



Our generation's epidemic

Young people's awareness
and experience of mental
health information, support,
and services

JULY 2016

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A large-print version of this report is available on the SYP website, at www.syp.org.uk

Foreword

I am delighted to write the foreword to this important piece of work. The Scottish Youth Parliament (SYP) is an organisation that my office enjoys a strong working relationship with, which I know will continue to flourish into the future.

SYP represents the embodiment of Article 12 of the United Nations Convention on the Rights of the Child: “Young people have the right to express their views freely and have their opinions listened to in all matters affecting them.”

This year, Members of the Scottish Youth Parliament (MSYPs) have chosen mental health as their national campaign. I share their belief that young people in Scotland are let down by a culture and system which fails to meet their mental health needs, consequently depriving them of their rights.

This report represents the findings of one of the largest surveys undertaken in Scotland that focuses on young people’s mental health, and its recommendations should therefore be seriously considered by decision-makers. It provides a route map for a series of steps the Scottish Government, local authorities, and the NHS can take to tackle the anomalies that are failing this generation, and ensure that all young people in Scotland have access to high quality mental health information, education, support, and services.

There is cross-party political agreement for the need for improvements in mental health education and services, especially for young people. The time for rhetoric is over. Our young people have spoken, and their views have been captured in this report.

I urge every politician, civil servant, NHS manager, and other stakeholders to read this report and implement its recommendations. I suggest you speak to the MSYPs who will tell you, as they have told me, that the time for action is not tomorrow, not next year, but now.

To every MSYP, I congratulate you on your work so far, but you know that this is not a job done. You are capable of taking this report and its findings and using it to make the case for improved mental health services, education, and support in your communities, villages, cities, and towns across Scotland.

You can be the individuals who can make that happen, and I have no doubt you will succeed.



Tam Baillie
Children and Young People's
Commissioner Scotland

Executive Summary

Key findings

Our generation's epidemic found that, of the young people who took part in the research:

1. 74% do not know what mental health information, support, and services are available in their local area.
2. Young people aged between 18 and 26 years old are less likely to find information young person-friendly than those aged between 12 and 17.
3. Young people feel most comfortable talking to a GP or other medical professional, and someone they are close to, about their mental health.
4. Young people feel that there is a range of barriers to talking openly about mental health, including embarrassment, fear of being judged, and a lack of understanding about mental health.
5. One in five young people do not know where to go for advice and support for a mental health problem.
6. 27% of young people do not feel supported to talk about mental health in their school, college, university, or workplace.
7. 18% of young people who consider themselves to have experienced a mental health problem have not accessed mental health services.
8. Young people identified young person-specific mental health services as particularly positive examples of mental health services.
9. Respondents feel there are a number of issues with mental health services, including accessibility, lack of confidentiality, not being taken seriously due to age, and non-person-centred treatment.
10. Young people feel that it is important to take a human rights-based approach to mental health, and that young people should be educated about their rights when accessing mental health support.

Our recommendations

Mental health information

1. Education Scotland and further and higher education bodies should ensure that all schools, colleges, and universities provide high quality information about mental health, and direct young people to safe online resources such as *Aye Mind*. Pupils and students should be consulted about the type of information they would like to receive, and be involved in the design of information when appropriate.
2. NHS Scotland should ensure that all GP surgeries and hospitals provide age-appropriate information about local mental health support and services, with particular emphasis on young person-specific support and services.

Mental Health support

3. Every school, college, university, and youth group should implement a Mental Health Action Plan to promote mental health conversations and support. The Action Plan should include provisions such as an annual Mental Health Awareness Week, training for young people and staff in Mental Health First Aid, utilising See Me's *What's on Your Mind* resources, providing practical steps to manage stress and anxiety, and promoting local information, support and services.
4. Education Scotland should develop a Mental Health Standard for schools to increase the focus on mental health in the Curriculum for Excellence.
5. Education Scotland, in conjunction with the Scottish Government, should review the provision of counsellors in schools and seek to establish a minimum level of service provision.
6. NHS Education for Scotland should work with young people to update its training and CPD opportunities for frontline medical professionals in supporting young people's mental health. All GPs and other community-based mental health professionals should receive these opportunities.

Mental health services

7. The Scottish Government's proposed 10-year mental health strategy should include an increased focus on supporting the mental health of 16 to 26 year-olds, in recognition of this age group's specific mental health needs separate from children and older adults. The strategy should also facilitate a review of CAMHS, as called for by SAMH.
8. The Scottish Government should ensure that mental health funding is ring-fenced for young person-specific mental health services, and that this funding is shared proportionately between acute, high-intensity services, and preventative and early intervention support such as drop-in centres, peer support, and services provided by the third sector.
9. Scotland's initiative for involving young people in developing youth-friendly health services, *Walk the Talk*, should seek to develop a young person-led mental health and wellbeing forum in every local authority.

Mental health and rights

10. NHS Education for Scotland, in partnership with organisations such as the Mental Welfare Commission, should work with young people to develop a booklet and/or online resource about young people's rights when accessing mental health support. On first accessing mental health support, all young people should be presented with this resource in an accessible form.
11. All GP surgeries and mental health services should clearly display age-appropriate information about young people's rights when accessing mental health support, particularly regarding confidentiality rights and their right to an independent advocate.

Introduction

The Scottish Youth Parliament (SYP) represents all of Scotland's young people. Our vision for Scotland is of a nation that listens to and values the participation of children and young people. Our goal is to do our utmost to make this vision a reality. We see this as vital to ensuring Scotland is the best place in the world to grow up.

Every year, we run a national campaign focusing on an issue that young people care about. In October 2015, Members of the Scottish Youth Parliament (MSYPs) voted for our 2016 campaign to focus on young people's mental health. The campaign, called *Speak Your Mind*, has been developed by young people, and its key objectives are:

- To increase young people's awareness and understanding of the issues associated with mental health.
- To encourage the use of a common language in order to promote positive conversations and tackle stigma associated with young people's mental health.
- To identify young people's awareness and experience of mental health information and services for young people across Scotland.
- To advocate for high quality mental health service and information provision for all of Scotland's young people, with supporting guidance on best practice for service providers.

During the development of *Speak Your Mind*, MSYPs identified that there is currently a good deal of public discussion about the state of young people's mental health and wellbeing in Scotland, as well as the issues surrounding the provision of young people's mental health services, such as waiting times for treatment. However, it was found that young people's voices aren't always present in these discussions; there is a lack of available data about young people's views on mental health information and services. As a rights-based organisation, our principles are firmly underpinned by the United Nations Convention on the Rights of the Child (UNCRC), particularly Article 12 (respect for the views of the child).¹

As such, MSYPs identified a need to capture young people's experience and awareness of mental health services and information through youth-led research, in order to ensure that young people's voices inform decision-making and discussions about mental health in Scotland.

This report outlines the findings of this research, and sets out key recommendations to ensure that mental health services and information are the best they can be for Scotland's young people. This report does not present a complete set of solutions to the challenges surrounding young people's mental health; however, it is hoped that the recommendations contained within it, which are based on what young people have told us they need, will make a valuable contribution to the promotion and protection of young people's mental health in Scotland.

The findings are set out in four key areas: information, support, services, and rights. However, these areas are inextricably linked and should be viewed as parts of the same whole, rather than as separate issues.

Information: This section explores where young people go for information about mental health; their awareness of local mental health information and services; and their perceptions of how young person-friendly public mental health information is.

Support: This section explores how comfortable young people feel talking about mental health, and their perceptions of what barriers there are to talking about mental health; how young people are supported to talk about mental health in their everyday lives; and young people's awareness of where to go for advice and support about a mental health problem.

Services:² This section explores young people's experiences of accessing mental health services, including what aspects of mental health services work well for young people, and what could be made better.

Rights and young people's mental health: This section explores focus group participants' understanding of rights in relation to young people's mental health, and their views on taking a human rights-based approach to mental health services and support.

¹ Article 12 of the UNCRC states that 'States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.' OHCHR: <http://www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx>

² This report defines mental health services within a broad spectrum; it includes lower-intensity services like self-help websites and peer support, to specialist services like CAMHS.

Background and context

Mental health is one of the major public health challenges in Scotland. While there is limited data available on the full extent of mental health problems,³ it is estimated that one in four people are affected by mental health problems,⁴ and that around one in ten children and young people aged between 5 and 16 years old have a clinically diagnosable mental health problem.⁵ There is a significant amount of legislation and policy surrounding mental health in Scotland. This section explores the existing policy and mental health landscape to provide context for our own research.

Political landscape

Mental health is currently a priority on the political agenda. In the run up to the Scottish Parliament elections in May 2016, all political parties represented in Holyrood committed to improving mental health in their manifestos, including: investing more funding in improving children and young people's mental health services; increasing the focus on prevention and early identification of mental health problems; and achieving parity of esteem between mental health and physical health. Following the elections, the Scottish Government has appointed its first dedicated Minister for Mental Health, and at the time of writing this report announced the development of a new ten-year mental health strategy to improve mental health and services.⁶

Definitions of mental health

The term 'mental health' can be a complex one. Often, it is used to refer to mental health problems rather than being used as an umbrella term encompassing our mental state, which includes wellbeing as well as mental health problems.⁷ There have been moves in the Scottish public sector in recent years to increase recognition of the importance of mental wellbeing within the context of mental health. Scotland's 2009-11 framework for mental health improvement, *Towards a Mentally Flourishing Scotland*, describes mental wellbeing as:

"...[H]ow people feel - their emotions and life satisfaction - and how people function - their self-acceptance, positive relations with others, personal control over their environment, purpose in life and autonomy. Each person's experience differs."⁸

Towards a Mentally Flourishing Scotland aimed to improve mental health through promoting good mental wellbeing, rather than focusing solely on tackling mental health problems when they arise. The successor document to *Towards a Mentally Flourishing Scotland*, Scotland's *Mental Health Strategy 2012-2015*, built further on this approach, focusing on preventing mental health problems through promoting wellbeing, as well as improving mental health services.

This move towards addressing wellbeing within mental health is also at the heart of Scotland's approach to improving outcomes for Scotland's children and young people, *Getting it Right for Every Child (GIRFEC)*.

For the purposes of this research, SYP defines mental health according to the World Health Organisation: "Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community."⁹

³ Mental Health Foundation (2016), 'Mental Health in Scotland: Fundamental Facts': <https://www.mentalhealth.org.uk/sites/default/files/Scotland%20FF%20final.pdf>, pg.4

⁴ SAMH, 'Understanding mental health problems': <https://www.samh.org.uk/media/448400/understandingmentalhealthproblems.pdf>

⁵ Mental Health Foundation, 'Mental health statistics: children and young people': <https://www.mentalhealth.org.uk/statistics/mental-health-statistics-children-and-young-people>

⁶ Scottish Government (2016), 'Mental Health Awareness Week': <http://news.scotland.gov.uk/News/Mental-Health-Awareness-Week-24e1.aspx>

⁷ NHS (2014), 'Mental health improvement: background and policy context': <http://www.healthscotland.com/mental-health-background.aspx>

⁸ Scottish Government (2009): 'Towards a Mentally Flourishing Scotland: Policy and Action Plan, 2009-2011': <http://www.gov.scot/Resource/Doc/271822/0081031.pdf>, pg. 5

⁹ WHO (2014), 'Mental health: a state of wellbeing': http://www.who.int/features/factfiles/mental_health/en/

Young people's mental health

Studies show that the root of many mental health problems start in childhood; half of adults who are mentally ill have experienced the onset of their mental health problems by the age of 15.¹⁰ As a result, young people's mental wellbeing has become a key focus for public health, from the development of GIRFEC to the *Mental Health Strategy: 2012-2015*, which made child and adolescent mental health one of its four key change areas.

