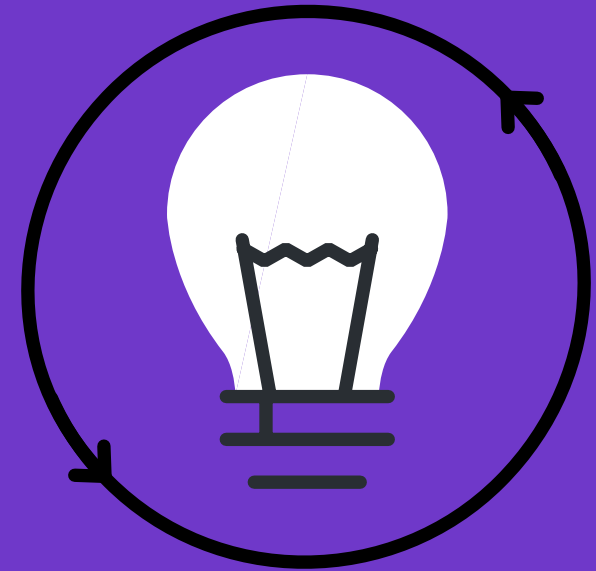APRIL 2021

MENTAL HEALTH IN MIDLOTHIAN

FINAL REPORT

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ABOUT THIS REPORT AND AUTHORS

This report provides a synopsis of the findings from a research project, which sought to understand the assets and gaps within the mental health system in Midlothian. Commissioned by the Midlothian Early Action Partnership (MEAP) it was subsequently conducted by Dartington Service Design Lab (DSDL) between March 2020 and April 2021.

The aim of this project was twofold. Firstly, to understand the mental health services and supports available to young people in Midlothian, via the creation of a system wide system map. Secondly, to understand how the system of mental health and wellbeing support operates from the point of view of young people, via a series of workshops and 1-1 journey mapping interviews. The overall goal of these activities was to support the MEAP to decide on possible 'tests of change', which will allow them to pilot new approaches to improving young people's mental wellbeing, at a systemic level.

Originally due to start in March 2020 this piece of work was caught in the storm of the COVID-19 pandemic. As such some of the original ambitions, including the creation of a resource map and interviews with parents and carers, weren't possible due to unforeseen constraints on access, and pressures on time. Despite this, the team from MEAP overcome many barriers to ensure the Dartington researchers were able to speak to young people and professionals and to learn from their insights and experiences.

This report has been compiled by India Roche, the Dartington project lead and Maxwell Murphy, the project researcher, with contributions from senior researcher Daniel Ellis and design support from Rachel Lilly. With thanks to the help of Dee Kieran, Natalie Thomson, and Julia Ellison from MEAP.

ABOUT DARTINGTON SERVICE DESIGN LAB

Dartington Service Design Lab is a research and design charity focussed on using evidence and design in innovative ways to help those working with children and young people have a greater impact. Our team of researchers and specialists are skilled in service design and improvement methods, systems thinking approaches, and data visualisation and communications. As an organisation, we have more than 50 years of experience working across the public and voluntary sectors.

ABOUT THE MIDLOTHIAN EARLY ACTION PARTNERSHIP

The Midlothian Early Action Partnership is funded as part of the National Lottery's Early Action Systems change fund. They are focussed upon trying new, early intervention, approaches to improving mental health and wellbeing for children and young people, aged from 5-25 in Midlothian. This is via a series of practical 'tests of change' from which they, and other system actors, are learning from , with a particular focus on strengthening community-based opportunities to ensure more timely and appropriate mental health support.

1. INTRODUCTION

Running from March 2020 to April 2021 this piece of research went through many iterations in response to the changing societal context caused by the COVID-19 pandemic. Working closely, the teams from MEAP and Dartington charted this unknown territory to understand what the most valuable and practical focus for the work would be, what was feasible within the time available and what would be both safe and meaningful for the young people involved.

These constraints resulted in a series of adaptations. Including all face-to-face activities being hosted remotely online, reducing the numbers of young people involved in the research from an ambition of up to 70 to 49, and taking the decision to concentrate resource on engaging with young people well, as opposed to additionally including interviews with parents and carers. It also meant that the aim of creating a resource map of money spent on mental health support in Midlothian was not pursued, in favour of working more closely with the MEAP steering group to understand key findings and next steps.

Despite these necessary adaptations a lot was achieved. The map of services within the local mental health system provides a comprehensive overview of the supports available in Midlothian, surfacing clear considerations such as the geographic clustering of services and the gap in supports for young people aged 10-15. Whilst this map shows a snapshot in time, correct as of February 2021, these themes provide tangible points of consideration for those looking to improve the overall system of mental health support.

The age ranges of interest to the MEAP are broad, ranging from 5-25 years. A challenge for this work was how to reach, engage and learn from young children through to young adults. This challenge was the core consideration for both the MEAP and Dartington teams and led to rich and varied workshops and interviews, all designed with specific children and young people in mind. What has resulted is a set of findings that provide both a general understanding of mental health, what it means, what can help and what can hinder wellness alongside the deeper understanding of accessing support that was at the core of this work.

This learning is rich and nuanced and brings together what is already known about current mental health needs and supports, with new insights and concrete opportunities for change. From primary school children we learnt that they want more joy and connection in their lives and that outdoor play and engaging activities were the key contributors to their wellbeing. From young people in secondary school, we heard how they know mental health is important but can be reluctant or afraid to talk about it due to fear of stigma and a lack of understanding. Their ideas on creating safe spaces, improving peer support, and overcoming societal pressure to conform to certain stereotypes all offer opportunities for tangible and positive improvements.

To understand how the current system operates from the point of view of young people we spoke to young people and young adults

1. INTRODUCTION

who had themselves experienced mental health difficulties. Their experiences demonstrate that the current mental health system is fragmented and lacking in early intervention options. Meaningful relationships with those in a position to help were again flagged as being key, along with access to the right help at the right time. These young people reflected on how they had often not felt heard or hadn't known where to turn. Their mental health journeys demonstrated the complexity in people's lives that can't be addressed by a single service or programme; with interconnections between physical and mental health, family relationships impacting upon personal wellbeing and school experiences being pivotal to either recovery or increasing the likelihood of serious mental health crisis. Young adults particularly stressed the difficulty in transitions, between services and into adult support, with these transitions being poorly managed or simply not possible due to a lack of provision. All of these factors must be considered when seeking to understand how to catalyse change at a whole systems level.

In order to deepen the understanding of context to the research findings a supplementary ambition for the work was to review current data and information available on youth mental health needs in Midlothian. Researchers from Dartington reviewed information provided by MEAP on previous work, including the 100-day challenge and ongoing surveys with young people on their experiences of the pandemic. Information on specific needs was harder to acquire. In order to overcome this the Dartington team looked back upon 'Children Count' mental health surveys that they had previously conducted with

young people in Scotland, and national reports such as Barnardos' 'Audit of Rejected Referrals to Child and Adolescent Mental Health Services in Scotland' published in 2018.

This information, coupled with desk research upon social determinants of mental health, have contributed to the framing of the research and the validation of the findings. It, along with the key findings from the research activities, also supported the creation of 'causal loop diagrams', which demonstrate what factors can reinforce poor mental wellbeing, as well as what positive interventions can help to alleviate cycles of issues, supporting with the identification of systemic opportunities for improvement.

This report outlines these findings and considerations, including information on the methods used, the insights gathered, young people's journeys at each age and the resulting recommendations for how things can improve. Following a practical workshop with the MEAP steering group the final recommendations present a shortlist of 'test of change' options that were extracted from the opportunities presented by young people themselves. To aid with implementation the Dartington team further interrogated each option to understand what would need to be considered in future testing and possible unintended consequences that may arise. This report therefore provides practical guidance on what young people, evidence, and systems dynamics indicate are important to catalysing constructive changes within the Midlothian mental health support system for children and young people.

2. SERVICE MAP:

SYNOPSIS

Method

Prior to conducting interviews with young people in Midlothian, we conducted a desk-based research review of mental health services available to young people aged 0-25 in the Midlothian Area. The aim of a service map is to visually represent services in a way that helps the identification of gaps in provision and gain a holistic understanding of the support landscape. This aligns with research recommendations into addressing the social determinants of mental health through building knowledge of local assets, triangulating this knowledge with community engagement and assessing the potential impact on mental health equity (Allen et al., 2014).

This process started with interviews with practitioners from Midlothian CAMHS, youth work and youth mental health services. These interviews supported an initial understanding of the services available to young people in Midlothian and what professionals had identified as being the main access issues for them. This initial list of services was supplemented by a review of the Midspace website, which lists available mental health and wellbeing services in the Midlothian area.

Mapping service criteria

After refining the long list of services, those which provided a mental health service that aligned with one of the four intervention types (see service map on the next page) were included in the map. These were then grouped by the ages supported and the primary ward in which the service is based.

Analysis

Once the final list of 116 services had been mapped, provision was analysed across the following variables:

- **Geography:** How does service provision vary by ward?
- **Service type:** What is the profile of intervention across Midlothian?
- **Age:** How do services vary across age ranges?
- **Target population:** How do services vary across target population?
- **System characteristics:** Are there any patterns that emerge when looking at these different factors as a whole?

On the next page a high-level summary is included on the inclusion criteria, number of services and distribution of age ranges. **For the full service map, please [click here](#).**

2. SERVICE MAP: SUMMARY

Understanding the mental health and wellbeing services available to young people aged 0-25 in Midlothian. Services have been organised by the Midlothian ward in which they are based. Where services only provide to young people from their respective ward, these have been italicised and highlighted with a dotted border. Service provision by age is indicated with highlighted cells with colour indicating service categorisation by prevention, early intervention and crisis response / recovery.

