



MENTAL HEALTH IN EDUCATION:

HEARING FROM YOUNG PEOPLE

A YOUTH-LED REPORT BY THE MHF YOUNG LEADERS

2024

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FOREWORD FROM JANE CARO

You cannot do work in prevention or anywhere in the mental health space anymore without very firmly ensuring that you are working in partnership with those who have lived experience. Lived experience both of struggling with mental health issues, but also lived experience of the life experiences that we know can contribute to raising the risk of being vulnerable to mental health issues.

So it's absolutely key that we centre and give a really prominent place to the voice and experience of young people. We can't be thinking about prevention without understanding just how important early years of life are, adolescents and then early adulthood is.

When I first joined the Mental Health Foundation we tried to do co production as best we could, we tended to just reach out to quite a narrow group of young people who had a particular life experience who weren't particularly representative. What we did when we established the Young Leaders is we wanted to base it on a set of principles that we felt were really important in order to avoid doing a tick box exercise.

We set the Young Leaders' arrangement up with the intention of having a very mutual relationship, something that would be beneficial to the Mental Health Foundation but also really beneficial to the young people involved.

We started with a six month pilot and then because that was so successful, we then rolled it out year after year. Now I think we're just about to go into our 5th year, which is amazing. The reason that we keep agreeing to extend the arrangement is because of the fantastic impact the young leaders have had on our work.

The development of the work in Scotland over the last year is a standout development because the Young Leaders mostly worked with MHF England. We're doing an lot of work to harness the power of being a UK wide organisation and really connect things up. It's been really great and I'm really excited about how we might be able to further develop Nations work over the coming year.

Lastly, we want to do the things that really impact externally as much as we can, both because it really maximises MHFYL's impact in the world, but also provides really great opportunities for the young people."

