
State of a generation:

Preventing mental health problems in children and young people



Mental Health
Foundation



Our vision and mission

Our vision is good mental health for all.

Our mission is to help people understand, protect and sustain their mental health.

Since 1949, the Mental Health Foundation has been the UK's leading charity for everyone's mental health. With prevention at the heart of what we do, we aim to find and address the sources of mental health problems so that people and communities can thrive.



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Executive summary

As part of the Mental Health Foundation's 70th anniversary, we have commissioned three reports, each looking at a different stage in life and the key things that both challenge and support mental health at these stages. This is the first of these three reports, focused on children and young people. It is intended both as a review of the recent evidence, and as a guide to anyone wishing to gain a rapid understanding of a preventative approach to mental health.

Mental health problems, such as anxiety or depression, can happen at any age. However, childhood and young adulthood represents a particularly important time for development and mental health. By understanding the things that can challenge good mental health, as well as the things that can protect and promote

it, we can introduce policies and services that support children and young people to reach their full potential, preventing mental health difficulties from progressing to the point where it becomes difficult to cope.

Children and young people's early life experiences, the areas they live in, the process of navigating and exploring their identity, and the pressures they experience as they leave school and enter the workplace can all be issues posing risks to good mental health. By contrast, having supportive families, friends and communities; the skills to understand, talk about and manage challenging feelings; adults to turn to that understand how they feel; and accessible and effective support if problems start to become overwhelming are key things that can promote and protect good mental health from childhood into young adulthood and beyond.



Over 1 in 5 young adults (21%) say that the main place where they live has a negative effect on their mental health

Based on the research and the suggestions of our Youth Advisory Panel, to support good mental health and prevent the development of mental health problems, we should:

1

Provide resources to parents and caregivers (parenting programmes, education, employment and housing resources) that help them to be consistent sources of support for their children.

2

Ensure that as part of their education, children are equipped with the skills they need to understand, talk about and manage challenging feelings.

3

Embed the teaching of skills that support good mental health into the curriculum and into youth work and other young-person focused organisations.

4

Ensure that effective early support is available for young people’s mental health that considers young people’s views on what makes that support acceptable and accessible.

5

Enable community leaders to bridge the gap between communities and local government and make sure people have a choice and a voice in deciding what their area needs to support good mental health.

These factors become even more urgent when we consider the findings of an online survey (of 2,522 UK young adults aged 16-25) we conducted at the Mental Health Foundation with YouGov in August of 2019, which showed that over 1 in 5 young adults (21%) say that the main place where they live has a negative effect on their mental health,

only 54% of young adults feel they are able to speak about their emotions with others, a quarter of young adults say they “often” feel they lack companionship (25%), and just under 1 in 7 young adults (14%) say they do not feel they have a trusted adult to go to for advice and support if they are experiencing a problem (e.g. financial, mental health etc.).



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Introduction

We all have mental health. When we have good mental health, we feel emotionally well. We value ourselves and feel able to look after ourselves. We feel able to cope with our daily lives and engage with the things we are passionate about. When we struggle with our mental health, our emotions can feel overwhelming and it can become really challenging to cope. This can make it difficult to go about our daily lives, to interact with others, or to reach our full potential.

Mental health problems, such as anxiety or depression, can happen at any age. However, for many people, childhood and young adulthood represents a particularly important time for development, wellbeing and mental health. A recent report on children and young people's wellbeing from the Department for Education found that young people's wellbeing decreases across adolescence, with 13–15-year-olds reporting lower life satisfaction than children aged 10–12.¹ Some research suggests that around half of mental health problems develop by the mid-teens, with three quarters established by the mid-twenties.² Estimates of mental health problems among children and young

adults in England suggest that 11.2% of 5–15-year-olds and 18.9% of 16–24-year-olds experience a mental health problem like anxiety or depression.^{3,4}

The prevalence of mental health problems among children seems to be slowly rising. Rates among 5–15-year-olds increased from 9.7% in 1999 to 10.1% in 2004 to 11.2% in 2017.³ This mirrors research in Scotland, which found an increase in emotional problems and peer relationship problems among children over time.⁵ However, according to recent estimates, nearly 1 in 4 children (24.1%) with a mental health problem had no contact with either professional or informal (e.g. family or friends) support for worries about their mental health.⁶ The Mental Health Foundation conducted a survey with YouGov in August of 2019 (of 2,522 UK young adults aged 16–25) and found that just under 1 in 7 young people (14%) say they do not feel they have a trusted adult to go to for advice and support if they were experiencing a problem (e.g. financial, mental health etc.). Furthermore, only 55% of young people are confident that they know where they can go to find help if they are concerned about their mental



health and wellbeing, while only 34% are confident that they could actually get the help they need.

These figures highlight the importance of both early intervention and prevention for young people's mental health. By understanding the things that can challenge good mental health, as well as the things that can protect and promote it, we can introduce policies and services that support children and young people to reach their full potential, preventing mental health struggles from progressing to the point where it becomes difficult to cope.

Young people's mental health does not exist in a vacuum, and while research cannot yet pinpoint with exact certainty what will cause a mental health problem to develop, we do have strong evidence of the range of things that can increase the risk of experiencing a mental health problem. Some of these influences are individual (e.g. things like personality or genetics), some occur within families and communities (e.g. family relationships or school environment) and others are more systemic (e.g. disadvantage or discrimination).

For example, children whose parents reported poor mental health, or whose parents received income or disability benefits, were much more likely to have a mental health problem than those whose parents did not.⁷ Children with fewer friends and those that disliked or felt pressured by school were also found to have poorer mental health and wellbeing.⁵ Among adults aged 16 and over, those who were

economically inactive or unemployed, or who received benefits, were more likely to have a common mental health problem (like anxiety or depression) than those who were not.⁴

These risks reflect the broader issues currently faced by young people in the UK. According to young adults surveyed by the YMCA, the biggest challenges include: lack of employment opportunities, failure to succeed within the education system, body image concerns, family breakdown, and substance abuse.⁸ Young people all over the UK are stepping up to address these challenges. For example, the MH:2K project from Leaders Unlocked and Involve brought together young leaders from across England to develop recommendations for more mentally healthy communities.⁹ In Scotland, organisations like Young Scot are supporting young people to develop solutions for mental health services and issues like youth loneliness.^{10,11} In Northern Ireland, the Commissioner for Children and Young People (NICCYP) has a youth panel that comes together to discuss ways to create change on a range of issues that affect children and young people in Northern Ireland, including mental health.¹²

With this report, we highlight some key risk and protective factors for young people's mental health. Drawing on research and the recommendations of young people, we outline actions for change at the individual, family, community, and societal level to support the prevention of mental health problems and the promotion of good mental health for all.

Experiences of adversity

Unfortunately, many children and young people experience difficult or traumatic experiences during their childhood or adolescence. These experiences can have significant effects on mental health and wellbeing into adulthood and represent one of the key areas in which support and services are needed to protect and promote the mental health of children and young people.

