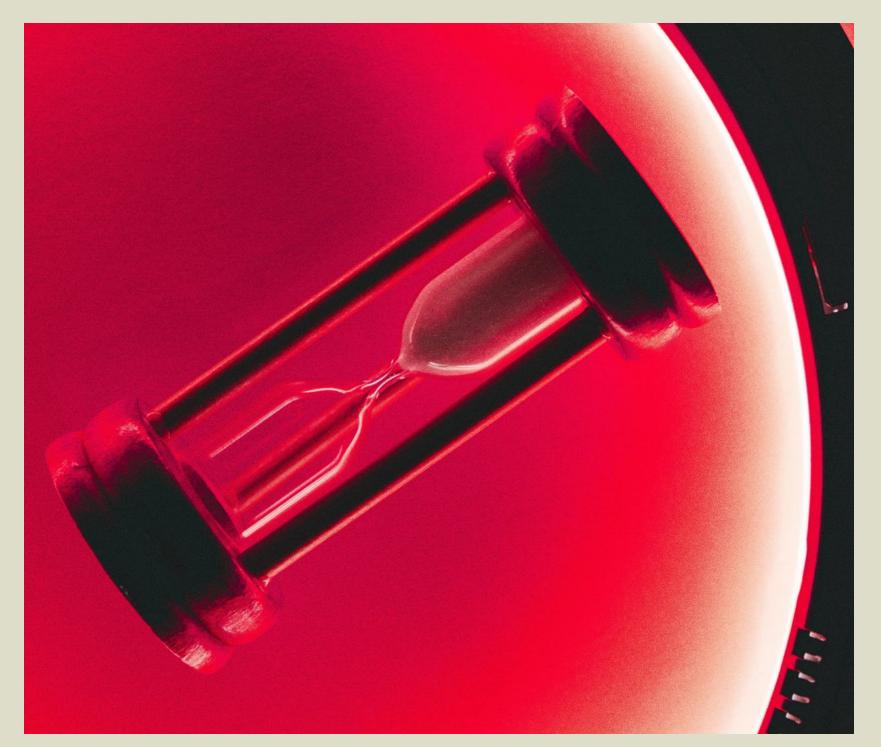
Young woman, 25, White

"If I was in a time of like, feeling like I was going to harm myself I would say [support]has to be immediate. It can't be like a six-month waiting list because for some people it's not quick enough."

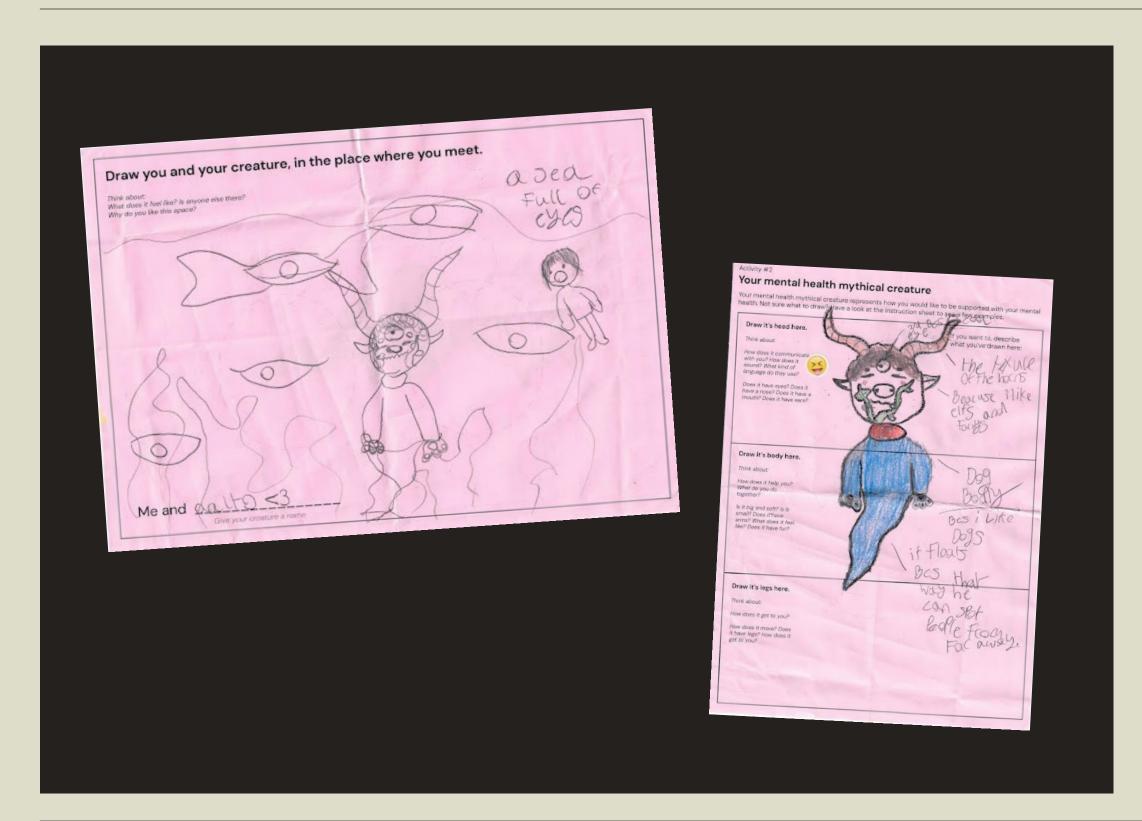
Young woman, 18, White and Black African

Trauma-informed support needs to understand when fast intervention will limit ongoing trauma. It should also provide some level of low level support 24/7, that a young person can reach out to when in need.

- How might we provide low level support at all times?
- How might we make it easier for specialists to intervene quickly?



Source: Unsplash, Daniele Franchi, 2020



## Diary Study 1: Mythical Creature named Aalto

Young woman, 13, White

This participant's mental health mythical creature, Aalto, embodies certain trauma informed principles for mental health support. For example, Aalto is a floating creature that means he can reach people who need his support really easily and quickly. The participant is non neurotypical and this mythical creature is described to have a third eye which sees people differently to most he sees her for who she is through a friendly lens. When the participant drew the two of them together, Aalto is pictured in a sea of unfriendly and threatening eyes, and helps the participant to feel safe amongst them. The participant also described Aalto to have a dog's body and horns, both are textures that she finds comforting.

# Trauma-informed support always communicates what's happening to the young person

[Recommendation]

Young people commonly described experiences of being unsure what was happening next in their support journey, or being anxious about what to expect from support. The feeling that this causes is of 'having things done to them' as opposed to feeling meaningfully supported.

The way support communicates with a young person should be clear and candid:

- A young person should always understand what the next steps are in their support journey
- Trauma should be clearly explained to the young person
- A young person shouldn't feel surprised or encounter unexpected situations when accessing support.
- Verbal communication about what to expect should be supplemented or reinforced with written communication. Young people dealing with trauma note that issues with memory loss can make it difficult to recall information or remember what's happening next. Most young people note

that they appreciate opportunities to do their own research or reading.

Communication has a clear link to control; poor communication leaves the young person feeling out of control.

- How might we make it easier for the young person to ask questions?
- How might we better communicate to the young person what's likely to happen next?

See 2CV and The Unmistakables' reports for additional insights on 'Choice and control' from a poverty and antiracism perspective

## Trauma-informed support gives the young person choice and control

#### Recommendation `

Choice and control are commonly mentioned themes in trauma informed literature, and are important to stress here due to the frequency that they arose across our research.

Most of the young people we spoke to very regularly described instances of feeling that they did not have choice or control of their mental health support. In our survey, those that were most likely to indicate that they felt they had little choice or control were young people who were 16–17, who identified as transgender, who identified as LGB or 'Other/Prefer to self describe', and those in the 20% least income deprived areas.

Giving a young person choice and control may include:

- Letting the young person set the pace of a session.
- Letting the young person take a lead in defining what a session should be about, or agreeing this together with the young person.
- Directly addressing the power differential between the young person and the specialist (e.g. associated with age, experience and space).

- Encouraging the young person to challenge or correct the specialist when they get something wrong.
- Being clear when control will have to be taken away and anonymity will need to be removed. This should be explained as to why it's happening, as well as what to expect if this happens.

Anonymity can also be a useful way to give a young person control, allowing them to have more control of their information and share it at a comfortable pace.

"They just let me set the goals and that's what I felt like it was good, instead of them setting more targets, they let me kind of take a lead on things."

#### Male Young Person, 16, White British

- How might we give a young person more choice around the goal of a session?
- How might we be more clear with a young person about the choices that are available to them?
- How might we be clear with young people about where and why choice is limited?

## Trauma-informed support is aware of the limitations of different modes of delivery

Recommendation

While trauma informed support can exist across various mediums, trauma informed support should be aware of the limitations it may experience due to its format or mode of delivery. For example, if it is online, text-based, or if the capacity of the specialist or number of sessions is limited.

For instance online support may be limited in its ability to notice when a young person has been triggered, and may not be able to notice to non-verbal cues of distress.

Through recognising its limitations, trauma informed support should be aware of when it is appropriate to refer a young person to a different form of support.

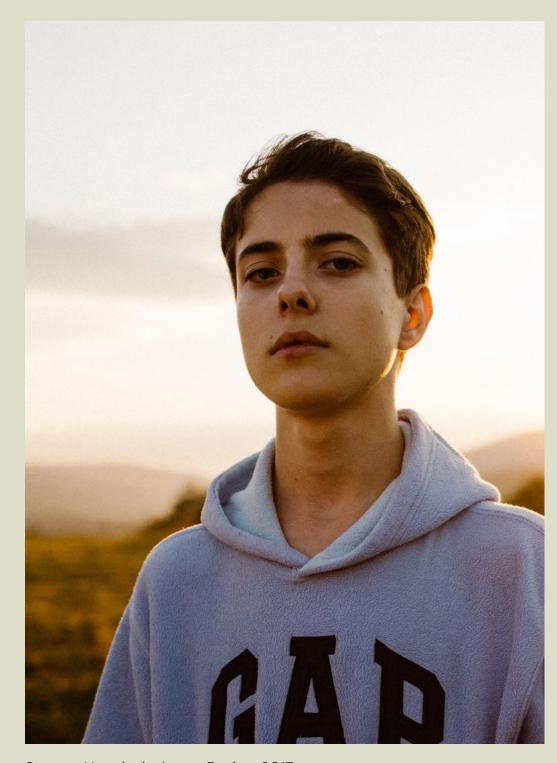
"If you were looking at more like formal kind of structured interventions around trauma, I guess there are aspects of it that I just think, because we're not in a room with someone, you know... you kind of want that safety of being able to use nonverbal cues to see how they're doing, I guess, thinking as a psychologist, if I was doing aspects of kind of like reliving or, you know, kind of rescripting that there were degrees of that, that we can do on Kooth, but I wouldn't, you know, we're not set up to deliver in a really sort of formalised sense, those interventions. I think it would be irresponsible of us to kind of unpick and open some of those doors when we don't have that kind of bigger safety net, you know, where doing those things can really wobble and destabilise people."

#### Kooth

- How might we help services understand where their limits are in terms of supporting young people with past trauma?
- How might we make it easier to quickly refer young people when their needs aren't being fully supported by a particular mental health support service?



Source: Unsplash, Josh Withers, 2020



Source: Unsplash, Anton Darius, 2017

## Trauma-informed support understands that it is difficult to talk about trauma.

Recommendation `

Both young people and specialists note that it is difficult for young people to talk about trauma. Some of this due to the psychological effects of trauma on memory. One young person who took part in the social probe exercise noted that the activity of writing a daily mental health journal had been a painful experience and highlighted how much their memory suffered on a daily basis as a result of historic trauma. Such memory loss had also created problems for them in recounting experiences during support.