SERVICE PROVISION BY AGE
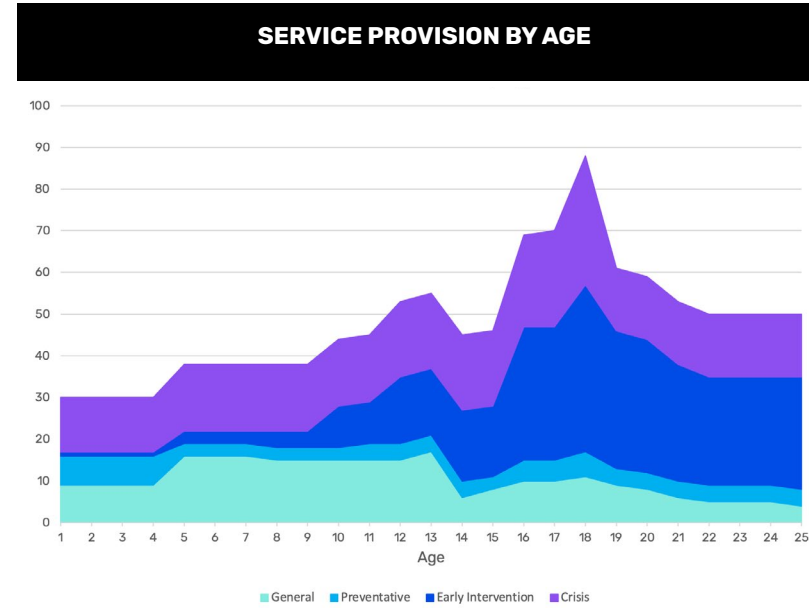
TYPE OF SERVICE	INTERVENTION TYPES	TARGETED SERVICES	NON-TARGETED SERVICES	TOTAL
GENERAL	These are services that are not directly aimed at improving mental health outcomes, but target supporting mental health factors and wellbeing through structured activities such as mindfulness or emotional literacy.	16	14	30
PREVENTATIVE	These are services that are designed to prevent the development of poor mental health and wellbeing later in life, these may target distal mechanisms of change but seek to generate specific outcomes.	5	8	13
EARLY INTERVENTION	These are community based services that are targeted towards individuals experiencing non-clinical poor mental health and wellbeing or aim to halt the escalation of lower level anxiety or low mood to a clinical threshold.	17	25	42
CRISIS RESPONSE/ RECOVERY	These are services which act following a crisis, a clinical threshold being met or helping individuals who have experienced a crisis in the past to effectively recover. These are higher need services.	29	2	31
NO OUTREACH	These are services which are only delivered on site.	0	0	0
TARGETED SERVICE	These are services that serve a specific target population, for instance individuals with autism, or women only services.	0	0	0
TOTAL		67	49	116

2. SERVICE MAP: FINDINGS

After analysing the map and practitioner interviews, five key themes emerged from the data that were used to inform and shape the development of the interviews and focus groups conducted with young people in Midlothian.

Geographic Service Clusters

Excluding Edinburgh and Beyond, the majority of services are clustered in Dalkieth and Bonnyrigg. This can present a barrier to service awareness in communities with a smaller service footprint and is likely to be exacerbated by COVID-19 when travel between wards may be more restricted.

Potential Barriers to Access

There are services that operate across Midlothian and are likely open to most if not all children in the target age range (e.g. MYPAS school counselling). Other services only operate in a single area (e.g. Dads2B) which may present access problems to those not living nearby. We encountered 3 access issues in cases like these:

1. Transport makes it difficult to get from rural Midlothian to towns, even where it is only a short geographic distance
2. Not all services have an outreach element to them or are able to operate remotely
3. Residents from one area do not necessarily want to attend groups with people from other areas. Therefore, when considering provision, it's important to think not only about the existence of the service in Midlothian but also about service dynamics, access, and geography.

Age Clusters

The majority of Early Intervention Services are only available from 16+ years. These age clusters are also geographically clustered creating potential barriers for young people accessing services.

Demand Spikes

There are very limited prevention services available and few crisis services for young people aged 10-15 other than CAMHS who are (a) over stretched and (b) have increasingly high need thresholds. This may mean there is unmet need in this population that escalates later in adolescent populations (e.g. 16+ years).

Uneven coverage of targeted services

Some populations, such as individuals with a disability or additional learning needs, are well covered by general services but not higher need services. Likewise, this is true for other marginalised groups. This could potentially create ineffective referrals to higher need services or indicate other important needs that are not being identified or met by existing provision.

2. SERVICE MAP:

REFLECTIONS

These themes suggest a fragmented geographical service landscape, indicating possible inequities in distribution and access to provision. Discrepancies can also be seen, around which ages are provided for. Many services are available for young adults, aged 18 and over, with comparatively few early interventions for younger teenagers. When young people fall through these gaps, spikes of demand for high need support can occur in older age groups, stretching the capacity of adult services. In later conversations with young people on their experiences of mental health services there was the feeling that whilst COVID-19 has caused concerns of its own, fundamentally it has led to the widening of gaps that already existed in the mental health support system.

3. PRIMARY SCHOOLS

Method

Positive mental health is important for children to be able form strong attachments and social bonds, engage in education and build critical life skills. As defined by the World Health Organisation mental health is "a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to her or his community" (WHO, 2013). To understand the factors that are important to shaping child mental health, an asset-based child centric approach was taken in the design and facilitation of workshops with primary school pupils. As such, worksheets and questions were designed to elicit what was most important to children in their lives, the emotions they experienced and why they felt these emotions. Two workshops were held as part of this work stream with mixed classes of primary 6 and primary 7 pupils, each lasting around 50 minutes, with 17 children engaged in total.

Analysis

In total, 17 worksheets were collected from the workshops which were then analysed by location of activity, whom the activity was with and thematically grouped to understand similarities between what was important to children in Midlothian.

Workshops were facilitated with a blended model of remote and in person delivery. A facilitator from Dartington attended remotely through Teams to facilitate discussion with in-person support from a local youth practitioner and the class teacher. Workshops were split into three activities:

- **If you could change one thing in your community what would it be?** This activity was an ice breaker where classes were encouraged to have fun and think imaginatively about what they would change if anything were possible.

- **What activities are important to you?** Using a worksheet, children were encouraged to reflect on activities in their lives they identified as being important to them, who they do these with and how each activity makes them feel.

- **Open class discussion.** In the final section of the workshop, the class were encouraged to share the activities they had chosen as being important to them. This led to discussion on how these activities have changed as a result of COVID-19 and what the barriers are to all children doing these activities.

3. PRIMARY SCHOOLS: SUMMARY

At a glance

Outdoor spaces for children to play, socialise, release energy and reflect on emotions were extremely important to children from Midlothian. Indoor activities that allow children to share time with parents and friends, whilst being engaged in a task, were a key source of relaxation and bonding. Special excursions with family and friends also provided exciting events to look forwards to. From these discussions, it was clear that some children had fewer opportunities to get out of the house or attend such excursions. To support the positive mental health of children across Midlothian it will be important to reduce inequalities in access to clean, child friendly outdoor spaces and think creatively on how to broaden access to fun parent and child activities.

OF 56 ACTIVITIES...

IF YOU COULD CHANGE ONE THING IN YOUR COMMUNITY...

If possible:
- A non-slip running track
- Underage discos and clubs for kids
- Bike course/off-road biking
- Go Ape or Rock climbing
- A Go Kart track
- A dog park
- A skate park

No:
- Litter
- Bullying each other

More:
- Outdoor activities
- Activities like fun fairs
- Fun things

WHO DO YOUNG PEOPLE DO IMPORTANT ACTIVITIES WITH?
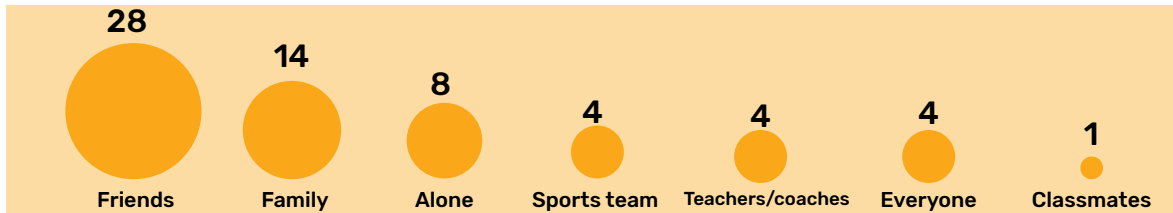
Friends	Family	Alone	Sports team	Teachers/coaches	Everyone	Classmates
28	14	8	4	4	4	1

OUTDOOR FACILITIES (14)

- 5 Football
- 2 Theme park
- 2 Go Ape
- 2 Skate park
- 1 Stables
- 1 Rugy pitch
- 1 East Links

GENERAL OUTDOORS (20)

Walking	Playing	Scooting/Skating	Going to the park	Litter picking	Football
7	4	3	3	2	1

INDOOR FACILITIES (6)

- 2 Pool
- 2 Gymnastics
- 2 Shopping

HOME (17)

Games and TV	Arts and craft	Cooking	Cleaning	Indoor play	Schoolwork	Sleeping
6	3	3	2	1	1	1
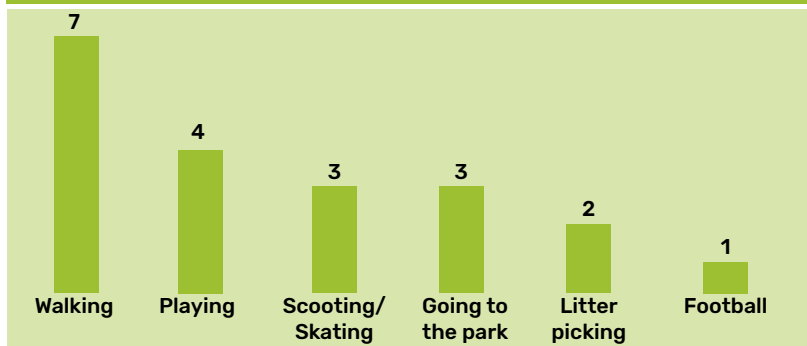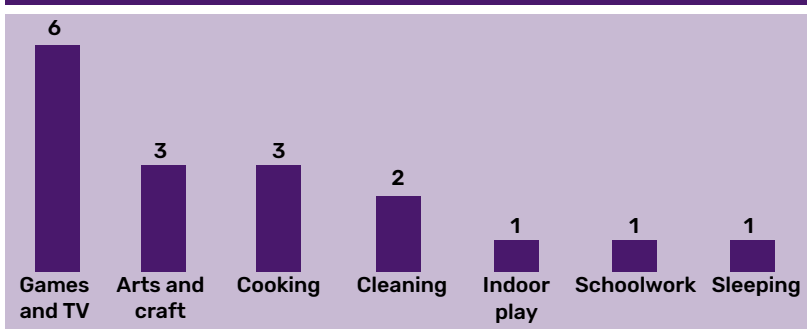
3. PRIMARY SCHOOLS: FINDINGS

It was apparent that outdoor activities were extremely important to the primary school children we spoke to. This has likely come into greater focus during the pandemic, as travel and normal outlets for outdoor play have been curtailed, resulting in children spending more time indoors than usual. With this in mind, activities in the home that help children to relax emerged as an important finding.

