



THE GOVERNMENT 10-YEAR MENTAL HEALTH PLAN

A response to the public consultation.

Kim Markham-Jones, Sofia Atha, Abbey Jackson and Simon Wilson

July 2022

Contents

1.0	Executive Summary.....	2
1.1	Open letter from a YoungMinds Youth Advisor.....	7
1.2	Background.....	8
1.3	Who was involved?.....	8
1.4	Methodology.....	9
1.5	Key feedback and recommendations based on key themes.....	11 - 18
	1.5a Key Theme 1: The mental health system is out of date, underfunded and not fit for purpose.....	11
	1.5b Key Theme 2: There is variation in the standard and quality of care from professionals working in the mental health system.....	13
	1.5c Key Theme 3: Stigma and discrimination still exist around mental health, particularly around severe and enduring mental illness.....	15
	1.5d Key theme 4: Early intervention is key!.....	16
	1.5e Key theme 5: You cannot address or improve mental health without addressing the social and economic issues that impact on young people.....	17
1.6	Conclusion.....	19
1.7	Appendices.....	20 - 22
	1.7a Participant demographic information.....	20
	1.7b Response options to the question 'What do you think are the most important issues that a new, 10-year mental health plan needs to address?'	21
	1.7c Response options to the question 'What are the five most important things the Government need to address in order to reduce the numbers of people who experience mental ill-health?'	22

1.0 Executive Summary

This report outlines insights from engagement activity that YoungMinds conducted with seven young people with lived experience of mental health support and services.

The purpose of the engagement activity was to provide a response to the public consultation about the government's proposed 10-year mental health plan. The key research questions for the consultation were:

1. How can we all promote positive mental wellbeing?
2. How can we all prevent the onset of mental health conditions?
3. How can we all intervene earlier when people need support with their mental health?
4. How can we improve the quality and effectiveness of treatment for mental health?
5. How can we all support people with mental health conditions to live well?
6. How can we all improve support for people in crisis?

The Department of Health and Social Care and Mind were keen to hear from six at-risk priority groups, these were: Black African Caribbean people, LGBTQIA+ people, young learning disabled people, people with severe mental illness, young women who have experienced trauma and people living in poverty.

YoungMinds' research engaged the following groups:

- LGBTQIA+ young people
- Young women who have experienced trauma
- Young people who have experienced severe mental health problems

Feedback and recommendations are based around five key themes.

Key theme 1: The mental health system is out of date, underfunded and not fit for purpose.

Despite Local Transformation Plan funding there is a lack of individualised care and there are still long waits to access support with, in many instances, only those at crisis point getting the help they need. This creates unintentional competition between young people to reach crisis point because they know only those who are the 'worst' or 'most unwell' will be able to access services.

"I had to nearly die to get help." 21 year old, male young person

Recommendations

1. Create a mental health system that is coherent and connected so that support is available to young people whatever their level of need, wherever they are. Local assessment and triage systems or central points of access could ensure that young people are signposted to the right support at the right time for them.
2. Establish adolescent and young adult services for those aged 16 or 18 to 25. The transition to adulthood is difficult and young people have different needs to children and older adults.

3. Services need to see each young person as a whole and provide individualised support and care based on their specific needs. One way this can be better achieved is through improving opportunities for young people to participate in service commissioning, design and evaluation and in their own individual care. Provision should also be made to provide support and services in different languages for young people whose first language is not English.
4. Make inpatient units and clinical spaces suitable for neurodivergent young people. Further to recommendation three, involving young people in designing spaces would help achieve this and don't create wards where neurodivergent young people and young people with behavioural issues are mixed.



These recommendations link to the key research questions:

- How can we all intervene earlier when people need support with their mental health?
- How can we improve the quality and effectiveness of treatment for mental health?

Key theme 2: There is variation in the standard and quality of care from professionals working in the mental health system.

There is good care happening within the mental health system but it is inconsistent and young people feel that there are people working in mental health services who shouldn't be. We heard experiences of poor care and even abuse and that a trauma informed approach is not standard practice. Young people shared examples of out of date language and diagnoses being used by professionals.

"I don't feel I have ever had trauma informed therapy. [Therapy] has dug up trauma and then said I can't support you. I've been left unable to function and just sitting with the trauma."
18 year old, non-binary young person

Recommendations

1. Implement a standard that young people must be involved in recruitment of all frontline mental health professionals.
2. Mandate continuous professional development and up to date training for the mental health workforce, including training in trauma informed practice.
3. Training and support for mental health professionals to enable them to truly individualise care and provide room to respond to young people's needs e.g. number of sessions and type of intervention. Young people's participation in staff training, service design and development and in their own care could help enable this.

