Work Placement Portfolio for Groundwork

<u>Contents</u>

The Current Context Of Youth Mental Health

<u>Introduction</u>

The literature and research surrounding mental health today suggests there is much more that needs to be done to help young people in the UK. This paper will provide the current context of youth mental health in the UK today and will, in part, hone in on the North East. Whilst drawing upon academic research, this paper will highlight the at-risk groups and the implications of mental health issues amongst young people. It will also identify national policies and strategies and the key existing organisations in the UK and North East.

<u>Definition of terms</u>

Firstly, it is important to define what is meant by mental health. The World Health Organisation's widely used definition of mental health is:

" 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."
(World Health Organisation, 2014)

Building on this is Galderisi et al.'s more comprehensive definition, which makes it explicitly clear that mental health does not exclusively consist of happiness and positive feelings. As supported by Stepke, the following definition is also more inclusive in its transcultural nature (Stepke, 2015):

"Mental health is a dynamic state of internal equilibrium which enables individuals to use their abilities in harmony with universal values of society. Basic cognitive and social skills; ability to recognize, express and modulate one's own emotions, as well as empathize with others; flexibility and ability to cope with adverse life events and function in social roles; and harmonious relationship between body and mind

represent important components of mental health which contribute, to varying degrees, to the state of internal equilibrium."

(Galderisi et al., 2015: 232)

Whilst the surrounding literature contains numerous definitions of mental health, it lacks a consistent classification of young people or youths. This paper principally serves to provide context and support for Groundwork's provision of mental health projects and programmes in the North East. Hence, because the majority of young people that responded to Groundwork's recent mental health survey were aged between 16 and 24, this paper will primarily focus on young people in this age group (Dawson, 2018). Additionally, whilst the classification for a youth differs amongst various government reports, UK Parliamentary Papers have previously categorised them as those aged 16 to 24; this gives my classification further legitimacy (Parliament UK, 2018). It is important to note that due to the availability of evidence this paper will not always refer to 16 to 24 year olds exclusively.

Background

Arguably, the mental health of young people in the UK today is in crisis. NatCen's 2017 survey of its panel members in England, Scotland and Wales found that more 18 to 34 year olds have experience of mental health problems than any other age group (Mental Health Foundation, 2017). Over 70% of those aged 18 to 34 said that they have experience of mental health problems. Additionally, just 7% of this age group rated their mental health as positive, whilst 93% rated it as either average or negative. The over-all mental health ratings of 18 to 34 year olds are worse than any other age groups'. Alongside this, the 2014 Adult Psychiatric Morbidity Survey found that the mental health of young people aged 16 to 24 is becoming increasingly worse, as figures have been rising since 2000 (The National Archives, 2016). The survey also highlighted that young women aged 16 to 24 are more likely than any other group to experience a common mental disorder (CMD).

In particular, anxiety is extremely common amongst young people in the UK and the North East today. In 2017 the Office for National Statistics reported that, based on its findings from the Annual Population Survey Personal Wellbeing dataset, 34% of 16 to 19 year olds and 35% of 20 to 24 year olds felt either a high or medium level of anxiety the previous day to taking the survey (Office for National Statistics, 2017). Similarly, in 2015 more people (38%) in the North East rated their anxiety as medium or high for the previous day than in any other region in the UK (Office for National Statistics, 2015).

At-risk groups:

As identified in YoungMinds' annual report, mental health is a continuum determined by one's genetics, environment and life events (YoungMinds, 2016). Therefore mental health problems cannot be reduced to a single cause; each individual case is different and often there are numerous reasons for the development mental health problems (Information NOW, 2017). The literature does not as such point to causes of mental health problems, rather it highlights at-risk groups. Those at the greatest risk of having mental health problems are: those who have witnessed or experienced abuse, the socioeconomically disadvantaged, those who have been in care, the LGBT community, NEET or unemployed people, gang affiliated individuals and those with experience of bullying (Mind, n.d.a; Mind, n.d.b; Department of Health and Department for Education, 2017).

There are an infinite number of ways to compartmentalise groups at-risk of experiencing mental health problems and, undeniably, act-risk groups other than those listed below do exist. However, for the purpose of this paper I have focused on the following seven groups due to the supporting research available and to their prominence in the literature. It is important to note that although certain life factors increase an individual's likelihood of developing a mental health problem, correlation does not equal causation in all cases. Additionally, relationships between these life-factors and mental health problems are often bidirectional, and many of those highlighted below are interrelated.

Exposure to abuse

Witnessing sexual assault, the infliction of pain on others or being subjected to such offenses is an undeniably distressing and scaring experience. Hence, young people who have been exposed to such experiences are more likely to struggle with their mental health (Mind, n.d.a; Mind, n.d.b). This is evidenced by a multitude of research in the field. A 2014 research report by the Co-ordinated Action Against Domestic Abuse (CAADA) said that 52% of children who have been exposed to domestic abuse have behavioural problems (CAADA, 2014; Department of Health and Department for Education, 2017). The CAADA also found that 89% of those exposed to such abuse have problems with their emotional wellbeing. Alongside this, Briere et al.'s 2001 study found that depression is overwhelmingly prominent amongst young people that have been exposed to childhood sexual abuse, physical abuse and that have witnessed domestic violence (Briere et al., 2001). Silverman et al.'s long-term study found that 80% of young adults that had been abused had at least one psychiatric disorder by age 21 (Silverman et al., 1996).

Socioeconomic disadvantage

Poverty increases young people's chances of experiencing mental health problems (Elliot, 2016; Mind, n.d.a; Mind, n.d.b). According to the Mental Health Foundation, the social determinants of people's mental health are the conditions in which people are born, group up, live and work (Mental Health Foundation, 2015; Elliot, 2016). The Mental Health Foundation's 2015 paper maintains that national and local distributions of resources regulate these social determinants (Mental Health Foundation, 2015). Hence, those with a lack of resources are more likely to struggle with their mental health. For instance, the out-dated, but most recent survey of children and young people in Britain found that those who live with a household income of under £100 per week are over 3 times more likely than those with an income of £600 to have a mental health disorder (Green et al., 2004). The survey also found that those who live in 'hard pressed' areas of Britain are more than 2 times more likely than those living in areas of 'urban prosperity' or 'wealthy achievers' to have a mental health disorder. Alongside this, a 2009 study found that approximately 50% of the general population who have debts have a mental disorder, whereas just 14% of the population with no debts have a mental disorder (Jenkins et al., 2009). Whilst the relationship between poverty and mental health problems is clear, it is also bidirectional (Elliot, 2016).

Experience of being in care

Another circumstance making young people at greater risk of having mental health problems is the experience of being in care (Mind, n.d.a; Mind, n.d.b; NSPCC, n.d.). To substantiate this, a 2002 ONS survey of looked after children found that 45% of 5-17 year olds have mental disorders, whilst approximately 10% of all children are estimated to have diagnosable mental health disorders (Meltzer et al., 2002; Green et al., 2004; Department of Health and Department for Education, 2017). Although this topic is prevalent in the literature surrounding youth mental health, the research to support it is limited outside of the 2002 ONS survey. Hence, research in this area needs to be updated and built upon.

LGBT membership

Whilst lesbian, gay, bisexual and trans (LGBT) individuals are susceptible to discrimination and bullying, they are also more likely to struggle with their mental

health than non-LGBT individuals (Department of Health and Department for Education, 2017; Mind, n.d.b). A 2008 review carried out by BMC Psychiatry found that lesbian, gay and bisexual people are at greater risk of suicidal thoughts, mental disorders and self-harm than heterosexuals (King et al., 2008). The review found a 'two-fold excess' in the number of suicide attempts by lesbian, gay and bisexual people and that they are almost twice as likely as heterosexual individuals to have depression and anxiety disorders. Additionally, Semlyen et al.'s combined meta-analysis of 12 UK surveys found that there is a greater prevalence of mental health disorders amongst lesbian, gay and bisexual people in comparison heterosexual individuals (Semlyen et al., 2016). Semlyen et al. also discovered that the mental health and wellbeing of LGB individuals under 35 is particularly worse than that of heterosexuals under 35.

