# healthwatch

# Young people's mental health & wellbeing research

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**Healthwatch England**

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# djs research

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# Background & context

## Background

**One in 4 people have a common mental health condition at any one time. The Mental Health Five Year Forward View acknowledges the fact that prevention, access, integration and quality are key areas of concern in mental health in the UK.**

The Mental Health Five Year Forward View lays emphasis on the need to provide better crisis care as well as ensuring that appropriate, accessible and integrated services are provided to assist with early intervention for younger people and those experiencing the first signs of mental illness.

## The need for research

**One area of Healthwatch's focus in 2019 is to understand the experiences of college and university age students in terms of mental health care, particularly during mental health crises; this includes exploring what future service provision should look like and any evidence of good quality existing support.**

This strand of research forms part of a wider evidence base that Healthwatch has been collating. A deliberative event and focus groups were focused on understanding future needs and expectations in terms of care, and information and advice for young people experiencing mental health crises.

# Structure

**Research objectives
& methodology**

Executive summary

Detailed findings:

- What are the main triggers and causes of mental health crises in young people?
- How effective is the current system at averting and managing mental health crises in young people?
- What changes and innovations would young people like to see to mental health services in the future?

Key take-aways

# Research objectives

**Overarching objectives**

To understand more about mental health service provision for young people (with a focus on mental health crises) to review what works, what doesn't work and what additional services would be of benefit.

**The overall objectives for Healthwatch can be broken down into 3 main questions:**

1) To understand the main **triggers and causes** of mental health crises in young people

2) To understand how **effective the current system** is, both in terms of **averting and manging** mental health crises in young people

3) And to learn what **changes and innovations** young people would like to see to mental health services in the future
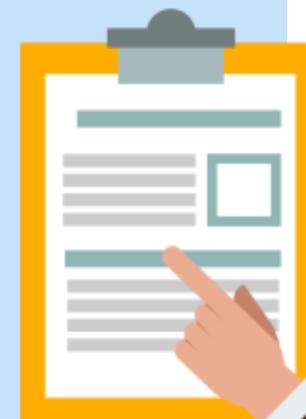
# **Methodology:** deliberative event

- 1 deliberative event in Manchester on February 13th 2019, lasting 2.5 hours

- We recruited a mix of ages between 16 and 25 and ensured we got a demographic split

- DJS arranged the events and recruited participants face-to-face, screening to ensure they were outgoing, and met certain agreed criteria

- We designed a topic guide to steer the discussions – it included a range of questions, prompts and interactive exercises to elicit views

- One moderator from DJS Research facilitated discussions, and colleagues from Healthwatch attended

- Discussions were audio recorded & transcribed for analysis purposes

|  | **Male** | **Female** |
|---|---|---|
| **Young adults aged 16 to 18** | **N= 6** (inc. 1-2 from BME ethnic group) | **N= 5** (inc. 1-2 from BME ethnic group) |
| **Young adults aged 19 to 25** | **N= 5** (inc. 1-2 from BME ethnic group) | **N= 5** (inc. 1-2 from BME ethnic group) |

**Manchester 13th February 2019**

# **Methodology:** online groups

- **4 online groups lasting 1.5 hours**
  - **Group 1:** females aged 16-18 years
  - **Group 2:** males aged 16-18 years
  - **Group 3:** females aged 19-25 years
  - **Group 4:** males aged 19-25 years

- **We screened respondents to ensure they met certain criteria:**
  - Relevant age ranges
  - Currently experiencing or had previously had a range of mental health conditions including:
    - Self-harm
    - Disordered eating
    - Suicidal thoughts, intent or attempts
    - Depression
    - Anxiety

- **We designed a topic guide to steer the discussions – it included a range of questions, prompts and interactive exercises to elicit views**

- The groups took place **online** on **26th & 27th February**

- Two moderators from DJS Research facilitated discussions, and colleagues from Healthwatch observed

- Discussions were transcribed for analysis purposes

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Key take-aways

# Executive summary

**Healthwatch England had 3 key objectives for the research, the first of these was to understand the main triggers of mental health crises in young people.** Social media, the existing (but declining) stigma that still exists around mental health, along with the pressure to succeed are key triggers for mental health crises in young people. Recreational drug and alcohol use combined with 'toxic masculinity' is also a factor for young men.