4. Improve coordination and communication between services supporting young people, particularly neurodivergent young people to ensure they are treated holistically and not 'bounced between services'.



These recommendations link to the key research questions:

- How can we improve the quality and effectiveness of treatment for mental health?
- How can we support people with mental health conditions to live well?
- How can we all improve support for people in crisis?

Key theme 3: Stigma and discrimination still exist around mental health, particularly around severe and enduring mental illness.

Although there is improved understanding amongst the public about common mental health problems such as depression and anxiety, there is still a lack of understanding and stigma about severe and enduring mental health problems such as psychosis and bipolar disorder. There is also stigma from professionals working in the mental health system around personality disorders.

"Young people who are diagnosed with Borderline Personality Disorder are labelled as attention seeking." 22 year old, female young person

Recommendations

1. Create government awareness raising campaigns about severe and enduring mental illnesses in line with campaigns about common mental health problems such as depression, anxiety and talking about mental health.
2. Include the topic of severe and enduring mental health in the school curriculum as well as discussions about general wellbeing and common mental health problems such as anxiety and depression.
3. Mandate up to date training on bias for the mental health workforce with young people participating in the creation and delivery of the training to share their experiences of how labels such as Borderline Personality Disorder affect them.



These recommendations link to the key research questions:

- How can we all promote positive mental wellbeing?
- How can we all intervene earlier when people need support with their mental health?
- How can we improve the quality and effectiveness of treatment for mental health?
- How can we support people with mental health conditions to live well?

Key theme 4: Early intervention is key!

Early intervention is essential. If it is in place and done well then it can prevent young people from reaching crisis point in the first place. Young people highlighted education settings as being vital in identifying when young people are struggling and the importance of teachers and other school staff viewing behaviour as communication. Support in these settings needs to be holistic rather than just having the primary aim of getting young people 'back into lessons'.

"School could have been more supportive. They tried to deal with my non-attendance by threatening on a daily basis that my mum could be taken to court. They never asked why I didn't want to be in school or what they could do to help." 21 year old, male young person

Recommendations

1. Invest in early intervention as a way of not only better supporting young people but also protecting the future mental health system. This should include providing all teachers with training about mental health (not only a select few mental health leads in each school) including seeing behaviour as communication, having conversations, signposting and trauma.
2. Create a statutory requirement that each education setting must have a defined number of mental health first aiders (similar to the requirement to have physical first aiders).
3. As mentioned under the previous key themes, build systems and support that are holistic and respond to the young person's needs as a whole. Interventions that take every aspect of the young person into account during assessments, diagnosis and support, particularly if there are multiple difficulties being experienced, will prevent young people reaching crisis point and stop young people falling through gaps in services.

These recommendations link to the key research questions:



- How can we all intervene earlier when people need support with their mental health?
- How can we improve the quality and effectiveness of treatment for mental health?

Key theme 5: You cannot address or improve mental health without addressing the social and economic issues that impact on young people.

Young people care and worry about social and economic issues such as the housing crisis, the cost of living and employment and many are affected by adverse childhood experiences, traumatic events, loneliness and harm from social media. However, if they speak about their concerns they are labelled as 'snowflakes' and are told it is 'not their problem'. A clear message from them is that social and economic issues are causes of mental health problems and more needs to be done to tackle these issues in order to reduce the number of young people struggling.

"They [the government] want to fix mental health but don't ask about the other stuff [that causes it]." 24 year old, non-binary young person

Recommendations

The key actions that young people want the government and other institutions to take are:

1. Recognise that the factors that lead to mental health problems in young people are the same as those that lead to mental health problems in adults. Young people are not immune to the impact of local, national and world events. They worry about their futures and this impacts on their present.
2. Tackle the issues that impact on mental health **alongside** making improvements to the mental health system. Doing both is the way to effect true change and really help people.



These recommendations link to the key research questions:

- How can we all prevent the onset of mental health conditions?
- How can we all support people with mental health conditions to live well?

