



# **MH:2K DERBY AND DERBYSHIRE**

**A YOUTH-LED APPROACH TO  
EXPLORING MENTAL HEALTH**

**June 2023**

**LEADERS  
UNLOCKED**





# PART 1 – INTRODUCING MH2K

## SECTION 1 – INTRODUCTION

This report is the result of a year of hard work from 25 dedicated young Citizen Researchers, aged 14–25, from Derbyshire. MH:2K enables young people to explore mental health issues and influence decision-making in their local areas.

Across Derbyshire there is evidence of a greater level of vulnerability to mental illness in children and young people than seen nationally. The percentage of children and young people whose emotional health and wellbeing is a cause for concern in 2018/19 was 48.1% in Derbyshire and 39.6% Derby. The England average is 38.6%. This is highlighted in an array of risk factors that range from poverty to obesity and migration – particularly in Derby city.<sup>1</sup> These factors have been made worse by the COVID pandemic and its subsequent impact on children and young people's mental health, highlighted in our [previous report](#).<sup>1</sup>

It is estimated that there are 13,000 school-aged (5–16 years) children and young people with a diagnosable mental health problem across Derby and Derbyshire. Of those, 5,100 are likely to be suffering emotional disorders such as stress, anxiety or depression, approximately 8,000 will have conduct disorders such as attention deficit hyperactivity disorder (ADHD), and a further 2,200 will experience a hyperkinetic disorder; a more severe form of ADHD.<sup>2</sup>

## ABOUT MH2K

MH:2K is a powerful model that engages young people in conversations about mental health and emotional wellbeing in their local area. It empowers 14–25-year-olds to become 'Citizen Researchers' and:

- Identify the mental health issues that they see as most important;
- Engage other young people in discussing and exploring these topics;
- Work with key local decision-makers and researchers to make recommendations for positive change.

Its design builds on best practice from within and beyond the youth mental health field. Specifically, MH:2K features:

- **End-to-end youth leadership:** MH:2K's youth-led approach means it is grounded in the reality of young people's lives. Young people decide its focus, co-lead its events, and determine its findings and recommendations.
- **Peer-to-peer engagement:** By empowering young people to reach out to their peers, MH:2K creates a safe and engaging space for all young participants.
- **Close collaboration with key decision-makers and researchers:** By involving key figures in the project from its start, MH:2K builds trust, enthusiasm and commitment for MH:2K, and the implementation of its recommendations. MH:2K's six-part design is intended to be transferable and could work in any UK local area.

Oldham became the first pilot area to run the MH:2K model in 2016–17, supported by Oldham Council, Oldham Clinical Commissioning Group, and a Wellcome Trust People Award. In 2017–18, the success of the project led it to expand to four new areas: Birmingham, Central Lancashire, Nottinghamshire, and North Tyneside. MH:2K Nottingham and Nottinghamshire has continued and is now running its fifth year.

MH:2K is delivered by **Leaders Unlocked**, a social enterprise that exists to allow young people to have a stronger voice on the issues that affect them. It drives greater accountability and fairness by helping organisations to adopt new ways of working with the young communities they serve.

<sup>1</sup> Public Health Fingerprints, Transformation Plan Refresh pg. 22. <sup>2</sup> Derbyshire Needs Assessment 2017





## ABOUT MH2K DERBY AND DERBYSHIRE

MH:2K Derby and Derbyshire is delivered in partnership with Derbyshire County Council, Derby City Council, and Derby and Derbyshire Integrated Care Board (DDICB). MH:2K has been run for three years in Derbyshire

Over the course of 2022-23, MH:2K Derby and Derbyshire engaged over **730** local young people with diverse life experiences. Building on the findings and recommendations which can be found in [last year's report](#), DDICB tasked MH2K with providing input on three key pathways to inform its work. We worked in close partnership with Citizen Researchers, who we recognise as experts by experience, including those who have personal experience of mental health challenges. Participation from rural and underrepresented groups was an integral part of the process.

Using a variety of methods, Citizen Researchers have provided structured and evidenced recommendations on:

- Eating disorders
- Digital services and social media
- Health inequalities

This report presents MH:2K Derby and Derbyshire's design, as well as its outputs, key findings and recommendations. The huge wealth of evidence gathered by Citizen Researchers this year uncovers the unique ways health inequalities intersect among young people.





## SECTION 2 – WHAT WE DID

MH:2K Derby and Derbyshire had six main parts, all grounded in the principles of youth leadership and decision-maker engagement. This section describes how it worked, taking each of the six elements in turn.

### RECRUITMENT

Leaders Unlocked recruited a total of **25 young people** from diverse backgrounds across the city and the county as 'Citizen Researchers'. **10 dedicated continuing members** from previous years remained part of the project and were joined by **15 motivated new members**.

Reaching out through local statutory and community organisations we were able to encourage a wide range of young people from both the city and the county to apply. Of the Citizen Researchers we recruited:

- **54%** from a Derbyshire County postcode area and **46%** from Derby City postcode area;
- **42%** were under 18 years old;
- At least **85%** said they had a history of mental health problems themselves, or had close friends or family with mental health problems;
- **46%** were from minoritised communities;
- **27%** identified as LGBTQ+;
- **35%** identified as having a disability.