Releasing energy

Active play outdoors (e.g. climbing trees, playing in the park or taking part in team sports) provide a central outlet for pent up energy. Children stated these activities make them feel energetic, happy and tired in different instances. Indoor settings like going to the pool or gymnastics are also good opportunities to do this. One child described how gymnastics makes them feel, *"amazing, fit and happy"*. Research has highlighted that outdoor activities have been found to lower anxiety, depression and stress (Pretty, 2007; Maller, 2009). With greater periods of time spent indoors through the COVID-19 period, ensuring all children have opportunities for active play is a key component in scaffolding positive mental health and wellbeing.

Getting out of the house

A recurring theme in why children enjoyed playing and being outside is that it allows them to get out of the house. One child said they enjoyed activities in the park or going on excursions because, *"it makes me happy because I don't get to go outside a lot"*. Another echoes this, *"I am with my dog and I get fresh air"*. Opportunities to be outside allow children

to be in a neutral space not associated with emotions they have about home. Through workshop conversations, it was clear that not all children are able to be outside as often as others. Access to green space is an important spectrum along which inequities in the social determinants of mental health can emerge (Allen et al., 2014). Regional programmes that aim to improve access to green space play an 'upstream' role in shifting these inequities and have been linked to a reduction of depression symptoms and better mental wellbeing (Larson, 2016; Volker, 2015).

Socialising with others

Unsurprisingly, these activities, ranging from sports and play, to simple walks, are also key moments for children to bond with family, friends and to be themselves. This was expressed a number of times, with children saying, *"I love hanging out with my friends and playing my favourite sport"* and, *"I like spending time with my friends and talking"*. Spaces to bond with parents are valued. As one child states they enjoy walking their dog because they *"get to do exercise while talking to my family"*. Indoors, socialising is fostered through shared activities, such as online games with friends, cooking with parents or shopping for clothes. Reflecting on why they enjoy games one child states, *"I don't need to be alone and it's fun"*. With the closure of many child social settings, games with friends and family have provided an important outlet to bond and have fun in the absence of other activities. Finding safe ways to socialise and interact with peers and family during the COVID-19 period has posed a challenge, the learning from which can contribute to future supports for children's mental health and wellbeing.

3. PRIMARY SCHOOLS: FINDINGS

Things to Look Forward to

A common thread through the workshops was the sense of anticipation and enjoyment children experience when they have something to look forward to. This could be a family trip to an activity park, a school excursion or simply the shared discussions with family and friends about an upcoming episode of a series. During discussions children talked about how they looked forward to going out to theme parks, however this wasn't possible for all children.

"I have never been to a theme park but would love to do this, you go round and round at high speeds!"

For others this could be looking forward to sports training or going on a new walk with family. It is well established that health inequities follow a social continuum within which financial resources play a strong mediating role (Allen et al., 2014; Marmot Review team, 2010; Amroussia, 2017; Brydsten, 2018; WHO, 2014). Having special events to look forward to is important for both adults and children, however for families with greater limitations on their ability to travel and afford special occasions this may have become even more difficult during the pandemic.

Releasing emotions

Children also discussed how they enjoy engaging in team sports to release, or reflect upon emotions. This theme was particularly apparent in team sports, *"I like rugby, it makes me feel much better because I can take it out on people [laughs]"* and as another states about football, *"you feel good because it's like a relief if you've had a bad day, you get to have a release".* Others found walking a helpful reflective space, *"I can think about problems and get it out of my head".* Being active in child friendly spaces provides space for reflection and catharsis that supports children's emotional literacy and mental health.

Protecting the environment

An activity which emerged in discussions about improving the community, and as being important for children more broadly, was picking up litter. In terms of emotions, one child describes the conflicting feelings this raises,

"[Litter picking] makes me happy 'cause I'm helping some animals but it is also sad because I shouldn't be doing this, it should be the people that litter."

Another commented that picking up litter makes them feel happy because they've "done something right". Children spend a lot of time outside, as seen by the themes highlighted here. Varying cleanliness and quality of outdoor spaces is another indication of inequities in the social determinants of mental health. Ensuring these spaces are clean allows children to enjoy and benefit from the outdoors and the activities they value so highly.

3. PRIMARY SCHOOLS: FINDINGS

⏻ Relaxation

Both active and creative activities were valued outlets for children to relax and focus. Some of these were arts related, such as painting and music. One child said that they liked playing keyboard as it *"relaxes me and makes me feel sleepy"*. Another felt a similar sense of relaxation when cooking with family, because *"there is nothing else on my mind"*. Others found relaxation in more active settings. One child described enjoying swimming because they can *"relax and have fun with friends and family"*. Opportunities to relax are important in building children's ability to self soothe and regulate emotions. For some children, the home environment is where they were able to find outlets for relaxation which may have become more crowded through COVID-19, or those special family activities that may be harder to make time for. Overcrowding has been linked to negative impacts on mental health (Pevalin, 2017; Rollings et al., 2017) – coupling this with increased time at home, there is likely to be a greater need for children to find outlets and spaces to relax.

3. PRIMARY SCHOOLS: CASE STUDY

ABOUT ME

I'm Sarah and I'm in P6 now. I love to play outside; I like climbing trees and being with my friends in the park. This makes me happy because I don't get to go outside a lot. Sometimes there's litter though. I do pick it up, because it helps the animals, but it makes me sad that I have to do that.

I also love gymnastics; it makes me feel amazing and fit and gives me a release if I've had a bad day. I can't do it at the moment though, because of lockdown. Indoors I like cooking with my dad, when I do that there is nothing else on my mind, but he doesn't have much time because of work and looking after my baby brother.

I'm excited about being able to go to a school disco again. I love having things to look forwards to.

LIKES

- Playing outside
- Climbing trees
- Being with friends
- Doing gymnastics
- Cooking with my family
- School discos

DISLIKES

- Litter
- Lockdown!
- When my family doesn't have a lot of time

A note on the case studies: Each case study presented in this report is built from the insights and quotes shared with the research team by young people, however they do not represent one individual and all names have been changed.

3. PRIMARY SCHOOLS: JOURNEY MAP

Getting outside regularly or participating in sports allows a child to release energy and have some reflective space.
"I can think about problems and get it out of my head"
"Amazing, fit and happy"

Creative activities become important bonding, socialising and relaxation activities allowing the child an outlet.
"...relaxes me and makes me feel sleepy"

Many opportunities

1°

Primary school:
Opportunities & experiences

Being able to hang out with friends and be themselves.
"I love hanging out with my friends and playing my favourite sport"

Inequality

Opportunities

Isolation

Missing out

B Additional opportunities

R

Open spaces & education

B Stigma, shame, embarrassment

Wellbeing

Mental health

2° Secondary school

Young adult

Balanced wellbeing

Entrenched issues

Socialising with others is important for a child to bond and feel valued. Not having people to spend time with or not being able to (e.g. due to the pandemic) impacts wellbeing.

Low opportunities

1°

Inability to get outdoors means there is little opportunity to get away from or release emotions a child may experience about their home.
"It makes me happy because I don't get out of the house a lot."

In a house with few opportunities to properly relax and have time and resources to engage in activities together children have less capacity to self-regulate and the home environment can become more stressful.
"I don't need to be alone"

3. PRIMARY SCHOOLS: RECOMMENDATIONS

1. **Opportunities for active play in clean, accessible child friendly places** are extremely important for children. This provides an opportunity to release pent up energy, socialise with friends in a non-adult context and reflect on emotions. As discussed, not all children are able to get outside regularly, or have access to such spaces. Thinking about how to broaden access and increase equitability and child friendliness of green spaces is a key recommendation.

2. **Sports and outdoor exercise** provide an opportunity for emotional release among peers or a chance to get rid of negative emotions in a positive way. Young people commented on valuing team sports more than previously as they have not been able to regularly attend during the pandemic. Barriers to attending clubs, such as transport requirements or cost, should be considered in future aims to increase exercise provision.

3. **Fun excursions that are accessible** were an important way for children to spend time with friends and family, make memories and create events to look forward to. Accessibility to such events was not always equitable given cost and transport requirements for outdoor activity parks. These could be fun fairs, child centric events like discos or opportunities to attend recreational spaces. The COVID-19 pandemic has presented a barrier to this and necessitated creative thinking about how to create safe accessible community events that children can look forward to. This creativity should be built upon to ensure all young people can access excursions during childhood.

4. **Accessible clean walking paths for children and families**. Many children talked about how walking was important. This served as an opportunity to talk with parents, expend energy and reflect. Children commonly described litter and difficulty getting outside. Creating more accessible paths that are well maintained is another clear recommendation.

5. **Arts, crafts and cooking** provide an opportunity for children to relax, take their mind off things and share an activity with siblings or family. Thinking about how these opportunities can be expanded and well communicated is important in providing accessible opportunities for children to relax.

4. SECONDARY SCHOOLS

Method

When entering secondary school, young people are exposed to a broader social environment, deeper commitments to education and greater expectations of independence. To understand the different factors that can shape young people's mental health needs in secondary school, four focus groups and three one to one journey mapping interviews were conducted with schools across Midlothian, including 22 young people in total.

Analysis

From the focus groups emotions, actions, barriers, enablers and important people and places in young people's mental health journeys were identified. These were then compared and clustered into themes which shaped the journey mapping interview questions. The journey mapping data produced refined themes under each topic area, namely: what is mental health, why might it change and what can help?