Conclusion

There is no one answer to protecting and improving young people's mental health. It must involve social and systemic change. Key themes across all of the recommendations from young people are the importance of individualised care, consistent skills building in the mental health workforce and the need to tackle the social and economic issues that impact young people's mental health at the same time as making improvements to the mental health system. **Make change to the cause of problems as well as the support provided.**

An important point to note is that there was a commonality of experience across all of the young people we spoke to, regardless of the priority group they 'fit into'. A key aspect of the feedback was that there is stigma in the system and that whichever priority group young people are a part of, they experience this in some way. Whether this is demonstrated as professionals assuming their sexuality, gender or neurodivergence is a cause of mental health problems or them having bias about particular diagnoses e.g. personality disorders. **Young people don't exist solely in one single affinity group therefore it is fundamental for the government and other institutions to recognise and understand the intersectionality of young people's identities and consequently, the importance of truly individualised care and of young people's participation in their own care and in shaping services.**

The situation is complex, but this doesn't mean we shouldn't address the challenges and try to make things better for our young people.

1.1 Open letter from a YoungMinds Youth Advisor

This April the government opened a call for evidence to inform a new 10-year mental health plan. In response to this YoungMinds was asked by Mind and the Department of Health to speak with young people and produce a report based on their lived experiences. The 10-year mental health plan will have a direct impact on young people's lives, many of whom have already sought help in the current mental health support system.

The purpose of this report is to make sure young people's voices are visible and appropriately represented in shaping this 10-year plan.

YoungMinds organised three insight sessions and one 121 interview for YoungMinds Activists and Youth Advisors to share their experiences of the mental health support system. Each session focused on the experiences highlighted as priorities by the commissioners: young people in the LGBTQIA+ community, young women who have experienced trauma and young people with severe mental illness. Through these sessions, young people overwhelmingly agreed that the mental health system is outdated, underfunded and not fit for purpose. Apart from the significant lack of resources, professionals often lack up to date training, leading to exacerbation of mental health stigma. Vulnerable young people seeking help are put in an environment and through a process prone to re-traumatisation and are often denied case by case time and care.

"I had to share my trauma, including experience of sexual assault, with a room full of strangers including men. This needs to change. Professionals need to recognise trauma and triggers."

22 year old, female young person

With the mental health system overwhelmed as it is, young people focused discussions around early intervention and prevention as key for moving forward. However, young people stressed this would be challenging to achieve when the government has not shown any sign of tackling the socioeconomic issues that impact young people and the population as a whole. On its own, overhauling the mental health system is not going to work, unless the new plan and the government start aiming for the root cause (stigma, discrimination, systemic racism, the education system, the economic crisis, quality of life etc.) instead of the symptoms.

"I look at houses and mortgage calculators and feel like I'll never be able to afford even normal/average house."

24 year old, non-binary young person

We, as Youth Advisors and the YoungMinds team, believe young people's experiences are key to redefining what the mental health care system should be. With this report we aim to elevate young people's voices and ask the government to take their insights into careful consideration. Through the past few years YoungMinds has shown in practice that having young people's input fosters trust, opens valuable communication channels, and develops practical and efficient implementation of ideas and strategies in the sector.

Through this report we intend to provide a clear and concise picture of the issues the new mental health plan needs to address. We hope this will be seen as valuable and important as young people themselves see it.

Sofia – YoungMinds Youth Advisor

1.2 Background

The government is creating a new 10-year mental health plan with the aim of improving people's mental health and wellbeing outcomes in England. The new mental health plan will cover the breadth of mental health policy, from prevention through to acute mental health care.

In April 2022, the Department of Health and Social Care launched a 12-week consultation to give the public the opportunity to share their views about what should be included in the plan as well as gathering the best evidence on 'what works' to support the development of commitments within the plan. As part of this they issued a direct funding award to the charity Mind to conduct research into people's lived experiences of mental health services and support.

Mind asked YoungMinds to carry out research with young people specifically, to find out what their preferences and priorities are for mental health care and support and what the government should focus on in order to improve it.

Research was also carried out by YouGov, who conducted a nationwide survey as well as targeted qualitative research.

1.3 Who was involved?

[The Department of Health and Social Care](#) is a department in the UK government which is responsible for government policy on health and adult social care matters in England. They help support ministers in ensuring that people live more independent and healthier lives for longer.

[Mind](#) provides advice and support to empower anyone experiencing a mental health problem. They campaign to improve services, raise awareness and promote understanding.

[YoungMinds](#) is the UK's leading charity fighting for children and young people's mental health. We want to see a world where no young person feels alone with their mental health, and all young people get the mental health support they need, when they need it, no matter what.

[YouGov](#) is an international research data and analytics group. Their mission is to supply a continuous stream of accurate data and insight into what the world thinks, so that companies, governments and institutions can better serve the people and communities that sustain them.