Research on the mental health of trans individuals is less common than research on lesbian, gay and bisexual individuals. Although a 2014 by study Heylens et al. did find that trans people experience more mental health problems than those who are not trans, particularly in terms of anxiety, depression and bipolar disorder (Heylens et al., 2014). Notably, a national LGBT survey for young people aged 16 and above was launched in July 2017 by the Government Equalities Office (Department of Health and Department for Education, 2017). The survey had over 100,000 respondents who have answered questions about discrimination and mental health; however, the results are yet to be published.

NEET membership and unemployment

Young people who are not in education, employment or training (NEETs) are more susceptible to experiencing mental health problems than non-NEETs, especially when the young individual has been a NEET for a long period of time (Institute of Health Equity, 2014; Mind, n.d.a; Mind, n.d.b; Department of Health and Department for Education, 2017). An investigation by Goldman-Mellor et al. found that NEETs have higher rates of mental health problems than non-NEETs (Goldman-Mellor et al., 2016). Almost 60% of NEETs had already experienced at least one mental health problem, compared to just 35% of non-NEETs. Goldman-Mellor et al. also suggested that this relationship is bidirectional. Whilst young people are more likely to experience mental health issues when being in the NEET category, mental health issues also make obtaining and sustaining education or work more difficult. To substantiate these effects further, a longitudinal study of 63 countries found that unemployment does influence the number of suicides (Nordt et al., 2015). It found that 41,148 suicides in 2007, and 46,131 in 2009, were associated with unemployment.

Gang affiliation

Young people who are affiliated with gangs are also at greater risk of experiencing mental health problems (Hughes et al., 2015; Department of Health and Department for Education, 2017). A Centre for Mental Health report on data collected between 2011 and 2012 from 37 youth point of arrest health screening initiatives in England found that 26% of gang-involved young women and 24% of gang-involved young men had suspected diagnosable mental health problems (Khan et al., 2013). Additionally, 1 in 3 young women had self-harmed and were at risk of suicide, as were 1 in 10 young men. Approximately 30% of young gang members also had sleeping or eating problems. A 2013 survey of 4,664 18 to 34 year old men in Britain showed that gang members have inordinately high levels of mental health issues (Coid et al., 2013). Also a 2013 report commissioned by the Westminster Joint Health and Wellbeing Board found that out of 100 young gang members 86 are expected to have conduct problems or an antisocial personality disorder, 59 will have an anxiety disorder and 34 will have attempted suicide (Madden et al., 2013). The relationship between gang affiliation and mental health problems is also thought to be bidirectional. Whilst gang membership can negatively impact a young person's mental health, a young person struggling with their mental health may be drawn to gangs also.

Experience of bullying

Mental health problems are also more likely to occur if a young person has been or is being subjected to bullying (Mind, n.d.a; Mind, n.d.b). For instance, a 2016 longitudinal, nationally representative cohort study found that those who were frequently bullied in childhood are more likely to use mental health services in their adolescence and at midlife (Evans-Lacko et al., 2016). Another study, by Copeland et al., discovered that both victims and bullies have high rates of psychiatric disorders as young adults (Copeland et al.,2013). The study of 1,420 people found that, after controlling for various other factors, victims of bullying are more likely to have agoraphobia, anxiety, and panic disorders as young adults. Victims and bullies were found to be at high risk of depression, panic disorders, agoraphobia and suicidality as young adults. Hence, the there are direct and long lasting effects of bullying on the mental health of young people. As recognised in a report by the National Children's Bureau, this relationship is multi-directional (National Children's Bureau, 2015). Whilst children who have been bullied are more likely to experience mental health issues, those with mental health issues are also likely to be involved in bullying and to be victims of bullying.

The Implications for Young People:

The implications of mental health issues for young people are great in quantity and in impact. As the implications of mental health problems are innumerable this paper will focus on the key implications engaged with in the literature that have strong supporting evidence. Due to the purpose of this paper the broader socioeconomic implications of mental health problems, such as crime and costs to the NHS, will not be called upon. Some of the potential consequences of mental health problems for young people are negative effects on education, physical wellbeing, mental wellbeing in later life and employment.

Education

The surrounding literature and government reports point to the negative impact mental health issues have on young people's education (Department of Health and Department for Education, 2017; St John et al., 2004; Brooks, 2014). A 2010 cohort study and longitudinal study in England found that attainment of five or more GCSEs at A* to C is strongly associated with high levels of life satisfaction amongst young people (Department for Education, 2011). Due to the lack of research surrounding those over 16, the 2004 ONS survey of 5 to 16 year olds can also provide evidence of the impact of mental health on educational attainment (Green et al., 2004). For instance, it found that 44% of children with emotional disorders are lacking in intellectual development and 23% are 2 or more years behind. 46% of children with depression and 41% of those with anxiety disorders were found to be behind in their intellectual development. However, just 24% of all other children are behind in their intellectual development and just 9% are 2 or more years behind. Additionally, the ONS survey found that children with anxiety and depression have the greatest number of days away from school; 15% of these children had had more than 15 days off in their previous term. Furthermore, mental health problems can undeniably have a negative impact on young people's education.

Self-harm and suicide

Self-harm and suicide are also possible implications of mental health issues for young people (Department of Health and Department for Education, 2017; NHS England and Department of Health, 2015). Public Health England's data on children and young people's mental health and wellbeing shows that in the 2016/17 period in England, for every 100,000 15 to 19 year olds, there was an estimated 620 hospital admissions as a result of self-harm (Public Health England, n.d.). For 20 to 24 year

olds there were 393 per 100,000. North East-specific figures are also available, however they are worse than the national figures. North East self-harm hospital admissions figures were 6% higher than the national average for 15 to 19 year olds and 8% higher for 20 to 24 year olds. Alongside this, ONS figures from 2015 markedly show that external factors, such as self-harm and suicide, are the leading cause of death amongst young people in the UK (Office for National Statistics, 2017a). Suicide accounts for 14% of deaths in those aged 10 to 19 and 21% of deaths in those aged 20-34. There are more than 3 deaths of young people every week from suicide in the UK; in 2016 there were 54 deaths of 15 to 19 year olds and 118 deaths of 20 to 24 year olds from suicide (Office for National Statistics, 2017b). Hence, self-harm and suicide are all too real implications of mental health problems for young people.

Mental health in later life

Another implication of mental health problems for young people is the increased risk that they will go on to experience mental health issues in later life too (NHS England and Department of Health, 2015; Department of Health and Department for Education, 2017). A prominent US study found that 50% of all mental health problems in adults are established by age 14, and 75% by age 24 (Kessler et al., 2005). This statistic, although out-dated and from the US, is called upon in the 2015 Government's Future in Mind report and the 2016 Government's Public Health England report on the mental health of children and young people (NHS England and Department of Health, 2015; Korkodilos, 2016). Further, a 2013 cohort study found that teenagers that have a common metal disorder (CMD) are almost 3 times more likely to have a CMD at age 36 than teenagers that have not had a CMD (Jones, 2013). Teenagers who have persistent common mental disorders are more than 6 times more likely than others to have a CMD at age 36 and at age 43 and are 4 times more likely to still suffer at age 53. Therefore mental health problems in youth undeniably increase young people's risk of experiencing mental health problems in later life too.