The *Mental Health Strategy: 2012-2015* focused on improving early years outcomes as part of preventing poor mental wellbeing in young people, as well as addressing the mental health needs of looked after children and young people with learning disabilities.¹¹ However, research suggests that more attention needs to be focused on young people in adolescence. A 2013 study of children and young people's mental health in Scotland showed a decline in young people's wellbeing as they got older, with life satisfaction and happiness decreasing between the ages of 11 and 15.¹² There is growing evidence that young people are increasingly struggling with issues like stress and anxiety, due in part to the pressure of school. The recent Health Behaviour in School-aged Children (HBSC) study shows that 80% of 15 year-old girls and 59% of 15 year-old boys in Scotland feel pressured by schoolwork.¹³

Mental health information

There is a range of information and resources available about mental health, particularly online; the *Mental Health Strategy 2012-2015* has committed to improving mental health through using online technology, and supporting initiatives like the NHS Inform service, which includes information on mental health and wellbeing.¹⁴

In terms of information about mental health services and support, a commitment in the *Mental Health Strategy: 2012-2015* focused on increasing local knowledge of 'social prescribing opportunities' (low-intensity treatments like peer support and self-help).¹⁵ However, the Scottish Association for Mental Health (SAMH) has found that progress has been slow in this commitment.¹⁶

Mental health support

Despite the increased focus on wellbeing in relation to mental health, there continues to be misunderstanding about mental health, which is often framed in the context of mental ill-health rather than overall wellbeing. Although significant work is being done to tackle the stigma surrounding mental health, notably from See Me, Scotland's national programme to end stigma and discrimination, people with mental health problems continue to face discrimination and misunderstanding. The Scottish Social Attitudes Survey 2013 revealed that over one-third (37%) of people with mental health problems said they had experienced some negative social impact as a result of others' attitudes towards their problem.¹⁷ See Me has highlighted that the continuing stigma and lack of conversations about mental health are significant barriers to young people coming forward with concerns about their own mental health and accessing support.¹⁸ *Our generation's epidemic* builds on existing knowledge about young people's experiences of mental health stigma, exploring who young people feel comfortable talking to about mental health, and how young people are supported to talk about mental health in their everyday lives in school, college, university, and the workplace.

¹⁰ SAMH (2016), 'Ask Once Get Help fast: SAMH Manifesto for the Scottish Parliament Election 2016': https://www.samh.org.uk/media/462301/samh_ask_once_get_help_fast_manifesto_for_the_2016_scottish_parliament_election.pdf, pg. 16

¹¹ Scottish Government (2012), 'Mental Health Strategy for Scotland: 2012-2015': <http://www.gov.scot/Resource/0039/00398762.pdf>

¹² NHS Health Scotland (2013), 'Scotland's mental health: Children and young people 2013': <http://www.scotpho.org.uk/downloads/scotphoreports/scotpho131219-mhcyp2013-fullreportv2.pdf>, pg. 6

¹³ WHO (2016), 'Growing up unequal: gender and socioeconomic differences in young people's health and well-being': http://www.euro.who.int/__data/assets/pdf_file/0003/303438/HSBC-No7-Growing-up-unequal-full-report.pdf?ua=1, pg. 61

¹⁴ Scottish Government (2012), 'Mental Health Strategy for Scotland: 2012-2015': <http://www.gov.scot/Resource/0039/00398762.pdf>, pg. 18

¹⁵ Ibid., pg. 31

¹⁶ SAMH (2016), 'Ask Once Get Help fast: SAMH Manifesto for the Scottish Parliament Election 2016': https://www.samh.org.uk/media/462301/samh_ask_once_get_help_fast_manifesto_for_the_2016_scottish_parliament_election.pdf, pg. 9

¹⁷ ScotCen (2013), 'Attitudes to mental health in Scotland: Scottish Social Attitudes Survey 2013': <http://natcen.ac.uk/media/563040/ssa-mental-health-exec-summary.pdf>, pg. 1

¹⁸ See Me, 'Mental health stigma and discrimination and young people': <https://www.seemescotland.org/young-people/>

¹⁹ Scottish Children's Services Coalition, 'Campaigning for high-quality and well-resourced mental health services': <http://www.thescsc.org.uk/campaigns/child-and-adolescent-mental-health-services-camhs/>

Mental health services

The number of young people seeking access to mental health services is steadily growing in Scotland, with a rise in those requiring treatment from Child and Adolescent Mental Health Services (CAMHS).¹⁹ The number of students looking for help for mental health problems in Scottish universities has also risen by 50% since 2011.²⁰

While this increase in demand may in part be due to higher public awareness of mental health problems and how to access support, this has had implications for service capacity, with longer waiting times for CAMHS and psychological therapies. The *Mental Health Strategy: 2012-2015* made reducing waiting times for CAMHS one of its thirty-six commitments, seeking to ensure health boards in Scotland met the target of 18 weeks from referral to treatment by December 2014 for 90% of patients. However, recent statistics show that a number of health boards are not meeting the 18 week target.²¹ In January 2016, the Scottish Government announced an extra £54 million in funding for mental health service improvement, part of which is to be used to reduce waiting times for CAMHS.²²

The *Mental Health Strategy: 2012-2015* also made a commitment to reduce admissions of under-18s to adult mental health wards. In 2013, the number of CAMHS beds met around half of the demand for young people's admission to inpatient services,²³ with other young people being admitted to mental health wards catering for adults. Due to the geographical location of CAMHS beds, young people have often had to travel long distances from their homes and family to access inpatient services.²⁴

Additionally, variations in CAMHS eligibility criteria across the country still exist,²⁵ despite the duty on health boards to provide sufficient services and accommodation for young people until their 18th birthday.²⁶

Mental health and rights

There is a positive commitment to taking a human rights-based approach to mental health in Scotland, with a range of legislation and policy in place to promote human rights and reduce inequalities in access to mental health care. The Mental Health (Care and Treatment) (Scotland) Act 2003 has been applauded for its respect for human rights,²⁷ while the *Mental Health Strategy: 2012-2015* includes a commitment to increase the focus on rights as a key component of mental health care in Scotland.

However, despite advances in policy surrounding rights in relation to mental health, studies suggest that implementation of human rights remains an issue. A 2013 study by the Mental Health Foundation found that a minority of mental health service users were aware of their human rights.²⁸ Despite independent advocacy being enshrined as a right in law for those with mental health problems, children's organisations report that in 10 of Scotland's 32 local authority areas, there is no independent advocacy provision for children with mental health problems.²⁹

It is clear that there is a strong commitment in Scotland to improve the mental health of children and young people. However, despite existing research into the state of young people's mental health and their perceptions and experiences of stigma and discrimination, there is little information about young people's views of information, support, and services. This report aims to build on existing research and ensure that young people's views are included in conversations about improving mental health information, support, and services.

²⁰ BBC (2016), 'Rise in students at Scots institutions seeking mental health help': <http://www.bbc.co.uk/news/uk-scotland-36304078>

²¹ ISD (2016), 'Child and Adolescent Mental Health Service Waiting Times in NHS Scotland: Quarter ending 31 December 2015': <https://www.isdscotland.org/Health-Topics/Waiting-Times/Publications/2016-02-23/2016-02-23-CAMHS-Report.pdf>

²² Scottish Government (2016), 'Mental health funding': <http://news.scotland.gov.uk/News/Mental-health-funding-2139.aspx>

²³ Mental Health Foundation (2016), 'A Review of Mental Health Services in Scotland: Perspectives and Experiences of Service Users, carers and Professionals: report for commitment 1 of the Mental Health Strategy for Scotland: 2012-2015': <https://www.mentalhealth.org.uk/sites/default/files/Commitment%20One%20Report%2C%20January%202016.pdf>, pg. 74

²⁴ Ibid., pg. 75.

²⁵ Mental Welfare Commission for Scotland (2015), 'Young person monitoring 2014/15': http://www.mwscot.org.uk/media/240702/yp_monitoring_report_2014-15.pdf, pg. 7

²⁶ UK Government (2003), 'Mental Health (Care and Treatment) (Scotland) Act 2003': <http://www.legislation.gov.uk/asp/2003/13/contents>

²⁷ Mental Health Foundation (2016), 'A Review of Mental Health Services in Scotland: Perspectives and Experiences of Service Users, carers and Professionals: report for commitment 1 of the Mental Health Strategy for Scotland: 2012-2015': <https://www.mentalhealth.org.uk/sites/default/files/Commitment%20One%20Report%2C%20January%202016.pdf>, pg. 18

²⁸ Ibid., pg. 24.

²⁹ Together (2014), 'State of Children's Rights in Scotland': <http://www.togetherscotland.org.uk/pdfs/SOCRRTTogetherReport2014.pdf>, pg. 64.

Our approach

The research for *Our generation's epidemic* was conducted between 23 February 2016 and 18 April 2016. The research consisted of a paper and online survey. In addition, six focus groups were carried out.

The survey was administered through Survey Monkey, and included a mix of quantitative and qualitative questions. The questions were developed in collaboration with mental health organisations, children and young people's organisations, and the democratically elected Members of the Scottish Youth Parliament (MSYPs).

Our approach was centred on developing a research process that would produce robust findings, but also ensure that the voices and experiences of young people remained at the heart of the research. Therefore, the process was designed to be peer-led and young person-friendly, ensuring that as many young people could participate as possible. Survey questions were developed with the aim of enabling both those with and those without experience of mental health problems to respond.

The responsibility for collecting responses lay with MSYPs, who were encouraged to promote the link to the survey via their social media channels, and engage young people in their communities with paper copies of the survey. To ensure that MSYPs were equipped with the knowledge and skills necessary to consult effectively with young people, they received training in advocacy, research, and mental health prior to the research period. SYP also engaged with other organisations who work with children and young people to disseminate the survey.

Six focus group sessions were conducted as semi-structured discussions, and focused on participants' understanding of mental health; barriers to talking about mental health; participants' experience of mental health information and services; participants' understanding of rights in relation to mental health; and their priorities for young people's mental health services and information. A total of 30 young people participated in the focus groups.

In total, 1453 young people aged 12 to 26 responded to the survey. Although answering each question was optional, and respondents were not compelled to complete the whole survey, every question was

completed by a substantial number of respondents. While the questions were the same for all young people, the research was analysed by separating those who considered themselves to have experienced a mental health problem, those who did not consider themselves to have experienced a mental health problem, those who weren't sure, and those who preferred not to say. Where there are no significant differences in views, the findings are presented together.

Qualitative data was analysed by grouping responses into themes based on those identified in respondents' comments, to ensure that the experiences of young people remained at the heart of the research process.

For quantitative data, percentages are based on the total number of survey responses, unless otherwise specified.

The graphics software we have used requires all data for each question to add up to 100%. As a result, for some questions, the answer with the highest percentage has been slightly adjusted. The adjustments made create a maximum of 1% difference to the answer with the highest percentage for each question.

Research parameters

This research aimed to gather young people's views on a wide range of issues relating to mental health services and information. In order to ensure that all of these issues were covered within the relatively limited constraints of a survey, not all questions allowed for capturing detailed responses.