### DESIGN DAYS

We held six workshops with the Citizen Researchers. At each 'Design Day' the Citizen Researchers received training in areas such as presentation, facilitation skills, and active listening techniques, as well as exploring the three key priorities, which were:

- **EATING DISORDERS PATHWAY:** inform the shape and development of the procurement and service specification of an early intervention and prevention service for eating disorders.
- **HEALTH INEQUALITIES:** undertake research to ensure services are well positioned to avoid a 'one size fits all' approach and can develop a nuanced, informed strategy for improving equity across groups. Uncover the unique perspectives and challenges for those where two or more protected characteristics and/or location and socio-economic status intersect.
- **DIGITAL PATHWAY:** provide structured feedback on the Derbyshire Emotional Health and Wellbeing website. Also, provide a guidance document for professionals who want to engage with a wider audience of young people.

At the Design Days, the Citizen Researchers provided the eating disorders feedback and identified the priorities for the digital pathway subgroup.

They also worked with us to co-design the peer research process, taking a lead in designing the research questions, workshop design, online survey, and in-depth interview questions.

## JANUARY – MAY 2023 PEER RESEARCH

Over four months, the Citizen Researchers designed and delivered their peer research. They set out to understand health inequalities, which happen when people's background and characteristics mean they are less likely to access services, have poorer health outcomes or poorer experiences when seeking help. By asking participants to create characters and describe their needs, Citizen Researchers were able to go deeper and understand the unique challenges young people face.

This year Citizen Researchers achieved their biggest total yet, reaching **734 young people** in Derby and Derbyshire via:

- **6 in-depth interviews**
- **15 workshops (196 participants)**
- **532 survey responses**

In the workshops, we particularly focused on reaching minoritised communities. In addition, 41% of participants came from rural areas.

We achieved our aim to reach people with protected characteristics with the online survey and the full survey breakdown can be seen at Appendix A.

### DATA ANALYSIS

As the data was collected, Citizen Researchers met to consider the information they had collected. As a group, they used this to determine MH:2K Derby and Derbyshire's findings about each area, and then to identify recommendations for improvements and changes. These **findings and recommendations** are covered in detail in Part 3 of this report.

Health inequalities is a big topic, covering all facets of life. The Citizen Researchers drew on their expertise by experience to identify the findings and recommendations that matter the most to them and their peers in Derbyshire.

### LOCAL ADVISORY GROUP

From its very beginning, MH:2K Derby and Derbyshire was closely linked to the local Future in Mind transformation plan for children and young people's emotional and mental health. Through the transformation plan, MH:2K was seen as an integral part of driving the ongoing work to improve children's emotional and mental health outcomes.

MH:2K's Local Advisory Group (LAG) reflected the high level of commitment to the project locally, **bringing together representatives** of the from across Joined Up Care Derbyshire (JUCD), Local Authorities, Providers and Partners.

We met with the Advisory Group on a quarterly basis during the project and they played a key role in the project at every stage. Group members shared their knowledge of the local system to identify work that is already being done, by offering guidance on proposed activities and providing useful contacts and allies in the area. LAG meetings were also attended by Citizen Researchers where possible, to allow Citizen Researchers to represent their work in their own words. The Advisory Group also helped with the dissemination of the previous year's report and outputs. They provided consistent support throughout and were a vital part of MH:2K's success this year.





## **FEBRUARY – APRIL 2023**

### **DIGITAL PATHWAY**

### **SUBGROUP**

Six Citizen Researchers formed a subgroup for the Digital Pathway work and met five times during the project. This group produced two things:

- A strengths and weakness analysis for improving the Children and Young People's section of Derbyshire's emotional health and wellbeing website.
- A Children and Young People's social media guidance document for providers, schools and organisations to help them engage with young people on mental health.

These were co-produced, with Citizen Researchers taking a lead and the content presented in their own words. MH:2K is grateful for the time and dedication of the sub-group.





## PART 2 – INFLUENCING PATHWAYS

### EATING DISORDERS PATHWAY

We facilitated an Eating disorders workshop, involving Citizen Researchers and other local young people. This provided a number of key recommendations from young people, especially drawing on lived experience. These went on to directly shape the service specification itself, as well as influence the design of procurement questions and later evaluation. MH:2K's feedback is now with the successful provider, with a commitment from both them and DDICB to further this and the wider engagement work.

The full impact and key areas in which MH:2K's feedback and recommendations helped shape the service specification can be read in Appendix B.



## DIGITAL PATHWAY SUBGROUP

### WEBSITE GUIDANCE

The sub-group structured its recommendations by Appearance, Tone and Information. Following consultation with the Website and Information Coordinator, the specific recommendations under each of these headings were tagged as easy, medium or long term, so that the website team could create a manageable overall action plan.

We are pleased to say the recommendations were well received and the website team is already coordinating their implementation with the Whole School Approach to Mental Health and Wellbeing Lead.

The full recommendations can be read at Appendix C. Here are some highlights:

#### Overview

- **Calming** the user down is important.
- The website must be **easily navigable** – drop-down menus with real-life statements will help with this
- Academic language and formal language are **inaccessible**.
- Young people of diverse backgrounds can feel **excluded** by language in websites
- **Testimonies, conversations and stories** are powerful!
- MH:2K would like to see **positive** messaging. Citizen Researchers are keen on positivity and inspiring young role models.