**The charity Mind defines 'lived experience influence and participation' as: "The development and promotion of opportunities in order that a diverse range of people, with lived experience of mental health problems, influence and participate in our work. This recognises that people want to take part in a variety of different ways and there is not a 'one size fits all' approach."*

1.4 Methodology and Participants

Key research questions

The key research questions put forward by the Department of Health and Social Care for the public consultation were:

1. How can we all promote positive mental wellbeing?
2. How can we all prevent the onset of mental health conditions?
3. How can we all intervene earlier when people need support with their mental health?
4. How can we improve the quality and effectiveness of treatment for mental health?
5. How can we all support people with mental health conditions to live well?
6. How can we all improve support for people in crisis?

Participants

The Department of Health and Social Care and Mind were keen to hear from six at-risk priority groups, these were: Black African Caribbean people, LGBTQIA+ people, young learning disabled people, people with severe mental illness, young women who have experienced trauma, people living in poverty.

YoungMinds' research engaged the following groups:

- LGBTQIA+ young people
- Young women who have experienced trauma
- Young people who have experienced severe mental health problems

We recruited young people from our YoungMinds Activist and Youth Advisor programmes. Participants have a broad range of experience of mental health problems and illness (including depression, anxiety, psychosis, obsessive compulsive disorder and bipolar disorder) and services including support in education settings, community care and various inpatient units. Many are also neurodivergent. Demographic information is shared in the Appendices – 1.7a.

Through our research (outlined below) YoungMinds engaged with seven young people. This was a much smaller sample than included in the research proposal (five to twelve participants across three sessions).

We were unable to reach the proposed sample for a number of reasons. There was a relatively short timeline for the project from end to end meaning a short amount of recruitment time and the recruitment period coincided with the end of the school term which could have prevented some young people participating. Also, by the nature of the project, we were recruiting from groups of young people who are currently struggling with their mental health. This meant that some young people who signed up to participate in the sessions didn't feel well enough to actually attend.

With the small sample size there could be a risk of the views shared not being representative of the broader population of young people from the identified priority groups. However, we feel that this is unlikely and that there is merit to the research due to:

- a. The significant commonalities in the experiences shared across all three priority groups we spoke with.

- b. The correlation of the feedback from the research with that of the broader survey that YoungMinds ran in response to the same consultation. The survey received over 14,000 responses.
- c. The correlation of the feedback from the research that we received as part of a consultation we carried out in 2021 about the Mental Health Act.

Methodology

To conduct our research with young people we delivered three insight workshops and one 121 interview. We then conducted a co-production session with some of the young people who participated in the insight workshops to produce this report.

- a. **Insight workshops:** Six young people participated. The key research questions put forward by the Department of Health and Social Care underpinned the workshop design, with discussion questions focusing on young people's direct, personal experiences of mental health and the related support and services. Firstly we asked young people to vote on the following questions:
 - What do you think are the 3 most important issues that a new, 10-year national mental health plan needs to address? *(3 from a possible 14 identified issues)*
 - What are the 5 most important things the Government need to address in order to reduce the numbers of people who experience mental ill-health? *(5 from a possible 26 identified issues)*

We then discussed participants' journeys through mental health problems and illness from noticing they needed help, early intervention and access to services, through the quality and effectiveness of the treatment and support they received to support in crisis. Through these conversations we explored waiting times, challenges to getting support and the impact of both of these factors.

- b. **121 interview:** One young person participated. The interview followed the same structure as the insight workshops.
- c. **Co-production workshop:** Three young people participated. We worked with them to identify key themes from the combined feedback, highlight the important information to be shared under each key theme, selected direct quotes to include and decide on recommendations. One of the Youth Advisors also wrote the open letter included at the start of this report.

1.5 Key Themes and Recommendations

This section of the report outlines feedback relating to each key theme and recommendations for how the themes could be addressed in the government's new 10-year mental health plan.

The first question we asked the young people who participated in our insights sessions was **'What do you think are the most important issues that a new, 10-year mental health plan needs to address?'**

From a list of 15 options (listed in the Appendices – 1.7b), they prioritised four issues. **Their highest priority was 'Better access to services and support'** closely followed by the following three issues as joint second priority:

- Better access to support and services was considered the highest priority with Prevention and access to early support in the community for people struggling with their mental health.
- Improving treatment and quality of mental health services.
- Quality of life for those living with mental health problems.