Employment

It is also prevalent in the literature that young people who struggle with their mental health are more likely to have poorer employment prospects than those who do not (Goldman-Mellor et al., 2016; Department of Health and Department for Education, 2017; NHS England and Department of Health, 2015). As previously identified, the relationship between mental health and employment is bidirectional. Goldman-Mellor et al.'s 2016 study found that whilst unemployment makes young people more at risk of experiencing mental health issues, mental health issues also make gaining and sustaining employment far more difficult. The 2014 Adult Psychiatric

Morbidity Survey found that people who have a CMD are far more likely to be unemployed than those who do not (McManus et al., 2016). It discovered that the rate of CMDs in unemployed people aged 16 to 64 is double that of employed people. Additionally, 66% of people in receipt of Employment and Support Allowance have a CMD, compared to 17% of adults not receiving this benefit. The negative impact of mental health issues on employment can be mammoth for young people as income and standard of living are usually dependent upon employment.

Key national policies and strategies:

The Health and Social Care Act 2012

The Health and Social Care Act 2012 gives official recognition to the Government's commitment to both mental health and physical health (Parkin and Powell, 2017). The Act was passed to prompt NHS modernization; it seeks to make the NHS more responsive, efficient and accountable (GOV.UK, 2012). The Health and Social Care Act does this by giving clinicians and providers the freedom to shape services, and by giving patients more involvement in the shaping of services through Healthwatch patient organizations. The Act also established the underpinnings of the then new Public Health England body.

The Mental Health Act 1983

The 2014 Five Year Forward View strategy prompted reform of the Mental Health Act 1983 (Parkin and Powell, 2017). In particular, the Act establishes that people with severe mental illnesses can be detained whilst waiting to receive treatment or assessment. In her manifesto Theresa May committed to reforming the Act to ensure people with mental illnesses are treated fairly. In October 2017 she announced that the Act would be appraised, hence it is currently under review by a panel of experts.

Mental Health (Discrimination) (No. 2) Act 2013

The Mental Health (Discrimination) (No. 2) Act aims to reduce the stigma surrounding mental health and to eliminate discrimination against people with mental illnesses from certain parts of the law (Parkin and Powell, 2017). In particular the Act repealed legislation that prevented people with mental health problems from being Members of Parliament, jurors, company directors and members of devolved legislatures.

The Policing and Crime Act of 2017

The Policing and Crime Act 2017, a key piece of legislation for our youth, essentially prohibits police cells being deemed a safe place for children and young people to be housed whilst they are awaiting mental health valuation or treatment (Parkin and Powell, 2017). Hence, the Act amended sections 135 and 136 of the Mental Health Act 1983. The Act also decreased the length of time a person can be detained in a

place of safety for whilst awaiting assessment, from 72 to 24 hours.

The 2011 mental health strategy for England: No Health Without Mental Health

The No Health Without Mental Health strategy was published under the coalition government in 2011 and is a cross-government mental health outcomes strategy for people of all ages (Parkin and Powell, 2017). The strategy calls upon the prevalence of mental health issues in England and states the government's key aim is to achieve a parity of esteem between physical and mental health (HM Government and Department of Health, 2011). The strategy also set out the coalition's aims to improve education surrounding mental health, to better the mental health of children and young people in England, to eradicate stigma and to improve early intervention. Since the demise of the coalition, both conservative governments have reiterated support for the aims of this strategy (Parkin and Powell, 2017).

NHS Five Year Forward View

The NHS Five Year Forward View, published in 2014, similarly commits to achieving parity of esteem between physical and mental health, but also aims to achieve this by 2020 (Department of Health and Department for Education, 2017; NHS England, 2014). The NHS Five Year Forward View set out specific governmental goals to improve access to psychological therapies programmes, to set waiting time standards for mental health and to invest in early intervention and more beds for young people with severe mental health problems. In July of 2016 NHS England released its implementation plan for the Five Year Forward View (Department of Health and Department for Education, 2017; NHS England, 2016). The plan set out how the Government intended to enforce recommendations made in the Future in Mind report (a report by the Children and Young People's Mental Health and Wellbeing Taskforce) (Mental Health Taskforce, 2016; NHS England and Department of Health, 2015). The Government pledged and have upheld that mental health services will gain an additional £1 billion of investment per year by 2020/21 (NHS England, 2016). The 2016 Government's four major priorities for the years leading up to 2020/21 were: to improve access to specialist perinatal care, to increase provision of care for children and young people closer to and at home, to improve access to crisis care liaison services and suicide prevention.

Transforming children and young people's mental health provision

In December 2017 the government published a briefing paper and a green paper to build on the NHS Five Year Forward View and to set out its ambitions for improving the provision of mental health services for children and young people (Parkin and Powell, 2017; Department of Health and Department for Education, 2017). The current Government's key ambitions today are: to provide earlier intervention and prevention, to improve support of schools and colleges, and to provide better and quicker access to NHS services (Department of Health and Department for Education, 2017). In particular, the Government is putting great emphasis on schools and colleges' role in protecting children and young people's mental health, and is placing them at the centre of its early intervention efforts. For instance, schools have

been encouraged to teach about mental health in Personal, Social and Health Education (PSHE) (Department of Health and Department for Education, 2017). With the help of government funding, the PSHE Association has subsequently created a programme of study and a guide on teaching about mental health and emotional wellbeing (PSHE Association, 2018). The Government has stated that it is deliberating whether to give PSHE the statutory status that other subjects have, but it is yet to do so (Department of Health and Department for Education, 2017).

The Government has also stated that it seeks to achieve its goals by giving schools and colleges incentives to appoint senior members of staff (Senior Leads) to oversee mental health and wellbeing (Department of Health and Department for Education, 2017). Similarly, the Government has committed to funding new Mental Health Support Teams to be run by NHS staff. Additionally, it has set out to trial a four-week waiting time limit for children and young people accessing NHS mental health services. Senior Leads for mental health in schools, Mental Health Support Teams and reduced waiting times will begin in 2019 with a small number of trailblazer areas. The rollout will depend on the success in trailblazer areas and on funding after the Government's current spending period ends in 2020/21.

Existing Key Organisations:

Mind and regional Minds

Mind provides support and advice to people experiencing mental health problems throughout the UK (Mind, n.d.c). Additionally, Mind campaign to raise awareness and to improve mental health services in Britain. Mind also have independent Mind charities called regional Minds, of which there are several in the North East. These include: Washington Mind, Tyneside Mind, Sunderland Mind, Hartlepool Mind, Newton Aycliffe Mind, Derwentside Mind and Darlington Mind (Mind, n.d.d). Throughout England and Wales approximately 135 local Minds support more than half a million people with their mental health by assisting them in finding housing, providing helplines, drop-in centres, counselling and employment and training schemes.

Child and Adolescent Mental Health Services

Child and Adolescent Mental Health Services (CAMHS) are NHS services in England that work with young people up to the age of 18 who struggle with their wellbeing (NHS Choices, 2016; Cumbria Partnership NHS Foundation Trust, 2017). These

services exist throughout the North East, in areas such as Hambleton and Richmondshire, Scarborough, Whitby and Ryedale, Hartlepool, Stockton-on-Tees, Newcastle, Gateshead, County Durham, Darlington, Northumbria, Sunderland and Cumbria.

<u>Other national organisations</u>

PAPYRUS: Prevention of Young Suicide is an organisation that works throughout the UK to prevent suicide in young people (PAPYRUS, 2018). They provide support, help and advice and campaign in schools and to influence policy surrounding the issue of suicide amongst young people. Similarly, The Mix work with young people under 25 in the UK; they provide support and information on mental health through their website and app, and also offer counselling for young people (The Mix, n.d.). YoungMinds is an organisation that seeks to prevent mental illness and to improve early intervention and support for young people with mental health problems in the UK (YoungMinds, n.d.). They campaign and provide information and training on mental health for professionals, parents and young people.