Focus Groups

Focus groups were facilitated remotely with pairs of pupils attending from up to six different secondary schools in Midlothian, each lasted 50 minutes. Two sessions were held with S3-4 pupils and two with S5-6 pupils. These sessions centred around case studies, developed with local youth work practitioners. The case studies were designed to reflect common issues that practitioners observe in young people who may be struggling with their mental health but have not yet reached a clinical threshold or accessed a support service. Pupils were asked to reflect on what emotions their hypothetical peer might be feeling, whether they had appropriate support and if this were their friend what they might do to support them. An interactive website 'Mentimeter' was used so that young people could submit their answers, see responses from others and discuss them openly together.

Journey Mapping

Pupils who attended the remote focus groups had the option to self-select for a follow up journey mapping interview. Given the sensitive nature of mental health experiences, the journey mapping sessions were designed to give young people a safe space to reflect in more depth on what they viewed mental health to be and what factors can impact it. These sessions were an hour in length and encouraged young people to share what they feel is needed to support their mental health, what barriers there can be to getting support and what people and actions can be helpful to young people who might be struggling with their mental health.

4. SECONDARY SCHOOLS: FINDINGS

At a glance

From group conversations it was clear that young people feel stigma is attached to mental health, which often drives a sense of alienation, loneliness and embarrassment. Young people similarly feel the pressures of parental expectations, school performance and social conformity within school keenly. Some feel that it is the responsibility of young people to seek help and manage their problems in isolation. It was clear that friends and peers are an important protective factor, often being the first people participants would confide in about their mental health. A common theme was the desire for more reflective spaces for young people, as well as spaces dedicated to positivity and fun. The journey maps added depth to these themes, highlighting that young people would benefit from supports which: build awareness of mental health, normalise talking openly about it, build skills for emotional reflection, create communication channels to access support and give young people a chance to be heard in a safe space.

What is mental health?

When talking about what young people perceived mental health to be, there was a tendency to view it from a negative perspective, often being associated with specific diagnoses like anxiety and depression. Throughout discussions however, young people consistently reinforced that everyone has mental health and that this impacts how you feel as well as what you think. Young people often discussed rumination and over thinking as an example, such as whether they had done their homework the "right" way, over-analysing what a peer may have said or reflecting on others'

expectations. Individuals experiencing poor mental health were viewed with stigmatisation, as one pupil states, "*In the past a lot of people with mental health were seen as an outsider or seen as different, treated differently*". This sense of otherness and alienation persists in the mindset of young people, making poor mental health an isolated and confusing experience, as one pupil commented, *"people find it hard to talk about as they're worried they might be judged or not accepted"*. With young people viewing mental health as a stigmatised topic, opportunities for individuals and their peers to explore these issues and build an understanding of what others may be experiencing are reduced.

What are the barriers to seeking mental health help?

The key barriers young people identified to seeking support in conversations were:

- Stigmatisation of mental health
- Being unwell, leading to isolation and confusion
- Generational difference between young people and adults in their networks on how mental health is approached and supported
- Difficulty finding someone to talk to that you're comfortable with
- Not knowing who to talk to or where to turn
- Being intimidated by talking to adults about mental health
- Not being able or motivated to follow advice given
- Anxiety about mental health support being an extreme intervention, such as being sectioned against your will

4. SECONDARY SCHOOLS: FINDINGS

⇄ Why might mental health change?

Secondary school is a period of transitions, identity development and additional responsibilities. At this age multiple risk factors can intersect and overlap, creating barriers to educational performance, employment opportunities and damaging mental wellbeing (Hale, 2018; Livingston, 2013; Copeland et al., 2015). As such, young people are exposed to a number of pressures they may not have experienced in the past. Emerging from conversations with young people were several sources of pressure that impacted how they felt, their expectations of themselves and their relationships with others, namely: family pressure, societal pressure, school pressure, social media, peer pressure and competition. One pupil reflected how social media is a source of pressure, *"you hear stories of people committing suicide because of trying to have the perfect life – the news paints a depressing picture of the world."* Other pupils reflected how social media is often used to compare themselves to others, for example how someone may have dressed going to party or in a photograph.

"People who are perceived as different may get bullied or looked down on."

These value judgements can be driven by unrealistic standards shaped by those with cultural influence on social media platforms, one pupil reflected that *"celebrities can reinforce damaging stereotypes"*.

As such, expectations set by social media, peers and a sense of competition often overlaps with wanting to fit inside the status quo. Not conforming to these pressures are seen to pose a risk of ostracization or bullying. This can create a cycle that reinforces stigmatisation of mental health and thus encourage pupils to self-censor concerns they might have or emotional difficulties they may be facing. This could cause mental health issues to fall further outside of the status quo, and drive a sense of isolation and otherness in young people who are experiencing difficult or challenging emotions.

A particular point of vulnerability for young people emerged around change and transitions. This included transitions from primary to secondary school, as one young person explains, *"when you go to high school things become quite real. A lot of people have found 'their people', and not having people you feel you can speak to or understand can make you feel quite alone"*. This vulnerability extended to future transitions, *"when you're a teenager everyone needs to know who they want to be, not even just big things like careers, but you change a lot when you're a teenager"*. Here too, young people feel pressured and as though a limited range of future paths are available to them. One pupil reflected how not seeing other examples of future decisions, *"can make it difficult to imagine different options"*. Uncertainty about identity coupled with pressures to conform, transitions and a stigmatisation of talking about mental health are influential forces on young people's mental health and wellbeing.

4. SECONDARY SCHOOLS: FINDINGS

What can help?

Young people were enthusiastic and open about different supports that could help to alleviate some of the pressures on their mental health and wellbeing:

- **Education on mental health**, what it is, and how to support yourself and peers was commonly raised as a gap by young people. Pupils described how, *"quite often a lot of people can't tell if they're suffering with mental health but if you're looking out for it, it can affect their everyday life quite visibly"*. Young people suggested more information be given via PSE classes, as well as teaching parents and peers on how to ask people about how they are and how to have conversations about mental health. Similar comments were made when reflecting on what could help, which included improving communication, visibility and understanding of mental health among young people, their peers, and families.

"Self-knowledge can help, such as knowing how to look after yourself, cope with difficult situations and get support if you need to."

- **Supportive Culture** – having an open minded and supportive school community and environment was discussed as an important

way to reduce stigma, bullying and open up support options. One young person said, *"having an open-minded school supports wellbeing by making you feel safe and able to be yourself"*. Visible and accessible supports were important to young people in encouraging a supportive culture as well. One pupil suggested quiet spaces in school to take "five minutes to be with your thoughts and maybe just breathe". Another practical suggestion was to, ask a guidance teacher for a 'cool down pass' if needed, then you can *"cool down and not get in trouble".*

- **Supportive Relationships** both from personal networks and professionals were seen by young people as key. This could vary from having someone to talk to, to having people you can do fun activities with. One pupil described having people who understand and care, that you can *"communicate with can make a positive difference".* Others preferred more active solutions such as *"being with friends and not talking, not focussing on sad or stressful things, living in the moment and having fun".* Young people described relationships as influential to accessing support, *"[People] can think there's something wrong with them instead of trying to understand it and get help"*. Professional support including doctors, schools or helplines, was viewed by some as an option for those who didn't have a strong support network. Strong social connections are an important protective factor against deteriorating mental health (Allen et al 2014), social capital more broadly being defined as 'high quality, supportive and mutually beneficial networks' (Lauder, Kroll and Jones, 2007). Thinking creatively about how to build capacity for supportive relationships among peer groups is an important takeaway from these reflections.

4. SECONDARY SCHOOLS: CASE STUDY

ABOUT ME

I'm John, I'm in S5 now. I've been thinking about my mental health a lot, because I'm stressed and worried about exams. I think people with mental health can be seen as different though and I'm worried I might be judged, or not accepted, if I say how I'm feeling. There's a lot of pressure to fit in. Even on social media I think that celebrities reinforce damaging stereotypes that you feel you have to live up to. I've been bullied before and don't want that to happen again.

I would like people to speak to who understand me, I can feel quite lonely sometimes, especially when thinking about the future. I just can't imagine what my options are. I'd really like some more information on mental health and how to talk about it. I sometimes talk to my family but think they look at things differently because they're old! My school is quite open minded though, they made me feel safe after I was bullied, I know they don't think that's ok.

Seeing my Guidance Teacher can help, or just being with friends and having fun, it's hard focusing on stressful things, sometimes I just want to live in the moment.

LIKES

- Speaking with like-minded people
- Information on mental health
- Talking to my family or my school
- Being with my friends and having fun
- Living in the moment

DISLIKES

- The stress of exams
- Being judged or being not accepted
- Bullying
- Loneliness

4. SECONDARY SCHOOLS: JOURNEY MAP

Poor knowledge and awareness of what mental health issues look like hamper a young persons initial ability to understand their situation.
"Quite often a lot of people can't tell if they're suffering with mental health but if you're looking out for it, it can affect their everyday life quite visibly."

The transition to secondary school brings new pressures and expectations from the school, from parents and from peers to conform and find a group. All adds to anxiety and reduces wellbeing, especially if it was low to begin with.
"When you go to high school things become quite real. A lot of people have found 'their people', not having people you feel you can speak to or understand can make you feel quite alone."

If the school environment is not conducive to making yourself vulnerable young people are unlikely to seek help early on as they may feel they are alone, leading to a sense of isolation.
"Talking about it more – normalising it you're not alone."

Where relationships are poor a young person may only seek help once desperate and may then turn to a service where no pre—existing relationship exists. This is a risk as the reaction can be negative.
"Speaking to a professional, such as a doctor, school or helpline, someone with an unbiased opinion where people don't have good relationships around them."

Secondary school: Expectations, understanding & openness

Many opportunities
Low opportunities
Primary school
2°

Young person's voice
Pressure of expectation
Help seeking
Wellbeing
Self-care
Stigma, shame, embarrassment
Mental health
Open spaces & education

YA
Balanced wellbeing
Entrenched issues
Young adult

Having a higher starting wellbeing can make this transition easier, as can having understanding peers an, teachers and parents.
"Having people who understand and care, that you can communicate with can make a positive difference."

Having good relationships to begin with makes it a lot easier to seek help as the young person feels the adults reaction will be more understanding.
"Having people who understand and care, that you can communicate with can make a positive difference."