"My counselling was weekly, and sometimes stuff would happen at the beginning of the week that because of my memory loss I'd forget and then wouldn't be able to talk about, but then you'd also be sitting with that problem. Like, you would be able to feel it, but you don't know how to talk about it cause you'd forgotten it. And just, I feel like sometimes people you do your sessions with don't get how it affects you throughout the week, because you just forget it because of the disassociation and the barriers that were put up because of what's happened to you. Just having

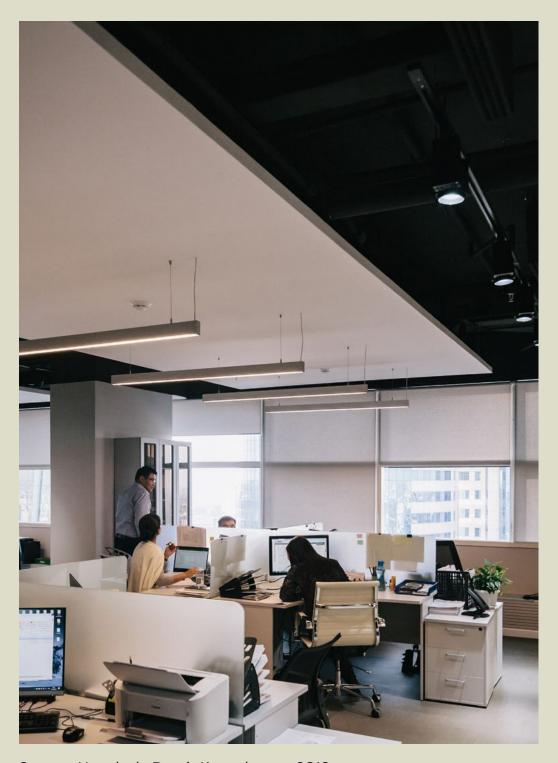
professionals be aware that it does just affect you more than you say it does."

Young woman, 18, Asian

It's also particularly difficult for young people to recount their trauma to multiple services, which often occurs, especially when moving between CAMHS services to AMHS. The introduction or development of a 'mental health passport', similar to NHS England's 'transition passport' (NHS England, 2015), which documents a young person's history of support, as well as including information about their story or history would be an effective addition to young person's mental health support.

Additionally, trauma informed support needs to make sure it doesn't discriminate against someone who is unable to articulate what happened to them, and should make use of nonverbal forms of expression or communication.

- How might we reduce the need for young people to repeat their traumatic experiences to multiple people?
- How might we provide more non-verbal means of expressing themselves to a young person in support?



Source: Unsplash, Damir Kopezhanov, 2019

## Trauma-informed is an organisational attitude

**Recommendation** 

A trauma informed organisation understands that trauma informed approaches don't just exist in frontline support, and that it is a mindset that is within the fabric of an organisation. It understands that trauma exists everywhere — not just in those supported, but also in those working within the organisation. The trauma informed organisation puts these principles into practice not just in the delivery of support, but also internally. They develop metrics that understand the complexity of challenges, and don't isolate or break down particular problems, they understand the importance of a diverse workforce, they consider the impacts of trauma in the way they design or arrange the physical space, and they empower each other and ensure colleagues feel comfortable speaking up and sharing their thoughts and feelings.

Every person in a trauma informed organisation that is likely to interact with a vulnerable person, from a psychologist to a receptionist should have trauma informed training.

"I think everyone in the mental health profession, no matter what their role is, should be trained on trauma informed support, from receptionists to psychologists."

**Young Expert** 

The following research questions were explored in this section:

 What is the current landscape of mental health services and support for young people, particularly those who have experienced trauma?

### Key points



Trauma informed support is still at the early stages of being defined, terminology is varied, with no single agreed approach.



Trauma informed support is becoming an increasing area of interest for mental health support services that work with young people.



There is variation across organisations' approach to trauma informed support for young people, however consistent principles include Safety, Choice and Flexibility, Trust, Collaboration and Empowerment

## The current state of trauma informed support

Trauma informed support is still at the early stages of being defined, and the usefulness of the phrase is limited as it doesn't yet convey common meaning across England and Wales.

There is however a clear focus on better understanding trauma and developing trauma informed approaches. Some describe the term as a buzzword, and note that the way in which many organisations are practicing trauma informed support is solely at a surface level. It was difficult to validate these claims, as it was rare that organisations explicitly articulated what they were doing in terms of trauma informed support, although based on our conversations with service providers, it seems that while most are aware of the concept and principles of trauma informed approaches, they are only just starting to meaningfully consider how to embed them in their services.

Whilst there are several definitions and principles around trauma informed support across England and Wales, we found that clear commonalities do exist between them. Furthermore, it is also clear that whilst a number of organisations in England and Wales are keen to implement and promote trauma informed support, many of the organisations actively furthering the practice, are in fact outside of these regions.

In particular, within the USA, the SAMHSA, an institute within the US Federal Government's Executive branch is leading the way in trauma informed care, having been the original author of the 4 R's – the defining principles – of Trauma–Informed Practice (SAMHSA, 2014).

Closer to home, in Scotland, the National Health Service's NES Education for Scotland has adopted the SAMHSA's

principles, developing their own elaboration in the form of 5 R's (NHS Education for Scotland, 2016b). Their research and training has been highly influential throughout Scotland and the wider UK, as many charities and organisations utilise their materials, and some of the specialists and service providers we spoke to explicitly praised their work and guidance around trauma.

Our mapping of the current landscape was not exhaustive — we identified 48 organisations delivering a version of trauma informed mental health support to young people. While these don't represent the full list of organisations across the England and Wales, they offer an insight into the landscape and common approaches.

#### **Defining Trauma-informed care**

"Trauma-informed approaches can be thought of as incorporating three key elements: an understanding of the prevalence of trauma; recognition of the effects of trauma both on those affected and on those who work with them (issues explored in the previous practitioner briefing); and the design of services which are informed by this knowledge. The following four areas compromise the key features of trauma-informed approaches: 1 Staff awareness, training and support; 2 Assessment; 3 Approaches to working with young offenders; 4 Consideration of the therapeutic window."

#### Beyond Youth Custody

"Trauma Informed Care is an approach which can be adopted by organisations in order to improve awareness of trauma and its impact, to ensure that the services provided offer effective support and, above all, that they do not re-traumatise those accessing or working in services. TIC is an approach which is widely used across many sectors in the US and elsewhere, and is growing in popularity here in the UK. Trauma Informed Care can be adopted by an individual project, by an organisation or across a whole system."

#### - Homeless Link

"Being 'Trauma Informed' means being able to recognise when someone may be affected by trauma, collaboratively adjusting how we work to take this into account and responding in a way that supports recovery, does no harm and recognises and supports people's resilience."

#### NHS Education for Scotland

"As a framework, Trauma-informed Practice is relevant across a range of disciplines, helping professionals to avoid pathologising trauma and, instead, emphasising the resilience and recovery inherent in traumatised individuals' best efforts to stay safe."

#### Brighter Futures for Children

"A trauma-informed approach is underpinned by the principle that experiences of trauma are prevalent and may interfere with service users' ability to form a trusting relationship with their providers (Elliott, Bjelajac, Fallot, Markoff, & Reed, 2005). A primary aim of TIC is to increase service providers' awareness of how trauma can negatively impact children and adults, so that they can avoid practices that might inadvertently cause further trauma. TIC also aims to increase the sensitivity of service providers so that users perceive them as trustworthy and feel safe to disclose abusive experiences. Additionally, practices which empower clients and give them greater choice are viewed to be particularly valuable for vulnerable clients, as they aim to minimise power disparities which vulnerable clients might view as threatening."

#### Early Intervention Foundation

- "A trauma informed approach is one which:
- Recognises that trauma has a wide range of impacts.
- Believes that people can recover.
- Promotes awareness of the signs and symptoms of trauma.
- Uses knowledge of trauma to improve and change practice.
- Actively avoids and prevents re-traumatisation.

  Being Trauma Informed means taking the time to explore with people what they need in order to move forward."

#### - Informing Futures

"A trauma-informed approach adheres to six key principles: Safety: Throughout the organisation, staff and the people they serve feel physically and psychologically safe. Trustworthiness: Organisational operations and decisions are conducted with transparency and the goal of building and maintaining trust among staff, clients, and family members of clients. Collaboration: There is recognition that healing happens in relationships and in the meaningful sharing of power and decision-making. Empowerment: Throughout the organisation and among the clients served, individuals' strengths are recognised, built on, and validated and new skills developed as necessary. Choice: The organisation aims to strengthen the staff's, clients' and their family members' experience of choice and recognise that every person's experience is unique and requires an individualised approach."

#### - National Association for People Abused in Childhood (NAPAC)

"Trauma informed care encourages support and treatment to the whole person, rather than focusing on only treating individual symptoms or specific behaviors. Rather than using discipline, a school that uses a trauma informed approach might offer therapy, or counseling to support the restoration of that student's well-being. The assumption is that the disruptive behavior is the symptom of a deeper harm, rather than willful defiance, or disrespect."

#### Platfform

"The journey to becoming a trauma-informed service can be conceptualised within 4 stages: Trauma aware: Staff understand trauma, its effects and survivor adaptations. Trauma sensitive: The agency integrates some concepts of a trauma-informed approach into operational ethos. Trauma responsive: Individuals and the agency recognise and respond to trauma, enabling changes in behaviour and strengthening resilience and protective factors. Trauma-informed: The culture of the whole system, including all work practices and settings reflects a trauma-informed approach."

#### - Trauma Informed Plymouth Network

## Prevalent Terminology & Approaches

As an emerging area of focus, trauma informed approaches have a wide range of associated terms and concepts. However, the most common terminology and concepts encountered included Trauma-Informed Care, Trauma-Focussed Cognitive Behavioural Therapy, and Adverse Childhood experiences, as well as the SAMHSA's 4R's and NHS Education for Scotland's 3 E's principles.

#### **Adverse Childhood Experiences**

Sometimes used instead of the term 'childhood trauma', Adverse Childhood Experiences, or ACEs are highly stressful experiences which have adversely affected the mental health and/or emotional development of a child. The effects of these experiences can have negative consequences on the individual well into adulthood. These stressful events can be either a single occurrence, or prolonged threats to the individual (Public Health Wales, n.d.).

#### **Trauma-Informed Care**

Trauma informed care broadly refers to a set of principles that guide and direct how we view the impact of severe harm on young people's mental, physical, and emotional health. Trauma informed care encourages support and treatment to the whole person, rather than focusing on only treating individual symptoms or specific behaviours. Rather than using discipline, a school that uses a trauma informed approach might offer therapy, or counselling to support the restoration of that student's wellbeing.

#### Trauma-Focussed/Informed Cognitive Behavioural Therapy

Abbreviated as TF-CBT, or TI-CBT, this is an approach specifically utilised in addressing the effects of traumatic experiences. This was one of the most widely used practices across our research findings and is recommended by NICE guidelines as, 'the first-line intervention for Children and Young People with Post-Traumatic Stress Disorder (PTSD).' As an approach trauma informed practice helps professionals to avoid pathologising trauma and, instead, emphasising resilience and recovery. (NICE, 2018) emphasising resilience and recovery.

