healthwatch
North Yorkshire

Mental health and well-being:
Young people's experience

May 2022

Contents

Executive summary

Mental health issues amongst young people are a rising national concern, with research indicating the number of young people with a probable mental health issue to be around 1 in 6 (17.4%)[1]. The COVID pandemic has amplified these issues; one recent study found 83% of young people with mental health needs said that the pandemic had made their mental health worse[2]. Despite this rise in prevalence, it is estimated that more than 60% of children and young people who have diagnosable mental health conditions do not currently receive NHS care[3].

This report explores what mental health and well-being issues young people (aged 16-24) have faced or are facing, where they turn to for support if they do and how they find the support offered as well as exploring what is missing from the services or support available.

We received 126 responses to our survey and ran two focus groups to gather the views of young people. We also ran a focus group with mental health therapists from a local college. Our sample included, 61% female and 27% male (6% were non-binary, 1% preferred to use their own term and 5% would rather not say) and the majority were White British.

Key findings:

- Around 72% of the sample have experienced mental health issues, particularly anxiety, stress, depression and loneliness.

- Of those in the sample that sought help (50%), most went to their GP, talked to their family and friends or spoke with someone at their college, university or school.

- A supportive network of family and friends, exercise and being outdoors, a positive home and school environment and having time for hobbies all help contribute towards positive mental health and well-being in young people.

- Whilst many young people found the support offered useful in helping them understand, express and reframe their emotions, they also highlighted a number of ways that support needs to be improved.

- As 50% of young people that we heard from did not seek any support, this suggests there needs to be more awareness raised around accessing mental health support and further work is needed to reduce the stigma that still exists around mental health.

1   Mental Health of Children and Young People in England 2021 - wave 2 follow up to the 2017 survey
        - NHS Digital
2   Coronavirus-report-summer-2020-final.pdf (youngminds.org.uk)
3   NHS England » Children and young people

Our recommendations

Young people's mental health providers should:

- **Significantly reduce waiting times for assessments and support as soon as possible.** In the meantime, provide more support or signposting to other means of support during any waiting period and particularly when young people are moving between services.

- **Improve the transition between child and adult services and from crisis support to longer term support**. Ensure that there is better communication and support between services to help prepare young people for any change in the care they will receive.

- **Address issues around negative staff attitudes and inadequate physical environments (such as waiting rooms).** To help improve the quality of care, during for example a patient's assessment and ongoing therapy.

- **Involve young people with lived experience.** To help, for example in designing waiting areas to ensure they are friendly and welcoming and be involved in staff training.

- **Ensure that the care and support provided is patient-centred.** And that services work effectively together to provide consistent treatment for the individual.

Education providers should:

- **Increase awareness of mental health issues.** So staff across a school or college can work together to support young people's mental health and well-being and young people know where to go for support.

- **Involve young people with lived experience.** To review what mental health support is currently provided and ensure that current and future support or services are tailored to the needs of young people.

- **Help young people to understand and manage their own well-being.** Including information on how they might cope with the pressures of educational achievement and provide dedicated spaces where students can take some time away from lessons.

Healthwatch North Yorkshire is committed to supporting these changes to take place and would welcome an opportunity to work alongside the relevant providers to help make this happen.

Prevalence and type of mental health issues

In this sample, 72% of young people said they had experienced mental health or well-being issues in the past 12 months. The most common mental health issue experienced was anxiety, closely followed by stress and depression, as shown below.

Mental Health Issues Experienced

A number of respondents attributed the stress and anxiety they experienced to the societal pressures of school or college and the culture of achievement and expectation that exists. This pressure to succeed can make young people feel that if they miss a deadline or don't achieve certain goals their life is ruined. Which in turn has a detrimental effect on their mental health and well-being. Further research supports this claim, a survey conducted by the Mental Health Foundation found within its sample of 520 young people (aged 18–24), that 60% of respondents had felt unable to cope due to the stress caused by the pressure to succeed[4]. In addition to the pressures experienced within the school or college setting, family related issues were mentioned as a contributing factor to stress and anxiety for some.