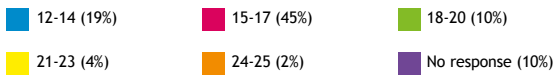
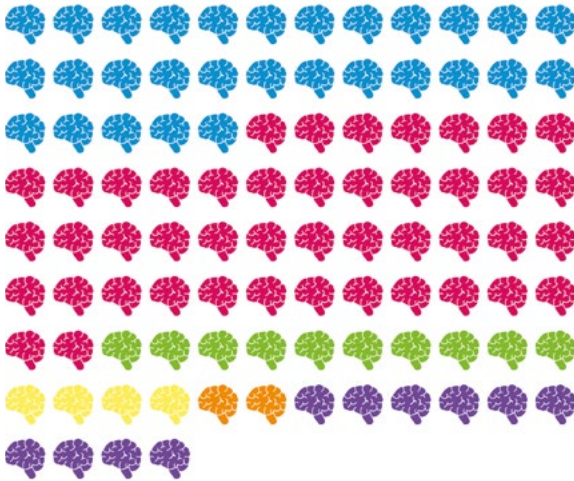
Due to time restrictions, focus groups were conducted simultaneously alongside gathering survey responses. This meant that any significant findings from the survey were not explored further with focus groups.

Given the demographics of respondents, this research cannot claim to be fully representative of Scotland's young people, particularly in terms of age (the majority of respondents were aged 12 to 17, with a relatively small number of respondents from the 18 to 26 age group). However, this research brings to light some important issues pertinent to young people as a whole, and also pinpoints issues for specific groups of young people that merit further exploration and research.

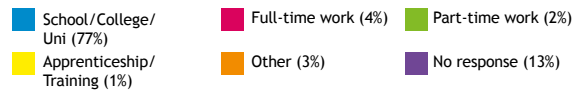
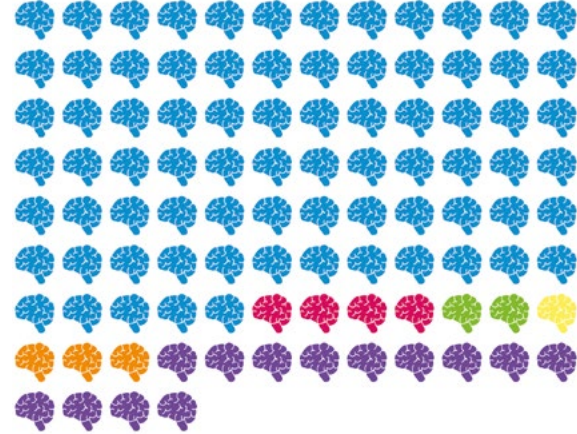
Respondents: a profile

Survey Respondents

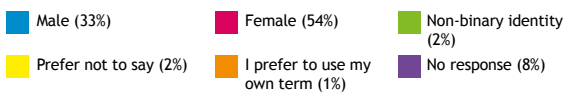
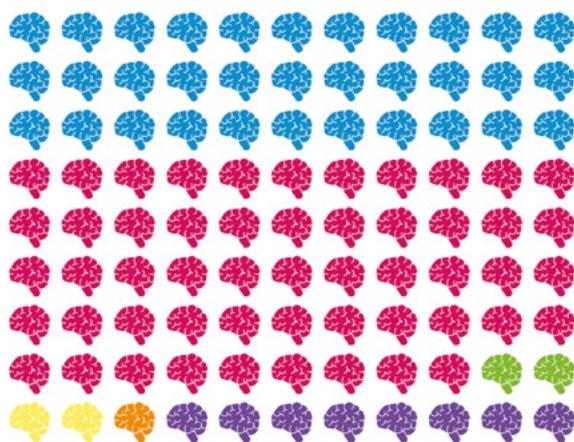
Respondents by age



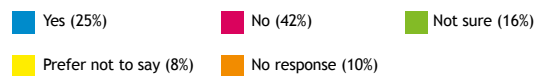
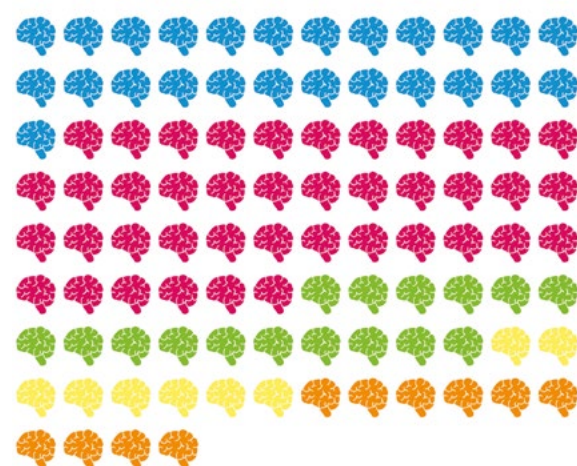
Respondents by training, education and/or work



Respondents by gender



Responses to the question: "Do you now/have you ever considered yourself to have a mental health problem?"

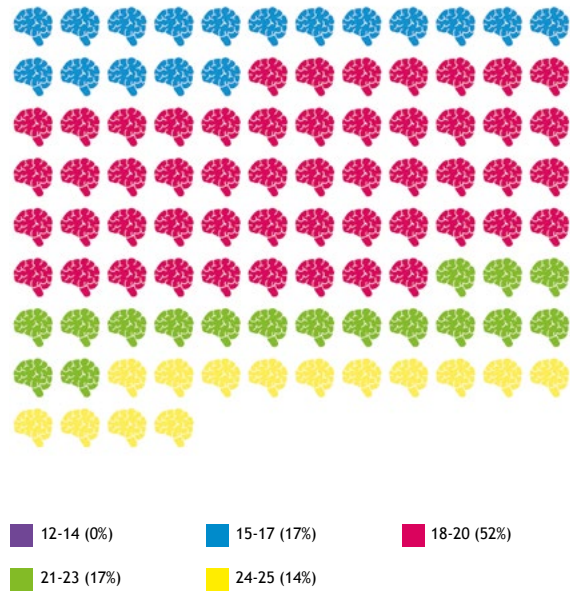


We gathered young people's responses from all 32 local authorities.

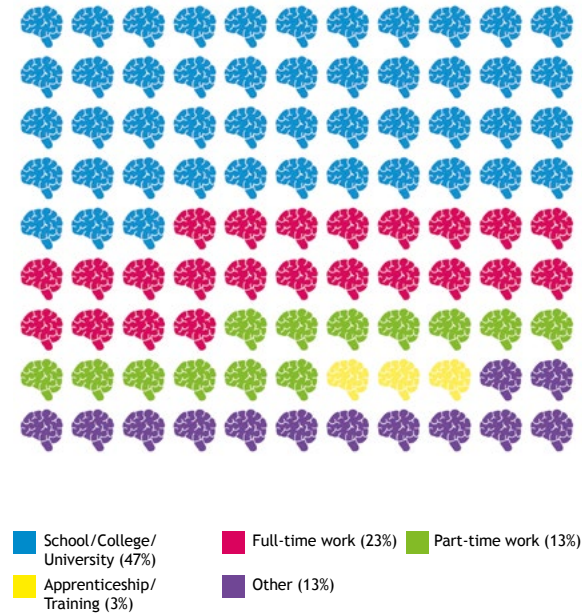
One in four respondents considered themselves to have experienced a mental health problem.

Focus Group Participants

Respondents by age



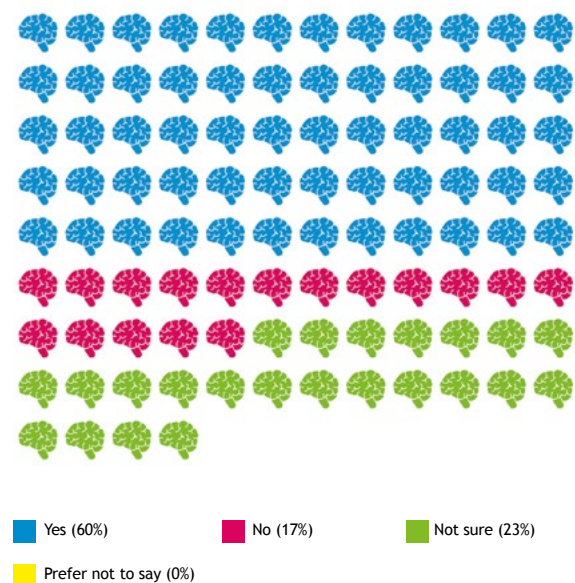
Respondents by training, education and/or work



Respondents by gender



Responses to the question: "Do you now/have you ever considered yourself to have a mental health problem?"





Research findings

1. Mental health information

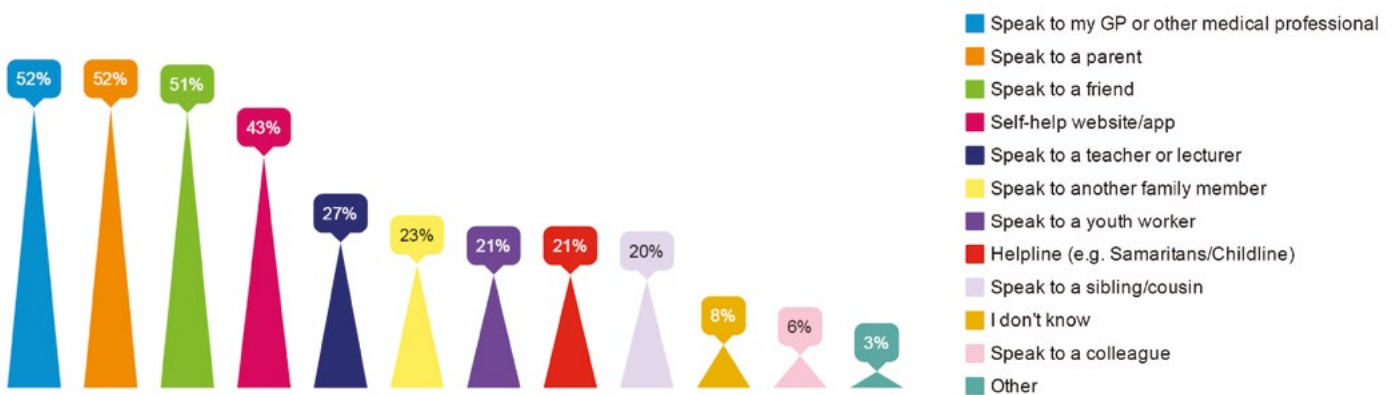
This section explores where young people go for information about mental health; their awareness of local mental health information and services; and their perceptions of how young person-friendly public mental health information is.

1.1 Young people’s awareness of mental health information

1.1.1 Where do young people go for information about mental health?

Respondents were asked where they would go for information about mental health. Overall, more respondents said they would seek information face-to-face with a person than access information via a website or app, with ‘Speaking to a GP/medical professional’, ‘Speaking to a parent’, and ‘Speaking to a friend’ figuring the highest respectively. A notable exception to this was respondents who were in a modern apprenticeship or training. Of this group, 74% of respondents said they would use a website or app, with only 16% saying they would go to a parent for information.³⁰

Figure 1: Responses to the question “Where would you go for information about mental health?”



³⁰ Given the small number of respondents in an apprenticeship or training, this cannot be seen as representative of this group of young people. However, the sizable difference in response to this question from this group of respondents compared to other respondents merits highlighting for further exploration.

Of those who commented on this question, 35% said they would also use a general online search engine or social media to find information about mental health. However, as some respondents pointed out, seeking online information can be a frightening experience for young people who are concerned they might have a mental health problem:

“There is very little reassurance when it comes to online material.”