### SOCIAL MEDIA GUIDANCE FOR PROFESSIONALS

The sub-group also created a guidance document for providers, schools and organisations, to help them engage with young people on mental health.

The sub-group provided recommendations on how to present wellbeing content to young people, plus their favourite platforms and platforms to avoid.

The full guidance resource can be read at Appendix D. Here are some highlights:

#### Overview:

- Young people will respond to **reels and stories**
- Young people would be most likely to engage with mental health content on Instagram, Facebook or Youtube
- Young people will respond well to **mindfulness activities** we can do to break from scrolling
- Young people are bombarded by **toxic content** online and we want to see more wholesome content.
- Conversations between real young people of **diverse backgrounds** would be great



# PART 3 – HEALTH INEQUALITIES

## PEER RESEARCH KEY FINDINGS AND RECOMMENDATIONS ON HEALTH INEQUALITIES

This section presents MH:2K Derby and Derbyshire's key findings and recommendations for change that came out of the peer research. The Citizen Researchers divided their findings into four areas:

1. Home
2. Schools and Colleges
3. Online
4. Accessing Support







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## PEER RESEARCH CHARACTERS

In each workshop, participants were asked to draw and describe young characters that had two or more protected characteristics. They also took these characters through structured scenarios and described what help they would need

MH:2K Derby and Derbyshire's Citizen Researchers divided their findings into four key areas from the research. There are four findings under each area, followed by four recommendations. These are presented below, illustrated by statistics and quotes from young people who participated in the peer research. All of the research questions, findings and recommendations were designed by Citizen Researchers. As far as possible, Citizen Researchers' own words have been used alongside the quotations to explain why each finding is important.

Citizen Researchers spoke to young people of diverse backgrounds and designed their questions to gather information on people from these groups:

- Minoritised communities
- Non-binary people
- People from the LGBTQ+ community
- Refugees and immigrants

196 workshop participants worked together to create 78 characters and the character analysis is presented in the appendices. Citizen Researchers analysed the Barriers and Enablers these characters experienced. You can read the full character analysis at Appendix E.

532 young people responded to the online survey and the survey analysis is presented in the appendices. The survey asked young people in Derbyshire if their personal background had affected their access to mental health support, what barriers they faced and how people around them would react to them getting support. You can read the full survey responses at Appendix F.

Six young people gave us in-depth interviews about their experiences.

Each finding is presented with supporting quotes from young people and statistics from the online survey.

## 1 – HOME

Young people told us that home life has a huge impact on mental health and their ability to understand and access services. Young people come from a wide variety of backgrounds and **don't all talk about mental health the same way**. The workshops told us a lot about home life, **parents and activities**. The survey told us a lot about the **cultural barriers** faced by specific groups.

### Home life can be traumatic

Young people shared many reasons home life can be traumatic for them. The reasons for this vary for each individual, but can include factors like an abusive upbringing, absent parents or being a young carer.

Family issues were the most mentioned barrier from the workshops, being an issue for nearly a third of the characters.

"I rely on my pet dog for comfort because my parents are always busy working – I feel lonely often but my pet is my best friend and brings me a lot of comfort"

"So basically I had a rough time with my family"

"Experiencing ADHD + Autism she has had a difficult upbringing due to her abusive family, as a result she often struggles with suicidal thoughts and an eating disorder"





### Hobbies and interests are very important

The workshop characters showed loud and clear that young people experiencing mental health issues, especially those from underrepresented backgrounds, take strength and pride in their unique interests, hobbies and appearance.

Nearly half of all workshop characters take strength from hobbies and interests, creativity or their personal image.

“He can make good chicken adobo and any sarap”

“No.1 Harry Potter fan, they are into makeup”

“I wish I had money and better technology – I want to explore the universe one day”

“Our character will cope by playing football to take the mind off things”

### Young people feel parents do not understand mental health and some mentioned strict backgrounds

Young people in the workshops told us about dismissive attitudes or strict upbringings and the impact they have on talking about and accessing mental health support. Citizen Researchers feel strongly about this issue, especially because of their own lived experience.

Out of survey respondents who said their personal background affected their access a lot, they reported by far **the lowest expectation for positive reactions from friends and family**. They also reported by far the highest experience of barriers from stigma and reactions (51%).

“I don’t think my parent would be accepting, and it is either lots of money or a long waiting list”

“Family background (ethnicity) means they don’t talk about mental health much so might stop from getting support and might be resistant to talking about it in the home”

### Culture can be a big barrier

Citizen Researchers identified that young people can experience barriers to accessing services based on their culture. If cultural nuances and preferences were better understood, many more young people would experience better outcomes.

In the online survey, 7% of people told us **their personal background affected their access a lot**. Out of the whole survey, these young people reported by far the biggest barriers from culture (43%), meeting requirements (35%) and language (19%). They also reported the second highest level of hidden disabilities (24%).