<u>Other North East-based organisations</u>

Mental Health North East (MHNE) is a regional organisation that seeks to improve mental health services in the North East and to provide information on mental health problems (MHNE, n.d.). MHNE conduct research, raise awareness and provide training for professionals to eradicate stigma. Alongside this, Youth Focus: North East, based in Gateshead and Middlesbrough, connects young people to the organisations that directly support them (Youth Focus: North East, n.d.). Youth Focus: North East tackle unemployment amongst 18 to 24 year olds, provide training programmes for professionals and weekly drop in sessions for young people, and help young people make positive changes to their communities in the North East.

A myriad of other local organisations also exist within Northumberland, County Durham, Tyne and wear and North Yorkshire that are open to young people. Other North East organisations include: Anxious Minds, Mental Health Concern, Mental Health Matters, Moving Forward and Launch Pad, Contact, Men Tell Health, PeerTalk and ReCoCo (Anxious Minds, 2017; Mental Health Concern, n.d.; Mental Health Matters, n.d.; Moving Forward, n.d.; Launch Pad, n.d.; Mind, n.d.b).

Conclusion

Undeniably, mental health problems are strife throughout the UK and the North East. Young people who have had exposure to abuse, who are socioeconomically disadvantaged and who have had experience of being in care in particularly at risk of experiencing mental health issues. Additionally, the LGBT community, gang members, NEETs and those with experience of bullying are also at risk. There are numerous, profound negative implications for young people who experience mental health problems. Young people can run the risk of facing difficulties in education, self-harm and suicide, poor mental health in later life and struggles with sustaining employment. There are several pieces of legislation that deal with mental health in the UK, such as the Mental Health Act 1983, the Policing and Crime Act of 2017, the Mental Health (Discrimination) (No. 2) Act 2013 and the Health and Social Care Act 2012. The Government has an overarching goal of a parity of esteem between physical and mental health and its key aims are to reduce waiting times, to improve early intervention and prevention and support of schools and colleges, and to increase access to and the quality of NHS services. Alongside these laws and government strategies, Mind and CAMHS are key organisations that help young people tackle mental health problems in the UK. Whilst there are 7 regional Minds and numerous CAMHS in the North East, Mental Health North East and Youth Focus: North East also work to tackle mental health problems in the region. PAPYRUS, The Mix and Young Minds are national organisations that tackle mental health issues amongst young people in the UK today. Whilst there are a wealth of government policies and strategies and national and regional organisations, mental health problems amongst young people are both common and devastating in their impact. Irrefutably, more needs to be done to protect young people and to help those who are already battling mental health problems.

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Collation and Analysis of data from Groundwork's Youth Mental Health Survey

Objective: To develop evidence for Groundwork's creation of mental health projects and programmes for young people.

Method: Analysis of data from Groundwork's 2017/18 Youth Mental Health Survey.

Methodology

Research methods

Groundwork's research was conducted using a survey consisting of twelve questions on the topic of mental health. This quantitative method is useful as it allows for statistical analysis of data obtained from a sample of the population of interest (young people that Groundwork currently engage with). In applying our findings to the population of interest we can obtain the evidence Groundwork need to provide mental health projects and programmes for young people in the North East. A survey is an appropriate means to gather this evidence as it is an inexpensive and relatively quick method of gauging the characteristics and opinions of a large population. The anonymity of the survey also means respondents are likely to have given honest answers, making the data more accurate. Additionally, surveys are straightforward for users and are flexible in that Groundwork's could be made to fit those with relatively low literacy skills.

Collection and Analysis of data

Surveys were distributed by Groundwork staff to young people who currently engage with Groundwork's services. Completion took place by hand on physical copies and on computers via SurveyMonkey. Those completed by hand were inputted into SurveyMonkey manually. SurveyMonkey was used to collate and analyse the results of the survey. Visual representations of the data (charts and tables) presented in this analysis, however, were created using Microsoft Excel.

Sampling Method

The population of interest here was the 2000 young people that Groundwork currently engage with. Groundwork used non-probability sampling. In various sessions Groundwork staff invited the young people they work with to complete the survey. Although sample selection was not random, Groundwork's use of convenience sampling allowed for a fast, easy and inexpensive sampling process. Whilst the size of the population is approximately 2000, the sample size is 83.

Findings

Characteristics of respondents

Figure 1

A pie chart to show the age range of survey respondents

- 11 to 15: 12.1%
- 16 to 18: 63.9%
- 18 to 24: 18.1%
- 25 or older: 6.0%
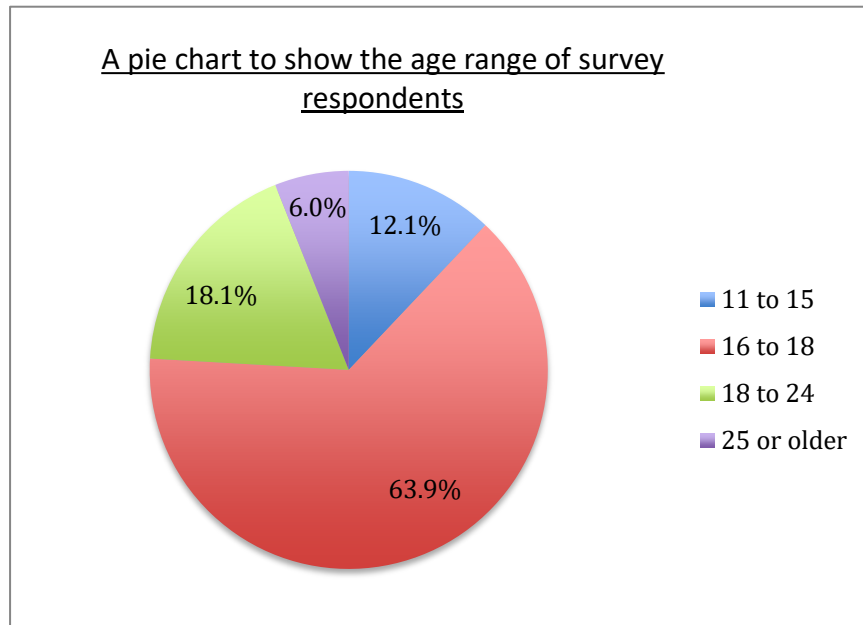
Respondents were equally spread in terms of gender; approximately 52.4% were male and 47.6% female. In terms of age, the majority of survey respondents (63.9%) were between the ages of 16 and 18. However, it is important to note that there was an 18 to 24 category on the survey also, in which 18.1% respondents fell. Hence, 18 year olds could be represented in either category. Because of this, it is difficult to be certain about the dominant age category. One can combine the two categories in analysis to eliminate any uncertainty; 82.0% of respondents then were between 16 and 24 years old but the majority of these were 18 or below. Subsequently, just 12.1% and 6.0% of respondents were in the 11 to 15 and the 25 or older categories respectively.