#### The 4 R's

Developed by the US federal department of Substance Misuse and Mental Health Services (SAMHSA), the 4 R's are a set of principles which guide

Trauma-Informed Care. Whilst a number of organisations have added to, or condensed these principles with their own R's, the core 4 remain: **Realise**, the impact of trauma; **Recognise**, the signs and symptoms; **Respond**, by integrating knowledge about trauma into policies, processes, and practices; and avoid **Retraumatisation** of the individual (SAMHSA, 2014). The 4 R's are widely recognised amongst the vast majority of organisations and practitioners we researched as best practice when helping those who have experienced trauma or ACEs.

#### The 3 E's

The 3 E's are suggested by NHS Education for Scotland, and offer a way in which to understand psychological trauma, these are: the Event, how it is Experienced, and its Effects. The 3 E's are intended to work in tandem with the 4 R's.

#### Framework & Focus Overview

The THRIVE Framework is an integrated, person-centred and needs-led approach to delivering mental health services for children, young people and their families, developed by a collaboration between Anna Freud National Centre for Children & Families, and the Tavistock & Portman NHS Foundation Trust (Anna Freud Centre, n.d.).

The THRIVE Framework conceptualises need in five categories; Thriving, Getting Advice & Signposting, Getting Help, Getting More Help and Getting Risk Support. Emphasis is placed on prevention and also the promotion of mental health and wellbeing across the whole population.

In the subsequent pages we have mapped organisations, which are directly addressing childhood trauma and/or are using trauma informed approaches in the context of this framework — detailing the categories of the THRIVE Framework an organisation serve where such information is public. We've also noted instances where services focus on particular issues or communities.

### **Thrive Framework** Thriving: Support to maintain mental wellbeing through effective prevention and promotion strategies Advice & Signposting: AS Getting advice and signposting towards trauma-informed services Help: Н Focused, goals-based input **Further Help:** H+ More extensive and specialised goals-based help **Risk Support:** RS Have not benefitted from or are unable to use help, but are of such as risk that they are still in contact with services. **Person Centered:** PC Active involvement of children, young people and their families in shared decision making. **Ethnic Minorities/Refugees** Homelessness **Poverty Young Offenders Foster Care Special Needs**

Process 129

Trauma

No.	Name	Location	Focus	Thrive Framework	
01	Aspire Academy Trust	Cornwall	•	T/AS/H	
02	Atkinson	Devon		H/H+/RS/PC	
03	Beacon House	Sussex	•	H/H+/RS/PC	
04	Beyond Youth Custody	London	• •	T/AS	
05	Brighter Futures for Children	Reading		T/AS/H	
06	Broad Horizons	Northampton	•	H/H+/RS/PC	
07	Five Rivers	Salisbury		H/H+/RS/PC	
08	Headstart Kernow	Cornwall		H/H+	3
09	Isles of Scilly CAMHS Provision	Scilly		H/H+	
10	Kazzum	England-wide	• •	T/AS/H/H+/RS/PC	
12	Mind of My Own	England-wide		T/H/PC	>
13	Mind Out	Brighton		T/AS/H nerver	
14	Minded	England-wide		T/AS/H/PC	04 
15	Pebbles	North West, North East, Yorkshire & Humber		H+/RS/PC 02	700 TO
16	Place2Be	England-wide	•	T/AS/H/H+	<b>V</b>

No.	Name	Location	Focus	Thrive Framework
_17	Refugee Council	England-wide	• • •	T/AS
18	Respond	London	•	H/H+/RS
19	Rethink	Sheffield	•	AS/H/H+/RS
20	Safe Lives	England-wide	•	T/H/H+/RS/PC
21	Salford Youth Offending Service	Salford	• •	T/AS/H/H+/RS
22	Street Doctors	London	• • •	T/RS/PC
23	Sunbeam Fostering Agency	England-wide	• •	T/AS/RS/PC
24	The Berne Institute	England-wide	•	H/H+
25	The Green House	Bristol, Taunton		T/AS/H/H+/RS
26	Trauma Recovery Centre	Bath, Guernsey, Oxford	•	H/H+/RS
27	YMCA Dialogue Therapeutic Services	Brighton & Hove, Sussex, Surrey		AS/H/RS
28	Young People's Counselling Service	Peterborough		AS/H/H+/PC
29	Nancealverne School	Cornwall	• •	H/H+/PC
-	94	se-		



No.	Name	Location	Focus	Thrive Framework
01	2 Wish Upon A Star	Wales-wide		AS/H/PC
03	Kazzum	Wales-wide	• •	T/AS/H/PC
04	Mind	Wales-wide	•	T/AS/H/H+/RS/PC
05	Mind of My Own	Wales-wide	•	T/H/PC
06	Place2Be	Wales-wide	•	T/AS/H/H+
07	Platfform	Wales-wide	•	T/AS/H
08	Safe Lives	Wales-wide	•	T/H/H+/RS/PC



No.	Name	Location	Focus	Thrive Framework
01	On My Mind (The Anna Freud Centre)	UK-wide	•	AS/H/H+
02	Better Help	UK-wide	•	H/H+/RS/PC
03	Childhood Trauma Recovery Network	UK-wide	•	AS/PC
04	Childline	UK-wide	•	T/AS
05	NAPAC	UK-wide	•	H/RS
06	The Children's Society	UK-wide	•	T/AS/H/RS/PC
07	TIGER by Barnardos	UK-wide	•	AS/H/H+/RS
08	Become	UK-wide	•	AS/H/H+/PC
09	Child & Family Training	UK-wide	•	H/H+/PC
10	Ditch the Label	UK-wide	•	T/AS
11	Kooth	UK-wide	•	T/AS/H
12	Young Minds	UK-wide	•	T/AS/H



Whilst out of scope, we found that a small number of organisations within Scotland that either have a particularly well defined understanding of Trauma Informed Care, or, in the case of NHS Education for Scotland, their reports and training on Trauma-Informed Care are frequently referenced by organisations operating in England and Wales.

No.	Name	Location	Focus	Thrive Framework
01	NHS Education for Scotland	Scotland-wide	•	N/A
02	Place2Be	Scotland-wide	•	T/AS/H/H+/RS/PC
03	Safe Lives	Scotland-wide	•	T/AS/H/H+/RS/PC



#### Common principles of trauma informed care

While there were no universal principles for trauma informed support, we found that some approaches were relatively consistent across different mental health support services, even if there were minor differences in terminology. The principles we most commonly saw were:

#### Safety

Create an environment where there is a sense of safety rather than threat, both in terms of the physical space, and in terms of how the young person feels about those around them. Ensuring that staff understand childhood adversity and trauma, and can provide knowledgeable and safe support.

#### **Choice and Flexibility**

Giving young people an amount of choice that is age appropriate, being flexible to their needs, and not relying on formal psychiatric diagnosis.

#### Trust

Building a relationship with a young person, clearly communicating with them, and being clear about what they can and can't do.

#### Collaboration

Getting alongside a young person, and meaningfully engaging with them about what they need, through a mutual relationship.

#### **Empowerment**

Including a young person in key decisions, and using their skills and talents to build them up.

The following research questions were explored in this section:

What additional skills and experience does Mind need to most effectively support the mental health of young people, particularly those who have experienced trauma?

 How can Mind collaborate most effectively with other organisations in this space

### Key points



There is currently a lack of diversity of lived experience represented in those that work across the mental health system.



There is a gap in understanding of trauma across mental health services that can be damaging to young people's mental health.

#### Recommendation

Support opportunities for a diverse range of people to work in the mental health sector.

#### Recommendation

Embed intersectionalities into counsellor training with emphasis on how this might impact on experiences of trauma.

#### Recommendation

Promote trauma-understanding both at an individual and institutional level.

#### Recommendation

Embed support in places that young people are familiar with.

#### Recommendation

Continue to champion lived experience leadership.

## Lack of diversity of lived experience across the system

See 2CV and The Unmistakables' reports for additional insights on 'Lack of diversity of lived experience across the system' from a poverty and anti-racism perspective

A clear issue with mental health services is the lack of diversity present amongst those working in the mental health sector. A key observation was that shared experience creates the foundations for strong support. Young people find it hard to relate and build trust with people who they can't see a clear connection with and often have positive experiences of support with people they feel they can relate to.

"I just felt like I related to the workers quite well as my worker seemed pretty young as well. So I feel like it was a lot easier to speak to them."

#### Young man, 16, White

One counsellor and youth worker we spoke to noted a clear gap in demographics of those he observed needed support and those providing the support.

"There are not enough men counsellors per se, whether Black or White, for people to access counselling. I attended a meeting on Saturday of a group of counsellors and I would say 98% of them were White females. And that creates a problem in terms of, and especially when you talk about Muslim men, primarily,

but also if you talk about Muslim women, how do they access support when there isn't anybody for them to go to."

## Leroy Harley, Independent Counsellor and Youth Worker

He went on to note that the Black and Muslim communities in his area were completely underserved and young people had no way to reach out to someone they related to. Whilst counsellor's training covers 'difference' between people, young people have often stated that they find it useful to work with someone who has disclosed a similar issue to themselves or has similar lived experience. This means that intersectionalities such as culture, race, gender identity or sexual orientation are very important to have represented across support offerings.

"I felt very supported and I felt open to express what was going on. And also the tutor was a person of color like me. So I did feel more comfortable expressing what was going on because I thought that they would understand what I was going through, especially if it was any issues with race, you know?"

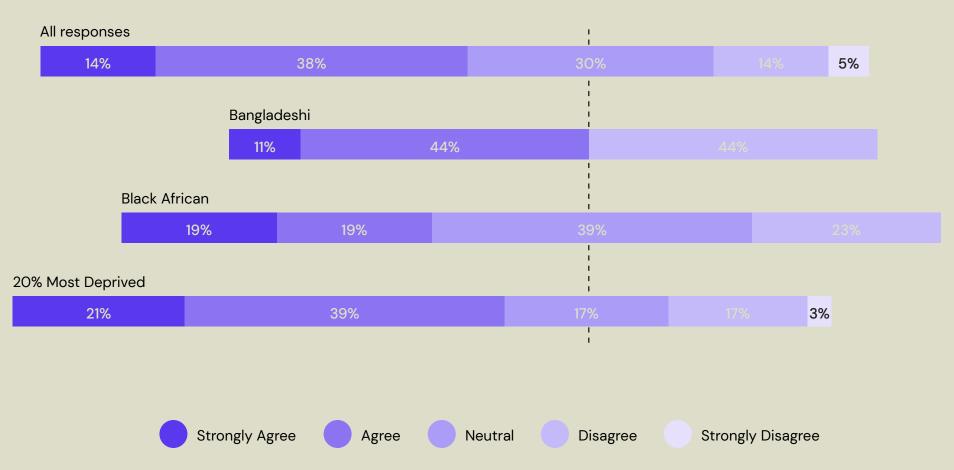
#### Young woman, 18, Black Caribbean

Specialists need to have a sensitivity towards the differences around the concept of mental health and understand what Westernised mental health looks like. One of the Young Experts spoke about how the current mental health support isn't aware of Eastern concepts. For example in South Asian households, collectivism is a dominant value over individualism which is a more Westernised concept.

Therefore, when a specialist suggests that a young person should establish boundaries within the family space or unit, this may not be appropriate or possible for someone from a South Asian household. She also mentioned that within mental health in the UK, there is a level of assumed knowledge — specialists assume that young people know what mental health is, broadly understand what support for this looks like, and understand, at least on a basic level, how to access it. However, in non-Western cultures, she noted that this often isn't the case, and that kids in non-Western households may not know what mental health is at all.