“As a diaspora young person, speaking to someone with a completely different mindset and upbringing is not as inspiring as speaking to someone of similar background”

“Having someone with her to help her make statements more clearly. Having friends and family with her at the GP”

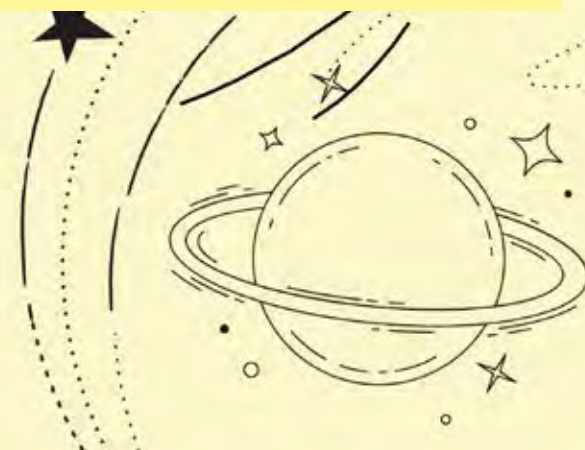
“Religion as a positive factor within mental health rather than a cause for poor mental health.”

## WHAT IS CULTURAL COMPETENCE?

This is Citizen Researchers’ own definition of cultural competence.

- It is crucial to work with and include people from those cultures when embracing cultural competence.
- Training in cultural competence will help professionals understand the various behaviours and needs that come along with different cultures instead of ignoring or misunderstanding them.
- There are workplace norms that can get in the way of cultural understanding and a lot of issues are avoidable.
- Young people from minoritised communities feel as if professionals don’t understand the impact culture has on behaviour and attitudes. They also feel as if western societies’ approach to mental health issues often doesn’t relate to other cultures

Understanding cultures should be an integral part of the workplace, not a formality. Cultural competence will help to root out and highlight subconscious bias. Look at it from another angle and understand that everyone has a different viewpoint.







## RECOMMENDATIONS

- Children and adults should be supported to have mental health conversations. All services should offer culturally-competent support for parents including tailored resources in different languages.
- Confidentiality – only talk to parents when there are real safeguarding concerns and keep the young person involved throughout
- Consider the use and role of support animals, as these can have a huge impact for young people
- Consider building culturally competent, external activities into a programme of support for young people

## 2 – SCHOOLS AND COLLEGES

Young people told us that school and college have a big impact on accessing mental health support. For underserved young people, **the education setting often fails to spot the hidden signs of suffering**. Citizen Researchers also believe teachers need more support to understand the different backgrounds and needs of their students.

### Teachers are not aware of hidden factors

Young people told us that teachers need more support and better training to understand hidden factors affecting young people's mental health.

A surprising 10% of all survey respondents reported hidden disabilities. The groups that had most hidden disabilities were: those with a long-term health issue or disability (27%), those who said their personal background affected access to support a lot (24%) and non-binary people (18%).

"Having support in college was very effective, especially 121s as I could offload – whereas in secondary school the support was non-existent. Having a space where I was treated with respect and reminded how important I was gave me the courage to talk about whatever I liked, no matter how brief the time was"

### Students don't have enough individual support and don't know who to go to

Young people said that having someone trusted to talk to would make a huge difference. For underrepresented groups, it is particularly important for support to come from someone who understands your background and can tailor their approach.

Having someone to talk to was the single most important factor raised in the workshops, with over a quarter of the characters lacking this support.

The survey asked young people if they faced a barrier in knowing what's available. Two demographics experience this barrier more than any other, 58% of LGBTQ+ people and 54% of people with a long-term health condition.

"I am used to dealing with things on my own because there is not actually help, it would have prevented a lot of difficult feelings sooner if there was more honesty about there not being enough support"

"I wish I had told someone. I kept going to school though I didn't want to. I wish I told"



### **Mental health is not spoken about enough**

Young people told us that mental health is still not spoken about enough. The research showed that conversations are not happening the same way and in the same frequency for different demographics.

A huge 31% of all survey respondents report stigma or reactions as a barrier. The demographics most affected by stigma were those whose personal background had affected access a lot (51%) and LGBTQ+ people (44%). Stigma was the biggest barrier for male survey respondents (24% of all males).

**"I still wish I was told what was happening to me – knowing I was being hurt and being taken advantage of, I wish I told someone because it stopped me from going to school"**