Trauma, abuse and neglect

While not all children who are exposed to trauma, abuse or neglect develop mental health problems, these experiences have been associated with an increased risk of developing depression, anxiety, or post-traumatic stress disorder (PTSD) in childhood and adulthood¹³⁻²¹ as well as an increased risk of self-harm and suicidal thoughts.^{16,22,23} While this risk



seems to be associated with a wide range of adversity, there is some evidence to suggest that there are different pathways to developing mental health problems depending on the type of maltreatment or trauma experienced, as well as individual differences in things like genetics, emotional regulation skills, and level of available support.^{17,19,23–27} There is also some evidence to show that experiences of trauma and maltreatment may be linked to changes in cognitive development.^{16,28} Some reviews suggest that those who have experienced childhood trauma or adversity show greater activity in areas of the brain that are associated with the processing of negative situations and environments. Similar patterns of activity have been found in people diagnosed with mental health problems like major depression, social anxiety disorder, and bipolar disorder.^{16,29} Experiences of early childhood maltreatment have also been linked to risk of developmental problems and difficulties with skills like language development.^{16,21} Some groups of young people may be more likely to experience trauma and abuse. One review found that sexual minority youth were nearly four times as likely to experience sexual abuse, and over one and a half times as likely to experience assault at school than their peers.³⁰

There is a great deal of research on ways to support children and young people who have experienced different types of trauma and adversity. Psychosocial interventions such as cognitive behavioural therapy (CBT) or trauma-focused cognitive behavioural therapy

(TF-CBT) can be helpful in reducing PTSD symptoms for young people.^{31–35} Other approaches like play therapy, supportive therapy, support with coping skills, and psychoeducation may also be effective for supporting mental health and wellbeing.^{33,36} Parenting interventions may be important to support the mental health of both parents and children exposed to trauma^{34,37} and interventions focused on the parent–infant relationship may also be beneficial for parents who have themselves experienced trauma.³⁸

For some adverse experiences, such as bereavement, there is evidence that supporting parents using group-based or family-based interventions can help to improve the mental health of both parents and children.³⁹ Peer-based approaches such as support groups or camps may also be helpful, though more research is needed.⁴⁰ Organisations like Child Bereavement UK focus on providing this face-to-face support for children and families in the UK.⁴¹

Further and more rigorous research is needed, however, to explore the longer-term effects of all interventions, as well as what interventions are effective for individuals with more diverse backgrounds and experiences.^{14,31,33,35,37,42} More generally, action should take place to ensure that professionals from across disciplines (e.g. social workers, psychologists, nurses etc.) can work together to effectively identify and support children and families experiencing trauma, maltreatment or adversity.^{18,43} Systems should be in place

to prevent maltreatment in childhood and decrease exposure to adversity.⁴³

Refugees and asylum seekers

Children who are refugees or asylum seekers are likely to have experienced significant trauma. Estimates of the prevalence of mental health problems among asylum-seeking and refugee youth in Europe range from 9% to 53% across a range of mental health problems, including PTSD, depression and anxiety.⁴⁵ When working to support young people in these groups, it may be especially important to consider structural interventions that address things like suitable housing and care, settling into school and accessing health and social services, alongside more therapeutic interventions.^{45–48}

Looked-after children

Another group that is more likely to have experienced trauma, abuse or neglect is children who have been placed in care (e.g. with a local authority, with another family member, or in foster care).^{49,50} Looked-after children and foster children often experience higher rates of mental health problems^{21,49,51,52} and may find it more difficult to make and keep positive, secure relationships with friends and guardians.⁵¹ In particular, this may be the case for children who have had multiple changes in care placements.⁵¹ Several reviews have found evidence that programmes that provide foster or residential carers with education about trauma and mental health, as well as support and guidance for appropriately managing conflict and

challenging behaviour, can help to improve children's outcomes.^{50,52} For young people leaving care, it is particularly important to ensure that they are well-supported during this transition and do not experience a loss of support, or a gap between child and adult mental health services.⁵²

Parental mental health problems

Often, children whose parents struggle with their own mental health experience unique challenges that may contribute to an increased risk of mental health problems.^{7,54} Some research suggests these children may feel pressure to hide aspects of their home life due to fear of bullying, and that this can contribute to feelings of isolation or exclusion from friends and peers.⁵⁵ They may also experience additional stress or pressures due to taking on aspects of a caregiving role, which can have a negative effect on mental health.^{54,55}

More research is needed on the best ways to support children whose parents experience mental health problems.⁵⁶ However, it may be important to provide support to both parents and their children that promotes positive parenting and strengthens the parent–child relationship.⁵⁴ It may also be important to provide children with opportunities to speak openly with others about their situation and to ensure they feel supported and able to socialise and play with friends.^{55,56}

Bullying and cyberbullying

Some research estimates that between 20% and 40% of adolescents have experienced cyberbullying.⁵⁷ Research

has found a link between experiences of bullying and cyberbullying, lower self-esteem and a higher risk of depression, self-harm and suicidal behaviour in children and young people.^{58–67} This may especially be the case in situations where children experience bullying both at home (from siblings) and from peers⁶⁷ or for children who experience more prolonged or frequent bullying.⁶¹ These negative effects can be long-lasting, extending beyond childhood and into adulthood. One review found that the likelihood of being depressed was higher for children who were bullied in school compared to those who were not, even after accounting for the effect of other childhood risk factors. This increased risk was found decades after the bullying was experienced, particularly if the bullying first occurred when the children were young.⁶⁸

This relationship may also be present, to a lesser degree, among young people who participate in bullying and cyberbullying behaviour. Some research suggests that children and young people who engage in bullying are also more likely to experience emotional problems (like depression) and suicidal thoughts and behaviour than their peers who have not experienced, or taken part in, bullying.^{60,62,64,69} Children who bully others are also more likely to

have behavioural problems and problems at school.^{57,70} Given the negative effects of both experiencing, and taking part in, bullying, it is perhaps not surprising that where research has looked at children who are both targets of, and participants in, bullying they are also found to be at risk of suicidal thoughts and depression.^{57,60}

Overall, there is no consensus on the best way to prevent or manage bullying and cyberbullying, and there is a need for further research that focuses on addressing cyberbullying and bullying that targets characteristics like sexuality, race and disability.^{60,69,71,72} However, the research that has been done suggests that a multipronged approach that includes media campaigns, school-based programmes, parental oversight, and more targeted interventions by primary care providers and mental health professionals may be needed.^{57,61,62} School-based programmes and educational approaches that promote communication, social and coping skills – alongside education about how to use technology responsibly – may be effective.^{62,73} Given the increased risk of poor mental health among those that are exposed to or involved in bullying, programmes should aim to address both targets of bullying and those who engage in bullying behaviour.⁶²

Disadvantaged environments

Where we live plays an important role in our lives. It can affect the people we meet, the quality of our homes, the job opportunities available to us, our access to services, how easily we can get around, and how we spend our spare time. Due to all this, it also plays an important role

in our mental health and wellbeing. Our survey found that, while 43% of UK young adults aged 16–25 say the main place they live has a positive effect on their mental health, just over 1 in 5 (21%) say the main place they live has a negative effect on their mental health.