Lack of diversity of lived experience across the system (cont.)





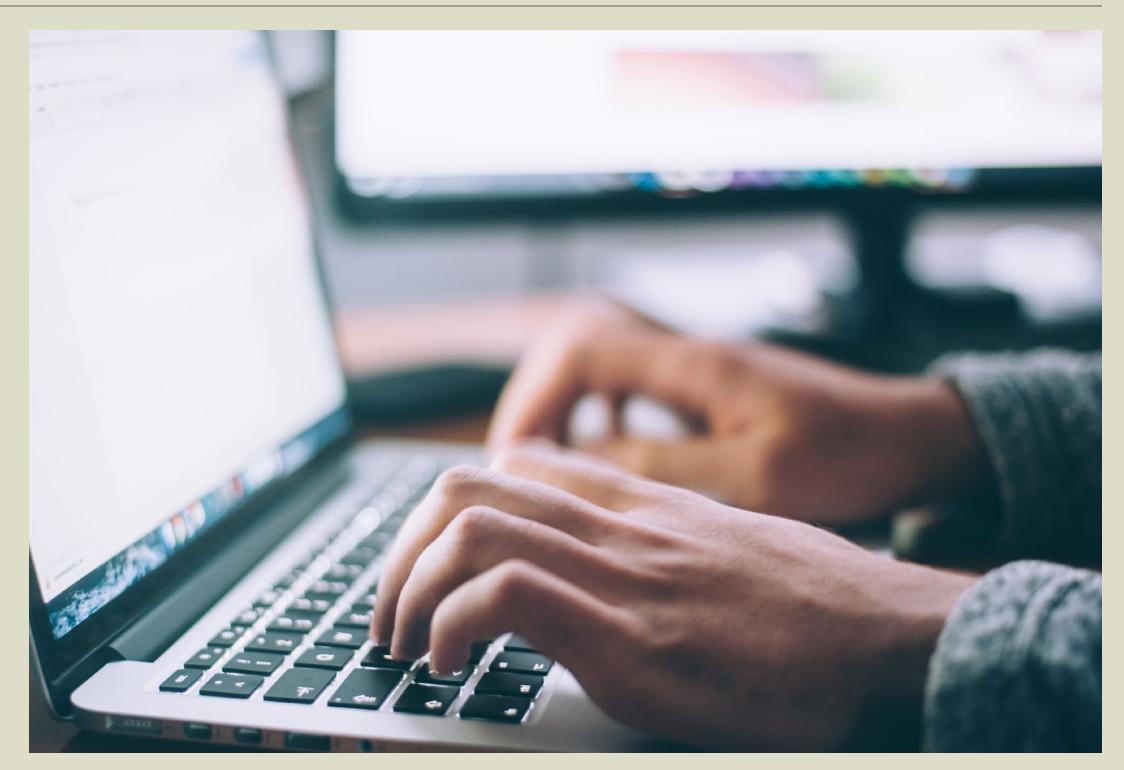
# Support opportunities for a more diverse range of people to work in the sector

Recommendation

Creating a more diverse workforce would help to address the problems that young people have, when trying to find someone to talk to about their mental health who understands their experiences and unique needs. Creating more diversity in the demographic of those working in mental health needs to be addressed by looking at a systems level, examining the pathways to education and employment, and identifying key barriers for certain demographics accessing training and employment opportunities.

This might be through building hiring strategies that recognise and accommodate the differences in ethnic, cultural and socio-economic backgrounds, as well as different languages, religious beliefs, sexual orientation, disabilities, family responsibilities, life and work experience.

- How might we influence policy and campaign to support opportunities for a diverse range of people to work in mental health?
- How might we reflect upon Mind's own hiring practices to ensure its workforce has a variety of lived experience?



Source: Unsplash, Glenn Carsten Peters, 2017

## Embed intersectionalities into counsellor training

#### **Recommendation**

Efforts need to be made to ensure that counsellor training includes a deep understanding of culture, race, gender identity and poverty and their impact on trauma and mental health. Counsellors must be confident in speaking to young people about their intersectionalities and should be able to understand how these may impact their experiences and preferences.

 How might we provide training to frontline staff to ensure they understand how intersectionalities impact young people's mental health experiences?

## Promote trauma understanding both at an individual and institutional level

#### Recommendation

Individuals working across the mental health sector need to understand the unique characteristics and impacts of trauma. This is particularly important within frontline support, however, if a trauma informed approach is to be taken systemically then an understanding of trauma needs to be across whole organisations from the physical structure of a place to those who keep it running day to day. Institutions need to adapt their approaches, measures and processes to be sensitive to the nuance and complexity of trauma. One way this could be achieved is through policy change, for example, the NHS Education for Scotland's National Trauma Training Programme (NHS Education for Scotland, 2016b) sets out a vision for the Scottish workforce to be trauma informed and offers training of varying levels of depth.

 How might we influence policy to encourage understanding of the impacts of trauma across society?

## Embed support in places that young people are familiar with

Recommendation

While Mind and other major mental health support services have the expertise to deliver frontline support to young people, they lack the ability to connect with the young people where they are, often requiring the young person to receive support in an unfamiliar space outside of their routine or comfort zone. One of the Young Experts we worked with noted that despite their high level of knowledge of mental health support, they weren't aware of the breadth of Mind's support and resources for young people until participating in this research, and noted the need for Mind to make their support more visible to young people. There is a clear opportunity for Mind to partner with organisations that can help them meet young people where they already are — and embed support into things they are already doing.

Most of the young people we spoke to noted positive experiences or preferences for support that is embedded in things that they're already doing. In some cases this was as simple as having support that was geographically accessible — e.g. at school. In other cases, it was about using platforms they were already using — e.g. Facebook messenger, Tiktok, Youtube. For instance the 'What's Up With Everyone' campaign

noted that young people who they were working with steered them away from creating a dedicated app for the project, and instead focussing on developing it into a social media campaign.

"We did look at building an app, but our young people dissuaded us and thought that that's just not the way to go. So we went with Tiktok, Instagram, and Facebook."

Paul Crawford, Professor of Health Humanities at the University of Nottingham and Project Lead for What's Up With Everyone

Local Minds are particularly well placed to be able to connect with young people across England and Wales, and in most cases are already doing so. This might mean creating links with other local organisations such as youth groups, schools and universities to co-create and offer support that young people need. As well as having the flexibility to maintain relationships through communication platforms that young people are familiar with.



Made For You

Source: Spotify, 2021

Spotify<sup>®</sup>



## Embed support in places that young people are familiar with (cont.)

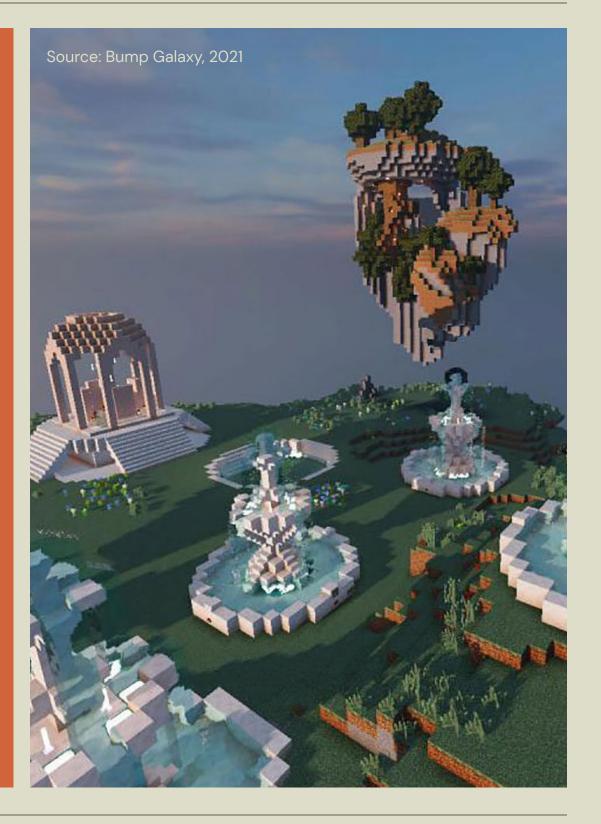
Recommendation

Mind and Mind Cymru are well placed to work with larger organisations in order to distribute resources and information about mental health. Some examples of where organisations are currently targeting young people regarding mental health through online communities and platforms include:

- •
- <u>Bump Galaxy</u> Bump Galaxy is game world therapy where gamers can meet their therapy practitioners, access mental health resources and social support.
- <u>Hinge x Headspace</u> Headspace has partnered with Hinge to deliver a pre-date guided meditation to support those with social anxieties.
- Spotify Daily Wellness A personalized mix of grounding motivational podcasts and feel-good music that aim to help Spotify users find positivity, mindfulness, or peace throughout your day. Updates twice daily (morning and evening).
- <u>MISERY</u> A sober nightclub party for Queer Trans Intersex Black People & People of Colour (QTIBPOC) with trauma-informed attendees that ultimately is about having fun without fear of judgement.
- Queer House Party LGBTQIA+ DJs putting on inclusive club nights over Zoom with audio– description.

Spotify Daily Wellness is a particularly good example of embedded support as several young people we spoke to mentioned that they use music to decompress and help them manage difficult emotions.

- How might we connect with social media platforms, companies and communities that young people are engaging with and use this to spread our existing resources more widely?
- How might we support Local Minds to connect with young people where they are at?



## Continue to champion lived experience leadership

#### Recommendation

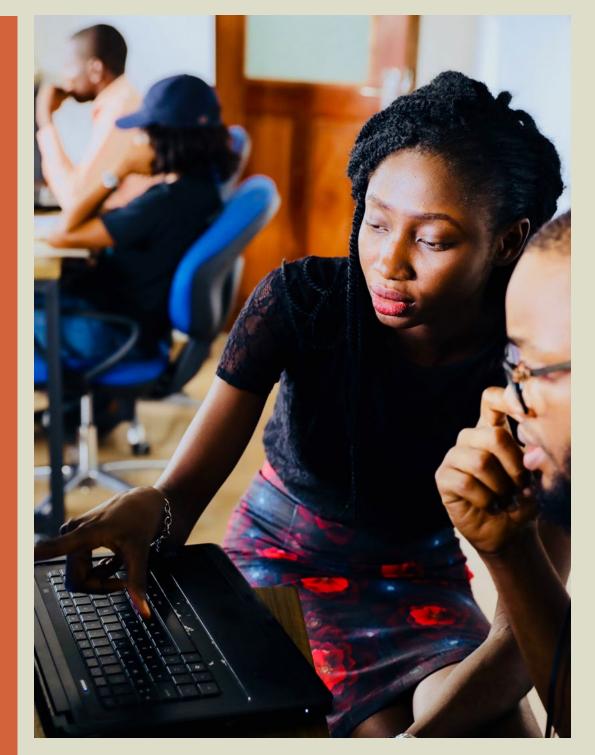
Mind's approach to lived experience influence, participation, and leadership is well developed and must be upheld. Young people express an interest and desire to be involved in decisions about the support that they participate in. The current perception is that they are rarely listened to — we were thanked by several young people when recruiting for interviews, who noted that it is impressive that they are being listened to in the first place.

Most services that offer trauma informed support also have a sophisticated approach to co-development and lived experience participation. They all note that such a practice helps them develop services that are sensitive to the needs of young people and it helps services understand how to connect with them.