Improved visibility and understanding of issues make their identification easier and often earlier or pre-emptively give better coping mechanisms.
"Self-knowledge can help, such as knowing how to look after yourself, cope with difficult situations and get support if you need to."

An open minded school community reduces stigma associated with mental health and increases help-seeking. Visible and accessible supports makes this easier.
"Having an open-minded school supports wellbeing by making you feel safe and able to be yourself"

4. SECONDARY SCHOOLS: RECOMMENDATIONS

1. **Access to quiet reflective spaces within schools**. This overlaps with findings for primary children (for primary children their main reflective space was outdoors). For young people in secondary school, the busy school environment can sometimes be overwhelming and difficult to collect thoughts in. This makes access to quiet spaces particularly important.

2. **Broader education on mental health**, including what it means to experience poor mental health, how to understand others who have gone through it and what to do if you are having difficulties. This was frequently highlighted by secondary pupils as being beneficial. Some adults also reflected this would have been helpful when they were in secondary school.

3. **A proactive approach to normalising conversations around mental health**. This could take the form of a cultural transformation programme in various settings or building the capacity of staff to hold conversations about mental health and increase its visibility for young people.

4. **Providing young people with opportunities to connect with others** who have had similar experiences in order to better receive guidance, feel understood or be signposted to support.

5. **A proactive approach to educating young people on the supports available to them** in their local community, school or support network. Adults who had experienced poor mental health also highlighted how they would have found it beneficial had there been a support services fair during secondary school to make these options more accessible and approachable.

6. **Broadening communication channels through which young people can access support**. This could be practical means like having a physical note box checked daily by teachers, where pupils struggling to approach staff directly can drop a slip in.

7. **A safe space for young people to have conversations about their feelings and understand their emotions**. Young people often felt there was judgement or had anxieties that conversations would result in extreme interventions, for example being sectioned.

8. **Supporting parents to have conversations about mental health with their children**. Young people felt there were generational differences that created barriers to talking about mental health.

9. **Reaching out to young people at regular intervals.** A large barrier to seeking support is that it is intimidating and young people don't know where to begin a conversation about something they already have difficulty understanding. Young people commonly raised that occasional check ins from trusted adults could reduce these barriers and enable them to take positive actions to support their wellbeing.

10. **Focussing on relationships** – This could include creating a relational network of support which young people know they can connect in with or working with young people to understand how to establish and maintain positive relationships so that they can support one another and develop positive connections now and in the future. Meaningful relationships create resilience and ensure young people have a supportive network to turn to, preventing them having to face difficulties alone.

5. YOUNG PEOPLE, 14-17:

EXPERIENCE OF MENTAL HEALTH DIFFICULTIES

Method

This element of the work was focussed upon connecting with young people who had experienced mental health difficulties. The aim was to understand, from young people's perspectives, what had happened along their journey with mental health and provide further depth to the themes raised by their peers from the secondary school groups. It was important to learn what had affected young people's lives, both positively and negatively.

Interviews were held with young people who were still attending school, either through mainstream or alternative provision, as well as those living in Residential Care, with 6 people taking part in total. All of those we spoke to in this phase shared individual reflections that have allowed us to draw out common themes as well as appreciate the contextual nuances that impact wellbeing. By building a sequential journey map it was possible to see where there had been gaps in support or understanding, and to layout the connections between different events and actions.

These conversations were designed to be safe and young people-led, meaning that the depth of insight varied, depending on what each participant was comfortable sharing. It was apparent young people often felt unsupported, confused and as though they had to deal with their feelings alone, as seen in earlier findings. A key difference with this cohort is that they had all experienced difficulties over prolonged periods and struggled to access adequate help. Stand out instances of support were the exception, as opposed to the rule. This lack of a cohesive and effective network of support compounded and prolonged concerns and poses the risk of escalation to severe need enduring into adulthood.

Analysis

Key themes were identified by clustering common findings across each heading from the journey map:

- **What happened/ what affected this?** Understanding important facets along young people's journeys.

- **What did you need?** Understanding what young people had really needed at that time in their life to support their wellbeing.

- **Who/ what helped?** Understanding the people and actions that had a positive impact upon young people.

- **Barriers to help:** Understanding the barriers to help and to wellness.

- **Thoughts and feelings:** Learning from young people how they felt and how they think things could improve.

5. YOUNG PEOPLE, AGED 14-17: FINDINGS

At a glance

Relationships were pivotal, with positive ones having the potential to be transformative and negative ones to trigger and compound symptoms of mental ill health. It was evident from these conversations that issues mentioned in earlier interviews, such as isolation, stigma, lack of education, information and of open conversations on mental health, had a lasting impact on those who were struggling with their emotional wellbeing. An important observation is how vital positivity is in young people's lives, with the desire to be themselves and pursue worthwhile activities being felt deeply.

There were **10 key themes** that emerged from the journey map synthesis as being consistent across many of the young people we spoke to:

Traumatic Events Impact Mental Health & Wellbeing

Life events were mentioned by young people as having had a lasting impact. These ranged from bereavement, including from COVID-19 related deaths, *"I lost my auntie to COVID 2 weeks ago, the emotions were too much for me then"*, to family separation and being taken into care, *"I got separated from my family. This was a very hard time emotionally"*. Several young people also intimated there had been key traumatic events that had catalysed their mental health difficulties but didn't want to go into detail. This diversity of trigger events should be considered in future supports, with measures taken to understand what is happening in young people's lives and how it has affected them, especially when aiming to prevent mental health issues becoming entrenched.

Young people's contexts, peer groups and families shape their views, actions and feelings

No young person exists in isolation and all of those we spoke to reflected how their environment, friendships or family dynamics had impacted their wellbeing in some way. Physical environments, such as their neighbourhood and homes could leave young people feeling unsafe and distracted, *"when you're in care you think you have support and that the surroundings are safe. I was in Woodburn and that wasn't a safe area for an 11-year-old to be hanging around in"*. Peer groups could pressurise negative behaviours including crime, violence, and substance misuse:

> *"Nothing would help me. I kept going out with my pals, drifting slowly from my mum, I didn't even know, just drifting so far away."*

Family members may also exert undue pressures on young people, such as the need to succeed, or themselves bring concerns, including emotional abuse, into the home, *"I started realising I was struggling in P6/P7. I started realising as other kids weren't feeling the same way. I had a mentally and verbally abusive step-dad"*. Young people's contexts need to be considered when seeking to promote wellbeing. Shaping positive physical environments and educating family members and peers on what mental health and wellbeing are, how to promote good wellbeing and how to support mental ill health, are again shown to be important protective factors to consider in the future.

5. YOUNG PEOPLE, AGED 14-17: FINDINGS

School pressure can cause stress and overwhelm - which has been exacerbated by remote learning

As was reported by the young people from the secondary school groups, school pressure can have a large impact on the mental wellbeing of young people. Those who had experienced mental health difficulties found that this pressure could be the tipping point between them coping with existing worries in their lives and being overwhelmed, *"I'm really behind on all my work, it's really stressful. Because I start, and then get through one lesson and feel like I can't do the rest and stressing over it more than I should be".* Lockdown and remote learning had exacerbated this issue. Young people stated that it had reduced the amount of educational support available to them, made it harder to concentrate and progress academically, and increased responsibilities at home, such as caring for younger siblings.

"As we've gone in and out of lockdown these stresses just build up - they were on my mind before but much more now. It was so much easier doing it then than over a computer."

Future educational options need to be tailored to the needs of individuals, moving beyond the assumption that a one size fits all approach will work, especially during high stress times such as those presented by the COVID-19 pandemic.

Physical and mental health are interconnected, each affecting the other

Self-harm was mentioned by two thirds of participants in this phase of the research. Young people had started self-harming from a young age, some from primary school, and had consistently used it as a coping mechanism through into their late teens. There was a lack of targeted support for this, with only one instance of informal peer support being mentioned as having provided practical coping strategies. Other ways in which the interconnection between mental and physical health could be seen was in young people using alcohol and drugs as a way to cope and finding these exacerbated existing symptoms of mental ill health. Physical injuries had also impacted mental wellbeing due to the limiting effect on day-to-day tasks and impact of pain on sleeping. Future supports should acknowledge these connections and support children and young people in a way that acknowledges the full picture of what they're experiencing, overcoming silos in existing treatment that are focussed only upon specific elements of young people's needs.

Young people need positive, trusting and caring relationships to maintain wellbeing

It was clear that relationships with friends, family members and professionals had at times been the key to mental health recovery. This was the case when young people felt able to reach out, as and when they needed to, when they were heard and respected and able to trust

5. YOUNG PEOPLE, AGED 14-17: FINDINGS

that their support network had their best interests at heart. Positivity, confidentiality, and genuine care were the foundations to these relationships - *"(Residential) staff are always there and supporting us if we need anything, I don't think I'd be here without them. they saved me from an episode with cannabis 2 months ago".*

Young people reported how these trusted people had been key to linking them into support, aiding self-reflection and suggesting coping strategies.

"Speaking to people. Guidance teachers help you find things to take your mind off stuff, that you can do in school. I feel as though I can speak to her anytime."

Conversely the same people could perpetuate and intensify negative feelings and experiences if young people found them to be dismissive or pushing their own agenda e.g. *"I like one of my social workers, the other one my mum doesn't like her, she doesn't do her job properly, she doesn't phone that much, she doesn't ask that much, I don't really trust her".*

Feeling alone and uncertain was a common theme, with mental health stigma being a repeated barrier, *"My dad & mum haven't helped… Mum is trying her hardest but it's stressful for her. Dad thinks mental health is something to be ashamed of".* The need for professionals who work in a young person-centred way and for support for parents was very apparent. As was the desire for greater access to peer support, which young people said would allow them to benefit from first-hand experiences, feel safe and know they are not alone in feeling how they do.