Mental wellbeing of respondents

Figure 2

A bar chart to show the mental health of survey respondents

Percentage of respondents (y-axis): 0% to 40%

- Excellent: 9.6%
- Very good: 22.9%
- Good: 36.1%
- Fair: 22.9%
- Poor: 8.4%

Rating of overall mental health (x-axis)

a
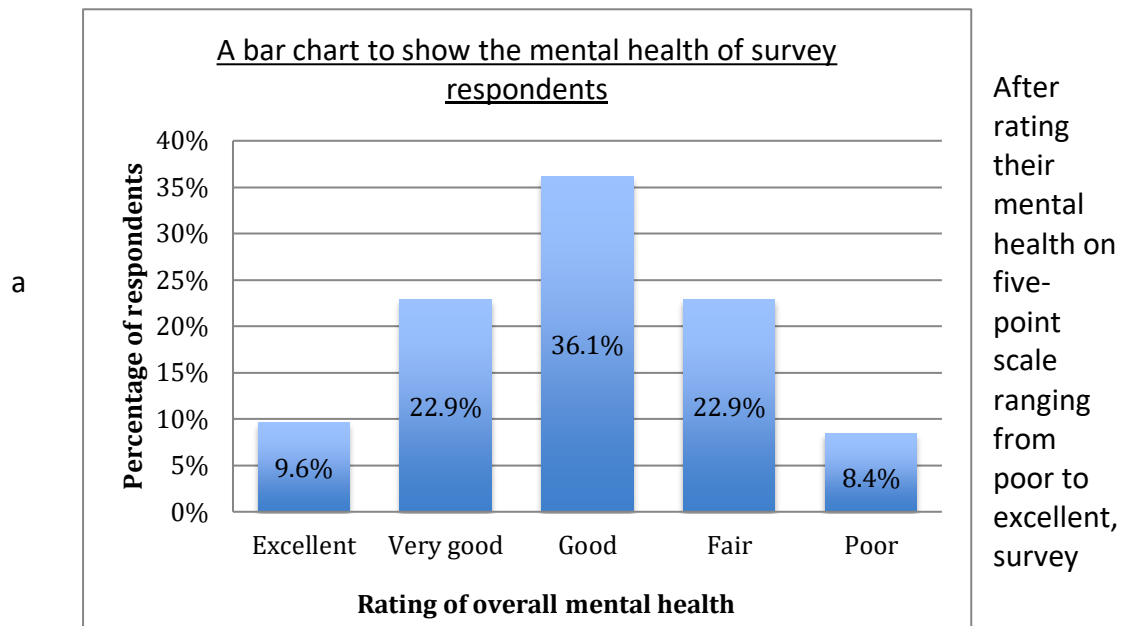
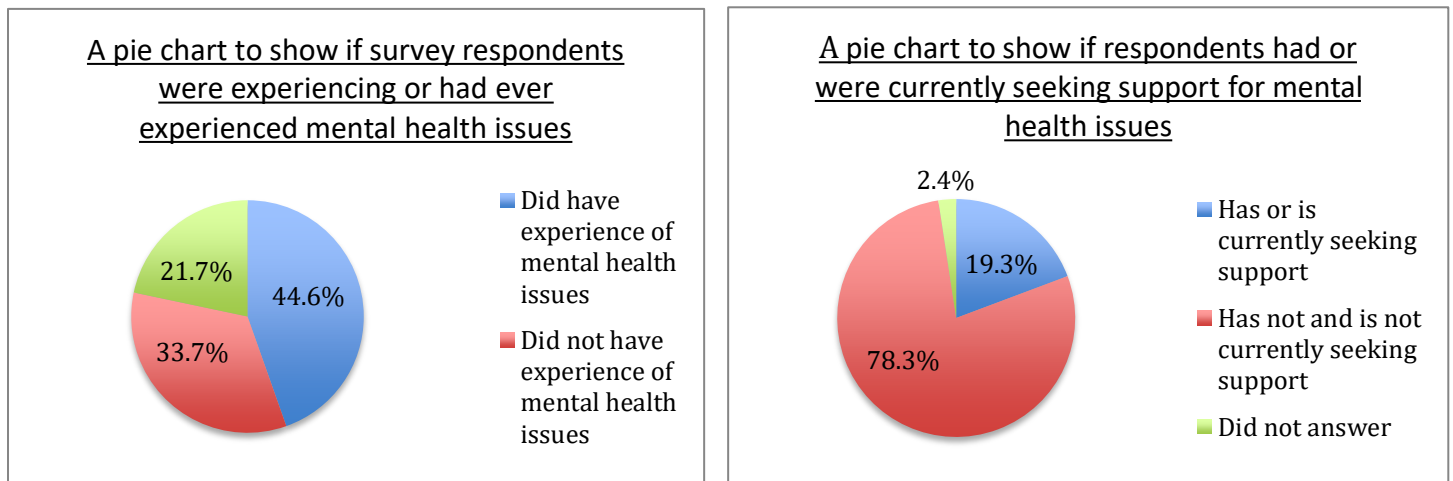After rating their mental health on five-point scale ranging from poor to excellent, survey respondents' mental wellbeing appeared moderate. The extremes at either end of the scale were the least popular answers and the mid way option was the most popular. Whilst 36.1% rated their overall mental health as good, 22.9% rated it as fair and the same amount as very good. Following this, 9.6% of respondents said their mental health was excellent and 8.4% said it was poor. So whilst these results are not overwhelmingly negative, there is still room for the improvement of young people's mental health.

Interestingly, none of the 11-15 age category said that their mental health was fair or poor, 40.0% said it was excellent and the remaining 60.0% were split equally between good and very good. This shows that this age group is in less need of mental health services than others. The trends in the 16 to 18 category were similar to those shown above, however the majority (40%) of 18 to 24 year olds said their mental health was fair. None of those in the 25 and over category rated their mental health as good or excellent, and the majority (60.0%) rated it as fair. This highlights a need for greater inspection into the mental health of older young adults. Evidently, there is the need for services that improve the mental health of all young people currently involved in a Groundwork programme.

Figure 3 and 4

A pie chart to show if survey respondents were experiencing or had ever experienced mental health issues

- Did have experience of mental health issues — 44.6%
- Did not have experience of mental health issues — 33.7%
- 21.7%

A pie chart to show if respondents had or were currently seeking support for mental health issues

- Has or is currently seeking support — 19.3%
- Has not and is not currently seeking support — 78.3%
- Did not answer — 2.4%

More alarming still is that fact that whilst the majority of all respondents (44.6%) said they had struggled with their mental health at some point, just 19.3% had sought out support. Whilst 43.4% of 16 to 18 year olds had experienced issues, 77.4% of them had not sought out support. 60.0% of 18 to 24 year olds had suffered mental health issues but 80.0% of them had not and were not seeking support. Worse still, whilst 80.0% of those 25 and over had experienced mental health issues, all of them had and were not seeking support. Hence, there is a clear need for additional mental health services.

The majority of respondents that gave further details of the help they had received called upon counselling or therapy. Notably, one individual outlined that they had received counselling for approximately four months but it was stopped as the scheme lost its funding. Another respondent said they had learnt to manage it alone. Other respondents said they had used Childline, received in-school support from teachers and medication.
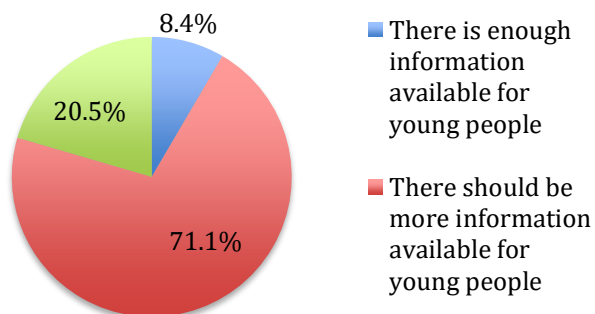
Table 1

Mental Health Problem	Frequency	Percentage
Stress	38	62.3
Anxiety	32	52.5
Depression	23	37.7
Anger	20	32.8
Panic attacks	18	29.5
Loneliness	18	29.5
Self-harm	17	27.9
Eating problems	11	18.0
Prefer not to say	8	13.1
Other	7	11.5
OCD	5	8.2
Bipolar disorder	3	4.9
Total	61	