"We've got a participation team, who are focused on trying to embed coproduction and involvement at every level. And they've been putting together a youth leadership team. So they're a group of young people that can really consult with our board and input into service development in a very meaningful way, and a couple of those young people have different kinds of abilities and disabilities."

#### Kooth

- How might we continue to champion and use lived experience leadership with young people who have new and diverse lived experience?
- How might we give young people more meaningful control over how services are developed and delivered?



Source: Unsplash, Lagos Techie, 2018

The following research questions were explored in this section:

Where should Mind be focusing our services/ support in order to have the most impact on the mental health of young people, particularly those who have experienced trauma?

• What are the gaps in existing delivery that Mind are best equipped to fill?

### Key points



Young people urgently need help to navigate the complicated system of mental health support

### Recommendation

Support young people to navigate mental health support.

### Recommendation

Endorse low-level self referred support aimed at young people.

Process 146

# Support young people to navigate mental health support

**Recommendation** 

Ultimately, young people need help to understand and navigate the complicated system of mental health support without relying on a parent or another adult. Whilst Mind currently offers a huge information resource online for young people, it isn't quite filling this need, as young people note that they aren't aware of the breadth of information Mind has to offer. At minimum, Mind needs to work with partners to increase the visibility of it's information resources. However, young people speak about preferences for a more ambitious form of support — having a dedicated adult (not necessarily a mental health practitioner) who can be a consistent and key point of contact, helping them navigate support and answer questions about their journey. The following are key areas where young people felt like they needed support:

# Help them understand what to expect from a formal support session

Many young people talked about experiencing anxiety and stress due to not knowing what to expect from mental health support.

"I was so anxious of going there and just thinking, what if I say this? What if I say that? ... Are they gonna say something bad? Like I know they're trained professionals who've probably seen worse, but it's still that anxiety. That I'm going to get judged and I'm gonna feel horrible."

### Non-binary young person, 17, White

Many young people noted that they found it useful to prepare for support by researching terminology that they might come across and think about answers to questions they might be asked. There is an opportunity for Mind to create a comprehensive information resource that provides support for a young person to prepare. This resource could build on existing work such as the 'Find the Words' campaign (Mind, 2021c).

The resource should include standard information such as:

- Questions a young person might be asked.
- What a young person can do to feel more at ease.
   For example, they can bring something comforting with them.
- Advice around what questions they can or might want to ask.
- What to expect in terms of privacy and anonymity
- How might we make a young person feel more comfortable accessing support?
- How might we be more transparent about what to expect?

Process 147

Help them better understand the support available to them, and provide clarity on the choices and options available

### Recommendation

Young people have limited understanding of who they can reach out to for support. While there are several lists of places that can offer support, young people aren't generally aware of places that can help them understand what type of support is available for their specific needs, and which will be most suitable to reach out to.

Offering a personalised list with plain english descriptions of different types of support that may be available will go a long way towards joining up the experience for young people. This may be as simple as explaining the referral process to them, and indicating who to go to as a first point of contact, or creating a branded template for local Minds to fill in and distribute to young people detailing support available, contact details, and information on confidentiality and safeguarding.

- How might we simplify the information around choices young people have to make access support?
- How might we support local Minds to communicate what's available to young people in the local area?

# Help them understand how to support a friend

#### Recommendation

Young people are not only looking for information to help themselves but also to help their friends. Clear information should be provided on how to support others, how to spot a crisis situation and what to do if a crisis situation arises. It has been noted that clear crisis information for young people is hard to come by. This information needs to include explanations of who to contact, where to go and what to do alongside practical advice such as how to get there particularly if the young person is alone.

While Mind already has comprehensive resources for 'Helping someone else', this information should be collated, tailored and published as resources specifically designed for young people on Mind's website.

• How might we better help young people support each other?

# Endorse low-level self referred support that is aimed at young people

#### Recommendation

We support the recommendation made in Mind's recent report 'Not Making the Grade' — 'Invest in early support hubs in every community across the country. This will provide vital easy-to access, drop-in support on a self referral basis for young people who don't meet the threshold for CAMHS or who have emerging mental health needs, up to age 25.' (Mind, 2021)

We also encourage local Minds to offer more support to young people who have not been formally diagnosed. This support should be aimed at building confidence and self-advocacy amongst young people to prepare them for reaching out to more formal support offerings.

- How might we support young people to advocate for themselves during the first steps of seeking support?
- How might young people support other young people in the process of self advocacy?

Process 148

The following research questions were explored in this section:

What are people's experiences of taking part in physical activity, including physical activity services designed to support their mental health?

What are the barriers to people accessing or taking part in physical activity in a variety of settings, including through mental health services?

 What are services (including Mind) currently doing that feels exclusionary?

How can Mind and Sport England contribute towards tackling structural inequalities that prevent people in the strategic priority communities from taking part in physical activity?

How can Mind and Sport England engage most effectively with the communities affected by the priority areas? What role do people affected by the strategic priorities want Mind, Sport England and other delivery partners to play to help them to live and stay well?

What is the current landscape of mental health and physical activity services and support for people affected by the three strategic priorities?

Where should Mind and Sport England be focusing theirour services/support in order to have the most impact on the mental health of people affected by the strategic priorities?

 What are the gaps in existing delivery that Mind and Sport England are best equipped to fill?

### Key points



Mental health has been a prominent theme in professional sports over the past year.



Most young people understand the link between physical and mental health.



However, there's a difference between 'understanding' and 'experiencing' the benefits of physical activity on mental health, and less young people talk about regularly participating in physical activities for their mental health.



Physical activity-based mental health support isn't always appropriate, especially for young people struggling with motivation, or who don't feel confident participating in sports.



Exercise can be perceived as a 'short-term' solution to mental health problems by young people.



Physical activity services and clubs often have implicit links to mental health, but it's rare to see explicit mental health objectives.



Young men, living in income deprived areas who are Black, Asian or part of another Minority Ethnicy group, are engaging the most with mental health support that includes physical activity.



Young people build trust with other young people and adults through sports and physical activity.



Physical activity has specific sensitivities for those that have experienced trauma, and needs it's own trauma informed approach.

Key points (cont.)

### Recommendation

Use mental health support that includes physical activity to alleviate the pressure of waiting lists and refusals.

### Recommendation

Trauma informed physical activity for mental health needs to be aware of young people's sensitivities around their body.

### Recommendation

Trauma informed physical activity should be used to support young people that experience high levels of stigma around their mental health.

#### Recommendation

Partner with local physical activity providers to help them develop a robust approach to addressing mental health problems.

# Mental health has been a prominent theme in professional sports over the past year

The public conversation around mental health within sports has been developing over the years. We can look to professional sports to see how mental health and wellbeing has become more widely spoken about, however, if we look at recent events we can see there is still a long way to go.

This year, 2021, a number of young female athletes have gone public with their mental health struggles and decided to place their mental wellbeing in front of international competitions, something that was rarely announced to the public previously. For example, tennis player Naomi Osaka pulled out of the French Open due to struggles with her mental health relating to media appearances and social anxiety. She incurred a \$15,000 fine for lack of cooperation with the media (BBC Sport, 2021). Gymnast Simone Biles also pulled out of the Tokyo Olympics due to the pressure of expectations placed upon her.

Many top athletes have rallied around them, berating the lack of support available to them when experiencing mental health distress in professional sports. The backlash they faced from pundits demonstrated the stigma that still surrounds mental health particularly within professional sports.

However despite the issues around attitudes towards mental health problems that are clearly present in professional sport, young people we spoke to noted the significance of the actions of these professional athletes, particularly Simone Biles who has disclosed experiences of trauma. They noted that the actions taken by these highly public figures signalled to those (particularly women) facing pressures in their personal lives that it is ok to say 'no.'

# Understanding the link between physical and mental health

Most of the young people we spoke to clearly understand the link between their physical and mental health, with 64% of survey respondents stating that taking part in physical activity has a positive impact on their mental health. This number is much lower for those that identify as Transgender and are over 16 (35%) and those that identify as Lesbian or Gay (47%).

Some young people articulated their understanding of the links between physical and mental health by noting that mental health issues have physical symptoms, while others speak about how physical activity helps them clear their head and provides an output for emotions like anger or stress.

"I feel like the worse my mental health got the worse my physical health got also. I feel like it really affected me because I'm feeling quite ill as well, like physically ill as well as being like mentally not that great, but as soon as I got more mentally better, I felt physically better as well."

### Young man, 16, White

It is widely accepted that physical activity is important to maintain mental wellbeing. Public Health England states that if exercise is maintained the benefits to mental wellbeing include creating "a source of enjoyment and happiness, improved self-esteem and improved cognitive functions." (Public Health England, 2020a).

Additionally, we can see clear links between poor physical health and mental health problems. In the 2018 to 2019 school year, 34.3% of children in Year 6 in England were overweight or obese, with the highest prevalence within the most deprived areas (Public Health England, 2020b). It is widely understood that obesity has an impact on mental health, with the impacts ranging from stigmatisation, bullying and low self esteem (Public Health England, 2020b). This was also noted across our research — when asked about the causes of their mental health problems, young people in our survey often chose to answer the open text option with responses like 'weight' or 'body image.'

"[In my dream service] you are able to go back to the same person."

Young woman, 24, Asian



Source: Unsplash, Fahcry Zella Devada, 2019

# There's a difference between 'understanding' and 'experiencing' the benefits of physical activity on mental

Whilst many of the young people we spoke to described their understanding of the benefits of physical activity to mental health in general, what was clear was that there was a difference in theoretical understanding of this link, and truly experiencing this link. Despite most young people noting their understanding of the link between mental health and physical health, it was rare that young people described this in terms of their own experience, just four of the twenty five young people we spoke to recounted doing physical activity regularly to intentionally improve their mental health.

"When I used to feel down, I turned to boxing, cause that was the way to get out all that internal build up of anger."