As conversations progressed it became incredibly clear that the young people prioritised the above issues because of their personal experiences of mental health care and support and five key themes emerged.

The priorities they chose underpin all five key themes.

1.5a - Key Theme 1: The mental health system is out of date, underfunded and not fit for purpose

The young people who participated in our insight sessions were very clear that the whole mental health system needs to be evaluated and overhauled. It is under-resourced which leads to long waiting times, understaffing and high staff turnover alongside inappropriate support and care spaces.

Young people acknowledge that resource has been provided to make improvements to mental health support and services through the Local Transformation Plan* funding, but we are still consistently hearing of long waits to access support, only the most unwell young people receiving help and a lack of individualised care.

Long waits for support lead to unintentional competition between young people because only those reaching crisis point are given the help they need. This approach, along with a need for better early intervention (explored later in this report) is leading to more young people reaching crisis point with their mental health.

*"You have to be really ill to get support. It has to be a drastic situation to get help."
23 year old, female young person*

Places young people are **signposted to for crisis support**, for example A&E and NHS 111, turn young people away and inform them they can't help which again contributes to young people's mental health deteriorating.

**Local transformation plans were first published in 2015 and cover the whole of England. They set out how local services will invest resources to improve children and young people's mental health across the "whole system". There was funding attached to the development of the plans so that local Clinical Commissioning Groups (CCGs) could enact improvements.*

This also happens in services with young people being passed between services and informed they are too high risk for one service and too low risk for another, leading to them to **'fall through the gaps'** and ending up with no support at all. These experiences can also lead to young people not reaching out for help if they need it in the future.

"If somewhere is your last port of call and they won't accept you, where do you go? Who can help?" 23 year old, female young person

Points of transition e.g. moving from CAMHS to AHMS or trying to continue support after moving to university, are also problematic. Young people shared experiences of difficulties accessing services in new areas due to bureaucracy, challenges navigating the different approaches to support between services and long waiting times.

Once in services there is a **lack of individualised care**. We heard some good examples of inpatient units adapting to young people's needs, including one CAMHS inpatient unit tailoring educational support depending on how young people were feeling each day. However there were also examples of personal items of comfort being taken from young people in inpatient units and a regular maximum of only six sessions offered in community support.

Young people also expressed that the settings in which mental health support is provided are not suitable for neurodivergent young people. They are often bright, loud and clinical and this can create discomfort or even trauma for young people. Units combining young people with behavioural issues and young people with Autism is also problematic with the behaviour of each group being potentially triggering for the other.

Young people emphasised that mental health is individual and a one size fits all approach doesn't work.

"Make systems work how they are supposed to." 23 year old, female young person

Recommendations

1. Create a mental health system that is coherent and connected so that support is available to young people whatever their level of need, wherever they are. Local assessment and triage systems or central points of access could ensure that young people are signposted to the right support at the right time for them.
2. Establish adolescent and young adult services for those aged 16 or 18 to 25. The transition to adulthood is difficult and young people have different needs to children and older adults.
3. Services need to see each young person as a whole and provide individualised support and care based on their specific needs. One way this can be better achieved is through improving opportunities for young people to participate in service commissioning, design and evaluation and in their own individual care. Provision should also be made to provide support and services in different languages for young people whose first language is not English.
4. Make inpatient units and clinical spaces suitable for neurodivergent young people. Further to recommendation three, involving young people in designing spaces would help achieve this

and don't create wards where neurodivergent young people and young people with behavioural issues are mixed.



These recommendations link to the key research questions:

- How can we all intervene earlier when people need support with their mental health?
- How can we improve the quality and effectiveness of treatment for mental health?

1.5b - Key Theme 2: There is variation in the standard and quality of care from professionals working in the mental health system

Some of the young people that we spoke to shared positive examples of care and support which evidences **there are professionals working in the mental health system who genuinely care** and want to help young people get better. Unfortunately we also heard of many examples where support and **treatment has been actively unhelpful and even traumatising** for young people.

Most of the young people we spoke to also had **negative initial assessment experiences** where professionals were 'rude' and dismissive, which led to them not seeking further support and their mental health worsening.

"Things got worse over the following two years and I didn't ask for help. The first experience set me back. I felt it was my fault." 23 year old, female young person

One young person who has had experience of a number of different inpatient settings expressed that the **standard of support, care and treatment depends on the culture in each hospital** and others cited high staff turnover as a source of inconsistency of care.