**Healthwatch England also wanted to understand how effective the current system is at averting and manging mental health crises in young people.**
The current system isn't effective at averting mental crises. As result of beliefs, stigma and processes, young people often 'bottle-up' their feelings until they reach crisis point. Focussing on current management of mental health crises, experiences of mental health care and mental health support from schools and universities are very mixed. There are also some 'green shoots' services including BEAM & Babylon which could be built and expanded upon across the UK. Those who had less positive experiences spoke about feeling patronised and were treated like children by healthcare professionals, parents and charities.

A lack of personalisation and choice is another key driver of negative experiences along with long waiting times and a lack of long-term treatment.

**Finally, Healthwatch England want to understand what changes and innovations young people would like to see to mental health services in the future.** Young people would like to see more personalised and tailored mental health care, including more options for treatment, treatment location and a consistent team of healthcare professionals. They would also like to see shorter waiting times for mental health care, or interim care provided during waiting periods, as well as more longer-term follow-up. To reduce stigma further, young people would like to see mental health issues covered more broadly in mainstream media and for mental health to become more of a priority in education. There is consensus across all young people that they would like to see a reputable and moderated mental health app as well as more peer-to-peer support including casual meet-ups, either face-to-face or online, and life coaches and mentors. Young people would also like mental health to be given equal weighting, and be treated in a similar way, to physical health including mental health A&Es, GPs and walk-in centres as well as mental health check-ups.

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Key take-aways

# Triggers: social media

Social media was spontaneously mentioned across all groups and is a trigger for many who suffered with mental health conditions. However, it is considered both 'a help and a hindrance'.

**Negative effects…**

Exacerbates feelings of isolation and loneliness

Comparison to others

Beauty standards and body image – projecting false ideals as only showing 'best side'

Obsessive usage

Encourages and triggers behaviour

**Positive effects…**

Building online communities

Raising awareness

Reducing stigma

"It is a community. Obviously, you are still going to compare yourself… but still, on the flip side, I see people struggling with the same thing that I'm struggling with…"
**Deliberative event**

"I think social media is a leading benefactor in terms of mental health prevalence - constantly looking at the ideals creates a false perception of what is deemed the way to be."
**Male, 19-25**

# Triggers: stigma

Stigma still exists around mental health, some are worried they will be labelled as an 'attention seeker', others feel there is stigma around drug treatment and many feel misunderstood by their friends, family and the older generation in particular. The stigma around mental health results in young people delaying seeking help.

## 'Attention seeker'

Many young people feel they can't seek help, which in turn causes their mental health to deteriorate.

They often worry people will think they are being unnecessarily 'dramatic'.

"There's often quite a negative perception of people as 'attention seekers', and I didn't want to be one of the people who bounced in and out of therapy."
**Female, 19-25**

## Treatment

Many young women also feel stigma around seeking treatment, particularly drug treatment. One young woman recalled not wanting to get treatment until after they had been accepted into university in case they were discriminated against.

Young women also had fears about side effects particularly around fertility.

"Stigma around tablets as it's as if your body is defective."
**Female, 19-25**

## Misunderstood

Another problem which occurs due to stigma is feeling misunderstood by friends and family.

Young people are especially concerned about the misunderstanding around mental health in older generations. However, there was an appreciation that this is improving.

"At times I try to talk about things to friends and family and it definitely helps but I don't always feel understood."
**Female, 19-25**

# Triggers: glorification

Young people feel mental health can be glorified or romanticised on social media and in TV shows. In particular self-harm, suicide and eating disorders are particularly likely to be romanticised which encourages these behaviours further.

**Harmful social media accounts**

"When I was 14 I turned to Instagram for support and there I found sad posts and depression accounts which I could relate too. There are loads of anorexia tips on there…and well it encouraged me."
**Female, 16-18**

**TV shows romanticising mental health conditions**

"13 reasons why made suicide look like a good way out and Hollyoaks had a storyline with self-harm and the one character said it helped her deal with pressure so that's how I started doing that."
**Male, 16-18**

"Like mainstream TV, it should be the norm in that as well. It is weird as well, and I know it could be a graphic thing, but most of the time things about it [mental health] are on after 9pm."
**Event**

While romanticising of mental health in mainstream and social media is negative, there is also **interest in showing mental health storylines more frequently on TV but showing the 'reality' not a romanticised version**. Also covering mental health topics more pre-watershed would mean younger people are exposed to it from an earlier age.

# **Triggers:** pressure to succeed

Feeling under pressure is key trigger across all ages and genders. The type of pressure varies depending on life stage, but they all feel the pressure to excel in different areas of their life.