### **There is bias and stigma in schools around mental health**

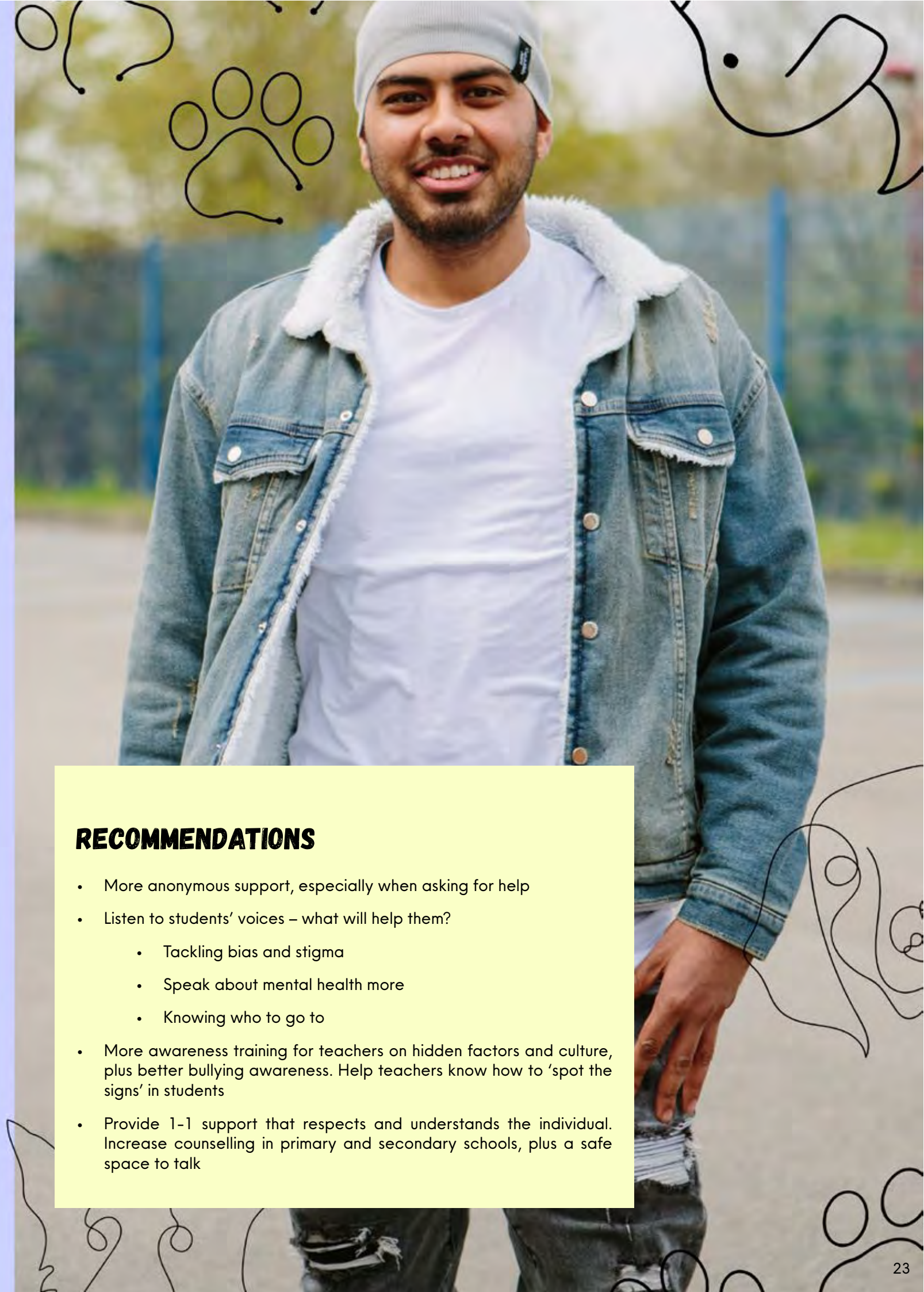
Young people told us that although there have been big efforts to talk about mental health in schools, these conversations are usually led by adults. Within the student population, there is a lot of stigma preventing young people actually discussing mental health amongst each other.

30% of school-aged respondents (11-16 years), reported stigma or reactions as a barrier.

**"Mental health is being forced onto people, making it feel alien"**

**"The individual's claim must be treated responsibly without being patronising. This allows for courage in reporting to appropriate persons in the future after a negative circumstance"**

**"He may benefit from a more welcoming environment where staff understand that he is different, rather than ostracising him and considering him "odd""**



### **RECOMMENDATIONS**

- More anonymous support, especially when asking for help
- Listen to students' voices – what will help them?
  - Tackling bias and stigma
  - Speak about mental health more
  - Knowing who to go to
- More awareness training for teachers on hidden factors and culture, plus better bullying awareness. Help teachers know how to 'spot the signs' in students
- Provide 1-1 support that respects and understands the individual. Increase counselling in primary and secondary schools, plus a safe space to talk



## 3 – ONLINE

Citizen Researchers found that the online world **plays a huge part** in young people's mental health, but is **not well understood** by those offering support. Support needs to **bridge the gap** between education and online experiences, as well as recognise young people's diverse backgrounds.

### There is a gap between school and online support

Support systems in education don't adequately cover or understand students' online lives. Negative content and online bullying go unreported in social media and other online platforms. For underrepresented young people who value expressing their unique identity online, this can be a huge issue.

Nearly one in ten workshop characters lacks online support to bridge the gap to school support.

In the survey, virtual support was most important for those who said their background affected access to help a lot and those from minoritised communities.

"An online youth club would be very accessible"

"He runs a discord server and is chronically online"

### We don't account for what sites are appropriate for each person

Citizen Researchers identified that one-size-fits-all approaches don't help us understand the ways content affects young people.

"I don't have a lot of money for technology – so I am not as educated on the online world as my peers are and sometimes the format can confuse me"

"Cloak boy dislikes hostility online and prefers to interact with media that does not have comment sections allowed, this prevents users with conflicting views clashing with each other and damaging the message and impact the original content has on users"

### The online world can be toxic

Young people told us that age-inappropriate and distressing content often ends up in their feeds. In addition, negative interactions and unrealistic portrayals can affect self-worth and body-image.

More than one in ten of the workshop characters struggles with toxic content or online bullying.