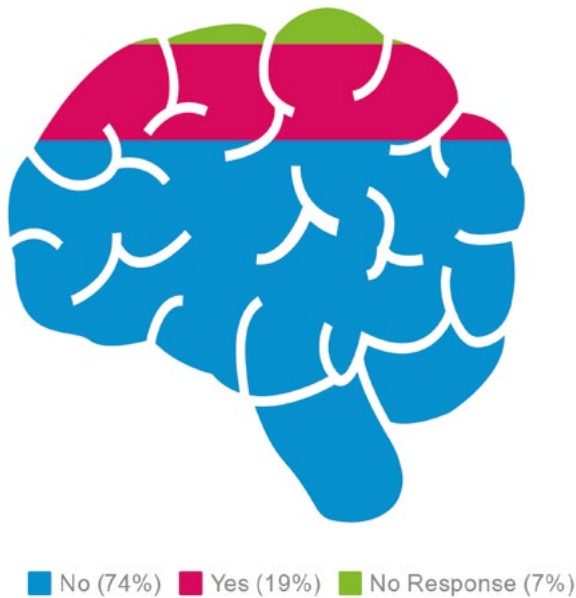
“The internet is a very scary place. It over-exaggerates and the scaremongering is extreme. It’s a great place to get resources, but should never be used to figure out what you’re feeling. I was feeling sad at the start of the year. I googled how I was feeling, and by the end I was convinced I had paranoid schizophrenia. It was terrifying.”

1.1.2 Young people’s knowledge of local information and services

Respondents were asked if they knew what mental health self-help guidance, information, and services are available in their local area. The majority of respondents said that they didn’t know. While a slightly higher percentage of young people who considered themselves to have experienced a mental health problem knew about local guidance, information, and services than those who didn’t consider themselves to have experienced a mental health problem, a significant majority of those with experience of mental health problems - 70% - didn’t know about available local information and services.

Research findings

Figure 2: Responses to the question “Do you know what mental health self-help guidance, information and services are available in your area?”



70%

of respondents who considered themselves to have experienced a mental health problem did not know what mental self-help guidance, information, and services were available in their area.

Comments from respondents suggest that the low level of knowledge about what is available locally is in part due to a lack of visibility of information about services:

“I know of these services, however I don’t know where to find them.”

“I don’t feel like many people know about where to find info about mental health.”

Respondents were asked if they had any suggestions to make mental health information and services better for young people; several of those who responded said that more needed to be done to raise awareness of information and services. Respondents asserted that information about mental health, support, and services should be more widely advertised, including through TV, advertisements, videos and social media, as well as being better displayed in public spaces like schools and workplaces:

“Young people have to seek out information rather than have it available to them before a crisis happens.”

“There needs to be more information provided regularly.”

Local information and services: young people’s views

“Have a list of what services are available in every area so young people know where they can go to for help or information.”

“Make it clear where help services can be found.”

“Councils should push for local services to be better displayed.”

1.2 Young people’s experience of mental health information

1.2.1 Is public mental health information young person-friendly?

Respondents were asked if they found public information about mental health to be young person-friendly. The responses varied according to the age of respondents. Respondents who were 12 to 17 years old were more likely to find information young person-friendly than 18 to 26 year-olds.

Figure 3: Responses to the question “In my experience, public information (e.g. websites, leaflets, medical advice, etc.) about mental health is young person-friendly.”



- Strongly Agree (7%)
- Agree (38%)
- Neither Agree nor Disagree (37%)
- Disagree (12%)
- Strongly Disagree (5%)
- No Response (0%)

Given the relatively small number of 18 to 26 year-old respondents compared to 12 to 17 year-olds, caution should be used when drawing a definite conclusion from this finding. However, it does highlight that no single form of information works for every young person; a range of information is needed, tailored to different age groups. For instance, when discussing information about mental health, one 17-year-old focus group participant said:

“I don’t respond to things like cartoons. I respond to real life scenarios.”

This emphasis on realism and personal stories in mental health information was also echoed by some survey respondents:

“Don’t make them cheesy. Make them realistic.”

“It’s more powerful to hear personal experiences rather than more general descriptions of mental health.”

Other respondents asserted that information should be made easier to understand for young people:

“In leaflets they should make the language simpler to understand for young people.”

“Make leaflets more directed to children.”

“Less resources full of jargon.”

29%

of 18 to 26 year-old respondents did not find public information about mental health young person-friendly, compared to 15% of 12 to 17 year-olds.

2. Mental health support

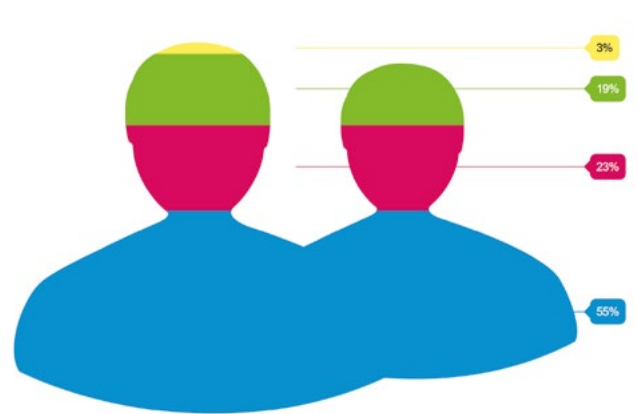
This section explores how comfortable young people feel talking about mental health, and their perceptions of what barriers there are to talking about mental health; how young people are supported to talk about mental health in their everyday lives; and young people’s awareness of where to go for advice and support about a mental health problem.

2.1 Conversations about mental health

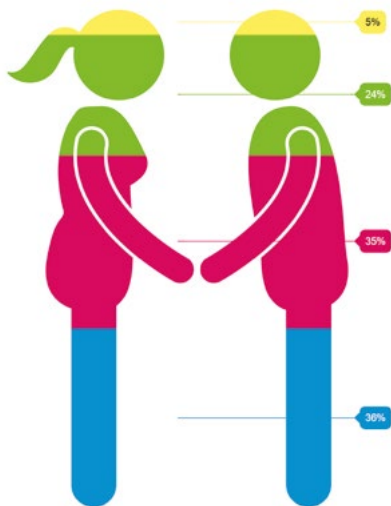
Figure 4: Responses to the question “Would you feel comfortable talking to the following people about your own mental health?”



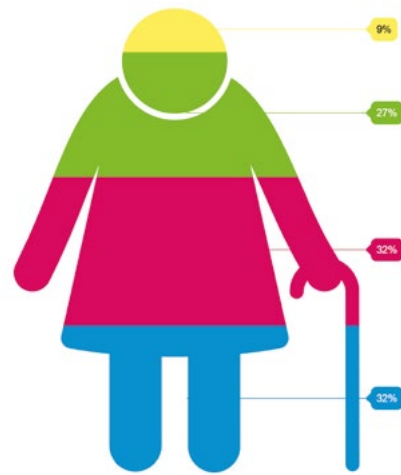
A friend



A parent



A sibling/cousin



Another family member

■ Yes
 ■ No
 ■ Not Sure
 ■ No Response

Research findings



A partner



A colleague



A teacher



A youth worker



A lecturer



A GP or other medical professional

A helpline (e.g. Samaritans/Childline)

■ Yes
 ■ No
 ■ Not Sure
 ■ No Response

Research findings

2.1.1 Who do young people feel comfortable talking to about their own mental health?

Respondents were asked if they would feel comfortable talking to a range of people about their own mental health. While this question was framed in terms of mental health generally, comments for these questions suggest that some respondents interpreted the question to be solely about mental health problems. This highlights the issue of how mental health is discussed by young people. For some, it seems that mental health is only talked about negatively:

“In my experience mental health problems are only shared, reluctantly, after a major issue has arisen. There are less conversations about general mental wellbeing.”

As with seeking information about mental health, respondents tended to feel most comfortable talking to a medical professional or to people who they are close to, like a friend, parent, or partner. There were some slight variations as to who this person would be according to different age groups - 18 to 26 year-olds felt more comfortable talking to a partner or a friend than a parent, while 12 to 17 year-olds felt most comfortable talking to a parent.

At the same time, some respondents pointed out that talking to someone close to them can be more difficult:

“My parents are very supportive, but we have a lot going on in our family right now and I don't want to bother them with even more things for them to stress about.”

“It is easier to speak to someone who is not in your family or friends, such as a medical professional.”

All age groups felt less comfortable talking to people who weren't close to them but who nonetheless figure in their everyday lives, such as teachers, youth workers, and colleagues. Respondents' comments suggest that this may be due to a lack of confidence in how they would be supported:

“I don't feel workplaces are equipped to deal with mental health as they just dismiss it in my experience.”

“In my experience teachers/lecturers are not sufficiently trained to help me cope with my mental health.”

This was reflected in focus group discussions, particularly in relation to talking to teachers about mental health:

“With mental health, teachers understand they don't know enough, so they don't feel they can support you, so they won't talk about it.”

However, participants also felt that this depended on the teacher in question:

“Guidance teachers are good.”

“There are always some teachers you feel you can talk to.”

2.1.2 Who do young people feel comfortable talking to about someone else's mental health?

Respondents were also asked if they would feel comfortable talking to the same range of people about someone else's mental health. Again, comments for this question suggest that some respondents tended to interpret the question to be solely about mental health problems.

A similar trend to talking about their own mental health appeared, with respondents feeling most comfortable speaking to someone close to them or a medical professional, and less comfortable talking to teachers, lecturers and colleagues.

Some respondents asserted that they were more comfortable talking about someone else's mental health than their own:

“It always seems easier to seek help for someone else.”

“I think when you aren't talking about your own mental health you aren't as bothered because you are speaking about someone else, and so anything the person [you are confiding in] says is not directed at you.”

Research findings

However, other respondents found that talking about someone else's mental health can be more difficult than talking about their own, especially when it comes to accessing support:

“In the past I tried to get help for a family member. Was told only the person who needed help could ask for it.”

“I was once really worried about a friend of mine, and was desperate for advice because I was scared she was feeling suicidal and didn't know what to do. It was a Saturday, so I couldn't phone the GP, and I looked online for a helpline to get some advice. The only helpline that was open was the Samaritans, but the woman I spoke to was useless - I just wanted advice on what to do to help my friend, and she kept asking me how I was feeling. It just made the whole situation more stressful.”

2.1.3 Barriers to talking about mental health

Respondents were asked what would stop them from speaking to someone about their own or someone else's mental health. This was an open question which was answered by 78% of total respondents.

Comments strongly suggest that respondents feel there continues to be significant stigma and a lack of understanding attached to mental health in society, which causes significant barriers to having conversations about it. This was also reflected in focus group discussions; while it was noted that there has been progress in mental health awareness in recent years, focus group participants felt that mental health as a whole still tends to be framed negatively:

“It's my pet peeve when people say mental health when they mean mental health problems. Everyone has mental health. Like, when I was on work experience someone said their mum had mental health, and everyone was really sympathetic, but I got frustrated because everyone has mental health.”

“There's a lot of negative terminology when we talk about mental health - conditions, issues, problems.”

In addition, while the majority of respondents were relatively self-aware of their own and/or others' lack of understanding about mental health, a number of respondents also reproduced stigmatising attitudes to mental health, for instance that people who suffer mental health problems are 'dangerous', or dismissing possible mental health problems as 'attention-seeking'.

There was strong consensus among both focus group participants and survey respondents that mental health is rarely talked about in everyday conversation, which discourages young people from speaking about their own mental health as a result. At the same time, despite the feeling that mental health is not widely talked about, this research found that many young people feel that mental health problems are prevalent in society. As one focus group participant asserted:

“Mental health problems are our generation's epidemic.”

Other SYP research has shown that young people feel that everyone has experience of mental ill-health, either through experiencing it themselves or knowing someone who has.³¹ This reveals a clear tension between young people's awareness of mental health problems and the lack of conversations about mental health.