**Exams**

Exams are a reoccurring source of pressure, often beginning around GCSEs and then throughout A-levels and degrees. Some mentioned feeling this pressure as early as Year 6 when they are doing their entrance exams.

**Life plans**

Another common theme, among the older groups, is the societal pressure to be seen to be 'doing well'. The idea that young adults should have a life plan for after university left many feeling 'lost' and as if they lacked a purpose in life.

**Internal**

Not all pressure came from external factors, with many young people aware that they put extreme pressure upon themselves to do well in all aspects of their lives.

"A lot of it stems from external pressures, expectations and this idea of having to stick to this socially acceptable life plan when life is just too unpredictable."
**Female, 19-25**

"Mental health triggers in me and my mates tend to be around feeling a lack of purpose in life and feeling like we've not got much of a plan of what we're doing."
**Male 19-25**

"All the expectations I put onto myself were entirely put on by me ."
**Male, 16-18**

"I felt liked I'd jumped so many hurdles and was convinced I was going to fall at the last one."
**Female, 16-18**

# **Triggers:** Drugs & toxic masculinity

Other triggers exclusively mentioned by older young men include drug and alcohol misuse as well as 'toxic masculinity'.

Many young men did not feel able to reach out for help due to societal expectations and then those who do reach out feel dismissed and are told to 'man-up' by family members, colleagues, friends, peers and even teachers.

"I think it [stigma] is more to do with society, certainly 'man up' sort of things. That affects people's confidence in going to mental health services"
**Male, 19-25**

As young men do not feel as able to speak openly about their mental health, they will often turn to drugs and alcohol as a way to 'numb' their feelings. This is turn resulted in their mental health spiralling further downhill.

"We were both experiencing mental health issues before considerable drug use, and then drugs made it worse."
**Male, 19-25**

While 'man up' culture remains a trigger for declines in mental health, it is also clear that improvements have been made. The recent Gillette advert was mentioned as a recent example.
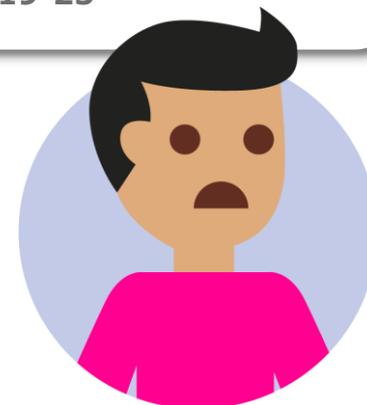
"I think a lot of adults think social media causes mental health crisis … I don't like the idea there is an underlying thought that if they got rid of social media then mental health problems would just disappear."
**Deliberative event**

"I see people (on social media) on a daily basis offering support for people they don't know and I think if you were to go onto Twitter and tweet I am sad, I think that a lot of people would ask if you were alright, even people you don't know. It is a community."
**Male 16-18**

"Although drug use may also be a side effect of mental health - I feel as if a lot of people who already have mental health issues begin using drugs heavily."
**Male, 19-25**

"A dysfunctional family for me made it a little harder to ask for help, a lot of 'man up' being responses for problems I was having."
**Male, 19-25**
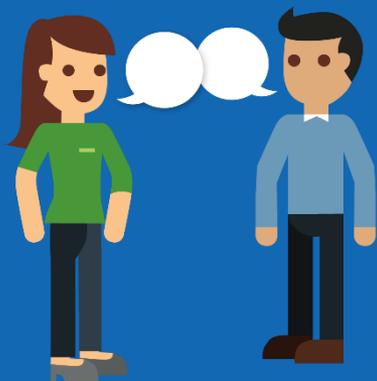
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Key take-aways

# Averting crisis

As a result of current systems, beliefs and stigma, young people often 'bottle-up' their feelings until they reach crisis point.

Young people feel like they are '**too sheltered**' from mental health problems during education, so rather than mental health problems being openly discussed in assemblies or being covered as part of the curriculum it still feels **taboo or off limits**.

"My anxiety and depression started when I was 12-13 and I didn't seek help until I was 22."
**Female, 19-25**

When young people do seek help at school they know that anything they reveal to a teacher or counsellor **isn't confidential** and will be passed back to parents. For younger women (aged 16-18) this meant that they **held back** on what they disclosed even to counsellors. Younger men (aged 16-18) spoke about '**untrustworthy**' teachers who only cared about their mental health problems when it impacted on their grades and attendance. Many young people also feel that parents and the 'the older generation' in general **don't fully understand** and often downplay mental health problems, so their issues can be dismissed as '**hormonal teenager**' problems which will pass.