"You don't know what rabbit hole you could go down if you're not careful about what platforms you use"

"She needs to see that the things spread and shown online aren't always real"

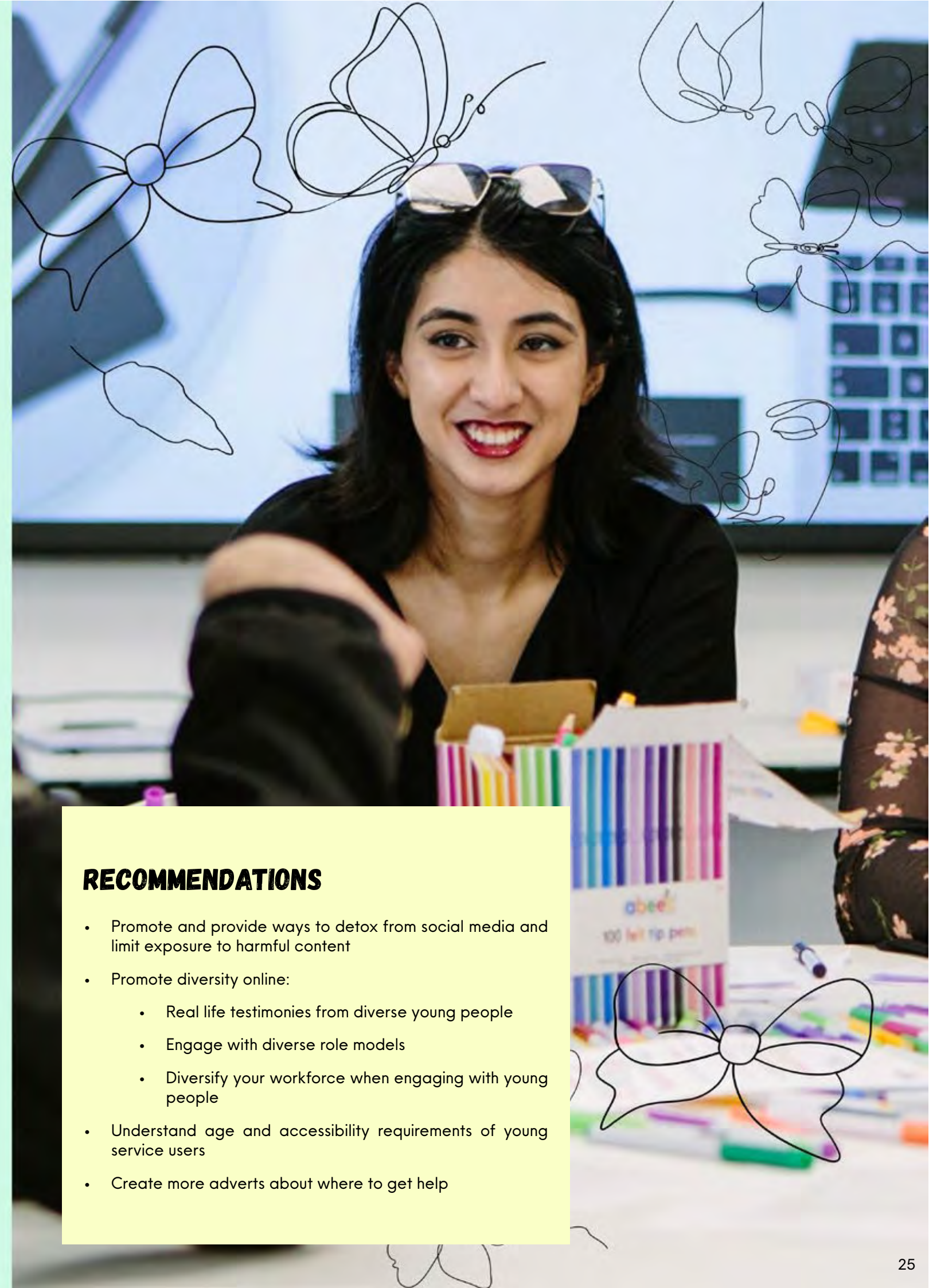
### Detoxing from social media is useful

While social media is crucial for young people, they often actively detox from it or time-limit scrolling. Many mentioned that support to find ways to detox would be impactful.

More than one in ten of the workshop characters would benefit from social media detox, or blocking negative content.

"It was shocking how much of a positive impact detoxing had on my mental health and wellbeing, I felt less vulnerable to the negatives and lived my life as it was rather than what the online world made it to be"

"Cut yourself off social media to get yourself right until you get back on and are happy"



## RECOMMENDATIONS

- Promote and provide ways to detox from social media and limit exposure to harmful content
- Promote diversity online:
  - Real life testimonies from diverse young people
  - Engage with diverse role models
  - Diversify your workforce when engaging with young people
- Understand age and accessibility requirements of young service users
- Create more adverts about where to get help





## 4 – ACCESSING SERVICES

For young people, especially those in underserved demographics, **accessing mental health services is not simple**. Citizen Researchers have shone a light on the ways all the parts of someone's **personal background** combine to create barriers.

### Services are not confidential/anonymous

Young people told us that lack of anonymity is a big negative factor in their experience of support.

One in ten of the workshop characters would benefit from anonymous help or safeguarding.