Young people need support understanding and expressing their feelings and safe people and places in which to do so

Multiple participants reflected how they had struggled to understand and express their emotions, *"I was not really sure then and not sure now [about what I need] for what I've been through… I don't know what could help and what won't help, but just shows that this topic needs talked about more".* Not knowing where to turn and being afraid of stigma and judgement was a common occurrence, *"I was in the car with my step mum and the whole time I was thinking 'I should tell her' but I was really scared what she might think".* The influence of parents upon support options was also clear, with one young person saying, *"I trialled therapy in primary school, when they found out I was self-harming. But my dad didn't want me to go to therapy. I needed to stay in as I was really struggling".*

Confidentiality, being aware of what would happen to their information and being reassured that spaces to share were private were all important for young people. One young person wasn't even aware she could speak to her GP about her mental health confidentially, should she wish to. Several participants commented how helpful they had found the research chat, as it had been a space for them just to talk without judgement. It is therefore important that any changes in the approach of professionals is coupled with the consideration of whether physical spaces are safe and welcoming. Any future service designs should also ensure transparency around service protocol so young people are able to make informed decisions about what they share.

5. YOUNG PEOPLE, AGED 14-17: FINDINGS

Young people need timely and responsive support without long waiting lists and delays

Participants had mixed experiences of accessing support. However, another common theme was not getting the right help at the right time. Young people reported struggling alone, *"No one helped. I was bullied hard in primary school. I had no friends I could talk to"*. Hindsight had provided the opportunity for some participants to reflect that if they'd had help sooner, they could have avoided some of the difficulties they'd had, *"try get more help for more people and that, for when they're like struggling and that''*. The common issues of experiencing waiting lists were shared, *"you need to have support available when you need it, not long waiting lists"*.

"You need to have support available when you need it, not long waiting lists."

Conversely some young people spoke about not being ready to engage with counselling when they did access it, *"I found it really hard to speak at the time, it was helpful to go and see them and tell them you're not ready"*. Ensuring young people have options as and when they need them is a fundamental part of an early intervention approach, with the existing situation contributing to the prolonged nature of issues shared with use by participants in this phase of the research.

Young people benefit from positive activities, access to nature and tangible coping mechanisms

Each young person had developed approaches to support their own wellbeing, either independently or following advice and encouragement from others. Positive activities such as art and sports were really appreciated as mindful and fulfilling endeavours: *"I'm focussed now. On Thursdays I've got my boxing and that."* Being able to go for walks outside were also valued by many: *" I like to go for walks, I walk anywhere."* Practical coping mechanisms, shared with them by Guidance Teachers and therapists, had also made a difference:

"Writing things down, on mind maps and worksheets and things, help me express how I'm feeling and understand why I might be feeling that way."

Advice from peers was similarly impactful, with one young person telling us, *"I speak to my mum's best friends' daughter about self-harm. Her best friend committed suicide and she self-harmed. She tells me things I can do instead [of cutting] when I 'have the urge' and gave me her number so I can text her"*. Asset based and practical approaches to mental health should feature in a comprehensive suite of options. Understanding what's important to young people and ensuring they have positive opportunities to grow as well as targeted services based on need.

5. YOUNG PEOPLE, AGED 14-17: FINDINGS

⊚ Young people know what they value in their life but can find it hard to articulate future goals and aspirations

Linking to the acknowledgement that it's important to provide young people with activities that they find positive, and fulfilling, is the insight that when young people are struggling with their mental health they can find it hard to articulate what is important to them. Some were worried about the future, *"That's [remote learning] going to affect how I'm going to be in the future, you know will I have a decent job in the future? We haven't had a normal school year in a while."*

Others found it hard to imagine beyond the present, *"I don't know what my hopes for the future are, I don't really plan ahead".* Having goals, not necessarily related to employment or education, but more personal aims, can support positive growth and maintaining a sense of self-worth and wellbeing.

✦ MYPAS counselling is the standout service that has made a difference to young people

Many participants from this age group had been working with MYPAS counselling, following referrals from their school or from social workers. This was the standout support that young people had benefitted from. One young person told us, *"MYPAS counselling is really good, very helpful. not even just for people with mental health but they have*

groups on bullying, for LGBT young people etc. It would be good if more people could access these". Young people consistently reported that this safe space to talk had made a big difference:

"I found counselling helpful. It's easier to speak to someone you don't know; They don't know anything about you so they can't judge you."

The fact that MYPAS also offered continuation sessions, should young people need them, was appreciated, *"I'd like to go back to MYPAS but I feel ok at the moment".* There were some limitations to the support MYPAS were able to offer, such as it being restricted to term time if young people were accessing it via the school counselling scheme.

MYPAS is obviously an existing asset within Midlothian's mental health system and future changes should consider how this asset can be expanded, or learnt from, to provide greater access to more young people and to fine tune the existing offer so it's providing maximum benefit.

5. YOUNG PEOPLE, AGED 14-17: CASE STUDY

ABOUT ME

I'm Amy, I'm 16 now. I've had a hard time with my mental health. Especially this year. I lost my auntie to COVID-19 2 weeks ago. The emotions were too much for me then. I got separated from my family when I was 11, that was a very hard time, but I didn't realise I needed support when I first came into care. I just used to lie on my bed and stare at the ceiling. I don't know if anything would have helped me then though, I'd just go out with my pals and drift away from everyone else. I don't feel safe in my area though, so it can be scary being out at night.

We've been doing school online. I'm really behind on all of my work, that's really stressful. I do one thing and then think I can't do the rest. I never thought I'd miss school but it's really hard doing it on a computer in my room!

I self-harm to cope sometimes. I've done that since P7. I know I should stop but no one's ever told me how. I'm in a Residential House now and the staff here are amazing, I don't think I'd be here without them. MYPAS have really helped too, they've given me worksheets and things which help me get my thoughts out. I wish I'd seen them before. I love to walk outside, just anywhere, it helps me relax.

LIKES

- Being with my friends for distraction
- The staff at my Residential House
- The staff at MYPAS
- Worksheets to get my thoughts out
- Walking outside

DISLIKES

- Being separated from my family
- The lack of safety in my area
- My homework piling up
- Online learning

5. YOUNG PEOPLE, AGED 14-17: RECOMMENDATIONS

1. **Measures in place at schools and other young people support networks to understand what is happening in young people's lives and how it is affecting them**, where possible reducing risk of experiences becoming traumatic and responding swiftly when traumatic events do occur.

2. **Positive physical environments for young people**, including in educational settings, for indoor recreation (such as youth clubs) and safe and pleasant outdoor spaces to promote wellbeing.

3. **Education for parents, family members and young people on what mental health and wellbeing are,** how to promote good wellbeing and how to support mental ill health, are important protective factors to consider in the future.

4. **A core and flex model for learning and education offers -** with a core universal offer that is able to flex to the needs and learning styles of individuals. This should be especially considered where remote learning is required.

5. **Values based support for young people to understand future options** that are based on their passions and skills, not on pre-conceived ideas of career pathways.

6. **Expanding MYPAS** so the maximum amount of young people can benefit from its groups and 1-1 support.

7. **Joined up service provision across physical and mental health services, with greater information sharing and clear referral pathways -** ensuring young people receive holistic support that acknowledges the full picture of what they're experiencing.

8. **Targeted recruitment and training of professionals** working with young people to embody the principles of positivity, confidentiality, and genuine care and who work in a young person centred way.

9. **Increased opportunities for peer support**- both informal- connecting young people in safe ways, such as through buddying at school and formal- dedicated peer support groups and spaces.

10. **Future service designs should ensure transparency around service protocol**, including confidentiality and data sharing, so young people are able to make informed decisions about what they share.

11. **Accessible early intervention and prevention options** for young people to prevent escalation of issues.

12. **Services that are well resourced enough** that waiting lists are short and fast moving, with support and information available whilst young people are on waiting lists.

13. **Ensuring information and advice on tangible coping mechanisms** and positive opportunities for young people are widely available.

6. YOUNG ADULTS, 18-25:

EXPERIENCE OF MENTAL HEALTH DIFFICULTIES

Method

To understand the full spectrum of mental health experiences this phase of the research comprised a small focus group with two young adults, aged 18-25, and a further three 1-1 journey mapping sessions. Recruitment was difficult for this age group as young adults are less likely to be affiliated with specific organisations, such as schools and COVID-19 restrictions made wider advertising of the sessions more difficult. Despite the limitations in numbers these conversations were rich and detailed. Due to their age participants had reflected more upon the sequence of their experiences and how each had impacted the other. As these activities were amongst some of the last undertaken by the research team it was also deemed sensible to include questions on the impact of COVID-19 on mental health. All participants told us that their regular coping mechanisms and support networks had been eroded by the pandemic, reporting having to deal with serious issues alone.

Analysis

Key themes were identified by analysing findings from each heading on the journey map:

- **What happened/ what affected this?** Understanding important events along young adult's journeys.

- **What did you need?** Understanding what young adults had needed at each stage along their journey.

- **Who/ what helped?** Understanding the people and actions that had been supportive and how.

- **Barriers to help:** Understanding the barriers to help and to wellness.

- **Thoughts and feelings:** Learning from young adults how they felt at each stage and how they think things could improve.

6. YOUNG ADULTS, AGED 18-25: FINDINGS

At a glance

Dismissiveness was a stand out theme, with accounts of multiple professionals from a host of organisations having dismissed participant's needs and requests for support. The concerns about not being heard raised in previous conversations with younger age groups were shown to have had lasting ramifications when speaking to young adults. This is a fundamental problem as it compounds mental health stigma, makes young adults feel as though their concerns are not real, or valid, and is a major barrier to seeking and accessing help in a timely manner. It also demonstrates a clear lack of mental health awareness and training across statutory and voluntary sector professionals. This included GPs, school staff, and Victim Support volunteers. It was perceived that mental health is seen as an invisible, and therefore dismissible, issue by many professionals. However, it is worth noting one participant, who now works in an education setting, did reflect that attitudes towards mental health have improved since she was at school. A finding again reflected in the secondary school research, with some schools having a very supportive culture.

There were **five key themes** in the findings from research conducted with young adults. All of them are very similar to the ones raised by young people, aged 14-17, who had also experienced mental health difficulties. This repetition is helpful in validating previous findings and in adding more depth to what has already been discussed. It also shows the lasting effect of concerns that go untreated and the real need for improvements in the basic mental health support offer.