The young people we spoke to wanted to highlight the following:

- There are professionals working in the mental health system, including psychologists and psychiatrists, using **out of date language** and diagnoses. This can lead to young people experiencing stigma attached to particular diagnoses.
- There is a **lack of trauma informed practice**, with many of the young people we spoke to experiencing PTSD from their time in inpatient settings. Once young person shared that they were mentally and physically abused by a staff member and although the staff member was eventually dismissed, the young person was initially accused of making things up.

"There are people working in mental health that shouldn't be working in mental health."
19 year old, male young person

- **Neurodivergent young people experience barriers to getting mental health support** and are 'bounced between services' because mental health professionals blame difficulties on their neurodiversity and professionals providing support for their neurodivergence blame difficulties on their mental health.
- **Professionals in the mental health system can make unhelpful assumptions about young people.** For example, if a young person is neurodivergent or has disability then they assume this must be the cause of their mental health struggles. Or often the assumption is made that all young people have a family network that can provide support when in fact it can be the source of difficulties and trauma for some young people.
- There is **bias amongst those working in the mental health system about personality disorders.** Young people with the diagnosis are accused of being attention seeking and there is a feeling that, in one young person's words "[clinicians] use the label when they can't get to the bottom of things, which can be damaging".

"You can be labelled as problematic when you are in fact crying out for help and are able to articulate what is happening and your needs." 23 year old, female young person

Recommendations

1. Implement a standard that young people must be involved in recruitment of all frontline mental health professionals.
2. Mandate continuous professional development and up to date training for the mental health workforce, including training in trauma informed practice.
3. Training and support for mental health professionals to enable them to truly individualise care and provide room to respond to young people's needs e.g. number of sessions and type of intervention. Young people's participation in staff training, service design and development and in their own care could help enable this.
4. Improve coordination and communication between services supporting young people, particularly neurodivergent young people to ensure they are treated holistically and not 'bounced between services'.



These recommendations link to the key research questions:

- How can we improve the quality and effectiveness of treatment for mental health?
- How can we support people with mental health conditions to live well?
- How can we all improve support for people in crisis?

1.5c - Key Theme 3: Stigma and discrimination still exist around mental health, particularly around severe and enduring mental illness

The young people we spoke to agreed that there has been an **improvement in understanding and communication about common mental health problems such as depression and anxiety**, with charities such as YoungMinds providing safe spaces for young people to talk about their experiences.

However, there is still stigma and a **lack of public understanding about severe and enduring mental illnesses** such as psychosis and bipolar disorder.

The negative portrayals of severe mental health problems in the media contribute to stigma and terminology around certain aspects of mental illness are used flippantly, for example references to OCD and the term 'manic'. One young person with bipolar disorder shared that family members perceive bipolar as 'up and down moods' when it is so much more than that.

"There are negative stereotypes about mental illness. For example, there was an article about the TV show Killing Eve. It said something like the acting was 'psychotic' when they probably meant 'psychopathic'. These terms are used interchangeably and wrongly which creates stigma."
19 year old, male young person

As previously mentioned in this report, there is also **stigma from professionals** working in the mental health system around personality disorders. The young people we spoke to who have a diagnosis of Borderline Personality Disorder reported that they are often **labelled as attention seeking** and blamed for their actions when they are unwell. Instead of recognising impulsivity as a cry for help it is written off as 'teenage behaviour'. They are also **blamed for not taking self-care actions** when they are unable to practice self-care because they are experiencing severe difficulties.

The stigma that exists makes it harder for young people to discuss aspects of their experiences both within and outside of services.

Recommendations

1. Create government awareness raising campaigns about severe and enduring mental illnesses in line with campaigns about common mental health problems such as depression, anxiety and talking about mental health.
2. Include the topic of severe and enduring mental health in the school curriculum as well as discussions about general wellbeing and common mental health problems such as anxiety and depression.
3. Mandate up to date training on bias for the mental health workforce with young people participating in the creation and delivery of the training to share their experiences of how labels such as Borderline Personality Disorder affect them.

These recommendations link to the key research questions:



- How can we all promote positive mental wellbeing?
- How can we all intervene earlier when people need support with their mental health?
- How can we improve the quality and effectiveness of treatment for mental health?
- How can we support people with mental health conditions to live well?

1.5d - Key Theme 4: Early intervention is key!

As highlighted earlier in the report, young people's experiences demonstrate that **help only comes at point of crisis**, but if the right early intervention were to be put in place then young people wouldn't reach that point.