The frequency table above indicates the spread of mental health issues that had been experienced by respondents. The most common mental health problem was stress; 62.3% of those that answered this question recalled experiencing stress. Secondly, 52.5% of those that answered said they had experienced anxiety. Depression was also selected by a significant number of respondents. When focussing in on age groups, one finds that 11 to 15 year olds only recalled experiencing stress and anger. The majority of 16 to 24 year olds (47.1%) said they had experienced stress, whilst 44.1% had experienced anxiety. 80% of those 25 and older had experienced stress and depression.
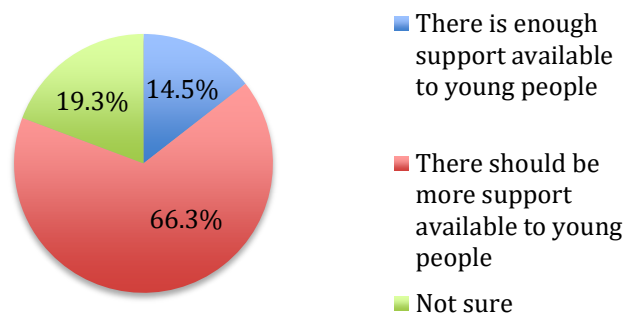
Figure 5 and Figure 6

A pie chart to show if respondents thought young people know enough about mental health

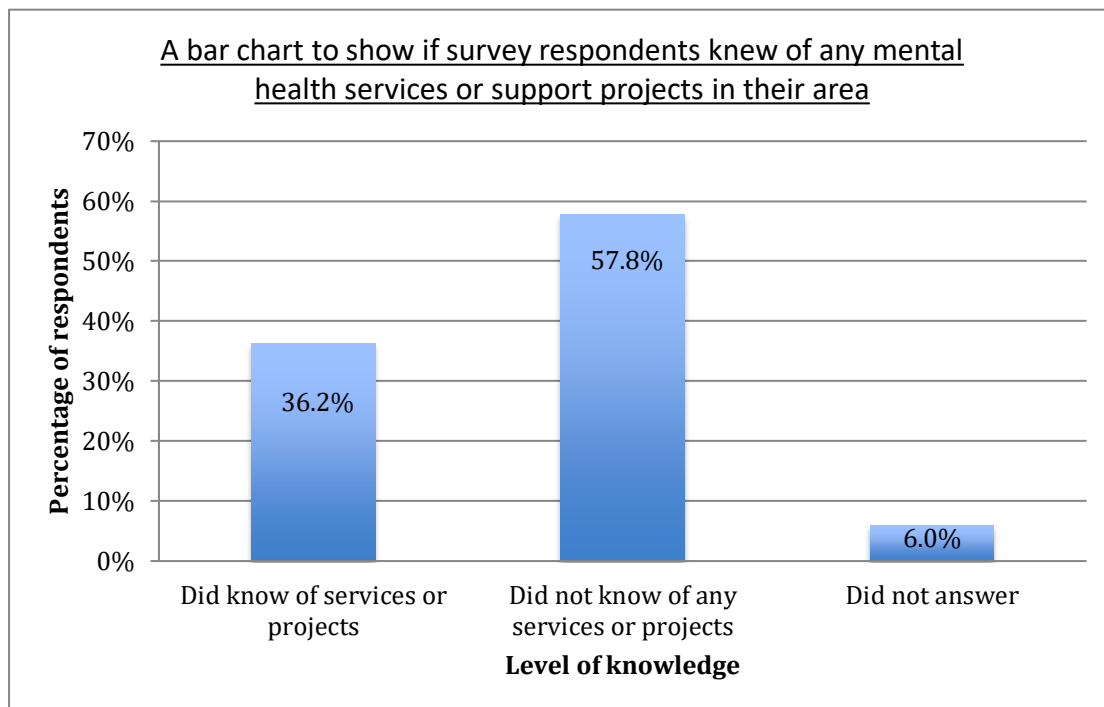- There is enough information available for young people
- There should be more information available for young people

8.4%
20.5%
71.1%

A pie chart to show if respondents thought young people have enough support when it comes to mental health

- There is enough support available to young people
- There should be more support available to young people
- Not sure

14.5%
19.3%
66.3%

In line with the need for Groundwork's provision of mental health services, respondents overwhelmingly felt that there should be both more information and more support available to young people when it comes to mental health. 71.1% of respondents said there should be more information available for young people and 66.3% said there should be more support available for young people. Hence, potential Groundwork services should provide both support and information for young people.

Backing this up further, 81.1% of respondents who had experienced or were experiencing mental health issues said there should be more information available to young people about mental health. Similarly, 86.5% said there should be more support available to young people for mental health. Of those who had not experienced mental health issues, 53.6% said there should be more information, whilst 35.7% were unsure. Additionally, 42.9% of this group said there should be more support available, whilst 35.7% were again unsure.

Figure 7

A bar chart to show if survey respondents knew of any mental health services or support projects in their area

Percentage of respondents

| 70% |
| 60% |
| 50% |
| 40% |
| 30% |
| 20% |
| 10% |
| 0% |

36.2%

57.8%

6.0%

Did know of services or projects

Did not know of any services or projects

Did not answer
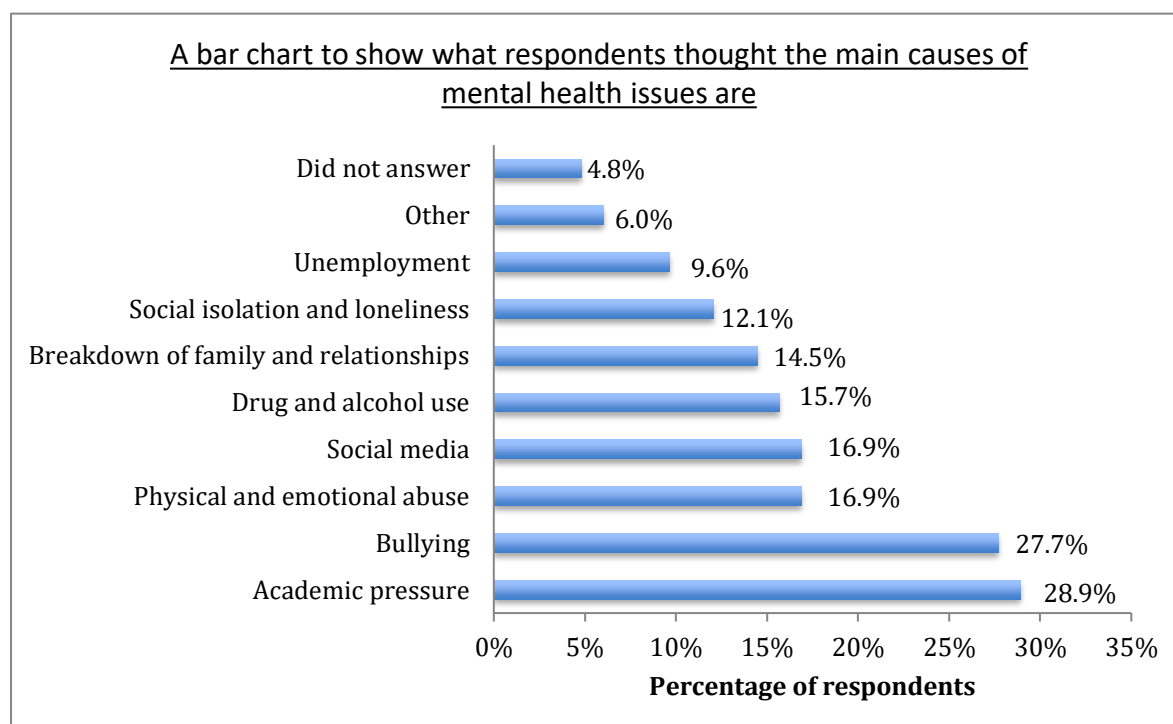
Level of knowledge

Demonstrating a real lack of awareness, just 36.2% of respondents knew of a mental health service or support project in their area. The majority of those who did know of services were in the 18 to 24 or the 25 and older categories. Whilst 53.3% of those aged 18 to 24, and 80.0% of those 25 and older, did know of services, 80.0% of 11 to 15 year olds and 60.4% of 16 to 18 year olds did not.