Life events and circumstances trigger poor mental health

Each participant had experienced multiple complexities in their lives, all of which had contributed to mental ill health. This included traumatic events, such as a break ins and sexual assault, as well as family issues, including parental mental illness, bullying at school and in the workplace and health concerns with their own children. These events not only catalysed mental illnesses, as discussed previously, but affected multiple areas of participants' lives, from education to relationships, *"I first had a mental health issue at 13, I went through a sexual assault from a family friend. (After that) I didn't really turn up at school, studied at home. At college I started seeing someone and dropped out, ended up being an abusive relationship. Needed a lot of help after that. There was unresolved trauma from when I was younger".*

If left untreated, mental illnesses can be life threatening. Self-harm was a common theme in research with younger people. Some participants spoke of eating disorders and suicidal ideation after not having been able to access support following a traumatic event in their lives.

"I became aware of my mental health after a house break in. I now have anxiety and PTSD. I stopped eating to get a feeling of control. Some days were scary. I wanted to kill myself on the Saturday and was back to school on the Monday, but no one really cared."

6. YOUNG ADULTS, AGED 18-25: FINDINGS

The inability of the mental health support system to recognise and help young adults at times of need is shown to be a very serious gap. It is essential that there is support available to catch young people when they most need It, in order to prevent concerns that could have a lasting, or tragic, impact on their lives.

? There are a lack of people and places to turn to

Young adults shared how they had often struggled to know where to turn when they needed help with their mental health. Even basic information about what services were available was hard to come by:

"When I reached out the services weren't there, I tried Mind and they were booked for god knows how long. I just kept asking doctors for help and just counselling, said I could pay, down south they give a list of names, but I couldn't even get that. I don't know if that's my GP, but that was odd."

The COVID-19 pandemic had exacerbated this feeling of isolation, with one focus group participant sharing, *"I've just had a spiral of not talking to anybody - for me if you could see GPs or counsellors face to face that would help me regroup. Phone and video calls don't feel right, feels impersonal".* There was the feeling that what had already been a difficult support landscape to navigate was now eroded to a dangerous level, *"The cracks were there before covid and now they're bigger, it's really easy to fall down those cracks now".* All participants reported having had to rely on personal resilience due to not being able to access support.

The availability and visibility of mental health interventions is another clear gap to address. Exploring how to rectify obvious gaps in provision, such as early intervention services, should be prioritised. Up-to date service information for young adults and professionals is also required, so that services are being utilised by those who need them. Due to the ongoing nature of COVID-19 restrictions there needs to be strategic planning about how to restore support that has been lost and ensure services have the resources to be creative with how they reach young people and young adults in ways that work for them.

⑂ Support and information giving aren't joined up; these siloes mean young adults don't get the help they need

Young adults reflected on how they had experienced the available support as being fragmented. Once they'd managed to access help there were no clear pathways into other, more specialist services. This led to young adults having to begin the help finding process again. Such piecemeal service provision exacerbated delays in getting the right support, *"I said I think I need help; I'm not coping. My Health Visitor did the PPD scale and came up as severe, but she wasn't sure what was depression and what was trauma. They didn't have any service for me to talk to a counsellor but told me to ring the Samaritans".*

6. YOUNG ADULTS, AGED 18-25: FINDINGS

The interconnection between physical health concerns and mental ill health was again raised here and demonstrated the need for the corresponding services to be better aware of how one can impact the other, *"when I went in for the 6 weeks check-up all she talked about was contraception, you try to ask about other things, they look over the baby. I just ended up leaving with all my anxieties still there".*

A lack of information sharing between services and with young people themselves had left participants without vital pieces of information on their own conditions:

"Counselling was really helpful. They explained what my diagnosis was. I had never been told, even though the GP had put it on my referral."

Building from the need for professionals to be aware of what services exist consideration should be given to having clear information sharing and referral pathways between established support organisations. Linking to the need for transparency, raised by 14-17 year old participants, it is essential that young people are given important information on their own condition. This supports them to know what to research, helps them to feel as though they're not alone and validates their experience, *"they explained what I had and what I was experiencing. The diagnosis meant I knew I wasn't the only person who had felt like this. Now I have a diagnosis I feel as though they can't dismiss me".*

Young people need support understanding and expressing their feelings and safe people and places in which to do so

When they had managed to connect with services, or professionals, participants repeatedly told of them and their needs having been dismissed as irrelevant, or not worthy of support. This created lasting damage, both to their wellbeing and to their trust of people in a position to help. One participant relayed how, *"the lady at Victim Support was dismissive and said my feelings weren't valid. This experience made me feel horrible. As though there was something wrong with me and I shouldn't be feeling the way I was feeling".*

Dismissiveness was often coupled with the feeling of not being 'seen' or cared for – *"I sat in my car and fed the baby and thought I should have spoken up, but I didn't have the chance. But if they just asked if you are okay it would have made such a big difference, I needed someone to ask, and someone who saw me".* Other young adults discussed instances where serious issues were dismissed:

"It was really hard getting help from CAMHS in the first place because a lot of the time they would just blame it on hormones. They said it was normal behaviour when in reality it really wasn't. There was a day where I'd attempted suicide. I was meant to be at school. [The teacher] and a policeman found me. I was taken to a CAMHS unit to be assessed. We were told it was normal behaviour."

6. YOUNG ADULTS, AGED 18-25: FINDINGS

Negative experiences such as these were a major barrier to getting help and to getting well and link with feelings of isolation and awareness of mental health stigma raised previously. One young adult describes their transition to adult mental health services, *"it was a horrible transition the way it happened, the person they paired me up to work with, she wasn't very nice. So, I ended up just not going back, I'm there with anxiety and if I'm getting shouted at obviously, I'm not going to go back. So, after that I've literally been left on my own for the past three years".* Another foundational action that is needed is for professionals to be consistently trained in how to talk about mental health and work with young people in a way that is validating and caring, as opposed to dismissive and disbelieving. One participant shared the difference this cultural shift can make, *"the school I work at is a lot better than the school I attended. The kids know who they can turn to and that it's ok. They appreciate knowing that adults are listening. They appreciate knowing they can turn to you."*

Supportive people, treatment and approaches to self-care are needed for recovery

Each participant spoke about what had helped them on their mental health journey. As demonstrated previously this was often a mixture of therapeutic interventions, stand out people and self-care techniques. Medication was also mentioned as being helpful by one participant.

Professionals who had gone above and beyond really stood out as having helped. One young adult said, *"there was a doctor, he's still my doctor, he's been brilliant. He took my case on because I was calling every other day and he sort of talked to me as an adult It gave me*

time to heal and share [my] experience with someone. They have been brilliant." Friends and family were also cornerstones of young adults' support networks: *"My best friend helps. He noticed what was triggering me in class and spoke to my teacher about fixing it."* Therapy and medication were both reported to have been helpful: *"I was in a good place after counselling. I'd been given really good strategies in the 10 sessions I had with them".*

All participants had developed self-care routines, including regular mindfulness meditation, yoga and being with animals! Meditation routines were discussed in the focus group as making a big difference to wellbeing:

"Self-care. Meditation regularly, several times a day. Be with thoughts and emotions. remind yourself that everything is fine and can get better."

As with the previous sections, these reflections demonstrate there are assets within current support systems that have made fundamental differences to the lives of young adults. These can provide valuable learning on what to include in future adaptations to the mental health landscape. Seeing support as something the individual can do themselves, that their immediate network can offer and that can be supplemented and enhanced by programmes, services and culture changes, offers the opportunity for fundamental shifts at each level of the existing system. By moving away from a deficit-based system that responds only to certain needs, towards an asset-based system that provides sustainable and helpful relationships, positive spaces and worthwhile activities, these shifts could have the power to be transformational for young adults in Midlothian.

6. YOUNG ADULTS, AGED 18-25: CASE STUDY

ABOUT ME

I'm Georgia, I'm 21 and am expecting a baby of my own. I've struggled with my mental health since experiencing sexual assault when I was 13. After that I couldn't go to school and ended up in some bad relationships. Some days were scary, I remember I wanted to kill myself on a Saturday but would be back in College by Monday. I don't think anyone really cared.

I've tried getting more support recently, but I've found it really hard to get information. I kept asking my doctor about counselling, even said I could pay, but they couldn't tell me anything. That was weird. Over lockdown I've just had a spiral of not talking to anyone, for me if you could see your GP or a counsellor face to face that would help me to regroup, online doesn't feel right, it feels impersonal. I think the cracks were there before COVID-19 and now they're bigger, it's really easy to fall down those cracks now.

I tried to share this with my GP but all they spoke about was my baby. I left with all of my anxieties still there. A lot of people I've reached out to have dismissed how I'm feeling and said I shouldn't be feeling this way. That's made it worse. I wish someone would just ask if I'm ok. One nurse I've seen has been brilliant. He went above and beyond. I really knew he cared. I love meditation and yoga too, they make me feel calm. I've just had to look after myself.

LIKES

- My pregnancy
- My nurse
- Meditation and yoga

DISLIKES
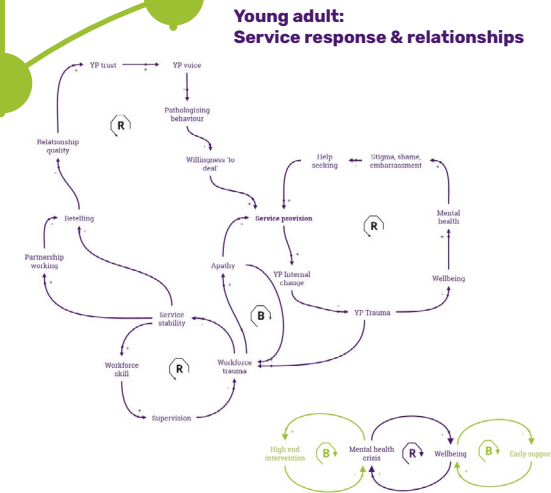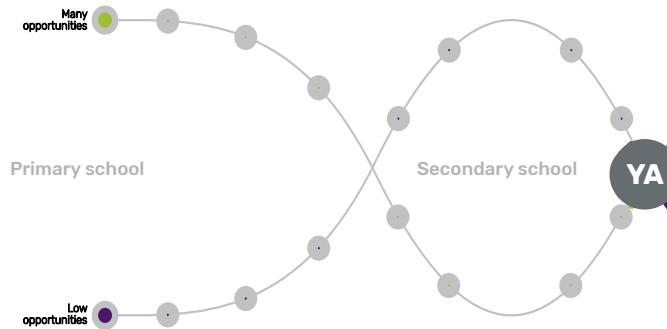
- Loneliness
- My anxiety

6. YOUNG ADULTS, AGED 18-25: JOURNEY MAP

Friends and family are important to young peoples support networks but may not always be present.
"My best friend helped. He would joke about it but would help. I had a panic attack in class and he took me out and sat me down on the floor and waited until I was calm. He noticed what was triggering me in class and spoke to my teacher about fixing it"

Young people who had learnt and practiced self-care found it a good way to maintain their wellbeing.
"Self-care. Meditation regularly, several times a day. Be with thoughts and emotions. remind yourself that everything is fine and can get better."