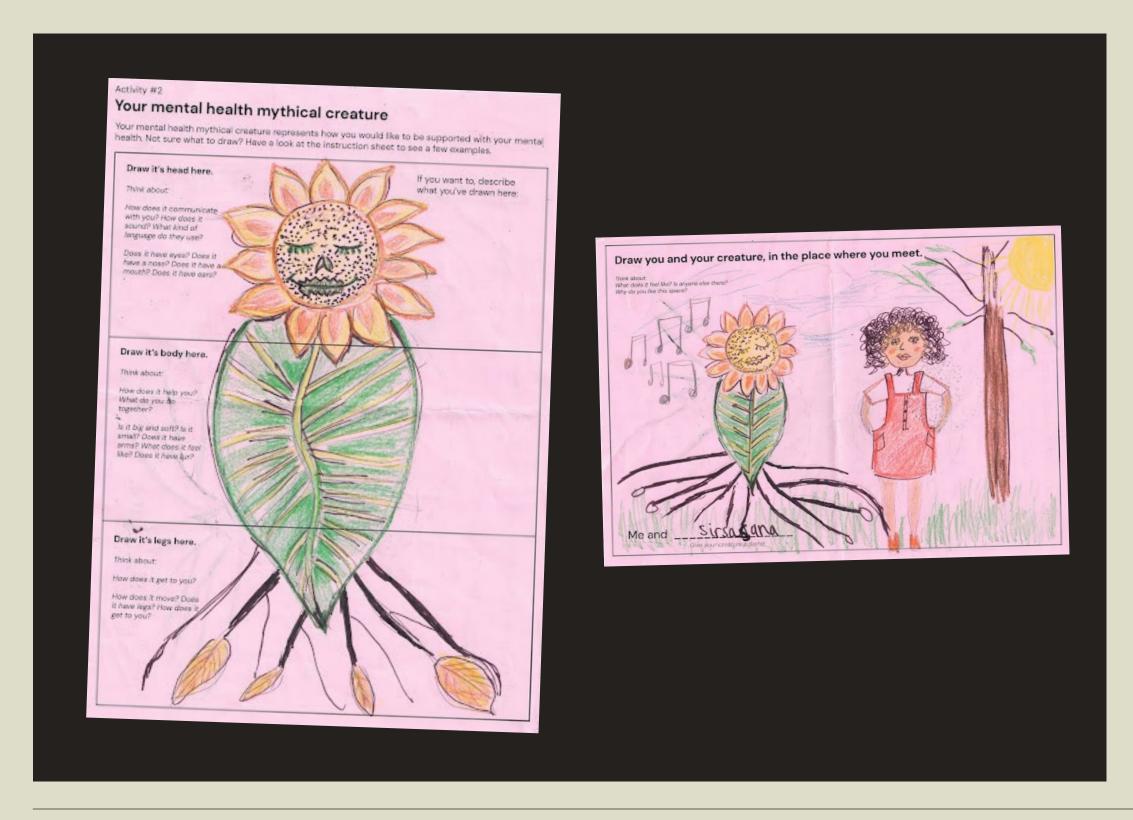
Young man, 14, White

"I wasn't that serious about [sport] because I didn't understand that being consistent actually helps rather than just doing one day for the week and hoping that it will work. But now it's a thing where when I'm exercising, I'm obviously releasing endorphins and I feel happier. I feel like because I've challenged myself that means I can actually apply that to my career life or family life. Any other challenging situation, I can come complete it and get on with it because if I am able to push myself in this exercise or actually achieve a headstand or something that I was scared of previously, why would I not be able to apply that to anything else in my life?"

Young woman, 18, Black Caribbean



Source: Pamela Buenrostro, 2021



# Diary Study 3: Mythical Creature named Sirsasana

Young woman, 18, Black Caribbean

As part of a social probe activity, we asked young people to draw a mythical creature that represents their dream mental health service. Sirsasana was designed by one of the participants to reflect how nature has a positive impact on her mental health, particularly when the sun is out.

Sirsasana is named after a yoga headstand position; "the headstand to me represents finding peace and actually having a connection with my mind and body... just finally understanding what I need to do to be at peace." It demonstrates how impact of mindfulness and physical activity combined can be beneficial for mental health. Additionally, Sirsasana is rooted in the ground which makes them reliable and easily found. They provide mental health support that is grounded and rather than talk a lot, they reflect what the participant is thinking and feeling.

# Physical activity-based mental health support isn't always appropriate

See 2CV and The Unmistakables' reports for additional insights on "Physical activity-based mental health support isn't always appropriate' from a poverty and anti-racism perspective

Young people who have dealt with or are currently dealing with severe mental health problems (particularly severe depression) were unlikely to feel that mental health support with a physical dimension was appropriate for them. They spoke about how their motivation can often be low, and described how they struggled to get out of bed in the morning, let alone find the motivation to exercise.

"I never go outside. Like, my anxiety gets so bad, I'm scared to walk to the top of my street. So when I go out for an hour's walk, I'm just like, wow. I actually went outside for more than five minutes."

#### Non-binary young person, 17, White

Some young people had been prescribed or suggested physical activity as part of their mental health treatment, but most noted that they hadn't followed through with it. One young woman noted that she had attempted to participate in physical activity, but she described discomfort going to the gym as she was not used to or confident in the space. This meant she found it difficult to take the lead and know what to do.

"I think in the sixth session she did tell me to maybe exercise, so I'd come to the gym, but I hated that because I'm not really an active person..."

### Young woman, 18, White and Black African

Despite this, the majority (59%) of young people that have experienced trauma noted that they enjoy participating in sport or exercise.

# Exercise can be perceived as a 'short-term' solution

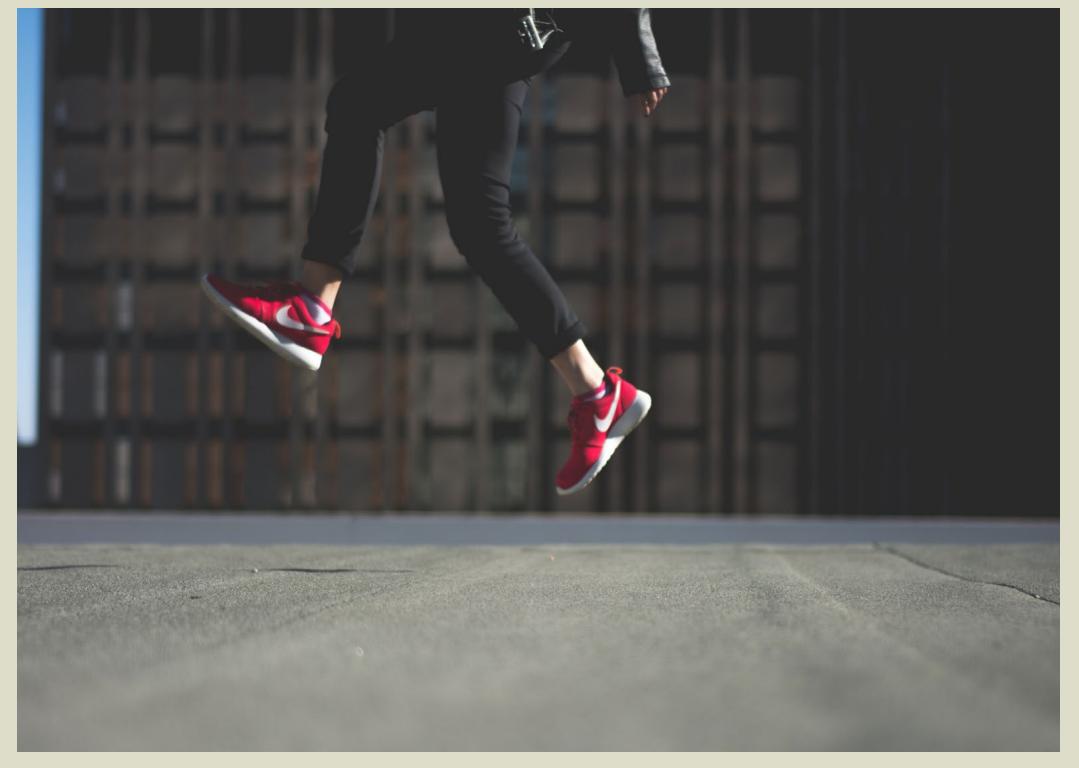
While the benefits of exercise are experienced by some of the young people we spoke to, there was also a feeling that it was only a short-term solution, or a way of managing elements of their mental health. For example, it's useful to generate energy and positivity in the moment, but ultimately will not go all the way to being able to fix the root of a mental health problem.

"I've been quite poorly over the last couple of weeks because I've been really stressed. Yoga can really calm down your brain, you know? Calm down those stresses just by physically shaking things off."

### Young woman, 24, White

"I think exercising does actually help to uplift my mood sometimes. But the thing is, I don't really see a long term effect for it. It's something that you have to keep doing — clearing your mind, but it doesn't mean much after a few hours. So while it does actually lift my mood, I believe that what causes that mood to happen and what causes the frustration has to be solved first, for exercise to be meaningful."

Young woman, 25, Asian



Source: Sport Redd, 2015

### Physical activity services and clubs often have implicit links to mental health, but it's rare to see explicit mental health objectives

While many physical activity groups, services and clubs describe the link between (their) physical activity and mental health, it is rare to see a robust example where a clear framework is being used to address mental health problems, or where there are clear and intentional mental health outcomes. Much of the link between the two tends to be at a surface level, or simply implied.

Some examples of physical activity charities, or services are given below.

Those with explicit links to mental health support are those which provide direct mental health services, such as counselling, or which have a clear published framework for addressing mental health issues through physical activity.

Those which don't offer direct counselling but have a loose published framework for mental health support or provide advice and signposting are listed as having implicit links.

A much more extensive list could be compiled of physical activity charities, services, or providers that mention mental health but have no visible framework for addressing mental health or intentional mental health outcomes for their service.

Based on our conversations with mental health and physical activity service providers, there are an increasing number of services that bring together mental health and physical health, however most are in the early stage of meaningfully addressing mental health through physical health, and are yet to develop robust approaches to this.

### **Explicit Link to Mental Health**

Ace Sports Satellite Club
Imagine Your Goals
Sport in Mind
Sporting Minds UK
Street Games

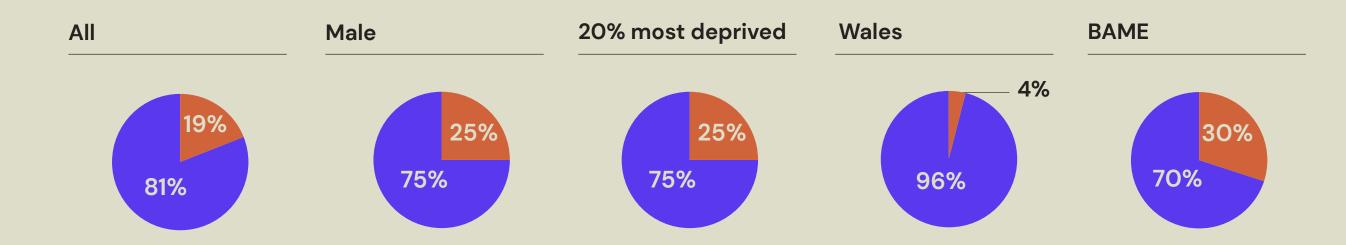
### Implicit Link to Mental Health

Active in Mind	
Head 4 Health	
Think Active	
We Sport x Off The Record	
Walks for Wellbeing	
Street League	

Young men, living in income deprived areas who are Black, Asian or part of another Minority Ethnicy group, are engaging the most with mental health support that includes physical activity

Of those who have participated in formal mental health support which included sport or exercise (19% of respondents), there are a higher percentage of men, a higher percentage of those from 20% most deprived background, and a higher proportion of those from a Black, Asian and Minority Ethnic background.

### Have you participated in formal mental health support which included sport/exercise?



### Age:

Participation was most likely in 20-22 year olds (27% said 'yes') It was least likely in 16-17 year olds (9% said 'yes')

### Gender:

Male respondents reported that they had participated in formal mental health support which included sport/exercise more often than female respondents; (25% of male respondents versus 15% of female respondents).

# Income deprivation:

Those from the 20% most deprived areas were most likely to have received formal mental health support which included sport/exercise (25% said 'yes') Those from the 30–50% least deprived areas were least likely (9% said 'yes').

### Nation:

A low number of respondents in Wales reported that they had participated in formal mental health support which included sport/exercise (Only 4% said 'yes'). This was much higher in England (22% said 'yes')

### **Ethnicity:**

Black, Asian, and Minority Ethnic respondents were more likely to have received this kind of support (30%) than White respondents (15%) 50% of over 16 Black African respondents had received this kind of support.

#### Trauma:

21% of those who said that they had experienced trauma had participated in formal mental health support which included sport/ exercise

# Building trust through sports and physical activity

Through our conversations with young people, particularly amongst young boys, building trust to talk about mental health was difficult, however, they found that sport teams and coaches were a place where trust was often formed. Two of the seven young boys explicitly described relationships with sports coaches where they felt that they could share experiences about their mental health. They didn't appear to have this relationship with any teachers or many other trusted adults.