“I would rather be told of the extent of confidentiality than lied to by someone I trusted with my mental welfare”

“[they need] access to a check-up, assessment and someone to talk to. Including a safe confidential space”

### There is low awareness of services

Young people told us clearly that there is still not good awareness of available services. The survey uncovered powerful statistics showing that social media should be used to increase awareness.

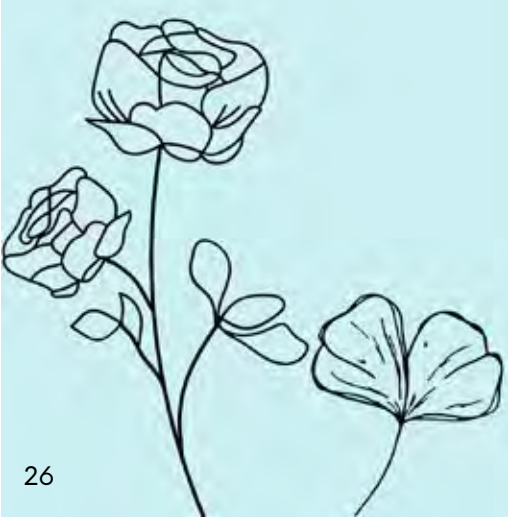
Survey respondents who identified as LGBTQ+ reported the highest barrier in knowing what was available (58%). Those with a long-term health condition or disability also rated this barrier highly (54%).

Three quarters of all survey respondents prefer to be reached by social media.

“Make a funny advert. Make it eye-catching with bright colours”

“make people aware of these services, make people feel safe to access them and make people feel like you care”

“Not making a big deal about reaching out for support, like don't make it a huge thing in advertisements, just make sure we know that it's there, because if it's seen as a big deal then we may be judged for reaching out”



### One size does not fit all – young people have strong preferences

Citizen Researchers' fantastic research into health inequalities highlights the different preferences of demographics and underserved groups. One method will not effectively reach all groups, even on platforms as popular as social media.

In the survey, **virtual** support was much more strongly preferred for people from minoritised communities and those who said their personal background affected access a lot. In contrast, the LGBTQ+ community and those with a long-term health issue much preferred **in-person** support.

While **social media** was the most popular form of communication for most survey respondents, for those who said their background affected their access a lot, it was far more popular than in any other group, particularly in **reels** and **story** format. That group as well as the group reporting long term health issues or a disability, preferred contact by **text** much more than other groups.

In the survey, males were the only group whose preferred method of contact was email. Males gave social media the lowest score (32%) of any group.

“We are all different and have a variety of needs – stereotypical ideas of what young people want are the reason why we struggle to find support that is suitable for us, and even then it does not exist”

“Stop making me ring if I need access to support. I let myself become ill because I can't ring places. Let me fill in an online form. Let me do a live chat. Then I can decide if I want to go in person”

“Disadvantage people need better benefits access such as benefits plans for more regular GP appointments”

“Make it more accessible for those struggling with multiple issues”





## RECOMMENDATIONS

- Facilitate more self-referrals including online
- Provide success stories and motivational messages from young people. Engage with young people to create motivation for and from young people
- Increase awareness through social media platforms – increase early intervention by understanding how to reach young people
- Provide more versatility because young people have diverse needs:
  - 1-1s
  - Group therapy
  - More 'friendly' support
- Increase accessibility and lower waiting times by understanding the range of barriers

## Services are difficult to access and the system does not recognise the range of barriers young people face

Citizen Researchers found that underserved groups face significant barriers to access. Their research questions and character model explored eleven barriers and found that they affected demographics differently.

Those who said their personal background affected access a lot reported by far the biggest barrier in meeting requirements (35%). They also reported the highest proportion where location was a barrier (30%) and language (19%).

Those with a long-term health condition or disability reported the biggest barrier with waiting times (59%). Large numbers of females (44%) and non-binary people (41%) also reported waiting times as a barrier.

Financial barriers particularly affect LGBTQ+ people (31%) and those who said their personal background affected access a lot (32%).

*"Stop pressuring young people to know what they want to do"*

*"Don't get so mad they're late, just be glad they even turned up"*

*"Waiting times have been horrendous, especially the waiting times for neurodiversity assessments"*

*"Costly for therapy sessions per hour, time taken to get there and back as well as the sessions as a full time student who works two jobs, reactions of my family members is worrying to me, waiting times are years long in some places."*

*"I would like more mental health services in Derby to be accessible and maybe more for refugees who don't speak English etc"*







## PART THREE: IMPACT & CONCLUSION

### IMPACT

MH:2K Derby and Derbyshire had an incredibly positive impact on the Citizen Researchers involved in the project and in turn, Citizen Researchers have had a huge impact on workshop participants and host organisations. Citizen Researchers also made a big impact with showcase attendees.

Below are some reflections from the **Citizen Researchers** about their own personal achievements, and the importance and impact of MH:2K;

"I've gained leadership skills and better knowledge, experience for my future as well as management, and teamwork"

"First of all I just wanted to say how grateful I was to be apart of Mh2k as you all was so amazing and made me feel so welcomed so I thank you all so much. I have gained the skills to feel more comfortable and confident with presenting and I have also gained a better understanding with what makes a great team and what teamwork is all about"

"I've gained so much knowledge, confidence, and personal growth and achievements"

"I've had some really difficult times this year and i missed a lot but i really enjoyed the design days i did attend and proved to myself i can do things without letting my anxiety get in the way, i also realised how passionate i am about the mental health industry and wanting to help people and i hope one day i can use that in a job or another organisation."