Deprivation (or disadvantage) is a term often used to describe neighbourhoods that are lacking in their ability to provide the resources that support good health and wellbeing. Characteristics of disadvantaged areas include things like a high concentration of poverty; high unemployment; poorer educational opportunities; higher crime rates; barriers to accessing housing, healthcare or other important services; and poorer-quality living environments (e.g. overcrowded or run-down housing).⁷⁴

Poverty and disadvantage affect large numbers of children and young people in the UK. In 2017/18, there were three million children living in relative low-income households (households with an income below 60% of the median household income).⁷⁵ Living in poverty or disadvantage has been associated with poorer mental health in both adults and children.⁷⁶⁻⁸²

One review estimated that children from disadvantaged families were two to three times more likely to have mental health problems than their peers.⁷⁹ There are many reasons why this may be the case, ranging from reduced access to social and community resources^{80,81,83} to increased likelihood of difficulties or stress at home,^{76,79} to greater exposure to discrimination or violence.^{80,84} Children themselves describe feeling excluded and isolated due to not having as many possessions as their friends, feeling anxious about their family income, being unable to access the same opportunities and leisure activities as their peers, and lacking affordable transport and safe spaces to socialise.⁸⁵

Safety and exposure to violence

One review found that exposure to acts of violence in the community (e.g. bullying, conflicts between gangs, muggings or robberies) was associated with symptoms of PTSD and emotional and behavioural problems in children.⁸⁶ For PTSD symptoms, the relationship was similar whether young people were victims of the violence, or whether they witnessed or heard about it second-hand.⁸⁶ A more recent review supported this link, finding that lower levels of community safety were linked to increased symptoms of depression in children.⁸⁴ This was also mirrored in our survey, which found that 82% of young adults aged 16–25 say the general safety of the area they live in (e.g. how common theft, violence, etc. is in the area) is important to their mental health. Among children who have been exposed to violence in their communities, support from those closest to them is important to protect their mental health. Support from family, school, and peers helps to protect children from the negative effects of exposure to violence.²⁷ There is also some evidence to suggest that involvement in the community (e.g. through religious services or extra-curricular activities) is associated with improved functioning for these children, though more research on the influence of these factors is needed.²⁷

Use of green spaces

The negative effects of community violence can extend into fear of crime. Some studies suggest that, among adults, fear of crime has a negative effect on

wellbeing.⁸⁷ The degree of fear may be influenced by the way an area looks or feels. One review found that the characteristics of a neighbourhood can increase people's fear of crime and reduce their willingness to use urban green spaces like parks or gardens.⁸⁸ When people are unfamiliar with their neighbours or have limited social networks within their area, they are more likely to fear crime in green spaces, especially when the green spaces themselves show signs of negligence (e.g. graffiti or vandalism) or are overgrown, with little light or indication of development.⁸⁸ In our survey, 74% of young adults aged 16–25 said that the physical appearance of the area they live in (e.g. well-kept buildings, clean streets, lack of litter etc.) was important for their mental health. A review of children's experiences echoed this, finding that children from disadvantaged areas often lacked safe places to play and socialise due to public spaces that were run-down and poorly maintained.⁸⁵ This fear of crime affects some groups more than others, with women and girls – particularly those from ethnic minorities – expressing higher levels of fear, often due to worries about experiencing racism or bullying in these spaces.^{85,88} This is important not only because experience of discrimination is linked to poorer mental health⁸⁴ but because spending time in green spaces can be beneficial for mental health and wellbeing.

Exposure to and engagement with nature has been linked to more positive mental health in children and young people, though more research in this area is

needed.⁸⁹ One review found that when students engaged in physical activity outdoors, they gained greater benefits in terms of energy and enjoyment and decreased feelings of anger and depression compared to doing that same activity indoors.⁹⁰ In our survey, 75% of young adults aged 16–25 said that living close to blue and green spaces (e.g. lakes, rivers, gardens, parks etc.) was important for their mental health. This benefit may be especially pronounced for children living in disadvantaged areas. One study followed over 6,000 children from ages three to five and found that neighbourhood green spaces were related to fewer emotional problems, but only for children from poorer urban neighbourhoods.⁹¹



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Community connections and community resources

There are things within communities that can support good mental health and wellbeing.⁸⁰ These can include things like: connections within a community



and feelings of trust and safety among community members (often called community social capital or social cohesion),^{83,92} the sense that a community is able to work together to accomplish specific tasks or goals (often called collective efficacy),⁹³ and the degree to which neighbours and community members will step in if they see unwanted behaviour happening in their area.⁹³ Disadvantaged areas are often more likely to lack these characteristics which may play a role in the link between living in a disadvantaged area and an increased risk of mental health problems.^{77,80,81,83,94,95} In this way, the disadvantages within communities can compile. Areas with higher rates of community violence may have green spaces that encourage fear of crime which causes people to avoid engaging with

those spaces, meaning they are less likely to take advantage of their benefits. Lack of affordable public transport, particularly in rural communities, means that it may be difficult for young people to access safe public spaces or participate in leisure activities (especially if these activities are costly), limiting opportunities for socialising and building connections.⁸⁵

Make sure there are regular (free) events for people in the community. They can help bring people together and break down assumptions about your neighbours. Create these events by working with people to find out what they want and value

- Youth Advisory Panel

However, when these factors are present, they can help to support and promote good mental health. Over half of the young adults aged 16–25 in our survey (55%) said that the sense of community in the area they live in (e.g. friendly neighbours, community events, free community spaces etc.) was important to their mental health. One review found that children and adolescents reported fewer mental health and behavioural problems when they had a wider support network of high-quality relationships with peers and trusted adults outside of their immediate family.⁹² They also found that more frequent attendance at religious services was related to better mental health, but that there was insufficient evidence that this was connected to how religious children were. Instead, the authors suggest that religious participation may be a sign of supportive social networks outside of the family that offer culturally appropriate support to young people.⁹² These community connections can help to lessen the negative effects of disadvantage within neighbourhoods⁹² and may have stronger positive effects for people who are from more disadvantaged backgrounds.⁸³

So how can we take advantage of the protective factors within communities? Several reviews have looked at the types of interventions that can support children and young people living in poverty or disadvantaged areas, and, while more high-quality research is needed,⁹⁶ there is evidence to support the positive impact of some approaches.