Respondents identified a number of barriers to talking about mental health. These were:

- Embarrassment
- Fear of being judged
- Not being taken seriously
- Fear of being a 'burden' to others
- Mental health stigma
- Fear of having confidentiality and privacy compromised
- Fear of possible negative consequences
- Lack of trust in other people
- Lack of understanding about mental health (both other people's and respondents' own understanding)
- Not knowing who to talk to
- Not knowing how to talk about mental health
- Lack of confidence/shyness
- Shame

³¹ Scottish Youth Parliament, 'Developing Scotland's next mental health strategy: young people's views' (2016): https://d3n8a8pro7vhmx.cloudfront.net/scottishyouthparliament/pages/449/attachments/original/1461763333/Final_report_-_mental_health_discussion_day.pdf?1461763333

Research findings

Stigma

Several respondents identified the issue of stigma surrounding mental health as a barrier to talking about their mental health. Comments included concerns about being treated or viewed differently if experiencing mental health problems, or being labelled due to mental health stereotypes:

- “People making assumptions about you as a person for having mental health difficulties and believing common misconceptions about mental health.”
- “Despite progress there is still stigma surrounding mental health issues.”
- “I have a fear of people viewing it as a sole component of my person.”

Case study

Mental health stigma and gender

- “You get treated differently depending on gender; with guys, mental health problems are associated with ‘weakness’ or not being ‘as much of a man’. If you’re a girl, you are told, ‘You feel like that because of hormones’, or get asked if you’re on your period.”

Not being taken seriously

Some respondents expressed a fear that telling people about concerns regarding their own or someone else’s mental health would result in not being taken seriously. Comments included a fear of not being believed, being laughed at, or being accused of ‘attention-seeking’:

- “I wouldn’t tell any of my friends because they’ll laugh.”
- “Mental health isn’t taken seriously in society so that would stop me speaking.”
- “People would just normally say it’s all in your head and you’re only doing it for attention.”

Some respondents asserted that their age played a factor in concerns about their mental health not being taken seriously, including when talking to medical professionals:

- “There’s a specific stigma against children and young people, it’s seen as attention-seeking, or fear of the doctor thinking you are just attention-seeking. The doctor might just say it’s just part of growing up.”
- “In my own experience, therapists do not take young people as seriously as they do with adults when it comes to mental health.”
- “Getting told the phrase, ‘You’re too young to be depressed, you don’t know anything about life yet.’”

Confidentiality

Some respondents identified a threat to confidentiality and privacy as a barrier to talking about their or someone else’s mental health, particularly expressing a fear about how others would use information about them:

- “You never know what a person could do with that information; they could tell your whole year [at school] or something.”
- “I would be scared that what I consider as confidential, they might not be as careful with.”

Several comments about confidentiality focused on a sense of responsibility to respect someone’s privacy; respondents emphasised that they would not talk about someone else’s mental health unless the person gave them permission to, or unless they judged the situation as serious:

- “I would make sure that the person is okay for me to talk about it with other people.”
- “If concerned, I would speak out. Otherwise I’d respect privacy.”
- “I would only talk to someone about another person’s mental health if they felt comfortable with me sharing it.”

Research findings

Lack of understanding about mental health

A number of respondents identified a lack of understanding or awareness on someone else's part, rather than judgement or stigma, as stopping them from talking about their mental health. There was a sense from some comments that respondents felt other people wouldn't know what to do to help:

“Sometimes other people are not so educated on the illness so it can be scary to share it with someone who could potentially be ignorant about it.”

“You don't know how people would react. Some people say 'I'm fine with people with mental health problems', but what they mean is, 'I'm fine until it shows', or if they have a 'mainstream' problem like depression or anxiety, but they can't cope with non-mainstream problems like psychosis.”

Other respondents identified that their own lack of understanding of what they were going through would be a barrier to talking to someone. Some of these comments focused on being unable to recognise how 'serious' their mental health situation was:

“I have had mental health issues and I haven't spoken to people purely because I felt like I was abnormal or because it was 'just me' being anxious or feeling 'blue'. I only started to speak to someone about it when a friend mentioned that I 'wasn't myself.'”

“I think the thing about this topic is the fear of there actually being nothing wrong. I wouldn't want to worry anyone or waste their time just because I feel down. I would rather try and come to terms with it myself and express myself in other ways than putting the weight on someone's shoulders. Everyone gets sad at some point so I'd rather wait and see if time makes it better.”

Some respondents also identified that their own lack of understanding or confidence talking about mental health problems prevented them from talking about someone else's mental health, even if this was to try and get support for that person. Some expressed concern that due to the lack of conversations about mental health generally, they wouldn't know how to help and could potentially make the situation worse:

“It's not something that is commonly talked about; I don't really know about it or how to help anyone suffering from mental health problems.”

Supporting someone else with mental health problems: young people's views

“You don't know what to say or how to help someone with mental health problems; young people have never been educated on how to react or help people. I think they'd feel more confident to help someone if they'd had that.”

“Resources to support friends aren't widely available but would be helpful.”

“I'd like to see more advice on how to cope when someone you know is going through it.”

“I have experienced a friend suffering with mental health issues and I feel as if we need to talk about it more openly as a group. Even if people aren't suffering themselves with these problems we need to be well enough informed to be able to help those who are struggling, without the fear of making a situation worse.”

“There should be an awareness-raising campaign around how to support someone else with mental health problems. People are isolated because their friends/family don't know what to say or do.”

Fear of consequences

Some respondents also expressed a fear of the consequences of talking about a mental health problem. A number of comments focused on the impact talking about a mental health problem could have on their future:

“In case it got taken further and went on my medical certificate, preventing me from future and potential jobs.”

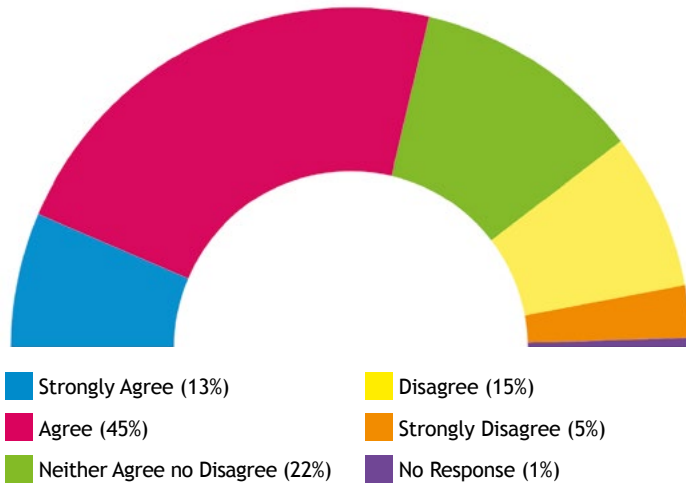
A few respondents also expressed a fear of discovering that they had a mental health problem if they expressed any concerns:

“I would not like to have to face up to the illness and have to fix it because I would be scared.”

2.2 Accessing support

2.2.1 Do young people know where to go for advice and support for a mental health problem?

Figure 5: Responses to the statement “If I or someone I know had a mental health problem I wanted to talk about, I would know where to go for advice and/or support.”



Respondents were asked if they knew where to go for advice and support if they or someone they knew had a mental health problem. While a majority of those who responded agreed that they would know where to go for advice and support, a substantial percentage of 15% disagreed, and a further 5% strongly disagreed. Worryingly, 21% of respondents who considered themselves to have experience of a mental health problem said that they wouldn't know where to go for advice or support for a mental health problem, suggesting that a number of young people are not accessing the information and support they need.

A further 22% of young people neither agreed or disagreed with this statement. While there could be several reasons for this response, it is worth considering whether this ambiguity is indicative of a general lack of understanding of one's own mental health, as discussed in Section 2.1.3:

“Lots of people think of mental health as a vague thing, they don't look at the specific detail because they don't think about what it means to them, so it takes them longer to come to terms or process it if they do need to think about it. They don't already have a 'go-to' response, which can give them very confused ideas or a limited understanding of how they're feeling. It's such a complicated concept.”

“[Mental health] is hard to explain because it's vague. Lots of people don't think about what it means to them.”

1 in 5

respondents did not know where to go for advice or support for a mental health problem.

Increasing awareness of where to access support: young people's views

1. Information about mental health should include details of where to find support:

“Young people need to be made aware of what they can do to help themselves or get help when they feel depressed or anxious.”

“Make it clear where help services can be found - eg; GP, helplines etc.”

2. Make drop-in support services more visible and available for young people:

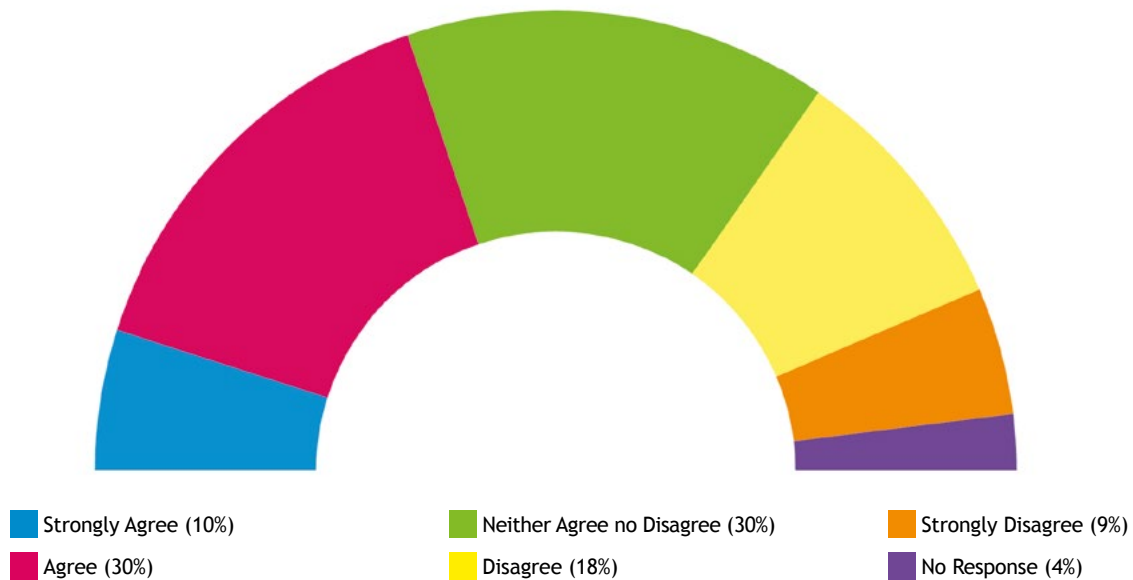
“It would be good if all local authorities had organisations like Crew 2000, with a drop-in centre for health, particularly mental health. They should be in city centres and town centres, with big bright window displays that change regularly to have different themes and information. They need to be visible, but not obvious why young people are going in if they're seen.”

“In Dundee, they have The Corner, which is based next to the main youth centre, so lots of young people will see it even if they're not using it.”

2.2.2 Supporting young people to talk about mental health

Respondents were asked about the places they regularly attend, like school, college, university, and work, and if these places provide supportive environments to talk about mental health.

Figure 6: Responses to the statement “My school/college/university/workplace provides a supportive environment to talk about mental health.”



27%

of respondents thought that their school, college, university, or workplace did not provide a supportive environment to talk about mental health.

Of these:

42%

of respondents who considered themselves to have experienced a mental health problem felt that their school, college, university, or workplace did not provide a supportive environment to talk about mental health, compared to **22%** of respondents who did not consider themselves to have experienced a mental health problem.

39%

of respondents in part-time work did not feel that they were supported to talk about mental health.

47%

of respondents in modern apprenticeships or training did not feel they were supported to talk about mental health.

Research findings

Respondents were asked about the provisions their school, college, university and/or workplace had in place to foster a supportive environment. Of the respondents, 16% said that none of the provisions listed were available in their school, college, university, or workplace.