The pressures of social media were also raised as a concern, contributing to a host of mental health issues. While social media provides a way to connect with others it also means what would have been private conversations are now public, and the expectation to respond immediately and always be available means there is no time to switch off. The culture of comparison that exists on social media is also having a negative effect on young people's self-esteem and well-being[5].

Loneliness was the fourth most common mental health issue experienced in this sample which is not surprising considering the ability to socialise has been dramatically reduced by the pandemic.

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4   60% of young people unable to cope due to pressure to succeed | Mental Health Foundation
5   Social media damages teenagers' mental health, report says - BBC News

However, even before the pandemic, young people had been reporting they are lonelier than older generations[6].

> "There is a lot of pressure of exams every year especially when you're told the setting of classes is going to be dependent on grades. The pressure I put on myself [during exams] was overwhelming at times and some of this pressure came from the school. The Year 11 exam period was stressful, at times I felt so stressed I couldn't revise but then that increased the stress even more (negative cycle)".
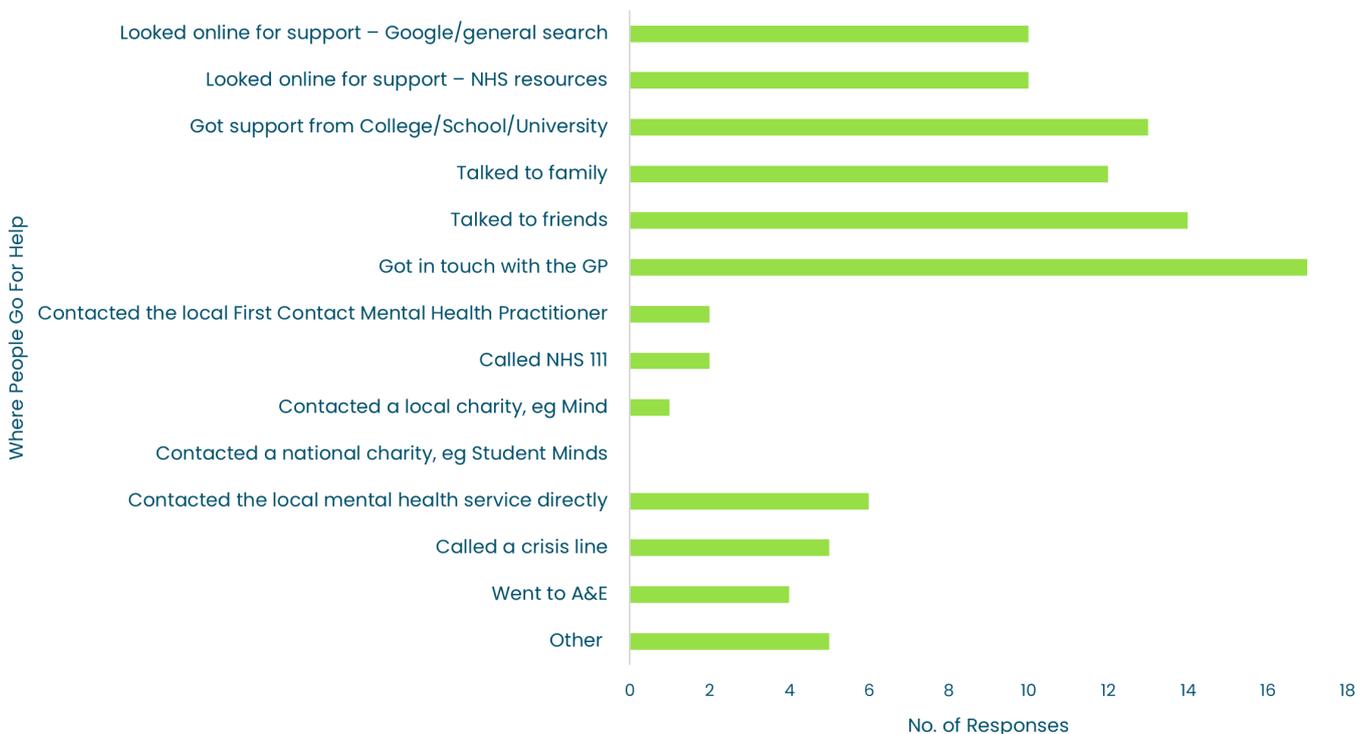>
> "I feel the pressures of being 18 in education and having a part time job and social media".