"First of all, thank you for offering me the mh2k project. I've really enjoyed it as it was very different and some things I didn't know now I know. I've met some wonderful people here. What I've gained from mh2k is that don't be quiet if you have a problem and let your word out there."

"I think I have gained a better awareness of mental health issues in the young in our local community. I feel I have also developed communication, collaboration and project leadership skills. I have also been inspired by you all and your individual stories."



"I have gained so so much from MH:2K from a huge increase in confidence to the knowledge that what we as young people say and do actually has an impact on our future! I have also met some amazing people and heard some amazing stories and been hugely inspired to keep doing this course and make a difference to mental health in the future. I was having serious doubts about my course before and during MH:2K but they have all but gone now and I am so excited to go out and change the world!!"

**Below are reflections and pledges from professionals, made at the final Showcase event and subsequent planning meetings:**

"Thanks for an excellent event last week I really enjoyed it and it was well structured. The voice of lived experience drives everyone forward. It's so much more powerful when you hear directly from young people. I was really struck by some of the recommendations: on access to anonymous support (esp within schools and colleges). Tackling vice and stigma, knowing where to go. Training support for educators to recognise hidden signs. 1-1 support that respects and understands the individual. Access to animals"

"I will promote the recommendations in the relevant areas, refer to them and encourage others to be aware of them and engage with them"

"It would be good to have an abridged version of the presentation to discuss within each partner agency. I can pledge to share the findings and look at how they can have an impact on the service we deliver"

"Great work done by all look forward to supporting the work into the future. the citizen researchers are so inspiring"

"This has been so inspirational"

"I have made lots of notes - a great session"

"Great event, thank you, very informative"

"Thank you for all the good work, everyone! As someone who works in research, I was pleasantly surprised to hear about the work MH:2K is doing. Today's event was really interesting and engaging and was way better than a lot of other events I attend!!! Keep up the amazing work - I for one will be listening to your recommendations and utilising them to improve our services wherever I can. Thanks again"

"Hi all, I love the recommendations and how they are applicable across Derbyshire. I would love to explore some of the recs in a little more detail in Derby City, as part of our DHIP (Derby Health Inequalities Partnership) work and as part of the review of Derby's Health and Wellbeing Strategy (I know this sounds boring but it's sooo important that we get lived experience reflected!). Also would love to know what you are all doing next...."





"Really interesting presentation. Very interested in encouraging YP to detox from the toxic material you can be exposed to. There are School Nurses across Derbyshire that offer confidential appointments and a drop in service in secondary schools. Well done everyone involved"

"Very interesting session, thank you to everyone involved, very brave and very courageous"

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- Project Manager – Daniel Knag

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- Chris Burton-Fisher – Commissioning Manager for CYP Mental Health, NHS Derby and Derbyshire Integrated Care Board
- Carol Ford – Derbyshire County Council
- Caroline Stodart – Action for Children
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**Schools and colleges:** Glossopdale School and Sixth Form, Derby College Group Broomfield, Roundhouse and Joseph Wright Centre campuses, Friesland School, Granville Academy, Bilborough Sixth Form College, Littleover Community School sixth form

**Community/Council groups:** Derbyshire LGBT, University Hospitals of Derby & Burton Youth Service, Derbyshire County Council Participation Team

**Media:** BBC Radio Derby





# CONCLUSION

MH:2K Derby and Derbyshire has empowered young people across the county to have a meaningful voice on mental health and well-being. By recording the genuine unfiltered experiences of young people, the project has uncovered the ways health inequalities arise and intersect for them. The structured approach and wide reach gives decision makers a reliable evidence base for taking forward the Citizen Researchers' recommendations.

Accompanying outputs on the eating disorders and digital pathways have given professionals valuable practical tools for improving services.

MH:2K has been a genuinely youth-led process, giving 14–25-year-olds a leading role in:

- Designing research that uncovers the health inequalities and intersectionality experienced by their peers in Derbyshire;

- Engaging and encouraging their peers to describe difficult issues and put forward solutions;

- Sharing lived experience and creating guidance for professionals to directly inform procurement and best practice

- Working with key local decision-makers and stakeholders to make recommendations for change.

The very nature of health inequalities means that they arise when communities are not listened to or understood. That is why the diverse and passionate Citizen Researchers were uniquely placed to make a huge contribution to breaking down that barrier. We are excited to see how partners and decision-makers in Derbyshire take the work on and put the findings and recommendations into action. The eating disorders and website work has already led to changes in procurement and website design respectively.

None of this work would be possible without MH:2K's wonderful partners in Derby and Derbyshire and their commitment to taking action on the basis of MH:2K's findings and recommendations. Their support means that MH:2K is able to kickstart real change for young people across the region.

## APPENDICES

A – Survey digest

B – Eating Disorders impact

C – Website review

D – Social media guidance

E – Full survey responses

F – Character analysis







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