Several reviews have found evidence for the positive effects of parenting

programmes and positive parenting in supporting the mental health of children and young people from poorer or more disadvantaged neighbourhoods,^{97–100} particularly programmes that promote positive interactions between parents and children.^{98,100} It is important that these programmes take into account the barriers that parents in disadvantaged communities often face when accessing services.¹⁰¹

Have key people from communities work alongside both the community and local government. Work with these groups to find out what communities need.

Make sure these conversations are honest, inclusive, engaging and not misleading. Ensure community members have a choice and a voice in what happens in their area.

- Youth Advisory Panel

There is also evidence that whole-school approaches to mental health are effective in supporting mental wellbeing and positive behaviour in young people.^{99,100} One review suggested that provision of after-school programmes that support the development of personal and social skills, as well as access to quality early childhood education, can be effective support for children living in disadvantaged communities.¹⁰² Once young people have left school, programmes that support job searches

and employment can also be useful for promoting good mental health.^{80,100}

Policy makers need to be fully aware of the effect of environment on mental health and the importance of actively reinvigorating communities

- Youth Advisory Panel

It is important that any intervention involves members of the community in deciding what changes need to occur and what actions should be taken. One review found that approaches that engage the community can have positive effects on housing, feelings of community safety, community empowerment, and the building of connections and trust.¹⁰³ This type of community engagement work may be especially important when considering the ways in which gentrification can disrupt existing community networks.⁹⁷

Uniting a community around a common goal can help support connection and empowerment and ensure everyone has a voice in what happens in their area.⁹⁷ Care should be taken to make sure young people in particular have a role in shaping these goals.⁹⁷ Empowering young people to take action in their community in ways that are reflective, challenging, youth-led, impactful, progressive and embedded is not only of benefit to the community at large, but has also been found to equip young people with skills that help them achieve success and wellbeing in adulthood.¹⁰⁴ Finally, action must be taken at a policy level to tackle the issues that affect disadvantaged communities. To truly be effective, policies should address unequal distributions of money, power and resources within and across communities.⁸⁰ Policies should also take into account the ways that neighbourhoods affect mental health, through things like urban planning, access to resources, provision of quality housing and community safety.^{80,100,102}



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74%

Identity, transitions and expectations

Where you grow up, your early life experiences and your relationships can all have an impact on your identity and how you see yourself. Some key parts of identity include gender, social class, sexual orientation, race, ethnicity, age and disability. These can all play a role in determining how we understand and experience the world, as well as shape the types of opportunities and challenges we face, all of which can influence mental health and wellbeing. Our sense of identity is something that develops and changes across our lives,¹⁰⁵ and adolescence is a particularly significant time when young people start to think more about who they are and start to question and explore their sense of self, trying out new identities and exploring what it means to be an adult.^{106,107}

Racial and ethnic identity

Racial discrimination can have a negative impact on the mental health of ethnic minority children and young adults, increasing their risk of experiencing anxiety and depression and decreasing their feelings of self-esteem and self-worth.^{108,109} Having a strong ethnic identity – that is, feeling

a sense of belonging to one's ethnicity – may help to offset the negative effects of discrimination, though this varies across race and ethnicity.¹¹⁰

There is some research to suggest that parents play an important role in promoting a positive racial and ethnic identity in their children, especially during adolescence.¹¹¹ Parenting practices that promote cultural pride and knowledge through teaching children about their customs, history and heritage may be particularly beneficial for children from minority ethnic backgrounds.¹¹¹

Sexual and gender identity

LGBT+ youth are often at greater risk of experiencing mental health problems.¹¹² Some reviews have found that LGBT+ youth are more likely to experience depression¹¹³ and are at greater risk of suicidal behaviour than their heterosexual peers.^{114,115} How LGBT+ youth understand and feel about their sexual identity can be a risk or a protective factor for their mental health and wellbeing.¹¹³

Youth who are exposed to and adopt negative messages about their sexual orientation may be more likely to experience

mental health problems than those who do not.^{113,115} Feeling pressure or stress about managing LGBT+ identity has been found to be a risk factor for depression among lesbian, gay and bisexual young people.¹¹³ Conversely, having a positive LGBT+ identity and higher self-esteem can protect against depression¹¹³ and contribute to positive health and wellbeing among transgender and non-binary youth.¹¹⁶ Social support – that is, strong relationships with and support from parents, peers and trusted adults – was consistently found to be important in promoting this positive sense of identity among sexual minority and gender non-binary youth.^{113–116} This includes a supportive school environment in which correct terminology is used, heterosexual assumptions are avoided, bullying is not tolerated, and resources are provided for family and friends.¹¹⁵ At a wider level, communities should also contribute to creating safe spaces for LGBT+ youth to come together.¹¹⁶

Learning disability and identity

It is estimated that high proportions of people with learning disabilities experience hate crime or harassment related to their learning disability.¹¹⁷ These experiences of stigma, discrimination and abuse can substantially affect quality of life, contributing to feelings of fear, isolation and loneliness.¹¹⁷ They may also affect how young people with learning disabilities see and think about themselves. Some research has found that children and young adults with learning disabilities can struggle

with maintaining a positive identity and developing social connections due to the stigma they encounter in schools and communities. This, in turn, can have a negative impact on mental health.^{118,119} One review identified several factors that can promote and protect the mental health of children with learning disabilities. Supporting children to develop a positive sense of identity, ensuring their schools are safe and accepting places, and enabling children and their families to build supportive social connections in their community were all identified as protective factors for mental health.¹¹⁹ Action also needs to be taken to ensure that people with learning disabilities can lead safe and inclusive lives.¹¹⁷

Identity and intersectionality

Though looking at identity according to specific categories (e.g. disability, sexual and gender identity, and racial and ethnic identity) can be useful, it is important to remember that people are multi-faceted, and that focusing on one aspect at the expense of others can mean that a more detailed and diverse understanding of people's identity experiences is ignored.¹²⁰ This more nuanced approach is often referred to as "intersectionality" and further research is needed that looks at the way identity and mental health are connected across sexual and gender identity, race, ethnicity, disability and background.

Identity and school transitions

In addition to the exploration of identity in terms of race, ethnicity, gender or sexuality, adolescents and young adults

must navigate numerous transitions as they move into adulthood that can affect their sense of self and their self-esteem. Often, these transitions are accompanied by external pressures or expectations that can play a role in mental health and wellbeing.¹⁰⁷ In our survey, over half of young adults aged 16–25 (54%) said that they “often” or “always” feel pressure to meet other people’s expectations of them. Of young people who felt pressure to meet other people’s expectations of them, 64% said it has a negative effect on their mental health.