Where do people go to seek mental health support?

Half of the respondents in this sample said they did seek help for their mental health issues. Of those who did, the majority got in touch with their GP, talked to their family and friends or got support from their college, school or university.

Where Do People Go For Help?

Where People Go For Help	No. of Responses
Looked online for support – Google/general search	10
Looked online for support – NHS resources	10
Got support from College/School/University	13
Talked to family	12
Talked to friends	14
Got in touch with the GP	17
Contacted the local First Contact Mental Health Practitioner	2
Called NHS 111	2
Contacted a local charity, eg Mind	1
Contacted a national charity, eg Student Minds	0
Contacted the local mental health service directly	6
Called a crisis line	5
Went to A&E	4
Other	5

6   Loneliness in young people: research briefing | Mental Health Foundation

How useful was the mental health support offered?

Whilst feedback varied, many respondents rated the help they received to be somewhat useful, with the average rating coming to 3.1 out of 5 stars.

The majority of people received counselling and therapy such as cognitive behavioural therapy (CBT), both face to face and online, with some receiving medication for their mental health issues.

What was good about the support received?

1. Therapy helped people understand their emotions and feel less alone

A number of respondents said talking through their thoughts and feelings during therapy helped them understand their own emotions. One respondent praised the support received from the Compass Phoenix service which helped them process their feelings. Compass Phoenix is a free, confidential health and well-being service for children and young people between the ages of 9–19[7]. Many said it was useful to just be able to speak to someone about their issues as it made them feel less alone, listened to and understood. There was praise for the listening support provided by the Samaritans and the Young Minds Crisis Messenger (a 24/7 text service).

"[When receiving support from the Compass Phoenix service] they talked about the impulses like fight or flight, but I don't really have those. It was the first time anyone had talked to me about that and it really helped."

"It was helpful to understand why I was in crisis and to express my emotions".

"They [the Samaritans] just talk to you and don't try to do anything. They are not judgmental and just listen. It was very helpful".

"Just having someone to talk to and help me see that I wasn't mad! I was really worried but now I know it's ok and normal to stress".

7   North Yorkshire (Compass Phoenix) (formerly BUZZ and REACH) - Compass (compass-uk.org)

2. Personalised care

One respondent praised the mental health support they received as there was no set amount of therapy sessions, which took the pressure off as they didn't feel they had to be 'better' within a certain timeframe. Praise was also given to support that was patient centred and tailored to the individual needs of the patient by using different types of therapy.

> **"[At the Child and Adolescent Mental Health Service (CAMHS) in Harrogate] I never had a set number of therapy sessions that I had to be 'better' by it was an ongoing process which took unnecessary pressure off. Due to the right medication and clinical support I started to get my OCD under control".**

3. Therapy helped people reframe their thinking

There were a few positive comments about how CBT and counselling has helped people see their issues from a different perspective and reframe their thinking which in turn helped them cope better with difficult situations.

> **"It changed my perspective on the way I experience emotions and the way I assess situations".**
>
> **"It made me think more about how I was feeling and learn to deal with it the best I can".**

Where do services and support need to be improved?

1. Long waiting time between seeking help and getting support

One of the biggest issues reported was the long waiting lists young people face when trying to access mental health support which can be several months long. This is a concern, especially for those who are already at crisis point when they initially seek support. The lack of support available when young people move from crisis support to longer-term support was mentioned as another area that needs to be addressed. It was suggested that more support needs to be provided while people are waiting, such as signposting to where useful online resources can be accessed.