When asked to identify the mental health services they knew just 22.9% of all respondents contributed. The majority of these respondents identified Mind, and several called upon Local Minds such as Sunderland Mind, Washington Mind and Tyneside and Northumberland Mind. A significant portion also identified Child and Adolescent Mental Health Services (CAMHS) and a small number identified the Gateshead Clubhouse. The rest of the services mentioned were: Starfish Emotional Wellbeing, The Redcar and Cleveland Service, Early Intervention, The Market Place in Leeds, North East Counselling Service, Streetwise Young People's Project, If U Care Share and Shildon Alive.

Causes, impacts and preventative measures

Figure 8

A bar chart to show what respondents thought the main causes of mental health issues are

Category	Percentage
Did not answer	4.8%
Other	6.0%
Unemployment	9.6%
Social isolation and loneliness	12.1%
Breakdown of family and relationships	14.5%
Drug and alcohol use	15.7%
Social media	16.9%
Physical and emotional abuse	16.9%
Bullying	27.7%
Academic pressure	28.9%

Percentage of respondents

Out of the nine options provided by the survey, the majority of respondents thought that academic pressure closely followed by bullying were the main causes of mental health issues. Notably, these causes are both more likely to come from a young person's in-school experiences, although it is important to note academic pressure and bullying can of course also come from outside the school sphere. Hence, Groundwork services could be provided in schools. Social media and physical and emotional abuse were the third most popular options amongst respondents, closely followed by drug and alcohol use. These are causes less likely to come from in-school experiences and so other young people may benefit from out of school services.

Respondents identified a wide range of impacts of mental health issues on young people; unsurprisingly all of them were negative. Out of the respondents who answered what the impacts were (77.1%), 17.2% called upon mental health problems themselves, including depression, stress, anxiety and loneliness. 17.2% of respondents said that the impacts were simply life changing. Additionally, 15.6% called upon the negative effect on education and 12.5% acknowledged the negative effect on relationships. Respondents (10.9%) also identified how mental health issues are isolating and make people more introverted and 9.4% said the impacts were simply devastating. The remaining 17.2% of responses pinpointed a lack of self-esteem, bullying, stigma, fear, suicide, the need for more resources, a loss of work ethic and hygiene and a loss of happiness and understanding.

Figure 9

A bar chart to show what respondents thought would help young people tackle and overcome mental health issues
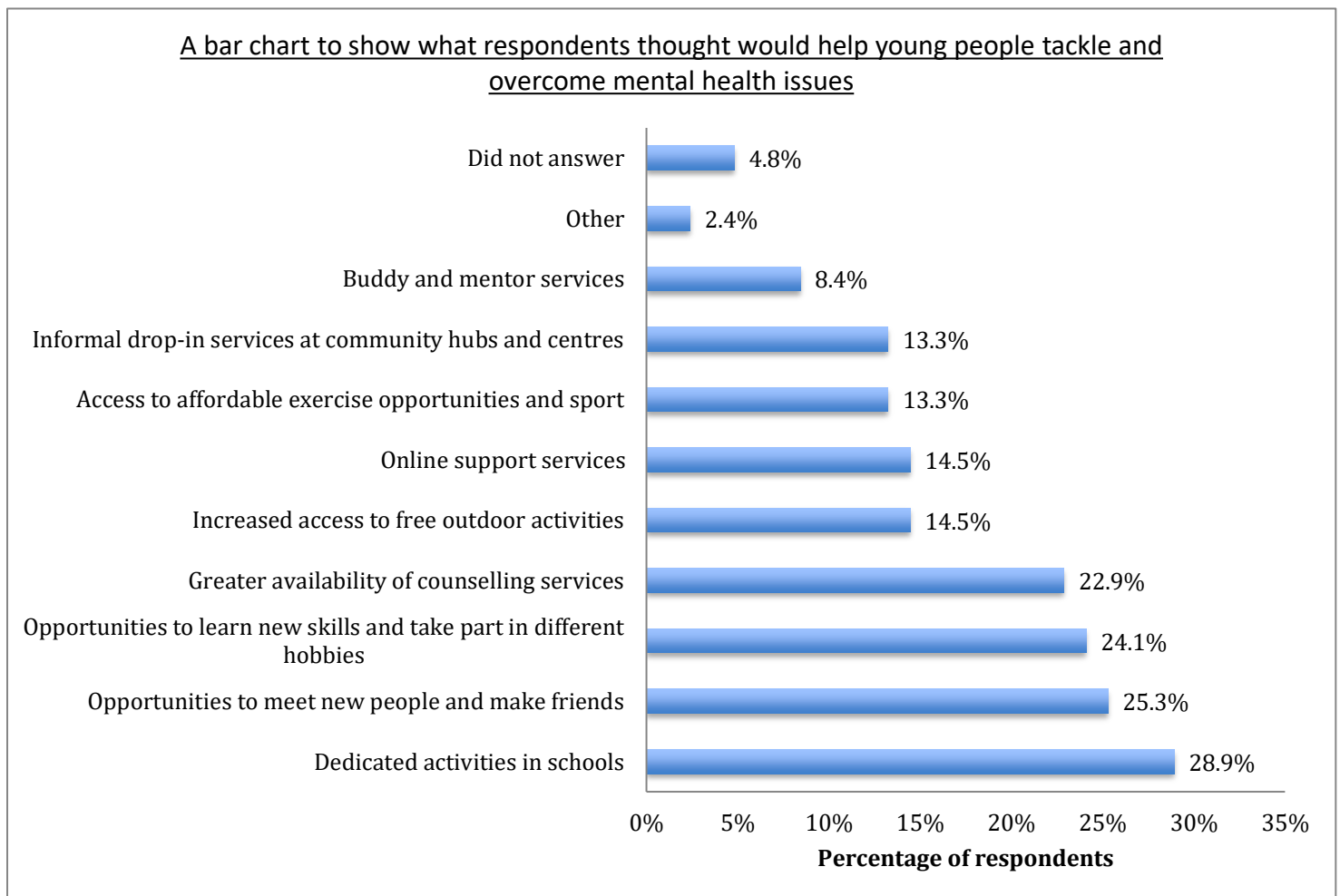
The final survey question asked participants what they thought would help young people tackle and overcome mental health issues. Responses to this question are crucial as they should be indicative of the programmes and projects that Groundwork go on to provide.

The majority of respondents, 28.9%, said that dedicated activities in schools to raise awareness, learn about triggers and coping strategies would help young people. Secondly, 25.3% of respondents said opportunities to meet new people and make friends would help. Thirdly, 24.1% answered with opportunities to learn new skills, experience new things and take part in different hobbies. To have greater availability of counselling services was also a popular option, with 22.9% of respondents opting for it. 14.5% of respondents voted for outdoor activities and the same amount for online support services. Exercise opportunities and drop-in services both gained 13.3% of the vote and buddy and mentor services the least, with 8.4%.