Academic pressure

A key challenge reported by many young people is managing academic stress and pressures at school.^{8,121} Some research has found that, the worse young people felt they were doing at school, the greater their psychological distress and anger.¹²² These concerns are reflected in statistics provided by the counselling service, Childline, who delivered 2,795 counselling sessions about exam stress in 2018/19,¹²¹ with some young people saying that exam stress was negatively affecting their mental health.¹²¹

It is therefore critical that schools provide supportive environments that allow young people to succeed. This could be supported by promoting positive interactions between teachers and students,¹²³ so that they feel better supported in academic decisions, such as choosing subjects to study in sixth form, and to ensure that bullying is effectively tackled.¹²⁴ Parents and guardians can also

help to combat the academic pressures experienced by young people. This could involve providing them with practical support around preparing for their exams and knowing how to act to support young people in the event of disappointing exam results (see YoungMinds’ parental guide for useful tips).¹²⁵

Leaving school

Leaving school can be a challenging time for young people. It is therefore important that they are provided with the appropriate support and guidance about the options available to them, whether this be entering into vocational or higher education, or starting work.

Constantly consuming a singular message about the route your life should take, and the decisions you should make is detrimental to mental health. Give parity to all routes of success rather than focusing on those that are more ‘normal’ or ‘mainstream’.

- Youth Advisory Panel

For young people that go to university, research suggests that they are more likely to experience depression than the general population.¹²⁶ Starting university is a major life transition.¹²⁷ Not only must students manage multiple academic and social pressures, they must also navigate developmental challenges as they transition to adulthood.¹²⁸

Universities and colleges therefore have an important role in promoting the health and wellbeing of students at this phase of their lives, and it is necessary to have clear processes and care pathways that are appropriately resourced to meet the increased student demand.¹²⁹ Even before university, greater efforts to facilitate the transition from school to higher education would better prepare and equip young adults with the tools they need to succeed in college or university.¹³⁰ Closer coordination between schools or colleges and university personnel is required to effectively facilitate this transition.¹³¹ Other ideas to help young people adjust to life at university include having a phased induction process with feedback on progress, and personal contact with a tutor to foster a sense of belonging.¹³¹

Support needs to be embedded at key transition points. More research is needed on transitions. What are the common themes? What implications does this have for services?

- Youth Advisory Panel

Much of the research is focused on the mental health of young people entering university; however, a significant proportion of young people choose not to enter university but instead go into employment or vocational training. These young people are often neglected in favour of a focus on those going to

university or those not in education, employment or training (NEET).¹³² Given that the transition from school to work can have important implications for wellbeing, it is important that this group of young people is appropriately supported. However, the current system is confusing and can leave young people unprepared or lacking key skills for work and life after school.¹³² Greater efforts are needed to improve this transition and the availability of career routes for non-graduates. This includes careers guidance tailored to the individual and a combination of vocational skills training to support access to better-paying sectors of the labour market alongside a focus on continuing skills development once young people are in employment.¹³³ Reducing the number of young people who are NEET is also of great importance, as an extended amount of time spent NEET can have a negative impact on young people's physical and mental health.¹³⁴ There are various policies in place to address this challenge, including the recent expansion of apprenticeship schemes and the 'September Guarantee', which places a duty on local authorities to find a suitable place in education or training for all 16- and 17-year-olds.¹³⁴ Despite this, there is a lack of evidence around what works to support young people who are not in education or employment. Though reducing the number of young people who are NEET is a government priority, the services available are insufficient to fully address the issue and often fail those most at risk. Charities may therefore

have an important role to play in helping young people take their first steps to a sustainable and rewarding job.¹³⁵

Overall, there are many factors that affect the way we come to see ourselves. Having a clear and positive sense of who you are is vital for good mental health. It is therefore very important that efforts are made to ensure that children and young people have the best opportunity to develop a healthy sense of identity and are equipped to manage the challenges to identity and self-esteem that can accompany the life changes that occur with leaving school and entering higher education or the workforce. On a practical

level, disseminating clear guidance and information for parents on how they can best support their children during exams and educating parents about the way their parenting style can affect the way in which their child thinks about their identity may be helpful steps to supporting young people. Schools and families, and the relationships that develop in these settings, are particularly important contexts that shape the way children and young people develop an understanding of their identity and play an important role for supporting positive mental health and wellbeing.

Social support

Social support refers to our social connections (e.g. family, friends, partners, etc.) and the degree to which we feel they are there for us. Higher levels of social support have been consistently linked with better mental health and wellbeing in children and young people.^{80,92,136–138} Reviews

have found that children with higher levels of social support report better wellbeing, better performance at school, and decreased likelihood of emotional problems and substance use.^{136,137,139} By contrast, a lack of social support has been found to be a risk factor for poorer mental health among young people.^{92,138} Social



support may be particularly important for youth who have experienced trauma or other adverse experiences^{25,27,54} or those who face higher risk of discrimination or exclusion. Among LGBT+ youth, for example, support from family and friends plays a crucial role in promoting good mental health.^{113–115}

There can be many different sources of social support, with research finding that support from parents or guardians and family members, friends and teachers all play a role in supporting children and young people's mental health and wellbeing.^{80,92,101,123,136–141}

Worryingly, in our survey, a quarter (25%) of young adults aged 16–25 said they "often" lack companionship, a further 25% said they often feel left out and 27% said they "often" feel isolated from others. In general, just under 1 in 7 young adults in our survey (14%) said they do not feel they have a trusted adult to go to for advice and support if they were experiencing a problem (e.g. financial, mental health etc.).

Parents and family members

Parents and guardians represent a key source of support for young people and there is a strong body of evidence on the importance of the relationship between parents/guardians and children for children's mental health and wellbeing.^{80,92,141} Children who have more positive relationships with their parents are less likely to report mental health or behavioural problems^{92,101,142} and are less likely to participate in risky health

behaviours such as smoking or drug or alcohol use.^{80,139}

What characterises a positive parent–child relationship varies somewhat from study to study, but, generally, positive relationships are those characterised by feelings of trust, good communication, low levels of conflict and children feeling that their parents are warm, accepting, supportive and allow them age-appropriate levels of independence and autonomy.^{92,143}



In our survey, 27% of young adults aged 16–25 said they "often" feel isolated from others.

Relationships and connections with wider family members are also important, with children from families that trust each other, spend more time together, or have healthy family functioning reporting better mental health.^{7,92} One review – which focused specifically on families of a Latinx background – found that, where there were stronger values of familism (the expectation that family will provide emotional support when needed), adolescents reported lower levels of depression symptoms.¹⁴⁴

It is important to note that this relationship between familial support

and mental health may sometimes be bidirectional. While support from parents and family is important to protect and promote good mental health, it may also be the case that the challenges that can accompany experiencing a mental health problem place a strain on the relationships within a family and limit their ability to provide support.⁹² Therefore, it is important to ensure parents and families, as well as individual children, have the resources and help they need. This may involve connecting parents to wider support networks through informal groups or volunteer home visiting programmes,^{92,145} providing support for positive parenting,^{98,102} or reducing stress within the family by helping family members access employment, education, housing, or other resources.¹⁰¹

Friends and peers

While relationships to parents and family remain important, as young people enter adolescence and gain more independence, their relationships to friends and romantic partners can begin to play a bigger role in their lives.¹⁴³ Some research suggests that peer groups can have both negative and positive effects, depending on the characteristics of those within a peer group. There is some evidence that risky health behaviours such as substance use or participation in violence can spread within groups of young people.^{80,139,146} However, social support from friends also plays an important protective role in young people's mental health and wellbeing.^{137,141,143} For this reason, it is important to provide

opportunities and spaces for young people to build friendships and peer groups that are supportive and positive, and which promote prosocial behaviour.