# Positive care experiences

Experiences of mental health care are very mixed; there are some areas of positivity, mainly when young people feel truly listened to.

Most of the young people we spoke to had at least some positive experiences of current mental health care & services, even if it is isolated occasions.

Positive care experiences include those who felt listened to by their GP who took the time to understand their personal and individual story. Some also felt their treatment was tailored to what worked best for them as their GP didn't necessarily default straight to drug-treatment.

"I find person-centred therapy much more rewarding."
**Male, 19-25**

"When I used to go to therapy I would come out and feel a weight had been lifted off my shoulders. I would just go in and sit for an hour and talk to someone!"
**Deliberative event**

**Most young people who had experiences of talking therapy** (either in groups or as individuals) **and CBT had positive experiences – again this is because they felt listened to!**

# Positive education experiences

Experiences of mental health support within school and university are also very mixed, there are some areas of promise – this is when young people have someone to talk to who understands what they are going through.

Those who felt supported at school and university typically had **someone they could turn** to and importantly talk to about their feelings.

This could be family members or friends who had maybe gone through it themselves.

Others spoke about **teachers and tutors** they could turn to during stressful or anxious periods (exams, coursework deadlines).

Some also mentioned having **separate classrooms** where they could go if they felt anxious.

A couple of students also mentioned good experiences with **school counsellors** who understood their issues and were readily available.

"[I] genuinely think my Spanish teacher has been better than my therapist"
**Female, 16-18**

"I spoke to my form tutor quite a bit but it was very informal… I could only speak a bit as she had lessons but it was nice to have that."
**Male, 16-18)**
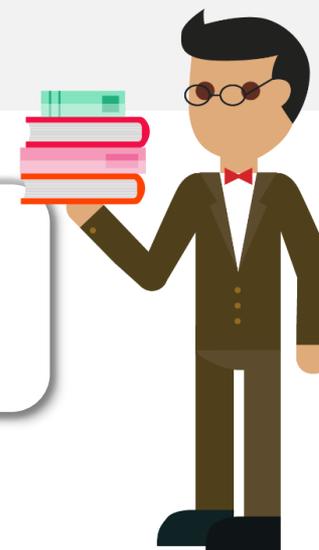
# Green shoots

There are also some 'green shoots' services which could be built and expanded upon across the UK.

**Drop in centres**

There is an **emotional health and wellbeing service** for children and young people across the Wolverhampton area. It includes **drop-in sessions** and also **bookable appointments** with registered mental health professionals.

**Immediate support**

A network of healthcare professionals available to give **immediate medical advice** & answer questions either via video chat or telephone. Even though it wasn't in-person help, young people liked the **immediacy & anonymity** of the service.
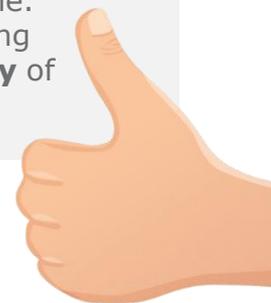
"They [A&E] gave me a drop in centre which was really helpful for me called Beam … I've [also] been accessing Pause, another drop in centre, which is also pretty good."
**Male, 16-18**

"I use Babylon GP which, can I say, is great! Going to a doctors can be very nerve-racking so being able to talk to a GP over an app is great, you can also go and see one in person."
**Male, 19-25**

# Negative experiences

Those who had less positive experiences spoke about feeling patronised by healthcare professionals, parents and charities. They often feel like they are treated like children.

### Charities

Quite a few young people mentioned feeling **patronised** by mental health charities who didn't take their phone calls seriously even in cases of self-harm/suicidal thoughts - one got a text reply 3 days later (Samaritans), another mentioned that a Childline operative replied '**well that sucks**'.

### Healthcare professionals

Some feel brushed off and patronised by their GP.

Young people reported being told it's '**just your age'** and 'you'll grow out of it', others were told to come back in 6 months 'if things haven't improved'.

### Information

Young people also find current information, such as leaflets provided by healthcare professionals, to be **childish** and not relevant for their age groups as it featured cartoons and patronising or childish language.