Figure 7: Responses to the question: “What provision does your school/college/university/workplace make to provide a supportive environment?”



The majority of comments for this question focused on provisions in school. The lack of comments about college, university, apprenticeship/training and the workplace makes it difficult to expand on how young people feel supported in these environments. While the National Union of Students Scotland has done extensive research into how young people are supported in their mental health in higher and further education,³² more research is needed into the experiences of young people in apprenticeship, training, and/or work, given the relatively high percentages of respondents in these groups who did not feel supported to talk about mental health.

Case study

Mental health support in the workplace

“I suffer from intermittent anxiety attacks. Generally they occur more often during times of high stress. I withdrew from University after failing to pass exams. I was under a great deal of financial and personal strain at this time and the anxiety attacks became more prominent. Even after I found a regular job the attacks continued, generally in the morning after waking up, confining me to my bed as I felt it was unsafe to leave. Soon it began to impact on my professional life. I was often late because of them or even missed an entire shift when the attacks were more severe. I explained my condition to my employer and although at first they were tolerant they became more and more unconvinced as time went on. I knew after a while that they had stopped believing me. Eventually I was let go from the work and made to feel like an unreliable employee by my line manager. It was an incredibly difficult time and losing this work and financial security impacted on my health even further.”

School

The comments reveal both positive and negative experiences, highlighting the patchy nature of mental health support in schools.

One of the main issues highlighted in comments is that mental health is not a priority in schools:

- “It’s felt to be more important for you to get qualifications than be healthy and happy at school.”
- “It’s all about how to pass exams.”
- “Teaching pupils about mental health is way down the list of priorities.”
- “We’ve had no information through PSE about mental health.”

³² For more information, visit: <http://www.thinkpositive.scot/>

Research findings

Some respondents felt that the lack of focus on mental health in schools is due to stretched resources:

- “Teachers are really stretched too thin, and there aren’t enough resources.”
- “25 students in one class is way too many for a class to be able to give one-to-one support. It should be like 10 or 15.”

This lack of resources is also reflected in comments about accessing support provisions like counselling:

- “You have to be put on a list and wait months to see the school psychologist - not good.”
- “My school counsellor has a waiting list of 170 people.”
- “Counselling sessions are... infrequent.”
- “They say they can help but [there] doesn’t appear to be many resources.”

Some respondents felt that mental health support services in school were not advertised enough. This was reflected in focus group discussions; the majority of focus group participants asserted that there is a lack of signposting about services and support in schools:

- “I am aware there is a health spot but it is not promoted.”
- “There is nothing that we are really made aware of.”

However, other respondents related positive experiences of being supported to talk about mental health in school. Some commented that while there are no specific provisions in place, the attitudes of the staff create a supportive environment to talk about mental health:

- “If you ask a teacher for information or help, they will give it.”
- “[We have] reliable and understanding teachers.”

- “The teachers are just friendly.”
- “I always have someone who will listen to me.”
- “Supportive teachers who will listen to you and take positive steps with you.”
- “They make time to sit and listen and they do not interrupt until you have ended and they make it as friendly as possible so it is not formal and is in a private area.”

Others mentioned various provisions in place in their school that create a supportive environment to talk about mental health, such as mental health training for teaching staff, wellbeing support resources, peer support groups, and pupil support teachers.

Other supportive environments

Respondents were asked if they regularly visited any other places where they felt supported to talk about mental health. Respondents identified a range of places, the majority of which involved meeting with other young people in an informal setting. These included:

- Youth groups or clubs
- Voluntary organisations that work with young people
- Hobbies like sports clubs or volunteering

Comments suggest that the informal peer to peer support available through such environments is helpful for encouraging young people to talk about mental health:

- “I love the metal music genre. When I was at a gig they had a public speaker come on before the main headliners and talk about [mental health]. It made me feel almost safe and comfortable as the issue was being addressed to a crowd of people that are stereotypically known for struggling with these issues. Everyone who knew someone with depression or struggling with it themselves put up a light by phone or a lighter. It was quite moving in a way to see most people had their light up and there was a feeling of acceptance.”

Creating a supportive environment to talk about mental health in school: young people's views

1. Encourage positive conversations about mental health through education.

“We should learn [about mental health] from as young as primary school, so it’s something you grow up with and is embedded in your thinking.”

“Integrate mental health into classes more so it becomes the norm to talk about it.”

“Mental health should be talked about as a positive thing, not something that is only a ‘thing’ when there’s a problem.”
2. Make information about mental health more available and accessible in schools, including information about where to access support.

“Make it mandatory in schools for info to be distributed at [the] start of term.”

“There should be posters in every school, in really obvious places, but they should be bright and colourful, not of people looking depressed.”

“Make learning about mental health fun and enjoyable by having workshops or mental health events.”

“Offer more in education sessions which clearly highlight solutions and support centres.”
3. There should be more mental health support available at school.

“Ensure every child has regular and reliable access to 1st tier mental health services in their school.”

“Mental health counsellors/nurses should be available in all high schools.”

“There should be a nationally set ratio of counsellors to students in schools.”

“Have class relaxation sessions to relax when stressed.”
4. Ensure staff are equipped to deal with mental health concerns.

“Train teachers in mental health. I think that if someone does have a mental health issue then even knowing that the teachers know how to handle a situation would make them feel better.”

“Young people need to know that it’s okay to suffer from mental health issues, but they need to have that support. Teachers need to be asking every once in a while one question: ‘How are you doing right now?’”

3. Mental health services

This section explores young people’s experiences of accessing mental health services, including what aspects of mental health services work well for young people, and what could be made better.

3.1 Young people’s experience of mental health services

Respondents were asked if they had accessed a range of services for a mental health problem.

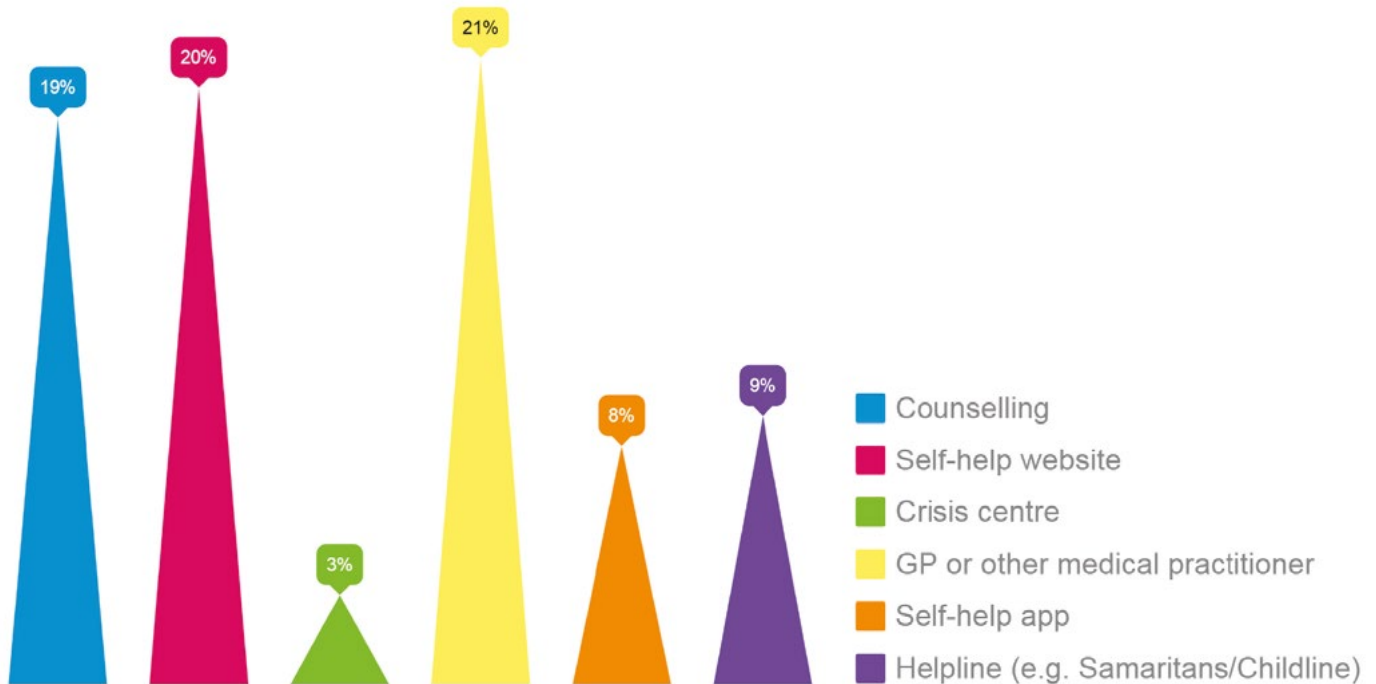
36% of respondents said they had accessed one or more of the services listed.³³

18% of respondents who considered themselves to have experienced a mental health problem had not accessed any of the mental health services listed.

Comments identified other services respondents had accessed for a mental health problem, with CAMHS³⁴ mentioned the most.

Respondents were also asked to rate their experience of the services they had accessed.³⁵

Figure 8: Responses to the question “Have you ever accessed any of the following services for a mental health problem?”