The ways in which children and young people socialise with and support their friends and peers have changed dramatically with the rise of social media. There is mixed evidence on the impact of these technologies on young people's relationships and wellbeing.¹⁴⁷ Risks can include the possibility of exposure to harmful online content or cyberbullying, which can be detrimental to wellbeing.¹⁴⁷⁻¹⁴⁹ However, there are also benefits in the form of increased social support, self-esteem, and opportunities for identity exploration.¹⁴⁷ Online communities may help support marginalised young people to find a sense of belonging and can help young people build relationships with existing friends and peers.¹⁴⁸

Whether social media is helpful or harmful is likely dependent on the individual, what platforms they use and how they use them.^{148,150} NHS Digital found that, among 11–19-year-olds, using social media occasionally was not associated with having a mental health problem. However, young people with a mental health problem were more likely to use social media every day, and more likely to say they compared themselves to others on social media, than those without a mental health problem.¹³⁸

This balance of risk and benefit is illustrated by data collected by UK communications regulator Ofcom. They

found that, among 12–15-year-olds who use social media, 90% said people on social media were mean to each other at least “sometimes”, but 91% said social media had made them feel happy and helped them to feel closer to their friends at least “sometimes”.¹⁴⁹ Two thirds said they used social media to provide support to others, sending supportive messages, comments or posts to friends they knew were having a difficult time.¹⁴⁹ Teaching children about how to be good digital citizens and how to protect their mental health and wellbeing online may be one way to maximise the benefits and reduce the risks of social media use.¹⁴⁸ This can involve both parents and teachers learning more about their children’s social media use and how to support them online. Resources like Aye Mind or the ‘Own It’ app from the BBC can help young people – and those who work with them – navigate the use of digital technologies to support good mental health and digital citizenship.^{151,152}

Teachers and school

As children spend a great deal of their time in school, support within the school environment is also important to their mental health and wellbeing.¹²³ Teachers in particular can be an important source of support for young people. Among 5–19-year-olds who had a mental health problem and had accessed support for worries about their mental health, teachers were the most commonly cited

source of professional support.⁶ Some research has found that lower levels of perceived support from teachers was related to increased feelings of depression and lower levels of self-esteem.¹²³ Adolescents who were disengaged from school and had poorer relationships with their teachers and peers had a higher risk of anxiety and depression symptoms.¹²³ School support may be particularly important for youth from disadvantaged backgrounds and there is some evidence that positive relationships with teachers and school mentors can promote higher engagement with school and increased self-esteem among minority youth from disadvantaged communities.¹⁰¹

Teach media literacy and include how to look after your wellbeing online in e-safety lessons in schools

- Youth Advisory Panel

Teaching social skills within schools may be one way to help support people to build and maintain positive relationships. Several reviews have found support for universal programmes for improving the social skills of school-aged children.^{102,153} Often, these social skills programmes will teach and build emotional literacy skills alongside social skills.

Emotional literacy

Emotional literacy is the name given to the set of skills related to recognising and managing emotions. It includes the ability to identify and understand your own feelings, having healthy strategies for coping with those feelings, and recognising the feelings of others.^{154–156} These skills are important, as they can help us manage our emotions and build closer connections to those around us.¹⁵⁶

Understanding emotions

There is strong evidence to support a connection between emotional literacy skills and mental health in children and adolescents. Reviews of the research have found that children and adolescents who struggle to understand and manage their emotions are more likely to report symptoms of anxiety and depression,^{157–159} and are more likely to act out behaviourally through aggression or bullying.^{158,160} There is also some evidence that people who engage in self-harm behaviours have greater difficulties identifying, understanding and expressing their emotions than those who do not.²² Analysis of mental health trends over time has found that the proportion of adults aged over 16 who report self-harm behaviour to

relieve feelings of anger, tension, anxiety or depression has increased.¹⁶¹ In 2014, around 1 in 5 (19.7%) 16–24-year-old women and girls reported self-harm behaviour at some point in their lives.¹⁶¹

Alleviate pressure on teachers by having designated staff members or teaching assistants who are responsible for student mental health and are trained to provide support in classes

- Youth Advisory Panel

Being able to regulate and manage emotions has been linked to better outcomes among children and young people who have been exposed to trauma, suggesting that it is an important protective factor for mental health in this group.^{26,27,162} More broadly, for all children, the positive effects of these skills have been linked to a reduced likelihood of mental health problems, greater wellbeing^{163,164} and more positive outcomes into adulthood (e.g. mental health, life satisfaction and employment outcomes).¹⁶⁵

The development of emotional literacy skills is therefore key to supporting young people to protect and promote good mental health throughout their lives.

Recognising other people's emotions

While one aspect of emotional literacy is the ability to understand and appropriately manage your own emotions, another component is the ability to recognise and respond appropriately to the emotions of others. For children and young people, the degree to which the adults in their lives show these types of emotional literacy skills also plays a role in their mental health and wellbeing.

There is some evidence to suggest that parents and guardians who are able to recognise and understand their children's emotions are better able to support the development of their children's own emotional management skills.¹⁶⁶ There is also some evidence suggesting that responding with anger when children themselves express anger or sadness may be linked to symptoms of depression in young people.¹⁶⁷ Instead, it may be helpful to respond with warmth and understanding, validating children's emotions and teaching them to constructively acknowledge, rather than avoid, challenging feelings.¹⁶⁷⁻¹⁶⁹ Some of these principles fall under an approach known as mindful parenting, which involves listening, non-judgemental acceptance, compassion and emotional awareness.¹⁷⁰ Mindful parenting programmes aim to support the use of these practices, and some studies suggest they may be

effective in improving some parents' awareness of, and engagement with, their children's emotions.¹⁷¹ However, more high-quality research about mindful parenting interventions is needed before drawing definitive conclusions.¹⁷¹ In our survey, 54% of young adults aged 16–25 felt that parents or caregivers would be able to respond to their emotions in a way that they would find helpful, with over a third (36%) feeling that their parents or caregivers would be unable to respond in a helpful way.

Have non-shaming spaces in communities, and key points of contact in schools and workplaces where people can feel comfortable speaking about difficult emotions

- Youth Advisory Panel

Beyond parents and guardians, the ability of teachers to understand and manage emotions may also be important for children and young people. One proposed model of classroom management suggests that teachers who are better able to recognise students' emotions and understand how they affect behaviour may be better able to support students.¹⁷² However, more research in this area is needed. In our survey, just over half (51%) of young adults aged 16–25 felt that professionals (like teachers and line managers etc.) would be unable to respond to their emotions in ways that they would find helpful.