"I did find that playing football did help, with my team as well, 'cause I explained to my coach what was going on. And I feel like playing football helped me clear my head a lot."

Young man, 16, White

Organisations like Street Games reach out to disenfranchised young people through a programme called Doorstep Sport, which is intentionally trying to provide young people with this form of safe and open relationship with a trusted adult.

Doorstep Sport is a franchise that any community group can run for young people to provide them accessible and affordable opportunities to take part in sport. Key ingredients to a Doorsteps Sports club that is accepted by disenfranchised young people means being "friendship centered, varied and led by a good, trusted leader who would not expose [young people] to failure." (Street Games, 2017).

"An example of what we have heard from young people include this quote, 'if someone would have bought me a pair of football boots two years ago, I wouldn't have needed to go to CAMHS' this suggests that there was a lack of social contact and that the improvements in wellbeing came from feeling a part of something and feeling connected."

**Dawn Mitchell, Street Games** 



Name Joshua
Age 16
Gender Male
Location Nottingham
Living Situation Lives at
home with his two parents.

### Ethan's Journey

Past trauma causing mental health problems

Struggling to open up to friends and family.

Experiences security and trust as part of sports club, where he is receiving informal support from male sports coach

#### Sentiment

"I don't really talk to my friends or family about my problems... I sometimes speak to my football coach if things are getting too much. He's suggested that I should consider speaking to a counsellor through the school but I'm not sure I'm ready for that."

### Description

Joshua has experienced ongoing poor mental health due to trauma from a road accident a year ago. He has been part of the school's football club since he started at the school and has grown to look up to and trust the coach. He finds that activity can help him work through his anger, but at times his mental health is still unbearable. His football coach has given him the time and space to talk when he has needed it. Whilst he isn't ready for formal support, his coach has said that he will support him when he's ready.

#### **Pain Points**

- Doesn't feel like he can talk about mental health to the people around him.
- Feels that going to formal support feels like a weakness and would label him as 'someone with problems'.
- Is apprehensive about the waiting times to access support.

#### **Attitudes & Behaviours**

- Since his experience of trauma, he has been more quiet and reserved.
- He's dedicated to football, but finds it difficult to concentrate at school and relate to his classmates.

#### **Future Preferences**

- Would like to see more footballers open up about their personal mental health experiences.
- Would like to be supported by someone who has been through similar lived experiences and is willing to disclose their experience.
- Would like there to be no waiting time so he could access support immediately during difficult periods.

### **Types of Support Accessed**

• Informal support from football coach

#### **Severity of Needs**



### **Awareness of Available Support**



# Use mental health support that includes physical activity to alleviate the pressure of waiting lists and refusals

Recommendation

There is an opportunity for combined mental health and sports services to be offered to young people who are on a waiting list for support, or who have been deemed 'not severe enough' for support. This offers young people a way to connect to other young people going through similar experiences to themselves, as a form of peer support.

"[talking about their dream support] Probably mostly doing sports activities or walking. So [you] might generally get together with similar people, so they can speak to each other about what they have... So they can kind of like relate to other people."

Young man, 16, White

Currently this is being tested as a form of 'social prescribing' through the use of 'Link Workers' working with young people to create action plans and attend existing sports activities within their local area (see subsequent 'Case Study: Street Games – Youth Social Prescribing').

• How might we use sport to offer a level of support to a young person on a waiting list?

Case Study

### **Street Games - Youth Social Prescribing**

Social prescribing has been growing in popularity as a way to support adults to access community groups and statutory services as a social means to tackle stress and loneliness. An instrumental part of social prescription is a 'Link Worker' who will work with adults to join them up with what's on offer in their local area.

Street Games have been trialling ways in which social prescribing can be used to support young people particularly in the poorest areas of the country and who might otherwise slip through the gap of existing mental health services. With funding from the UK Government, they trialled social prescribing for young people in Brighton through a programme called 'Mind the Gap' (Royal Society for Public Health, 2021).

In this trial Link Workers have been supporting young people to create an action plan for their mental health, access the services they need and attend group activities. Whilst these group activities might cover a range of things and aren't specifically to do with sports and physical activity, a Link Worker is a good point of contact to direct people who would benefit from sports and physical activity to overcome barriers that would have prevented them from accessing it themselves. This might range from social anxiety, not being used to accessing public transport or not knowing what's available to them.

A Case Study of the trial in Brighton and Hove states some of the benefits of social prescribing as perceived by young people include things like more flexibility in support from the Link Workers, having practical support to attend activities and services, and support being less formal than services like CAMHS (Bertotti et al., 2018).



Source: Hannah Busing 2018

# Physical activity needs its own trauma informed approach

Trauma informed physical activity describes an approach to physical activity that is sensitive to a young person's potential past experiences of trauma — examples we encountered responded in particular to young people's sensitivities around their bodies or being around unfamiliar people.

Street Games indicated to us that they intend to formally incorporate a trauma informed approach by offering the training to their coaches around the country. They did however acknowledge that many of the people working with young people on the ground through their Doorstep Sports programme have already informally adopted trauma informed approaches to their way of working through extensive experience working with vulnerable people.

Elsewhere, it was rare that we encountered examples of physical activity for young people using or attempting to develop a trauma informed approach.

Trauma informed physical activity for mental health needs to be aware of young people's sensitivities around their body.

#### Recommendation )

In the context of trauma, suggesting physical activity as a form of support is complicated. Depending on the nature of the trauma, people may be uncomfortable with certain elements of physical activity such as showing skin or being in close proximity to others. Therefore, physical activity (with or without an explicit mental health element to it) can be delivered in a trauma informed way. This involves giving people choice around what they wear, giving them enough physical space, and ensuring a supportive environment is fostered that allows for individual autonomy.

For instance, Mind Aberystwyth hosts a trauma informed yoga class which provides the participants with autonomy over what they do with their body and choice around how they participate and interact with the group.

When referring a young person to mental health support that includes sport, it should be explicit whether it is trauma informed or not, including an explanation of how it is trauma informed in order to provide people the information they need to know to ensure they feel safe.

"I have occasionally been told to do yoga [as part of my recovery], but that would be very triggering because having to focus on your body is a bit hard when you've been through specific types of trauma."

### Young woman, 18, Asian

 How might we provide guidance for traumainformed support in the context of physical activity?

# Develop support that more explicitly links mental health and physical activity

Recommendation

From our mapping exercise we can see that support that links physical activity and mental wellbeing is rare, and often the link is relatively surface level, and support is not trauma informed. There is a clear opportunity to create more considered and targeted offerings that bring physical activity and mental health together, as a way to engage young people that enjoy sport in a form of support that is familiar. This would be particularly effective if partnerships were created with local sport activity providers, or partnering with one organisation who already has a network of sports and physical activity providers (such as Street Games).

We have seen very little evidence of sports organisations who have explicit outcomes related to the improvement of mental health. Whilst we understand that this is difficult to measure and that improvement to mental health through physical activity is a very individual experience, therefore, there's an opportunity for Mind to help organisations create outcomes that explicitly relate to improving mental health.



( Case Study

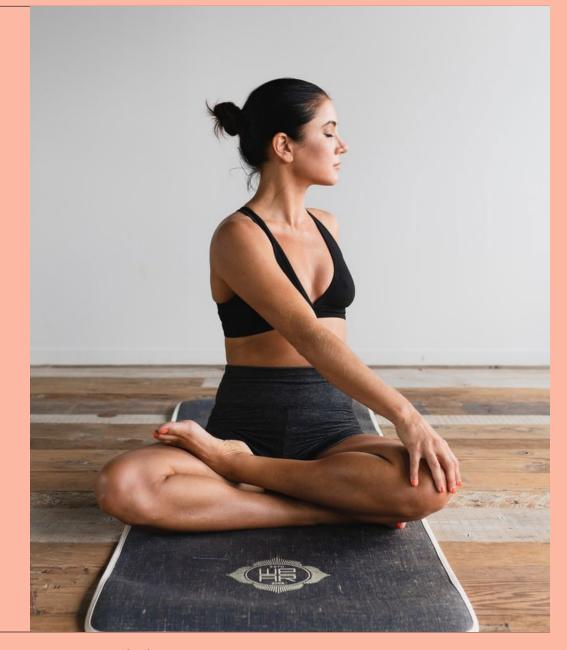
### **Trauma Informed Yoga**

Trauma informed yoga stems from the understanding that trauma leaves an imprint upon people's mind, brain and body and therefore the body also needs attention in order to form a healthy relationship with the body. It differs from standard yoga practices by maximising experiences of empowerment for the participants.

The Trauma Centre for Trauma Sensitive Yoga (TCTSY) developed the practice in collaboration with yoga teachers, students and mental health care professionals. The practice involves training teachers in an awareness of trauma in order to prevent people from feeling physically threatened or psychologically overwhelmed.

"the emphasis is not on the external expression or appearance (i.e. doing it 'right'), or receiving the approval of an external authority. Rather, the focus is on the internal experience of the participant." (Trauma Centre Trauma Sensitive Yoga, 2021). Empowerment in this setting involves things like allowing participants to sit, watch or leave the class at any point, instructional language framed to give participants choice, and teachers never touch participants in order to correct their form.

Currently, trauma informed yoga accredited by TCTSY is offered by Mind Aberystwyth over video call which empowers participants further by giving them the choice over whether or not they turn their camera on during the class (Mind Aberystwyth, 2021).



Source: Unsplash, Dane Wetton, 2019

Trauma informed physical activity should be used to support young people that experience high levels of stigma around their mental health.

#### Recommendation )

Trauma informed physical activity would be well placed in areas where high levels of stigma are experienced around mental health problems. In many cases, those that indicate that they engage with mental health support that has a physical dimension, and that they enjoy sport in general, are the same groups that experience higher levels of stigma than others. These are specifically Black African and Black Caribbean young people, as well as young people that live in the 20% most income deprived areas.

While they don't necessarily experience the same level and/or type of stigma as women, young men are also likely to have high engagement with mental health support with a physical activity dimension, based on verbal accounts and survey responses.

Trauma informed physical activity should explicitly target supporting marginalised groups who don't engage with formal mental health support. It's important to note that in this context, support shouldn't be explicitly labelled as a 'mental health

sports service' as this is likely to invite the stigma and discrimination that many young people experience when accessing other forms of mental health support.

 How might we use physical activity to provide mental health support to groups that aren't engaging with traditional mental health support services?

Partner with local physical activity providers to help them develop a robust approach to addressing mental health problems

Recommendation )

From our mapping activity, we noted that while the mental health benefits of physical activity are widely referenced by physical activity charities, groups, and services, it is rare to see a formal mental health support service offering integrated physical activity or to see intentional mental health outcomes prioritised by a physical activity provider.

Mind should build partnerships with local sport activity providers, or with large organisations that manage a network of sports and physical activity providers (such as Street Games), to provide the specialist mental health expertise that they lack.

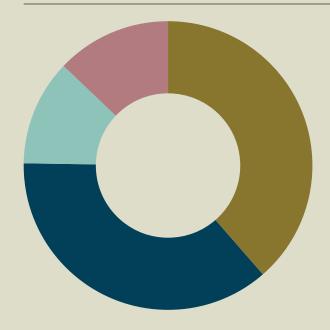
An effective approach would be for Mind to collaborate with these organisations helping them to develop a robust approach to addressing mental health problems and working with young people who have experienced trauma. This could include:

- Collaboratively agreeing on a series of trauma informed principles for the physical activity provider
- Providing training and a robust framework to help them support individual young people
- Collaboratively developing metrics or KPI's that help the physical activity provider understand how they are impacting young people's mental health.
- How might we help existing physical activity providers develop a robust approach to supporting a young person's mental health?