Communication between professionals and services is key to the young person feeling heard and accessing the right service at the right time. In addition it can signal to young people that they are not being dismissed.
"They explained what I had and what I was experiencing. The diagnosis meant I knew I wasn't the only person who had felt like this. Now I have a diagnosis I feel as though they can't dismiss me"

Balanced wellbeing

Having services that are responsive to a young persons needs is essential.
"MYPAS counselling is really good, very helpful. not even just for people with mental health but they have groups on bullying, for LGBT young people etc."

Young adult: Service response & relationships

Primary school   Secondary school   **YA**

Many opportunities

Low opportunities

By this point a young person may have had several events impact their mental health and tried accessing support but not got it.
"When I reached out the services weren't there, I tried Mind and they were booked for god knows how long. I just kept asking doctors for help and just counselling, said I could pay, down south they give a list of names, but I couldn't even get that. I don't know if that's my GP, but that was odd."

If professionals do not know the support available or how to access or are simply unclear in their intentions then young people will feel further shame and embarrassment and be less likely to seek help again. Even if they do try a different route to help they will have to 'start from zero'.
"I said I think I need help; I'm not coping. My Health Visitor did the PPD scale and came up as severe, but she wasn't sure what was depression and what was trauma. They didn't have any service for me to talk to a counsellor but told me to ring the Samaritans"

Where a young person feels isolated and alone with their mental health issues they turn to services and professionals for that support. If this support is then not there or is disbelieving of the young person it can worsen the issues.
"The lady at Victim Support was dismissive and said my feelings weren't valid. This Victim Support experience made me feel horrible. As though there was something wrong with me and I shouldn't be feeling the way I was feeling"

Early intervention
Crisis intervention
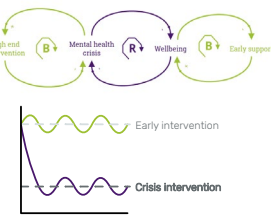
Entrenched issues

"When I reached out the services weren't there, I tried Mind and they were booked for god knows how long. I just kept asking doctors for help and just counselling, said I could pay, down south they give a list of names, but I couldn't even get that. I don't know if that's my GP, but that was odd."

6. YOUNG ADULTS, AGED 18-25: RECOMMENDATIONS

1. **Mental health awareness and training** across statutory and voluntary sector professionals. Young adults often described dismissive interactions with professionals that deterred them from seeking help or disclosing mental health concerns.

2. **A well resourced MH support system** to ensure help is available to catch young people when they most need it, in order to prevent concerns that could have a lasting, or tragic, impact on their lives.

3. **Services are adapted, not paused, under COVID-19 restrictions.** Young adults frequently expressed that there were wider gaps in available support, both from services and the community.

4. **Professionals and young people have up-to date service information** so that services are utilised by those who need them.

5. **Creating clear pathways and connections between support services,** spanning education, social care, health and VCSEF sectors. Young people who changed or fell out of services were left without any support or contact opportunities.

6. **Requirement for transparency in services** - ensuring young people know their mental health diagnoses, recommended treatment and future option. A barrier to engaging with supports was not fully comprehending their diagnosis and made it difficult to identify their own support needs.

7. **Trusting relationships are maintained and honoured**, where it is not possible for this relationship to continue a meaningful and supportive transition to another trusted person/ service is facilitated.

8. **Education, recreation and support settings have positive mental health cultures** that don't tolerate stigma and promote listening, information sharing and positive relationships.

9. **Therapeutic support groups and 1-1 counselling** being widely available- with face to face options explored even during COVID-19.

10. **Young person friendly information,** especially on COVID restrictions. Across age groups young people had difficulty interpreting guidance on what was and wasn't allowed under covid, as the language was often over complicated.

11. **Visible people to reach out to so no young person feels alone.** Young adults were not aware of whom they could speak to for general information, support or advice. This was commonly articulated as a lack of drop ins for different age groups.

12. **The mental health system is grown around assets**, not deficits with a focus on growing capabilities, not 'fixing' problems.

7. CONCLUSION

The Midlothian Early Action Partnership have a vision for all children, young people, and young adults within Midlothian to be able to get the mental health and wellbeing support they need. They are seeking to make ambitious changes to the mental health system, with the intention of strengthening early intervention so that children and young people are no longer having to reach points of crisis before being able to access the help they need. Research has highlighted that where individuals and their families sit on the social gradient impacts their risk of disorder, their ability to access services and resultingly their health outcomes (Allen et al., 2014; Alegria, 2018).

The experiences relayed through this work have pointed to inequities in access that manifest in different forms from childhood through to adulthood. Whether that is a result of the community one lives in, the resources at hand to access additional supports, or through the quality of protective social networks in a young person's life, these all play a role in shaping the outcomes of that young person. With this in mind, the findings and recommendations of this research should be understood through the lens of proportional universalism: mental health affects all members of society, but that this impact is mediated through layers of class, gender, environment, ethnicity, race and intergenerational status. As such, services must be appropriately calibrated to respond to different and intersecting inequities and disadvantage (Allen et al., 2014).

The evidence presented here shows the journey of children from 5-25, bringing to the fore their views and experiences of mental

health, the barriers to access and the enablers for wellness. This evidence clarifies what mental health means from the perspective of children and young people. The service map gives a robust picture of the service landscape and how it serves, or doesn't serve, the needs of this population in Midlothian. Reference to the wider evidence base on health inequalities is included throughout the report to draw attention to ways Midlothian is already focused on reducing inequality, and where those efforts need to be strengthened. The voices of children, young people and young adults showcased here hold particular strength for their authenticity and clarity. The recommendations bought forwards by participants in this research all offer tangible opportunities for meaningful change.

From primary school children the clear messages of wanting opportunities to play, needing to have time and space to reflect and valuing bonding with friends and family in positive, safe and engaging ways, all point to the need to increase child friendly spaces and activities. It also highlights the existing inequities. From those who have safe and nurturing home environments and access to excursions, clean outdoor spaces, and a variety of creative activities, to those who look on and wish that they had the same chances. Overcoming these inequities must be key to any future tests of change that respond to these opportunities.

In a society where mental health is talked about much more openly than it has been in the past it is easy to think that the stigma that However, the findings from secondary school young people involved

7. CONCLUSION

in this research demonstrate that there is now a situation where mental health is acknowledged as being both real and important but where stigma still remains, rendering it hard to talk about and address. Isolation and loneliness were repeated themes from this group, with the sense that they had to overcome issues alone and that the alternative route of asking for help was likely to be a scary and possibly damaging one. Again, the concept of safe spaces to talk and reflect was raised. The need for awareness on what mental health is, how it can manifest and how to address it for themselves and for their peers. There are pockets of good practice evident in certain schools and in organisations such as MYPAS, who create safe spaces for young people to come together and to talk. These assets should be built from in future tests of change, with their strengths replicated in areas that don't currently have them, not simply grown in those that do.

The mental health journeys of young people serve as a snapshot of what each age group experience, but also of how experiences at one age can impact those that come later. The conversations with young people, aged 14-17, who had experienced poor mental health showed a clear correlation between not being able to access support when they needed it and the escalation of issues as they got older. Traumatic events and difficult circumstances, from as early as primary school, were regularly left unaddressed, with the consequences being that symptoms of mental ill health became more serious and more entrenched. Relationships were at the core of the findings from these interviews, demonstrating the value of

person-centred, empathetic, and well-informed support. Positivity and purpose also pervaded. Young people don't want to be identified by their needs but supported to reach their potential. Future tests of change must hold this duality of overcoming barriers to accessing targeted help with ensuring that the help provided builds upon strengths and capabilities.

The stories shared by young adults were at times very hard to hear. As demonstrated by their younger peers' experiences of not being heard, supported or valued compounded to leave many of those we spoke to facing very serious consequences. That getting the help they needed was a battle they often felt they were losing came across very strongly from these participants. The fragmented system of support highlighted in the service map had real consequences for these young adults, with many doors they had knocked on leading to an option that either couldn't help or which only addressed part of what they needed. Relationships and joined up working were the key themes here. With positive relationships having made tangible differences and negative relationships being the tipping point between coping and not coping. Self-care was also valued by this group, with all participants having found coping mechanisms of their own. Future tests of change must seek to actively overcome barriers to access, both in terms of how referrals are facilitated and in the quality and quantity of options available. Promoting positive relationships, from peer-to-peer opportunities, right through to how organisations and services value young people's perspectives is vital in creating a functional and transformational system.

7. CONCLUSION

The MEAP have already committed to making some of these changes a reality. In a final workshop with the research team, they interrogated these findings and bought their own expertise and opinions to bear on deciding which would be feasible to take forwards. There was also discussion on how other system actors from Midlothian may be better placed to pursue certain recommendations, or were indeed already doing so. Reflections following this workshop on the need for both practical and strategic action led to the further refinement of the test of change options proposed. The MEAP steering group then voted on these options, to prioritise which they would like to pursue further. The research team have reviewed this and added considerations for implementation and possible unintended consequences, which will need to be considered when these opportunities are developed further. The nuance presented in the body of report should also not be lost, with the voices of children and young people staying pivotal to the tests of change and not only to the research findings.

Addressing the inequities which emerge in the social determinants of mental health is a process that requires iteration, local understanding and a systems perspective. The work to date represents the first step in this journey: a journey that will neither be simple or linear, but that has the potential to radically re-imagine what a systemic response to mental health support can look like, placing community, compassion, and co-production at its heart.

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