"All you get is told it's hormones and you'll grow out of it and that people have it worse."
**Female, 16-18**

"The leaflets they sent me to read through honestly felt like they were aimed at little kids."
**Male, 16-18**

# Negative experiences

A lack of personalisation and choice is another key driver of negative experiences of mental health care amongst young people.

There is a **lack of consistency** of healthcare professionals, many said they rarely see the same healthcare professional at each visit.

This often means they have to repeat their 'story' so it becomes **depersonalised** like 'telling a story about someone else'. Also many found it stressful to keep reliving it and explaining it again.

Treatment plans are felt to be **untailored**. GPs spend very little time trying to understand the **root cause** of their issues and **blanket-prescribed drug treatment** without providing other options.

Some also mention being sent to group therapy, despite having social anxiety, making them feel like their treatment hadn't been thought-through at all.

"A different doctor will pick notes up from where they last left off. Sometimes there are mistakes made and you feel like you are being passed around."
**Male, 19-25**

"I think people should just care more about getting to the root of the problem; rather than just trying to put a sticker plaster on wounds through [using] leaflets and that sort of thing..."
**Male, 16-18**

# Negative experiences

Long waiting times combined with a lack of long-term treatment are also huge drivers of dissatisfaction with current management of mental health crises.

"I was referred for counselling in May 2018, and I still haven't heard back!"
**Female, 19-25**

Many young people feel that counselling and talking therapy services aren't offered for long enough – typically 6 sessions and then they stopped leaving them feeling even more unsupported.

When young people get appointments for specialists & counsellors, appointments are often between 9am-4pm meaning they miss lessons and lectures, resulting in them falling behind classmates which adds to their mental health burden.

Many young people waited years to approach their GP, on reaching their GP there is then a significant wait to be accepted onto CAHMS or see a specialist ranging from 6 weeks up to 12 months. Those at school and college also mention wait times of 2 months to see school counsellors as the demand is so high.

"Schools and colleges not taking into account that sometimes attending is a difficulty and the lack of understanding is an issue."
**Male, 16-18**

# Negative experiences

Young people feel that mental health can be mismanaged or overly-managed as though there is still some lack of clarity of how to manage it properly.

"My new college, who withdrew my place, said I was 'too high-risk' as they didn't have anyone else like me in the college."
**Female, 16-18**

**Mismanagement of mental health crisis**

Another group questioned why the **first port of call** when someone is considering suicide (e.g. stood on the edge of a bridge) would be **police** arriving in cars with blue-flashing lights and sirens?

One young woman mentioned that her college place was taken away from her as her mental stability was considered '**too high-risk**' for other students. This was despite all the work she put in to get into the college and get the grades.

"Getting police cars to go straight to them isn't the right thing. With the sirens and flashing lights. When someone's in that state of mind they can think 'I am doing something wrong'."
**Female, 16-18**

# Transition age

There is no consensus on when is an appropriate time to transition from paediatric to adult care.

Some feel that there is **no ideal time** to transition from paediatric to adult care and it is very much dependant on the **person and the stage of their journey** – reiterating the desire for more personalised care.

Others feel that **16-18 years** is a good time for transition as this is when young people are **legally permitted** to do other adult things like vote, drink etc. Others feel it should be younger, **12-14 years old,** as it would avoid some of the issues with being treated like a child (childish leaflet, not taken seriously etc).

Others had issues with being transitioned to adult care at all, as they thought it would become **even less personalised** and they could be lost in the masses of adults seeking mental health care too. They wanted to see it later (25+ years) if at all.

"I think it is when they are ready, sometimes even if you are 18-19 going from a children's paediatric to an adult health care professional that can be daunting."
**Deliberative event**

"I don't know if they should really be passed on at all if they're still really struggling. It makes you feel like a case, like they don't really care."
**Female, 16-18**

"I've often thought life coaches/mentors would be helpful but have never found one that is not an extortionate amount of money."
**Female, 19-25**

"A lot of older people think that when younger people have problems it is just a phase, it is just hormones, you will grow out of it and that really stops a lot of young people getting help."
**Deliberative event**

"Session being only 6 sessions etc. It's almost too regimented at times."
**Male, 16-18**

"Being passed around [healthcare professionals] makes you feel unwanted"
**Male, 19-25**
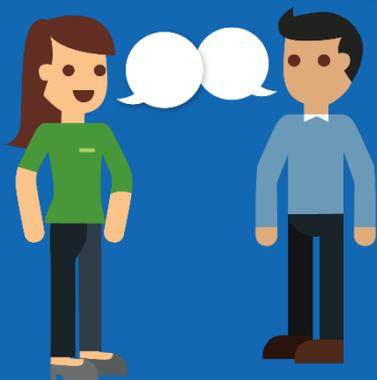
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Key take-aways

# Changes & innovations

Young people would like to see more choices and options
to allow for personalised and tailored mental health care.