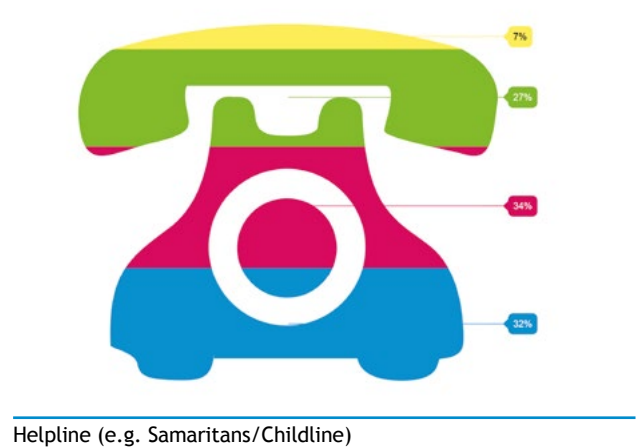
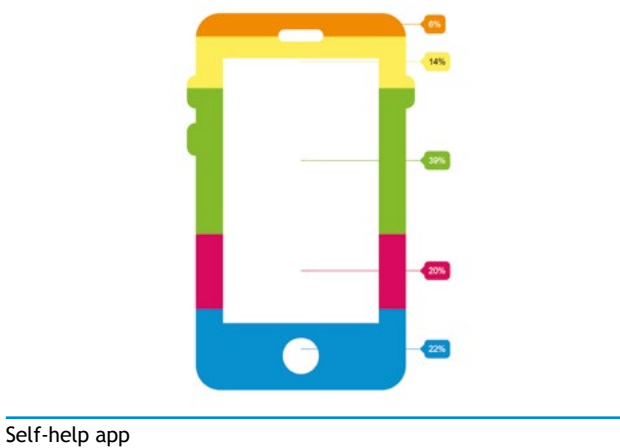
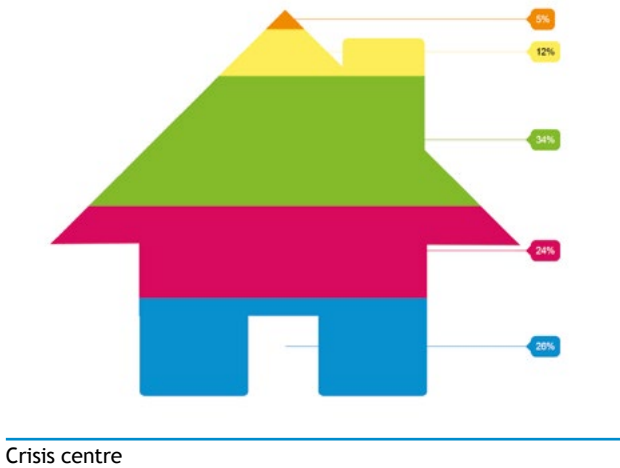
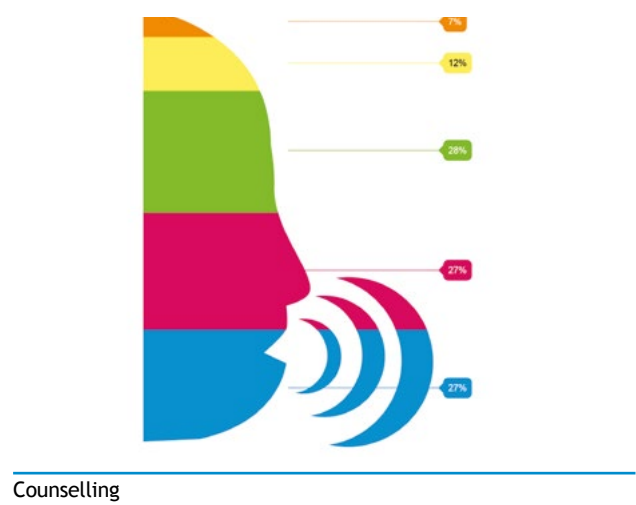
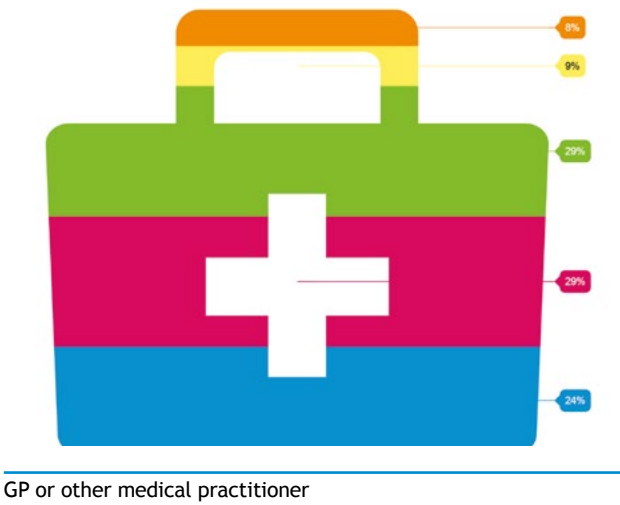
³³ While this figure is higher than the percentage of respondents who considered themselves to have experienced a mental health problem, it should be taken into account that the mental health status of 18% of respondents is unknown, due to them either not responding to the question, or preferring not to disclose their mental health status. Additionally, 16% of respondents stated that they weren’t sure whether they had experienced a mental health problem or not.

³⁴ Respondents did not specify which tier of CAMHS they had accessed.

³⁵ Percentages in figure 9 are based on the total number of respondents who have accessed one or more mental health services.

Research findings

Figure 9: Responses to the question “How would you rate your experience of the services you have used?”



■ Excellent ■ OK ■ Terrible
■ Good ■ Poor

Research findings

The responses showed mixed results; while services were rated ‘Excellent’ or ‘Good’ by an average of 50% of those who had used them, they were rated ‘OK’ by an average of 33% of respondents, and an average of 17% rated them as ‘Poor’ or ‘Terrible’.

3.2 Mental health services - what works well

Services that involved interaction with a person, either face to face or over the phone, tended to be rated more positively by respondents than services like self-help apps or websites. Comments suggest that young person-focused services work particularly well, with staff trained specifically in working with young people:

- “[Services] that are solely focused on young people’s mental health are good.”
- “Trained staff on young people’s issues.”
- “Accessing something like counselling has been beneficial to me when it is carried out by someone who knows young people’s issues.”

Some respondents gave very positive comments about the people who supported them when accessing a service:

- “The mental health nurse who works with me is a credit to her profession.”
- “[The staff] helped me sort through some difficult problems and make sense of them.”
- “When I was having a difficult time, I spoke to my GP who was very helpful.”

3.3 Mental health services - what could be done better

A number of issues with services were identified by respondents, including accessibility, lack of confidentiality, being treated differently because of age, and a lack of person-centred care.

Accessibility

A number of respondents gave negative feedback about the accessibility of services; comments included a lack of locally available services, insufficient 24-hour support, and long waiting times:

- “There’s nowhere in my community to talk about mental health issues except the doctors.”
- “I was told by my GP that there wasn’t anything locally to support my specific problem.”
- “Lots of helplines are only open from 9 ‘til 5, but mental health problems don’t always conveniently happen specifically within those times.”
- “I waited one year on a waiting list for counselling sessions.”
- “I’m on a waiting list for CAMHS, and have been told I’m waiting for them to hire a new psychiatrist! They’ve told me I’ll be waiting around 8 - 10 months. I’m nearly 18, so I bet I just get passed on again.”
- “Young people with mild depression shouldn’t have to wait until their problem is moderate or severe, before they’re seen.”
- “We need more walk-in services, not [ones that need] referral.”

Other respondents highlighted the lack of access to services for young people living in more rural areas:

- “Services need to be more accessible in rural areas; councils and health boards need to provide buses or travelling clinics to ensure young people in rural areas get some sort of help.”

Lack of confidentiality

Some respondents related negative experiences of having their confidentiality breached. These comments tended to centre around a lack of clarity surrounding confidentiality when accessing services:

- “My conversation was not confidential, and I thought it was so that took me by surprise and made me less inclined to talk.”

Research findings

This was echoed in particular by focus group participants with experience of CAMHS, who related negative experiences of having their confidentiality breached against their wishes:

“I hadn’t told my family I was going through treatment with CAMHS, and had asked for information to be kept confidential. A letter with the CAMHS/NHS logo on the envelope was sent to my family home.”

“My personal details were sent to my family home, when I expressly asked CAMHS not to.”

Being treated differently due to age

As touched upon in Section 2.1.3, some respondents commented that because of their age, they felt were not taken seriously when accessing services. Some respondents gave negative experiences of having their concerns dismissed by health professionals:

“I went to my GP to discuss my anxiety, which was a big step for me anyway as I find doctors give me severe anxiety levels anyway. Whilst talking to him, even though it was obvious I was having trouble because of my anxiety, he started asking about my enjoyment of theatre and actually said, ‘Can you understand how it’s hard for me to understand how you can do theatre and have anxiety?’. He belittled my anxiety down to nothing and decided my hobbies and enjoyments meant I couldn’t have it. I was in the room barely able to look at him or speak for my anxiety and he made me feel like going in to try and get some actual help was worthless.”

“When I sought help from my GP he basically said that ... it was just a phase I was going through!”

Others felt that even if they were offered treatment, their own views on their treatment were not taken into account due to their age:

“I went to my GP for depression, who prescribed self-help or medication; neither helped. There’s no dialogue; they don’t ask, ‘What do you need [to help you recover]?’ They just give you what they think you should have.”

“It shouldn’t be a bad thing if you challenge your own treatment, but doctors see it that way when it is a young person challenging it.”

Some respondents expressed a need to be offered more of a say in their own treatment:

“Ask the people with mental health problems what they think will help rather than assuming what will.”

“There should be options and choice in treatment, decided by the person undergoing support.”

“Give young people more autonomy and more of a say in what happens in their care, and make sure they stay informed of any decisions.”

“Have a focus group for service users to feed back into the service. It should be anonymous and not patronising, but ensure where issues have arisen they don’t happen again.”

Non-person-centred treatment

Some respondents recounted negative experiences of feeling like their care wasn’t personalised:

“[Your] personality gets ignored - everyone is different and this isn’t taken into consideration.”

“The ‘One size fits all’ approach should be dismissed, and young people should be treated as individuals and not as caseloads.”

Others highlighted the need for more personal, welcoming environments:

“When I went, the guy just sat behind a desk and asked me questions while he typed up my answers on his computer.”

“And the room they meet you in is really sterile and small, and there’s nothing to look at, it’s really unfriendly, and the walls are really blank. It’s intimidating.”

Case study

Accessing services for an eating disorder

“My current GP is great, but when I was at university, I knew something was wrong because I was living on 1 apple and half a slice of toast a day. When I told the doctor I thought I had an eating disorder, they just laughed at me and told me not to be silly. I ended up losing 5 stone in 6 months, but I was too scared to go back to the doctor for help, and I’ve only recently started to be OK with food again. I had to go to a private counsellor because my GP said the waiting lists were too long and I wasn’t severely depressed enough to get therapy through the NHS. I was lucky I found somewhere that takes contributions, so I didn’t have to pay a lot, but I still had to wait 4 months for a regular slot, and I felt guilty every single week I was there because I thought there were other people whose problems were worse who needed the place more than I did. Counselling completely saved my life though, so I know it was worth it.”

Case study

Accessing mental health services: the experiences of LGBT young people

“Going to a counsellor is a really big thing for young people. Some LGBT young people have experienced the GP or doctor being preoccupied by their sexuality and not taking on board the actual problem.”

“It’s hard for LGBT young people, particularly trans young people. Medical professionals hear ‘trans’ or ‘LGBT’ and jump to conclusions that their mental health problems are because they are LGBT. The young people are turned away because of the assumptions about mental health problems being caused by them being LGBT.”

“Some young trans people find that hormones have negative side effects on their mental health. One friend recently started taking testosterone, but the nurse doesn’t really know what’s going on or how it’s affecting him. It’s like experiencing a second puberty, your body changes really quickly. There’s not much support for the mental side effects of transitioning, but there is support for the physical side effects. Even though to go through a medical transition, you need to be signed off by a psychiatrist. After that, there’s nothing.”

“Professionals should have mandatory training on issues affecting LGBT+, trans, disabled, and BME young people.”

Mental health services: young people's views

1.

Increase awareness of available services.

“More about where to get help and all the time, not some of the time.”

“Raise awareness of services so young people know where they are - I wouldn't know where to go.”

“Make young people more aware of where they can go to get help in a safe environment.”

“Make them more well-known and accessible for young people; de-stigmatise looking for help in more serious forms.”

2.

Increase young people's involvement in developing services.

“Involve young people in planning and designing them.”

“Young service users are at the heart of developing the services for them.”

“Have services led by young people.”

3.

Develop services tailored to young adults and the specific issues this age group face.

“Young people are in their own right a specific age group; therefore I believe more tailored support would be beneficial. We need to extend youth services beyond 18 and have better access to a support network who understand young people.”

“We need a specific 12 to 16/18 to 25 mental health 24-hour helpline.”

“There should be more of a focus in teens/young adults from about 16 to 25 because in this age the services are either for younger kids or adults and you're in an in-between stage and the jump from being a kid to an adult is massive and neither service really feels right.”

“You have to view young people aged 16 to 25 as an entire group like children and elderly. Make more aged-focussed and inclusive services available for us.”

“There are a huge amount of young people who suffer from a very specific kind of mental health problem relating to anxiety and often depression, particularly around employment and lacking direction, unemployed graduate etc. There could be a service targeted to this.”

4. Mental health and rights

This section explores focus group participants' understanding of rights in relation to young people's mental health, and their views on taking a human rights-based approach to mental health services and support.³⁶

4.1 What human rights mean to young people

To gauge focus group participants' general understanding of rights, they were asked what human rights meant to them. Participants largely understood rights as something that everyone should be entitled to as a human being; that a person's rights are protected in law; and that everyone should be treated equally:

“There are basic human rights, and you should have them through your whole life.”