More mental health practitioners in GP practices could also help alleviate this problem to some degree as they could provide much more rapid and specialised support to individuals with mental health queries or issues. However, reservations were raised about whether specialist mental health workers would be able to see

people in the long term and build a relationship with the patient and if not, how that gap would be filled.

> "The time between the original problem and the appointment was over a year. The original problem was dealt with little care. Then after more problems and making the decision to go to A&E again because the issues had not been dealt with. The crisis team made the current situation worse and didn't help in the slightest".

2. Staff attitudes and clinical environment

A number of respondents said they felt dismissed or not believed by the healthcare professional they saw which in turn made their mental health issues worse. Others were told that their mental health issues were either too severe or not severe enough to be given support.

Negative feedback was also received about the environment where mental health assessments and therapy take place with one respondent referring to the busy, overwhelming and anxiety-provoking waiting room.

> "They shouldn't ever say 'we can't help'. Why refer someone if they know that no-one can help?".
>
> "The woman doing my assessment made me think that I'm crazy when I asked if I could be checked if I have OCD and didn't think it necessary even though there were things pointing to that".
>
> "CAMHS made me feel worse. I was dropped because I wasn't feeling suicidal. I had been waiting for four years for an appointment after being referred by my doctor. I got to see them because I was feeling suicidal, but then when I saw them I wasn't feeling like that so they said they couldn't help. I saw four people at CAMHS and they all said the same. If I wasn't suicidal, they couldn't help. I had been medically noted as DID (Dissociative Identity Disorder) by my doctor, but the CAMHS team disagreed".

3. Further support needed from educational settings

A number of respondents said colleges would benefit from a team of identified staff who have had training and are available to help with mental health and well-being issues in a timely manner. Some people said the staff at their college are very helpful,

but they aren't available very often, which means people have stopped going to them. Having a dedicated space in educational settings for people to use when they need some space or time away was also suggested.

Respondents highlighted that more is needed to help students cope with the stress and pressures they are experiencing and the earlier in education this starts the better. This could help provide young people with the tools to cope with their mental health and well-being issues before they reach crisis point.

> **"The college has an Oasis room where people can go who need space, but it is also someone's office, so not ideal. So having that kind of space dedicated and free for people to use when they need to. It should also have the contact details/how to contact the team of staff trained to support".**
>
> **"School did not teach you how to deal with stress, for example with coping mechanisms".**
>
> **"College could tell us about some more resources, even though some online resources were introduced to us in well-being classes, we want to learn more".**

4. Importance of consistent, long-term support

It was suggested that more needs to be done to guarantee services work effectively together and to ensure better crisis support is provided and consistent. Plus, that long-term support is provided so a relationship can develop between the young person and the mental health practitioner. Some respondents said they were left with no support after their limited number of therapy sessions had been used. The gap in support provided by colleges over the summer holidays was also mentioned as an area that needs to be addressed.

Concerns were also raised around the transition between child and adult mental health services, with a number of respondents saying the support they were receiving stopped when they reached 18 years old, with no other support being offered in the interim while they were in the process of moving to a different service.

> **"We went around in circles between paediatricians, dieticians and CAMHS and once one got involved in our care the others wanted to discharge, the services don't work together well".**

"After approximately 8 sessions of talking therapy I was informed that the time had expired. I was upset not to be referred to any other supportive organisations/therapies... I want support to be longer than 5-6 weeks. It could even be a combination of support such as self-therapy and talking to someone".

"The CAMHS psychologist I saw couldn't cope with severe issues and told me that they couldn't help...I was dropped by CAMHS when I was 18 and had a month without any support while I moved to a different service. That is not good. Some friends weren't accepted by CAMHS and they were 17 and a half and the waiting lists were more than six months long, so they would have been 18 by the time they got any service. So they were told to go somewhere else".

5. Different types of support should be offered

One respondent highlighted that while medication for mental health issues can be beneficial, it does not work for everyone and is often more effective if used in combination with other support such as therapy. However, with the long waiting lists that exist this means young people are sometimes given medication but are not able to access any other support alongside this such as therapy or counselling.