Table 2

Ranking of most popular answers (1= most popular)	Group of respondents			
	All respondents	Those with experience of mental health issues	Age: 16 to 24 year olds	Age: 16 to 24 with experience of mental health issues
1	Activities in schools	Activities in schools & greater availability of counselling	Activities in schools	Activities in schools
2	Opportunities to meet new people	Opportunities to meet new people & opportunities to learn new skills	Opportunities to meet new people	Greater availability of counselling
3	Opportunities to learn new skills	Access to exercise opportunities & online support services	Opportunities to learn new skills	Opportunities to meet new people & opportunities to learn new skills

Similarly, the most popular answer for respondents who had experienced or were experiencing mental health problems was dedicated activities in schools, which gained 37.8% of selections. However, equally 37.8% of this group also thought the greater availability of counselling service would effectively combat mental health problems. The second most popular answers amongst respondents with experience of mental health problems, which both gained 18.9% of selections, were opportunities to meet new people and make friends and opportunities to learn new skills and take part in different hobbies.

Notably the dominant age group, those aged 16 to 24, said the best methods for combatting mental health issues were: dedicated activities in schools (32.4%), opportunities to meet new people (27.9%) and opportunities to learn new skills (26.5%). Similarly, those aged 16 to 24 who had experience of mental health problems majoritively said that the best way to tackle mental health issues is through dedicated activities in schools. Their second choice was the greater availability of counselling services (28.1%), whilst opportunities to meet new people and opportunities to learn new skills both gained 21.9% of selections in this group.

Hence, there is robust evidence to support Groundwork's provision of its services in schools and of opportunities to meet new people, learn new skills and counselling services.

Drawbacks of the data

Before making recommendations in my ensuing project report based upon the data obtained, it is important to identify the restrictions of this data.

Surveying

Because the surveyor always has an element of control in the wording of questions and answers, the possibility for bias exists. For instance, questions 7 and 8 asking if young people know enough and if they have enough support when it comes to mental health could be interpreted as leading questions. The use of the word 'enough', for instance, could be prompting respondents to answer in a certain way. Henceforward, surveys give the potential for respondents to be influenced by the wording of questions, meaning the data may not be fully valid. Additionally, the triangulation of data from numerous methods or sources that would make conclusions more reliable is not possible. This is because one method of research was used on one group of young people (young people involved in a Groundwork programme).

Errors

Although, majoritively, the effect of errors in the survey on the survey results is likely to be minimal, it is important to take note of them when analysing data. As previously called upon, the first survey question asking for age provides both a 16 to 18 and an 18 to 24 category; thus meaning 18 year olds could be in either group. Alongside this, there were some typing errors and wording issues in the survey. For instance, Question 4 asked 'have you every experienced mental health issues?'. Similarly, issues were present in the wording of Question 7. It asked if young people know enough about mental health. The answer options, rather than saying yes, no or not sure, seemingly answered a different question. The options were 'There is enough information available to young people about mental health' and 'There should be more information available to young people about mental health'. Whether young people know enough about mental health and whether there is enough information available to young people about mental health are arguably two separate enquiries. It is important that questions and the survey overall is carefully constructed. However, the errors identified are unlikely to have much impact on the data obtained.

Sampling

Of course, collecting data from the entire population of interest, all the young people Groundwork currently engage with, is extremely difficult and far more time consuming than taking a sample. Sampling a subset of this desired population is extremely useful for indicating the views likely to be held by the entire population. However, the sample size of 83 is fairly small compared to the population size of approximately 2000 young people, and so brings into question the reliability of the data. Additionally, because the sample was a convenience sample, so was not taken

at random, one cannot know how effectively the data is representing the population.

Lastly, the population of interest here was young people that Groundwork currently engage with. However, the programmes and projects Groundwork will go on to provide will be for both this grouping and for those who are not currently involved with Groundwork at all. Therefore it could be said that the survey should have stretched further than just those who are already involved with Groundwork to make it more representative of those who may be using Groundwork's services.

Henceforth, it is important not to overstate the validity and reliability of the data obtained, as there are always limitations to data.

Conclusion

Despite the limitations of this data, it provides useful evidence and direction for Groundwork's provision of mental health projects and programmes for young people. Findings from this survey, alongside evidence from the literature review, will inform the recommendations made to Groundwork in the final report. The fact that most survey respondents were between the ages of 16 and 24 means it is likely Groundwork will tailor its services to this age group. Additionally, the finding that the majority of respondents rated their mental health as good, the mid-way option, and large amount rated it as fair, demonstrates that there is more to be done to help young people's mental health. Similarly, this is substantiated by the fact that the majority of respondents had experienced mental health issues yet had never sought out support. Hand in hand with this, the majority of respondents did not know of any mental health services or projects in their area, thus proving the need for Groundwork's provision of services. Recommendations for Groundwork will take into account the finding that an overwhelming majority of respondents with experience of mental health issues, and the majority of all respondents, said there needs to be more information and more support available to young people for mental health. Crucially, the majority of all respondents, the majority of respondents with experience of mental health issues and the majority of 16 to 24 year olds with experience of mental health issues said the best way to combat mental health issues would be by providing dedicated activities in schools. Hence, it will be strongly recommended that Groundwork aim to provide some in-school activities. Other popular methods of combatting mental health issues, such as the greater availability of counselling services, opportunities to learn news skills, and opportunities meet new people will also shape the recommendations made to Groundwork.

__My recommendations are to provide:__

1. Mental health workshops in schools

Groundwork could provide mental health workshops in schools throughout the North East. As called upon in my review, early intervention is key, and schools are at the heart of this as they govern the lives of almost all young people in the UK. Preventing stigma by encouraging open discussion is paramount. Hence, Groundwork could offer schools throughout the North East workshops that would include:

- An introduction of who Groundwork are and why they are there
- A fun introductory quiz on students' current knowledge of mental health
- An interactive PowerPoint talk on what mental health problems are and how they should be dealt with
- A final, prized quiz on what the children have learnt

These workshops, run by Groundwork staff, would help provide busy and pressured teachers with a helping hand in informing young people on mental health. During these workshops Groundwork would also be able to promote their wellbeing activity days and counselling services (suggested below), if they go on to provide them. In-school workshops would make young, local people aware of Groundwork's current services, and would generate conversation around Groundwork's goals of improving people's lives in environmentally friendly ways.

2. Wellbeing activity days

Groundwork could provide wellbeing activity days on one Saturday or Sunday every month. As proven in my data analysis, young people are enthusiastic about opportunities to socialise and take part in activities being good ways to combat mental health problems. Each month activities would allow young people to learn new skills and hobbies and meet new people, whilst encouraging engagement in physical activity. Examples of activity days that Groundwork could provide are:
- Cooking or baking workshops
- Outdoor assault course day
- Hiking and picnic day
- Yoga or tai-chi day
Through outsourcing affordable professionals young people would be able to engage in activities they do not generally have access to.

3. A counselling service

Groundwork could provide a counselling service for their service users. Employing a counsellor who young people could arrange, or be referred to by staff, to meet and

chat with would be an extremely worthwhile investment. Groundwork's engagement with 2000 young people in the North East means that it could make a real difference in reducing the strain on existing NHS services. A counselling service would provide young people with a place to turn, whether it be for those who simply need a chat with someone who is not a friend, family member or teacher or it be for someone awaiting an NHS treatment. It is likely that a Groundwork counselling service would be taken full advantage of by service users as the survey data showed that young people think there should be more support available and that counselling services would effectively combat mental health problems.

4. A Campaign to make mental health education in PSHE compulsory

A crucial way Groundwork could improve youth mental health is by campaigning to make mental health education in PSHE compulsory for schools. Groundwork work throughout the UK and are nationally renowned for their work with young people. Hence, they have the ability to spark a national campaign. As called upon in my literature review, prevention and early intervention is key to protecting the mental health of young people. Nothing would ensure that as many young people as possible are well informed on mental health more than compulsory education on it. Whilst the government are putting pressure on schools to provide education on mental health, Groundwork should be putting pressure on the government to make mental health education compulsory.