“We did work on this at school in modern studies. It's about entitlements, civic rights, and everyone is equally entitled. But I don't really remember what they were.”

However, there was also a feeling amongst most groups that while they generally understood rights as a concept, they had difficulty in applying them to their everyday lives:

“I wouldn't know what to do if someone infringed on my rights. I feel like they're this intangible thing that don't apply in 'real life'.”

The majority of participants felt that current methods of educating young people about their rights do not equip young people to claim their rights in their everyday lives:

“In primary school, they always do something on places in Africa and rights. They sometimes make a box or a backpack to donate to children in Africa, or they're given water bottles to talk about clean water. The point isn't always clear. It's not necessarily an effective way to teach about your own rights. It shows that children and young people are in a better position here, but not necessarily why the situation is this way. There are better ways to introduce your own rights.”

“We're taught about rights in other countries, but never our own context.”

³⁶ The research survey did not include questions about rights, due in part to space constraints, but also in light of previous research conducted by SYP (https://d3n8a8pro7vhmx.cloudfront.net/scottishyouthparliament/pages/449/attachments/original/1461763333/Final_report-_mental_health_discussion_day.pdf?1461763333) that shows many young people may not have a full understanding of their rights as young people. Given this, and the space constraints of the research survey, it was felt that it would be more effective to discuss rights in relation to mental health in focus groups, where the topic could be introduced and further clarified if needed.

³⁷ OHCHR, 'Convention on the Rights of the Child': <http://www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx>

³⁸ Ibid.

³⁹ UK Government (2010), 'Equality Act 2010': <http://www.legislation.gov.uk/ukpga/2010/15/contents>

4.2 Young people's understanding of rights in relation to mental health

Participants were asked to identify what rights they felt were significant in relation to young people's mental health. While very few participants directly referenced any human rights legislation, their responses nonetheless aligned closely with existing human rights laws and conventions.

Respect for the views of the child

Several participants echoed the principles of Article 12 of the UNCRC (respect for the views of the child),³⁷ stressing the right for young people to be properly listened to and taken seriously when accessing mental health support and information, or receiving treatment. Others specified the right for young people to be involved in their own mental health treatment; as one participant noted, “You should have a right to a say in your treatment.” Another participant identified the right for young people to have access to an independent advocate to communicate their wishes on their behalf.

Protection from discrimination

Participants also identified the right to be protected from discrimination on the basis of their mental health status, reflecting Article 2 of the UNCRC which states that a child should be protected from being discriminated against for any aspect of their identity.³⁸

Other participants highlighted that if accessing mental health support, young people should not be discriminated against based on any other aspect of their identity: “You have a right to access support no matter [your] age, gender, race, orientation, etc.” Another noted, “Everyone should have an unbiased diagnosis.”

A few participants focused explicitly on the right not to be discriminated against based on their mental health in the context of the workplace. As one participant noted, “Young people should have the right to express mental health issues without resulting in negative consequences like dismissal from work.” Others identified the right for adjustments to be made for a young person suffering from mental health problems, such as sick leave or flexible working. This reflects the Equality Act 2010, which imposes a duty on workplaces to make 'reasonable adjustments' for employees suffering from a disability, including a mental health problem.³⁹

Right to a high standard of healthcare

Some participants focused explicitly on the right for young people to have access to high quality healthcare and support for a mental health problem, including being offered a range of treatment options and for health professionals to prioritise the safety of young people in their care. Another commented that when accessing mental health support, young people's dignity should be maintained. These views directly reflect Article 24 of the UNCRC which outlines the right for young people to access the highest attainable standard of healthcare.⁴⁰

Right to privacy

A few participants identified the right to have their confidentiality and privacy upheld if accessing mental health support, and to be informed about how information about them is used, reflecting Article 16 of the UNCRC, which states that "No child shall be subjected to arbitrary or unlawful interference with his or her privacy."⁴¹

4.3 Young people's views on taking a human rights-based approach to mental health support and services

All participants agreed that it is important to base mental health support and services within a human rights framework. As one young person noted, "The same rights should apply to everyone, regardless of mental health issues or not".

Some participants felt that it was especially important to take a rights-based approach to mental health support and services because young people with poor mental health are more vulnerable, and may therefore be at increased risk of not having their rights respected. One participant noted, "It's easy to breach rights with someone with poor mental health." Others expressed concern that the rights of people experiencing mental health problems are not always upheld when they access services:

“People think rights are less important if you have a mental health problem. My sister was left in hospital lying on the floor with nothing all night because the hospital staff thought it was better for her, but it wasn't and broke her right to a good standard of living.”

Previous SYP research has found that many young people do not know what their rights are if they are treated for a mental health problem.⁴² This, coupled with the lack of a rights context in young people's everyday lives as identified by focus group participants, was seen to inevitably have consequences for those who need to access mental health support and services:

“Lots of services get away without respecting rights because young people don't know their rights and what they're entitled to. So services don't give the right or adequate support or treatment. Young people don't know they're being treated badly until they hear what respectful treatment should be.”

Increasing awareness of young people's rights when accessing mental health support and information: young people's views

“If the child or young person is accessing support for mental health, they should also be given information about their mental health rights so they know what they're entitled to from the start of their treatment.”

“Buses in Dundee have stickers at the front saying, 'Our drivers have the right to be respected'. We could put notices in other places, like at the GP or in other services, saying 'You have the right to...'. ”

“It's important to teach people about rights - especially young people, as they may feel less isolated and more confident to express when they are uncomfortable with something.”

⁴⁰ OHCHR, 'Convention on the Rights of the Child': <http://www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx>

⁴¹ Ibid.

⁴² Scottish Youth Parliament (2016), 'Developing Scotland's next Mental Health Strategy for Scotland: young people's views': https://d3n8a8pro7vnm.cloudfront.net/scottishyouthparliament/pages/449/attachments/original/1461763333/Final_report-_mental_health_discussion_day.pdf?1461763333

Observations and recommendations

The purpose of *Our generation's epidemic* is to gain a picture of what young people think about mental health information, support and services, both in terms of their awareness of what is available, what works well and what could be done better. While it is valuable in itself to include young people's voices in this aspect of discussions about mental health in Scotland, the research has also provided evidence with which to make recommendations to ensure mental health information, support, and services are the best they can be for young people.

Mental health information

This research highlights that many young people feel information about mental health lacks visibility, particularly when it comes to information about where to access support. Almost three quarters of respondents were unaware of local guidance, self-help, and services, including 70% of respondents who considered themselves to have experienced a mental health problem. SAMH has previously highlighted the lack of local knowledge of social prescribing opportunities (non-medical forms of mental health support), and we support their call for all GPs to receive extensive information about local mental health services by 2017.⁴⁵ Given that 52% of respondents would seek information about mental health from their GP or another medical professional, it is especially important that all GP surgeries and frontline mental health services provide young person-friendly, accessible information about local support and services, with particular emphasis on services and support offered by organisations working specifically with young people.

Recommendations

1. Education Scotland and further and higher education bodies should ensure that all schools, colleges, and universities provide high quality information about mental health, and direct young people to safe online resources such as *Aye Mind*.⁴⁴ Pupils and students should be consulted about the type of information they would like to receive, and be involved in the design of information when appropriate.
2. NHS Scotland should ensure that all GP surgeries and hospitals provide age-appropriate information about local mental health support and services, with particular emphasis on young person-specific support and services.

⁴³ SAMH (2016), 'Ask Once Get Help fast: SAMH Manifesto for the Scottish Parliament Election 2016' (2016): https://www.samh.org.uk/media/462301/samh_ask_once_get_help_fast_manifesto_for_the_2016_scottish_parliament_election.pdf, pg. 9

⁴⁴ <http://ayemind.com/>

Mental health support

Too often, mental health is only talked about when it reaches a critical stage, meaning that young people do not access support in good time. One in five respondents said they wouldn't know where to go for advice and support for a mental health problem, while 27% felt that their school, college, university, or workplace did not provide a supportive environment to talk about mental health. More action needs to be taken to normalise conversations about mental health to ensure young people feel confident to access support if needed, and know where to go to access it. The research strongly suggests that young people feel more needs to be done in schools to educate young people about mental health.

Resources like See Me's *What's on Your Mind* school programme⁴⁵ - which focuses on promoting a common language for both teachers and young people to talk about mental health, how to identify the common signs of mental ill-health, and how to ask for support - are essential for ensuring that conversations about mental health become an everyday part of young people's lives.

The research also shows that young people are most comfortable talking to a GP or other medical professional about mental health, even more so than people they are close to. However, several respondents gave negative experiences of not being taken seriously by their GP due to their age. Given this, it is important that GPs and other community-based medical professionals are equipped to talk to young people about mental health, and the specific issues affecting young people's mental health, in an accessible and constructive way.

Recommendations

3. Every school, college, university, and youth group should implement a Mental Health Action Plan to promote mental health conversations and support. The Action Plan should include provisions such as an annual Mental Health Awareness Week, training for young people and staff in Mental Health First Aid, utilising See Me's *What's on Your Mind* resources, providing practical steps to manage stress and anxiety, and promoting local information, support and services.
4. Education Scotland should develop a Mental Health Standard for schools to increase the focus on mental health in the Curriculum for Excellence.
5. Education Scotland, in conjunction with the Scottish Government, should review the provision of counsellors in schools and seek to establish a minimum level of service provision.
6. NHS Education for Scotland should work with young people to update its training and CPD opportunities for frontline medical professionals in supporting young people's mental health. All GPs and other community-based mental health professionals should receive these opportunities.

⁴⁵ <https://www.seemescotland.org/young-people/working-with-young-people/whats-on-your-mind/>

Mental health services

The research highlighted the varied experiences of young people accessing services for a mental health problem. It is significant that services that focus specifically on young people's mental health, with staff trained in working with young people, were identified as working particularly well. Several respondents also asserted the need for a mental health service tailored to 16 to 26 year-olds. Previous research has highlighted that young people aged 16 to 26 have their own distinct mental health needs,⁴⁶ suggesting a need for increased focus on young person-specific services.

Respondents also felt that increasing young people's involvement in mental health service development and treatment leads to more positive experiences of mental health services.

Recommendations

7. The Scottish Government's proposed 10-year mental health strategy should include an increased focus on supporting the mental health of 16 to 26 year-olds, in recognition of this age group's specific mental health needs separate from children and older adults. The strategy should also facilitate a review of CAMHS, as called for by SAMH.
8. The Scottish Government should ensure that mental health funding is ring-fenced for young person-specific mental health services, and that this funding is shared proportionately between acute, high-intensity services and preventative and early intervention support, such as drop-in centres, peer support, and services provided by the third sector.
9. Scotland's initiative for involving young people in developing youth-friendly health services, Walk the Talk, should seek to develop a young person-led mental health and wellbeing forum in every local authority.

Mental health and rights

This research and previous research by SYP suggests that young people are unaware of their rights when accessing support for a mental health problem. More needs to be done to ensure that young people are aware of, and know how to claim, their rights if accessing support for a mental health problem.

Recommendations

10. NHS Education for Scotland, in partnership with organisations such as the Mental Welfare Commission, should work with young people to develop a booklet and/or online resource about young people's rights when accessing mental health support. On first accessing mental health support, all young people should be presented with this resource in an accessible form.
11. All GP surgeries and mental health services should clearly display age-appropriate information about young people's rights when accessing mental health support, particularly regarding confidentiality rights and their right to an independent advocate.

⁴⁶ Right Here, 'How to...provide youth-friendly mental health and wellbeing services': <https://www.mentalhealth.org.uk/sites/default/files/right-here-guide-4.pdf>, pg. 4



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