The importance of having a choice of different types of therapy was also mentioned. One type of therapy does not work for everyone, so it was suggested that there should be an option for therapy to be tailored to the individual needs of each patient.

"Sometimes medication is given [on its own] and while medication can help it doesn't always solve the problems. Therapy needs to be more available alongside medication but the waiting lists for therapy can be years".

This case study from Helena, a 21-year-old student, further highlights the themes discussed:

My mental health issues:

"I always found schoolwork and exams stressful but I never learnt helpful ways of coping with and understanding this. My OCD started to develop during exams in Year 11. I remember crying over a shut window and getting my dad to check it was shut. I had no idea what these feelings were, it was very overwhelming. I felt like I had no one to talk to and I didn't want to talk about it because I didn't understand what was going on. I then developed anxiety and low mood.

Mixed experiences of support and care:

My GP referred me to CAMHS in York but during the wait to be seen by CAMHS I had to seek private support because at this point it was taking me 2 to 3 hours to do all my [OCD related] checks on an evening. I felt unable to get to my bedroom because of all my checks so I sometimes slept on the bathroom floor in a sleeping bag.

When I eventually got an assessment with CAMHS it was not a positive experience. I wasn't able to complete the form they gave me in the waiting room because I found completing surveys stressful and didn't like to touch pens or objects. The waiting room was a busy and anxiety-provoking environment and the clinician seemed frustrated and impatient as I completed my checks on the way to the room. They also made me feel like I was not bad enough because at that time I wasn't suicidal or self-harming.

I was offered six counselling sessions through CAMHS but there was a wait of six months. I felt hopeless because my checks had got so intense I was unable to access school and just lived and slept in the lounge, only moving to go to the toilet. I carried on accessing private support and felt very guilty because of the cost for my family and because I didn't feel like I was 'bad' enough. I completely retreated from friends. It was a very isolating time. I then moved to Harrogate where the CAMHS was efficient, effective and better resourced. Within two weeks of referral I had regular appointments with a psychological practitioner and an NHS psychiatrist. There were also family and parent therapy sessions offered. I never had a set number of therapy sessions that I had to be 'better' by which removed unnecessary pressure.

Transitioning to adult mental health services:

When I turned 18 years old I was transferred from children to adult support. I was left for a couple of months without any support while I was on the waiting list for assessments. I eventually started therapy with a clinician and psychiatrist from the Community Mental Health Team. I first saw a psychiatrist who I felt did not listen to me and wasn't very understanding so I asked to change. After this, I felt like I was being understood and listened to as an adult. However, as they could not offer the type of therapy I needed, I have been seeing a private psychologist for the past year and have found the support helpful because we have integrated different therapies – it is much more person-centred."

Barriers to seeking mental health support

Since half of the young people we heard from did not seek support, it is important to explore some of the barriers that prevent people seeking help for their mental health and well-being issues.

1. Long waiting times to access support

The long waiting times that exist to receive support has made some young people reluctant to take the first step and ask for help as they know it is likely to be several months until they actually receive any support. The other option to avoid the waiting times is to access support privately, however many cannot afford this option and due to demand being so high this means there are often long waiting times for private support too.

> **"I know that resources and support is strained so I may not get the help I need".**
>
> **"I have never asked for support, because I've seen the experience my sister has had, who has been waiting to get support from CAMHS for more than a year".**
>
> **"I felt the help I needed cost money that I don't have (private regular therapy or life coaching)".**

2. Stigma surrounding mental health

Many respondents said they did not seek support for their mental health and well-being concerns as they felt embarrassed or didn't want to burden others with their problems. Others said they thought they could manage on their own or felt their problems were not severe enough to ask for help.