Supporting emotional literacy skills

In our survey, 69% of young adults aged 16–25 agreed that they are able to understand their emotions, 54% agreed they are able to speak about their emotions with others, and 65% agreed they are able to manage their emotions. This suggests that a significant minority of young adults do not feel confident in their emotional literacy skills. There are numerous studies on the ways that social and emotional skills, such as the understanding and management of emotions, can be promoted within schools. Reviews of universal, school-based social and emotional learning programmes have consistently found that children who receive these programmes are more likely to show improvements in social and emotional skills, lower anxiety or depression symptoms, fewer behavioural problems and increased school performance.^{153,164,165,173–176} Among the studies that measured this, the positive effects were found to last for a minimum of six months.^{153,164,176} Programmes seem to have similar effects across ages, genders, and ethnic backgrounds,^{164,177} and there is some evidence that they may be particularly effective for children at higher risk of developing problems.^{165,173,174}

In England, the teaching of social and emotional skills is currently optional. However, from September 2020, teaching these skills will become part of the mandatory health education curriculum for both primary and secondary students.¹⁷⁸ In Wales, a review of the curriculum recommended the inclusion of social and

emotional skills under the health and well-being Area of Learning and Experience¹⁷⁹ and in Scotland, social and emotional skills fall under the Health and Wellbeing strand of the curriculum and are taught through Personal and Social Education (PSE), which has recently undergone a review.¹⁸⁰

These skills need to be taught in school, but you must make sure teachers are confident in delivering these lessons. The content should be adapted so it can also be taught in youth groups and other youth-focused organisations

- Youth Advisory Panel

Generally, schools are provided with the flexibility to structure the delivery of this content in ways that best suit their context^{178,180} however, available guidance highlights the importance of supporting children to develop skills to understand and communicate their emotions, as well as develop skills to help them manage their feelings and behaviour and support their wellbeing.^{178,181,182} It may be particularly important that programmes are structured so that they have sequenced and connected activities that involve active forms of learning (e.g. role play) and a focus on specific skills, with expectations that are clearly communicated to students.^{176,177} Programmes that incorporate all of these criteria may be more effective than those that do not.^{165,176} It may also be useful to consider targeting skills in a developmentally appropriate way.¹⁸³



Early intervention

There are many different approaches that prevention and early intervention programmes can take. Universal interventions focus on stopping problems before they emerge and promote good mental health for all, whereas targeted interventions are more focused on providing support to those at higher risk of experiencing mental health problems.¹⁸⁴ Research can provide us with a valuable insight into what works for early intervention and prevention for children and young people's mental health at both universal and targeted levels.

Promoting good mental health and stress management

Universal interventions delivered at school are popular as they can reach large numbers of children and young people, including typically underserved groups.¹⁸⁵ There has recently been an increased focus on the importance of schools for the promotion of good mental health. The Mental Health Foundation's recent campaign Make it Count believes that mental health should be an essential part of the curriculum and that schools should monitor and measure the wellbeing of their pupils.¹⁸⁶ Recent guidance

is available that provides schools with a framework for measuring and monitoring mental health and wellbeing in students of all ages.¹⁸⁷ Research suggests that universal screening interventions, especially when coupled with staff nomination, are able to effectively identify children and young people at risk of, or currently experiencing, mental health problems.¹⁸⁸ This is an important first step for the provision of appropriate and timely support. Having an open and supportive school environment is important for children and young people's mental health, so interventions such as anti-bullying programmes are likely to support mental health and wellbeing.¹⁷⁴ Creating a safe environment in which students can communicate with staff about their problems and feel listened to is also important for good mental health and the prevention of self-harming behaviours.¹⁸⁹

There is also some evidence that specific activities, when delivered at a universal level, can promote good mental health. One review found that physical activity or exercise interventions may protect children and young people's mental health, specifically in relation to depression.¹⁹⁰ There is also some evidence to suggest that mindfulness-based

interventions can enhance children and young people's self-regulation and coping skills which can help them to appropriately manage stress.^{173,191} Mindfulness-based interventions may also be effective in reducing feelings of anxiety in college-aged young adults.¹⁹² The effectiveness of yoga-based interventions in educational settings, however, is less conclusive.¹⁹³

Building skills

Universal school-based interventions that focus on help-seeking and coping skills, psychoeducation, and social and emotional wellbeing may be effective in supporting good mental health among students.^{174,194} Research suggests that teacher-delivered programmes focused on coping skills can have positive effects on primary students' abilities to manage daily stressors, though these effects may only be short-term.¹⁹⁵

Though research on community-based mental health programmes for children and young people is fairly limited,¹⁹⁶ one review suggests that community-based interventions may benefit from adopting an occupation- and activity-based approach (that is, interventions that allow children and young people to engage in behaviours or activities that enhance their daily life), which can develop children's social and life skills.¹⁷⁴ Given their instrumental role in their children's development, many universal prevention approaches target parents. Parenting interventions that are educational or focused on skill development may be effective in preventing aggressive or anti-social behaviours in children.¹⁹⁶ Universal and targeted parenting interventions to enhance infant-parent interaction have been found to be both beneficial and cost-effective.¹⁹⁷



Targeted approaches

There exists a range of targeted prevention interventions that are aimed at those children and young people at a higher risk of developing mental health problems, or with early symptoms of mental health problems. One such group includes children of parents with serious mental illness (SMI), that is, parents with a psychosis-related diagnosis, or who need a higher level of care and support due to challenges around their mental health. These children are often at a greater risk of developing mental health problems.⁷ Given this, parenting interventions aimed at improving or maintaining the quality of life of these children are of particular importance. Established parenting interventions include the Triple P, which draws on social learning, cognitive behavioural and developmental theory to equip parents with skills and confidence in their family life, and Webster-Stratton's Incredible Years programme, which uses a collaborative approach, encouraging parents to learn from each other.¹⁹⁸ While these and cognitive behavioural approaches are largely deemed effective, the evidence for community-based interventions to enhance the quality of life for children of parents with SMI is lacking.⁵⁶ There is some developing research to suggest that parents with SMI might benefit from interventions that enhance community connectedness by overcoming social isolation and stigma.^{56,145} In particular, structured social relationships – such as visits from a community volunteer – might serve to break down barriers for parents to access other community services.¹⁴⁵

Many targeted interventions are focused on the prevention of depression or anxiety and are based on cognitive behavioural therapy. Research suggests that interventions based on cognitive behavioural therapy can be effective for a range of children and young people at both the universal and targeted level.^{199–201} There are also promising signs that digital approaches (internet-delivered CBT) may help to improve depression or anxiety symptoms in children and young people, though such interventions often have issues with dropout and non-completion.^{202,203}

Targeted school-based interventions may be also effective in reducing depressive symptoms.^{204–207} However, there is little evidence to indicate that school-based interventions focused on suicide prevention lead to a reduction in deaths by suicide,^{189,208,209} though there may be positive effects on suicide ideation or attempts.^{208,209} It may be the case that individual interventions (e.g. therapeutic support for depression) may be a more effective suicide prevention intervention.^{208,209}

Acceptable and accessible support

For any intervention to be successful in supporting children and young people, it must be accessible and appropriate to the young people themselves. There are many aspects of support that affect how likely and able young people are to take advantage of it. Considering these elements is key for maximising the positive effects of these interventions.