Comprehensive and accessible early intervention is key to preventing young people's mental health deteriorating and reaching crisis and, in the longer term, taking the pressure off the overstretched and under-resourced mental health system.

Young people **highlighted education settings as vital in identifying when young people are struggling**, the importance of teachers and other school staff viewing behaviour as communication rather than students being problematic and support to be holistic rather than just having the primary aim of getting young people back to achieving academically.

"School could have been more supportive. They tried to deal with my non-attendance by threatening on a daily basis that my mum could be taken to court. They never asked why I didn't want to go to school or what they could do to help." 21 year old, male young person

Some young people we spoke with said that they didn't reach out for help when they initially started to struggle **because they didn't feel that what they were experiencing was serious enough to warrant help**. Sometimes because they knew other people who had experienced difficulties and they compared themselves. This led to their situations getting worse and only then getting help at crisis point. Early intervention from adults in education settings – them noticing behaviour changes and initiating conversations about mental health – would have benefited them.

"There were so many signs of my Autism growing up that weren't picked up on. Spotting this earlier would have helped." 23 year old, female young person

The neurodivergent young people we spoke to also highlighted that early diagnosis of their neurodivergent conditions (e.g. autism, ADHD, dyslexia) would have prevented some of their mental health struggles.

*"If my OCD had been spotted earlier I wouldn't have gone through some things."
23 year old, female young person*

Recommendations

1. Invest in early intervention as a way of not only better supporting young people but also protecting the future mental health system. This should include providing all teachers with training about mental health (not only a select few mental health leads in each school) including seeing behaviour as communication, having conversations, signposting and trauma.
2. Create a statutory requirement that each education setting must have a defined number of mental health first aiders (similar to the requirement to have physical first aiders).
3. As mentioned under the previous key themes, build systems and support that are holistic and respond to the young person's needs as a whole. Interventions that take every aspect of the young person into account during assessments, diagnosis and support, particularly if there are multiple difficulties being experienced, will prevent young people reaching crisis point and stop young people falling through gaps in services.



These recommendations link to the key research questions:

- How can we all intervene earlier when people need support with their mental health?
- How can we improve the quality and effectiveness of treatment for mental health?

1.5e - Key Theme 5: You cannot address or improve mental health without addressing the social and economic issues that impact on young people

We shared a list of 26 issues (listed in the Appendices – 1.7c) with the young people participated in our insights sessions and asked them ‘**What are the five most important things the Government need to address in order to reduce the numbers of people who experience mental ill-health?**’ They couldn’t select only five. There are a multitude of factors that underpin and influence young people’s mental health.

The most pressing concerns for young people are:

- **The cost of living crisis and the housing market.** Young people shared worries about never being able to afford to purchase their own properties. One young person stated *“I look at houses and mortgage calculators and feel like I’ll never be able to afford even normal/average house. I might have to wait until retirement to buy a house!”*
- **All aspects of social media use** including use of social media, exposure to unrealistic body standards and high screen time.
- **Violence including sexual violence.** One young person disclosed an experience of sexual assault and how her experience of having to share that experience with a group of professionals including men was re-traumatising.
- **Involvement in the criminal justice system** including the experience of victims.

- **Discrimination including racism and homophobia and stigma towards neurodevelopmental conditions e.g. learning disabilities and autism.** As outlined earlier in this report, the young people we spoke to had experienced for a number of reasons. They expressed that there is still a lot of stigma publicly, especially about severe mental health conditions and neurodivergence. One young person stated *"People change the way they talk to me once they find out I have autism. They change how they speak even if we've already been talking. The talk to me like I'm five years old."* There is also stigma within the system about certain mental health diagnoses, particularly personality disorders. The young people did not report any personal experiences of racism or homophobia but shared that it does still exist.
- **Adverse childhood experiences.** The young people we spoke to feel that these sit as the cause of so many of the other concerns for young people including those listed here. They expressed that there needs to be more support for parents because, in their words *"if parents are great parents they can still pass their difficulties on to their children."*
- **Poor quality work** (see quote below).
- **Loneliness** (see quote below).

"[Poor quality work] is a constant worry for me in the past year or so. Lots of friends only work in low quality jobs. Even if they are paid fairly they often aren't treated well. There is pressure of not being able to find other jobs." 24 year old, non-binary young person

"The perception of a young person is that they have loads of friends and go out and party. Not everyone has loads of friends and even if you are out partying you can still feel lonely."
24 year old, non-binary young person

Recommendations

The key actions that young people want the government and other institutions to take are:

1. Recognise that the factors that lead to mental health problems in young people are the same as those that lead to mental health problems in adults. Young people are not immune to the impact of local, national and world events. They worry about their futures and this impacts on their present.
2. Tackle the issues that impact on mental health **alongside** making improvements to the mental health system. Doing both is the way to effect true change and really help people.