**1** **Options for treatment**

Young people feel that mental health care is not a 'one size fits all model' so they would like to see as many options as possible offered to those at diagnosis including different drug treatments, different types of talking therapy (online, face to face, one-two-one, groups), CBT, mindfulness etc.

**2** **Consistency & profiling**

They would also like to see more **consistent** care from the same healthcare professional team i.e. someone who understands their journey, so they don't need to keep repeating their story. Young people also like the idea of profile matching with counsellors and specialists (like dating apps) so they can choose a healthcare professional that fits and works for them.

**3** **Humanised care**

Would like more '**human**' or personable care from healthcare professionals with the potential to have the option of one member of healthcare team who is more focussed on **emotional well-being**, who is empathetic, and checks in on thoughts and feelings. Then another who is more clinical and focusses on medication and explaining the scientific and medical side.

**4** **Location options**

Young people would also like **more options for where they can be treated**, including at home, appointments conducted as a walk in the countryside, skype calls, online chats and even 'living room' environments with painting, plants & comfortable sofas.

# Changes & innovations

Young people would like shorter waiting times for mental health care or interim care during waiting periods, as well as more long-term follow-up.

**5** **Shorter waiting times....**

Ideally young people would like to see **shorter waiting times** for CAHMS and to see specialists; however, they are pragmatic and understood that with the increasing demand for mental health services this might not always be a possibility…..

**6** **..or interim care whilst waiting**

….As such they suggested that if wait times can't be reduced, then interim care could be offered in those periods e.g. via **mental health care app** or via alternate, more easily accessible options e.g. peer-to-peer meet ups.

**7** **Longer-term follow-up**

More **long-term follow-up** is also desired. Many spoke about 6-week cut-offs for talking therapies and they would like to see this extended as mental health doesn't have a short-term fix. Or if longer term appointments aren't a possibility, then young people would like the option to '**jump back in**' where they left off (with a specialist) if their mental health declines in the future, rather than having to start with the GP again.

Quotes in notes.

# Changes & innovations

To reduce stigma further, young people would like to see mental health problems covered more broadly in mainstream media.

**8**
### Mainstream media coverage

Would like to see more coverage in mainstream media to further reduce stigma across all generations including TV shows and dramas which cover the topic **before 9pm** so younger audiences get exposure to mental health conditions.

**9**
### National Mental Health Charity Day

Creation of a mental health 'relief day' (similar to Comic Relief & Children in Need) where **money is raised to support mental health charities** with schools getting involved in fundraising.

"You see it for Sport Relief, Children in Need and Comic Relief and all that, all these big days and everyone raising money for it but when it's mental health day it is literally just a hash tag on a social media platform."
**Deliberative event**

"After 9pm, I am in the shower or I've gone up to bed or I am on my phone, I am not watching TV … but you do find that a lot of the time that's when it goes into more depth."
**Deliberative event**

# Changes & innovations

Young people would like to see mental health become more of a priority in education.

**10** **Mental health on the curriculum**

Young people would like to see mental health covered on the **curriculum from Year 7** including in science lessons (medical-side) and in PHSE (emotional-side), and potentially dedicated '**wellbeing classes**'. Would also like to see mental health covered in assemblies to reduce the stigma around seeking treatment.

**11** **Timing of appointments**

Young people would like to see mental health care and treatment that works alongside school and university schedules – including more **appointments outside of core learning hours** e.g. evening & weekend appointments as standard.

**12** **Trained teachers & counsellors**

More school/university counsellors who are **trained in CBT**, **mindfulness, counselling and other types of therapy** so they are able to deal with a wide range of conditions. Ideally they would also like any conversations with counsellors to be confidential. Would like teachers and tutors to be **trained to spot mental health crises** – in particular checking in with students around stressful times (exams, coursework etc).

Quotes in notes.

# Changes & innovations

There is consensus across all young people that they would like to see a reputable and moderated mental health app.

**13** **Moderated mental health care app**

Would like a mental health app which is **free, available 24/7** and which includes:

- condition information,
- personal stories,
- advice and tips,
- a place to provide diary entries,
- has CBT/mindfulness techniques,
- monitored/moderated forums & chat rooms,
- live chat option to speak to a trained healthcare professional.