In our survey, only 55% of young adults aged 16–25 were confident that they would

know where to go to find help if they were concerned about their mental health and wellbeing. Furthermore, over half (54%) said they were not confident they would actually get the help they needed if they were concerned about their mental health and wellbeing and 44% said they were not confident that the help they received would be effective. This suggests there is a lot more progress to be made in improving the awareness of, and access to, effective support for young people.

Young people should be meaningfully involved in designing services in a way that is active and not passive

- Youth Advisory Panel

Relationships and empowerment

For prevention interventions to reach the children and young people that need them the most, service users should be empowered to become active recipients of care.^{210,211} Young people should be meaningfully involved in the development of services from the design stage to the assessment stage.^{206,212,213} Creating programmes based on young people's preferences is likely to enhance engagement in prevention interventions, including for more vulnerable groups of children and young people.²⁰⁶

Young people need to have a trusting relationship with the staff that are delivering the support, whether this is a teacher or

therapist.^{211,214} The role of the nurse or nurse practitioner was emphasised in some non-UK reviews, which highlighted that they are one of the first professionals to identify the young person's need for services and direct them to the appropriate care.^{185,211} Through being engaged, flexible, creative and allowing the young person to have some control in their care, staff can develop meaningful relationships with young people, which will allow them to benefit most from services.¹⁸⁵

Stigma and shame

For some children and young people, shame and stigma can prevent them from engaging with mental health services or talking about mental health problems.^{185,214} It is important that interventions take this into consideration in case they inadvertently perpetuate stigma – for instance, though universal screening in schools can be effective at identifying children and young people at risk of, or with, mental health problems, this approach could be stigmatising if students do not wish to be screened or feel singled out.²¹⁰ Intervention providers should consider how best they can mitigate these concerns – for example, in the case of universal screening, making self-referral routes available might address some of these concerns for children and young people.²¹⁰ Confidentiality of support is hugely important, with 81% of young adults aged 16–25 feeling it is important to them that the support they access for mental health and wellbeing keeps their identity confidential.

While further research is required to understand the specific barriers and

facilitators to at-risk young people,²¹⁴ actions can be taken more generally to combat stigma. The language used in interventions should strive to be accessible and non-medicalised, and clear information should be provided to young people in advance about interventions to give them the opportunity to clarify any concerns and manage expectations.²¹⁰ In our survey, three quarters (75%) of young adults aged 16–25 said knowing what to expect from the experience of accessing help and support services (e.g. the initial appointment etc.) was important to them. Stigma-related concerns could also be mitigated by developing trusting relationships with intervention providers, as discussed above, and by maintaining confidentiality and privacy.^{210,211}

Practical barriers

Practical concerns – such as having flexible hours and easy accessibility to services – can influence engagement and adherence. In our survey, young adults aged 16–25 said that if they wanted to access help and support services for their mental health and wellbeing, being able to access help quickly (e.g. short waiting times etc.) (82%), being able to access help without a referral (75%), and the availability of out-of-hours or evening appointments (66%) were all important factors.

Integrated care would allow services to reach a greater number of children and young people, including traditionally underserved populations such as minority youth and homeless youth.²¹¹ Integrated, co-located services are highly convenient for families and can subsequently break down

some of the barriers they would otherwise face when engaging with services.^{215,216} Ensuring positive and open inter-professional communication is a necessary first step to successfully implementing integrated care programmes.²¹⁶



In our survey, three quarters (75%) of young adults aged 16–25 said knowing what to expect from the experience of accessing help and support services (e.g. the initial appointment etc.) was important to them.

Many children and young people are well-versed in digital technologies, so it is perhaps not surprising that young people find social networking-based interventions usable, engaging and supportive.²¹⁷ Given the growing evidence that interventions delivered online – for instance, cognitive behavioural therapy – are effective in reducing symptoms of anxiety or depression in children and young people,^{202,203} online interventions may be successful in engaging more children and young people, though careful consideration should be given to tackling the potential issues of dropout and non-completion.^{202,203} In our survey, 64% of young adults aged 16–25 said being able to access support online or over the phone

was an important aspect of help and support services for mental health and wellbeing.

Don't assume a service will work for young people because it is digital. Digital services should be co-designed with young people. More research needs to be done on what digital services are relevant to young people

- Youth Advisory Panel

There are a wide variety of universal and targeted early intervention programmes for the mental health of children and young people, from school-based, mindfulness-based interventions focused on reducing anxiety, to programmes based on cognitive

behavioural therapy that aim to develop parental coping skills. There is, however, a need to undertake more research on community-based mental health programmes, as these may be an effective way to reach and engage children and young people, including those traditionally underserved groups whose needs are not currently being met. Understanding what makes a good intervention is key, and the research sheds important light on which characteristics are important for interventions to be acceptable and accessible to children and young people. There seems to be a general consensus in the research that a move towards more integrated care and collaborating with young people to co-design services would be valuable.

Conclusion

Children and young people's early life experiences, the areas they live in, the process of navigating and exploring their identity, and the pressures they experience as they leave school and enter the workplace can all be points of risk for mental health. By contrast, having supportive families, friends and communities; the

skills to understand, talk about and manage challenging feelings; adults to turn to that understand how they feel; and early, accessible and effective support if challenges start to become overwhelming are key things that can promote and protect good mental health from childhood into young adulthood and beyond.

All figures, unless otherwise stated, are from YouGov Plc. Total sample size was 2522 UK adults aged 16 to 25. Fieldwork was undertaken between 14th - 29th August 2019. The survey was carried out online. The figures have been weighted and are representative of all UK adults (aged 16 to 25).

Mental Health Foundation and Cochrane Common Mental Disorders Partnership

This report has been supported by a new partnership between the Mental Health Foundation and Cochrane Common Mental Disorders. This partnership is helping us to ask the right research questions, use the right methods to answer them, and get the right evidence to those who need it in a form that they can use. These findings will inform our joint research activities, helping to ensure that the evidence meets the needs of the people who matter most.

About Cochrane

Cochrane Common Mental Disorders is part of Cochrane, an international not-for-profit organisation dedicated to making up-to-date, accurate information about the effects of healthcare readily available worldwide. The Group works with authors from around the world to produce and disseminate systematic reviews of healthcare interventions for treating and preventing a range of mental health problems.

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