These recommendations link to the key research questions:

- How can we all prevent the onset of mental health conditions?
- How can we all support people with mental health conditions to live well?

1.6 Conclusion

There is no one answer to protecting and improving young people's mental health. It must involve social and systemic change. Key themes across all of the recommendations from young people are the importance of individualised care, consistent skills building in the mental health workforce and the need to tackle the social and economic issues that impact young people's mental health at the same time as making improvements to the mental health system. **Make change to the cause of problems as well as the support provided.**

An important point to note is that there was a commonality of experience across all of the young people we spoke to, regardless of the priority group they 'fit into'. A key aspect of the feedback was that there is stigma in the system and that whichever priority group young people are a part of, they experience this in some way. Whether this is demonstrated as professionals assuming their sexuality, gender or neurodivergence is a cause of mental health problems or them having bias about particular diagnoses e.g. personality disorders. **Young people don't exist solely in one single affinity group therefore it is fundamental for the government and other institutions to recognise and understand the intersectionality of young people's identities and consequently, the importance of truly individualised care and of young people's participation in their own care and in shaping services.**

The situation is complex, but this doesn't mean we shouldn't address the challenges and try to make things better for our young people.

1.7 Appendices

1.7a – Participant demographic information

Category	Participants
Age	<ul style="list-style-type: none"> • 18 to 19 year olds x 2 • 20 to 22 year olds x 2 • 23 to 24 year olds x 3
Gender	<ul style="list-style-type: none"> • Female x 3 • Non-binary x 2 • Male x 2
Sexuality	<ul style="list-style-type: none"> • Aroace (asexual and aromantic) x 1 • Asexual x 1 • Bisexual x 1 • Heterosexual x 1 • Unspecified x 3
Experience of mental health illness	The young people who participated have varied diagnoses including depression, anxiety, eating disorders, Obsessive Compulsive Disorder, Borderline Personality Disorder and Histrionic Personality Disorder.
Neurdivergence	The young people who participated have varied diagnoses including autism, ADHD and ASD.

1.7b – Response options to the question ‘What do you think are the most important issues that a new, 10-year mental health plan needs to address?’

1. Improving education about mental health e.g. in schools, colleges and universities.
2. Wellbeing and health promotion - supporting people to look after their own mental health
3. Prevention and access to early support in the community for people struggling with their mental health
4. Better access to services and support
5. Funding mental health research
6. Providing services online or digitally.
7. Having a clear set of standards so people know how long they can expect to wait for treatment – for example waiting times for NHS services
8. Improving treatment and quality of mental health services
9. Care that links mental health with physical health
10. Quality of life for those living with mental health problems
1. 11 .Support and care for people experiencing a mental health crisis
11. Mental health stigma and discrimination
12. Other kinds of stigma (e.g. racism, sexism, homophobia, transphobia)
13. Services that are sensitive to your culture and identity (e.g. gender, ethnicity, religious beliefs, sexuality)
14. Other - please specify

1.7c – Response options to the question ‘What are the five most important things the Government need to address in order to reduce the numbers of people who experience mental ill-health?’

1. Experiences of poverty
2. The welfare and benefits system
3. Homelessness
4. Debt and financial insecurity
5. Cost of living crisis
6. Socioeconomic disparities
7. Loneliness
8. Relationship breakdown
9. Social exclusion
10. Poor quality housing
11. The rental system
12. The housing market
13. Drug and alcohol misuse
14. Problem gambling
15. Discrimination, including racism and homophobia
16. Stigma towards neurodevelopmental conditions e.g. learning disabilities, autism
17. Stigma towards both common and severe and enduring mental health problems
18. Stigma and discrimination in different settings – both online and offline
19. Use of social media
20. Exposure to unrealistic body standards online
21. High screen time and social media use
22. Adverse childhood experiences including trauma
23. Violence, including sexual violence
24. Involvement in the criminal justice system (both as a victim and as an offender)
25. Unemployment
26. Poor quality work

Telephone: 020 7089 5050

YoungMinds

4th Floor
India House
45 Curlew Street
London SE1 2ND

yomenquiries@youngminds.org.uk

youngminds.org.uk