"I'd give my arms and legs for an app to be honest."
**Female, 16-18**

"It could have maybe strategies to cope, links to different apps that can help like headspace (meditation app), numbers you could call or text."
**Male, 16-18**

"You could chart your own mental health on a day to day basis on a personalised app and then the app could suggest to you useful resources within the app"
**Female, 19-25**

# Changes & innovations

There is a real desire for more peer-to-peer support for those with mental health conditions.

**14**  **Meet-ups**

Generally, there is support for local '**casual meet-ups**' where young people could meet, share their stories, talk to others and **help each other**. It would also give them the space to openly talk about their problems without fear of judgement. Some are slightly reserved about the idea of face-to-face meet ups (in particular older young men, 19-25 years), but they are open to the idea of online groups and forums which are more **anonymous**. This was further demonstrated in the **online groups**, with all respondents saying how helpful and useful they found it talking to others going through similar situations.

**15**  **Mentors & life coaches**

Real desire for mentors and life coaches i.e. someone who has been **through it themselves**, 'walked in their shoes' and who can offer real, practical but personal and relevant advice. Could be available on Live Chat on app or hold sessions in schools.

> "Many thanks. This has been somewhat therapeutic and reflective."
> **Male, 19-25**

# Changes & innovations

Young people would also like mental health to be given equal weighting, and treated in a similar way, to physical health.

**8** **Equality to physical health**

Young people want services to be created specifically for mental health, similar to what currently exists for physical health. This includes having an exclusive **mental health A&E, mental health GPs & mental health walk-in centres**.

**9** **Check-ups**

Would also like regular mental health check-ups **every 6 months**. This could be offered at school/university by counsellors or at mental health GP centres. Young people also thought that schools and universities should offer it when they know a student is going through a **tough time** (e.g. death, divorce of parents etc).

"They could do with a walk-in centre sort of thing. Even just like the NHS have the health checker, and you can speak to someone like 111."
**Deliberative event**

"I think regular mental health check ups would be good because sometimes you can have real low points, but then be fine not needing to access it."
**Male, 16-25**

"What I'd like to have is a free app with tutorials, group chats and 1-1 counselling services built into it…all designed for mental health."
**Female, 16-18**

"University mental health provisions can be pretty poor too, like again huge waiting lists for therapy which is only like two sessions long."
**Female, 19-25**

"It would potentially be constructive to go on a walk with a therapist and openly talk in that environment or just have a change of scenery if you felt like conversation was becoming stuffy, or your treatment was not progressing."
**Female, 19-25**

"It's difficult to tell what people are going through but teachers should be trained to spot warning signs."
**Male, 19-25**

# Structure

Research objectives
& methodology

Executive summary

Detailed findings:

- What are the main triggers and causes of mental health crises in young people?

- How effective is the current system at averting and managing mental health crises in young people?

- What changes and innovations would young people like to see to mental health services in the future?

**Key take-aways**

# Key take-aways for Healthwatch...

Participants were invited to provide their one key message to Healthwatch at the end the events and groups.

## Better education & communications

"I didn't even recognise that what I had was anxiety until I went to the doctors and she told me. I think they should make the effort in biology/health and social care to discuss physical conditions and the symptoms. So mental health should also be part of the curriculum."
**Female, 19-25**

"It is culture in general. They have started doing it a lot more; loads of people are likely to suffer from that problem. Like **mainstream TV**, so it should be the norm in that as well."
**Male, 19-25**

## More options & personalised care

"It seems GPs are very quick to dispense [medication] nowadays - without referring cases to specialists. There should to be less of this."
**Male, 19-25**

"Ideally I would like treatment in a relaxed environment.
I like the idea of getting out in to the open..."
**Male, 19-25**

"I think friendly, personal support - not something that is generic, for example a helpline can be pretty generic to the wider public. Actively helping you personally."
**Female, 19-25**

## Peer support

"What I'd like to have is a free app with tutorials, group chats and 1-1 counselling services built into it all designed for mental health."
**Female, 16-18**

"For who would ideally provide the care, it would be mainly mental health professionals but also mentors and your peers."
**Deliberative event**

"Groups for people going through the same stuff, in order to have people to relate to and people to talk to who understand what you're going through."
**Male, 16-18**

# If you have any questions please contact...

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