> **"I didn't think it was that serious, and I didn't want people to pity me or think I'm attention seeking".**
>
> **"It is a tough topic for me to talk about. I am worried about how people will react".**

3. People don't know where to go for support

It is concerning that a large proportion of young people who did not seek support said it was because they didn't know where or who to ask for help, which suggests more needs to be done to ensure young people know what support is out there and how they can access it. There was also feedback about people not knowing where to go next for support once their allocated number of therapy sessions had been used.

What positively and negatively impacts on mental health and well-being?

Respondents were asked what positively and negatively impacts on their mental health and well-being. Four main themes emerged:

1. Networks of support

Many respondents emphasised the importance of having a good network of friends and family. Those without a supportive network who feel excluded or different to their peers highlighted the negative impact this has on their mental health and well-being.

2. Exercise and being outdoors

Exercise, whether it be sporting activities or simply going for walks in the fresh air, and spending time away from technology was frequently mentioned as a good way to boost mental health. However, some said they don't always have time for these activities with the pressures of school work and part time jobs.

3. Home and school environment

A stable home environment and supportive school or college environment were raised as being important for good mental health. With excessive pressure from school or college and uncertainty about the future having a negative impact. One respondent said a combination of coaching and therapy sessions would be useful for people who struggle with mental health issues as a result of uncertainty about career or life goals.

4. Having time for hobbies

Many said having time to pursue their hobbies and interests was important for their mental well-being, such as listening to music, spending time with friends and reading.

Conclusion

A large proportion of young people are effected by mental health and well-being issues and whilst many young people in this sample accessed support and found it useful their experiences highlighted a number of ways that both mental health and education providers can improve the support offered. This includes reducing waiting times for support, addressing issues around negative staff attitudes and inadequate physical environments, ensuring the provision of better crisis support, and increasing awareness of mental health issues with young people.

Thank you to everyone who responded to our survey or attended one of our focus groups and contributed feedback; this feedback will be shared with the mental health providers and education providers across North Yorkshire. The more feedback we receive the greater chance we have in influencing change – so thank you for continuing to share your experiences with us.
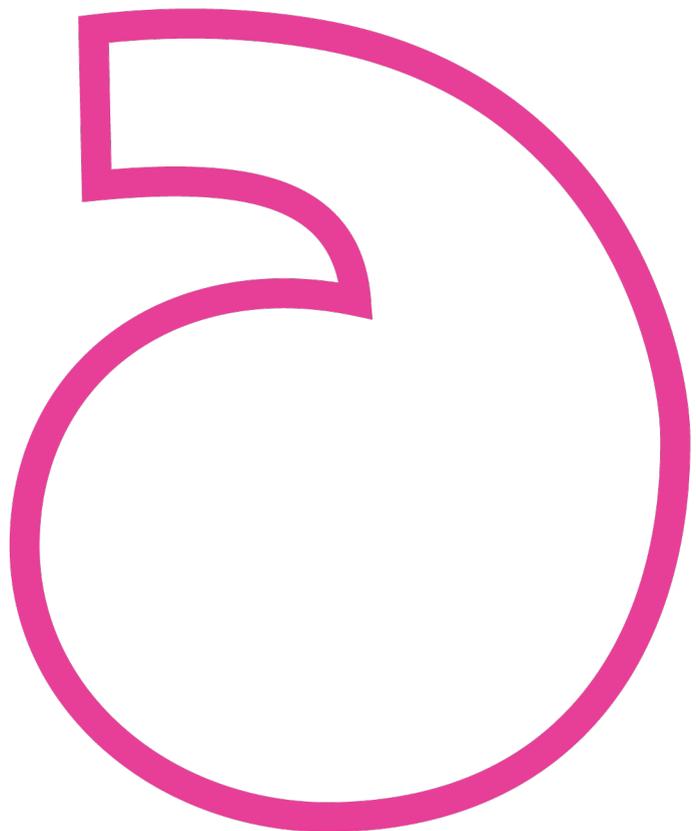
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Thank you to everyone who gave their feedback - we will continue to call for improvements on health and social care across North Yorkshire, and the more feedback we receive the greater chance we have in doing so – so thank you for continuing to share your experiences with us.

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