### Survey

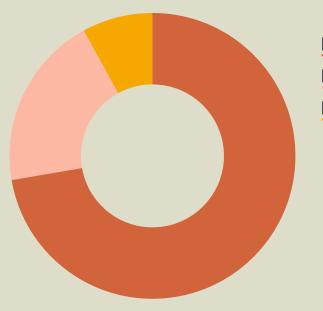
We engaged a total of 523 young people across England and Wales in the survey. The following provides a breakdown of those that were engaged.

### **Experiences of Mental Health Support**

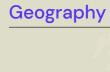


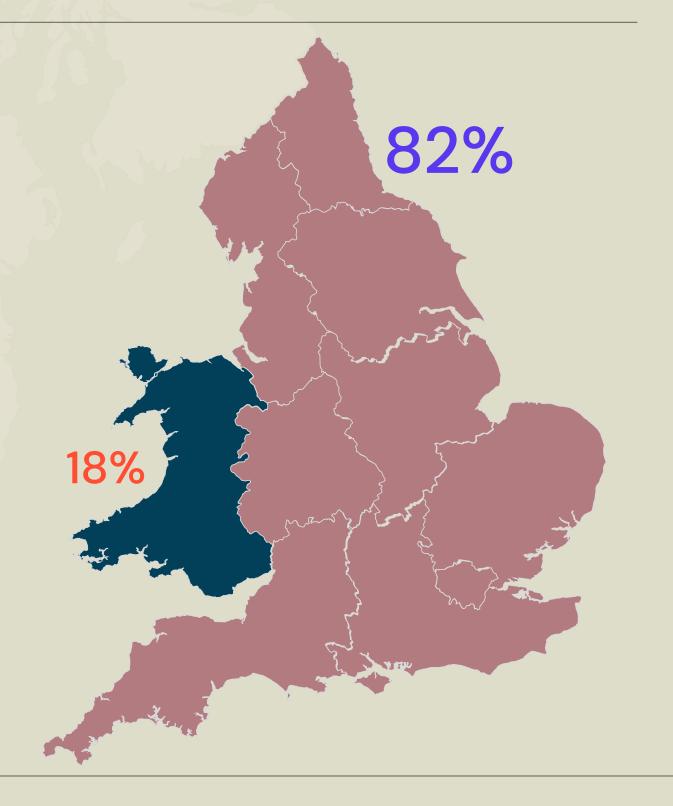
I have experienced mental distress	39%
I receive/have received mental health support	37%
I am waiting to speak to someone about my mental health	12%
I don't know if I have mental health problems	13%

### **Experiences of Trauma**



have experienced Trauma	73%
have not experienced Trauma	20%
am unsure if I have experienced Trauma	8%



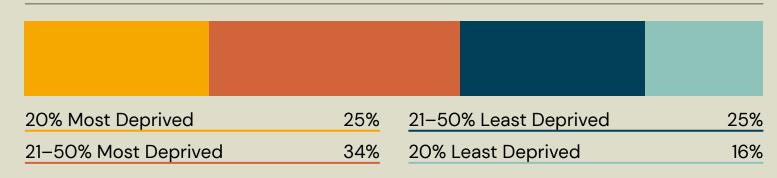


### Gender

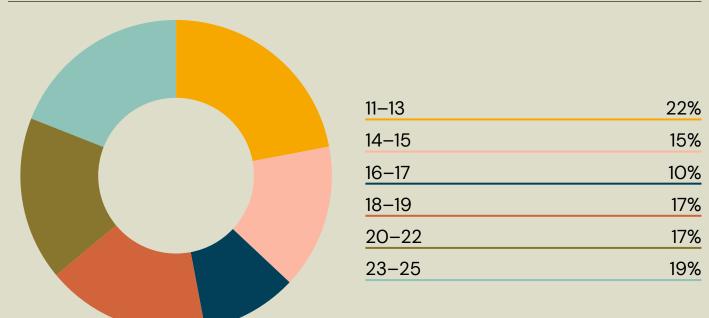


Female	61%
Male	37%
Non-Binary	2%
Another / Prefer to Self-Describe	0%

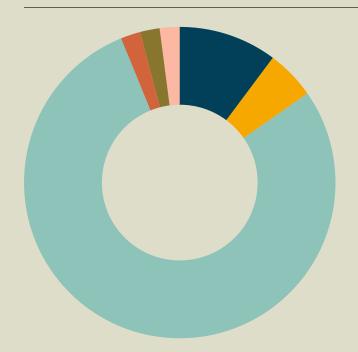
#### Income



### Age range



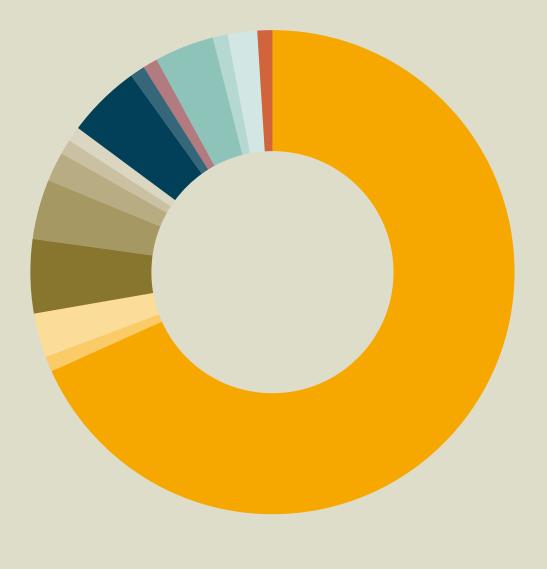
### **Sexual Orientation**



Bisexual	10%
Gay / Lesbian	5%
Heterosexual / Straight	77%
Other / Prefer to Self-Describe	2%
Prefer not to say	2%
l don't know	4%

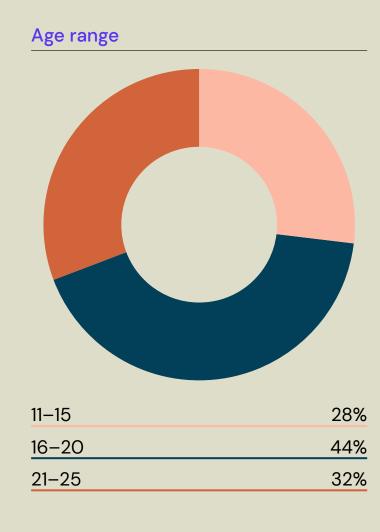
### Ethnicity

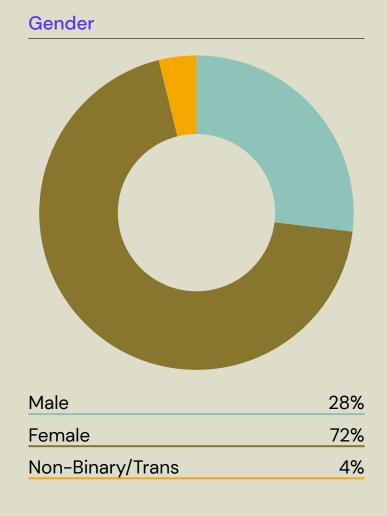
English/Welsh/Scottish/N.Irish	69%
Irish	1%
Irish Gypsy or Traveller	0%
Any other White background	3%
Pakistani	5%
Indian	4%
Bangladeshi	2%
Chinese	1%
Any other Asian background	1%
Black African	5%
Black Caribbean	1%
Arab	0%
Any other Ethnic Group	1%
White & Asian	4%
White & Black Caribbean	1%
White & Black African*	0%
Any other Mixed Ethnic Background	2%
Prefer not to say	1%



### **Interviews and Diary Studies**

We engaged a total of 25 young people across England and Wales in interviews and diary studies. 20 of these were engaged in interviews, and 5 of these were engaged in diary studies. The following provides a breakdown of those that were engaged.

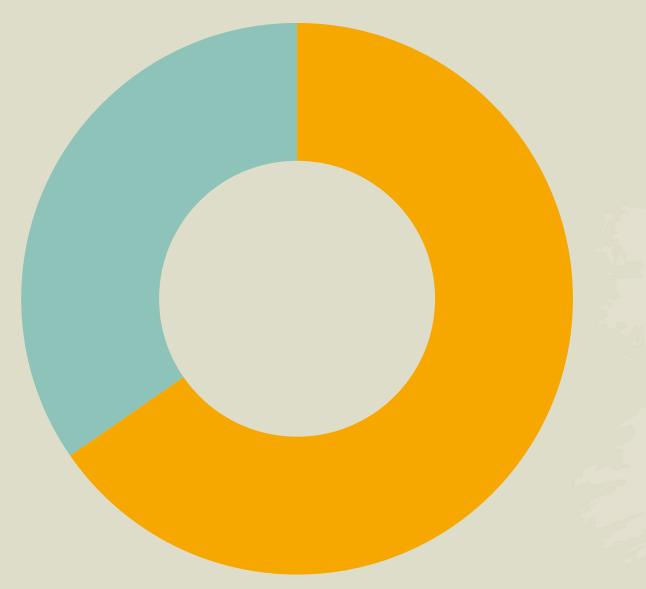




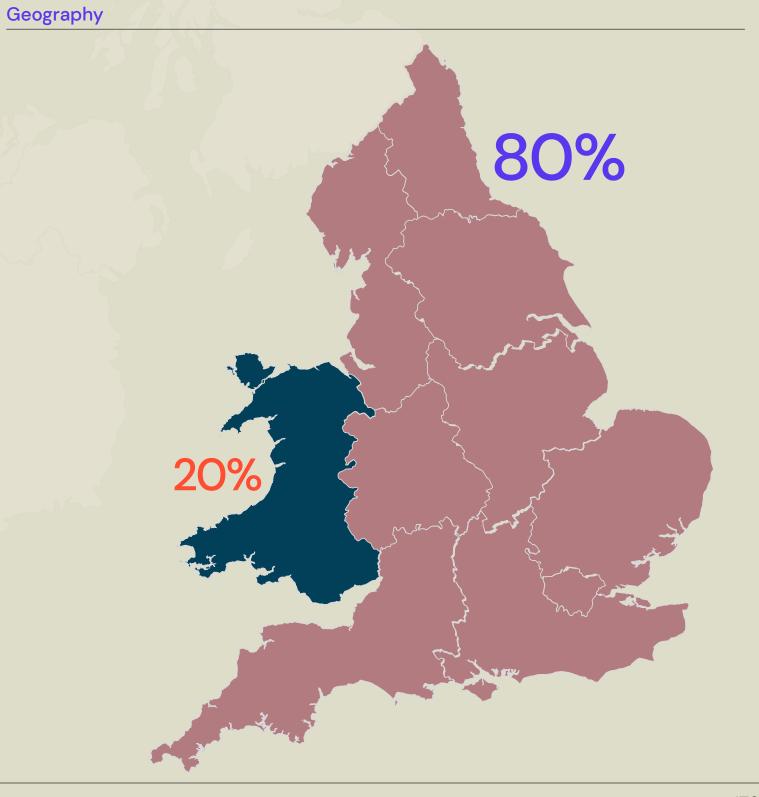
# Income 20% Most Deprived 32% 21–50% Least Deprived 28% 21–50% Most Deprived 32% 20% Least Deprived 12%

# **Statistics**

Ethnicity



White	68%
Black, Asian, and Minority Ethnic (BAME)	36%



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