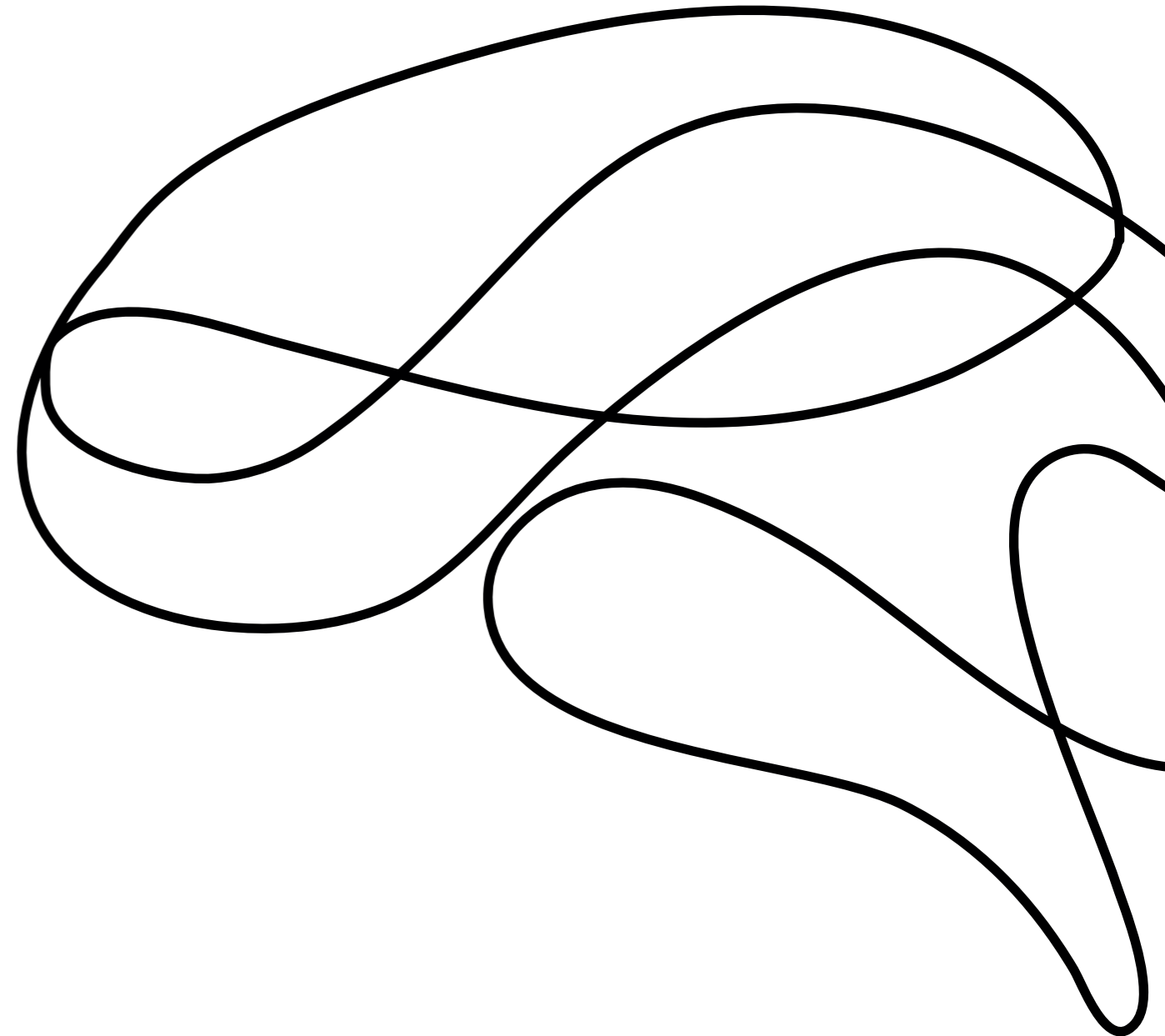
Jane Caro

Associate Director for England at The Mental Health Foundation



INTRODUCTION

School is one of the biggest factors contributing to a decline in happiness amongst children and young people. Mandatory education covers key emotional and social development stages, yet children aged 10 to 17 are most unhappy within school (The Children's Society, 2021). To understand more about what factors may underpin figures such as these, in October 2022 - early 2023, Leaders Unlocked and The Mental Health Foundation (MHF) brought together a core group of Peer Researchers from the Mental Health Foundation Young Leaders group (MHFYL*) to explore the experiences of young people within education. The Peer Researchers reached 144 young people aged from 14 to 25 from across the UK over the course of three months, to understand the current state of mental health within schools and gather their peers' experiences.





ABOUT THIS PARTNERSHIP

WHO ARE LEADERS UNLOCKED?

Leaders Unlocked is a non-profit social enterprise which enables young people and underrepresented groups to have a stronger voice on the issues that affect their lives. In health and wellbeing, education, policing, justice and elsewhere, Leaders Unlocked strengthens young people's capacity to be advocates and leaders in their communities, influencing local and systemic change.

WHO IS THE MENTAL HEALTH FOUNDATION (MHF)?

MHF is a leading national charity for mental health. Their vision is for a world with good mental health for all, not just some. With prevention at the heart of what they do, they aim to find and address the sources of mental health problems so that people and communities can thrive.

WHO ARE THE MHF YOUNG LEADERS?

The Mental Health Foundation Young Leaders (MHFYL) are a dedicated and diverse collective of up to 40 young people aged 13-25 from across the UK, who influence and shape MHFs work from development to delivery. They have a distinct range of lived experiences, including direct experience of mental health challenges, but are all connected through their zeal to address mental health in their communities and beyond. They collaborate with MHF to influence, co-design and evaluate the development and delivery of their projects across their departments. Including within communications, programmes, policy, research and key elements of their strategy.

WHAT WE DID

IDENTIFYING A CORE GROUP OF PEER RESEARCHERS

In October 2022, Leaders Unlocked gathered a core group of Young Leaders from the MHFYL group to lead the research on mental health in education. This core group became established as the Peer Researchers. In collaboration with the Mental Health Foundation Research Team, the Peer Researchers were empowered to design and carry out their own peer research, identifying the aims and focus topics of the project.

IDENTIFYING RESEARCH AIMS

The peer researchers established three main goals for the research, which were

1. To understand young people's experiences of mental health and wellbeing within and beyond education.
2. To understand what mental health support is available across different levels of education.
3. To collaborate with other young people to develop solutions to address mental health in education on both a community and systemic level.

There was also an emphasis on approaching the research through an intersectional lens to ensure that a wide range of perspectives are gathered and further understood. Furthermore, utilising this approach aids to highlight how varying identities and experiences of marginalisation intersect and impact on an individual's mental health, specifically within education.

METHODS OF DATA COLLECTION

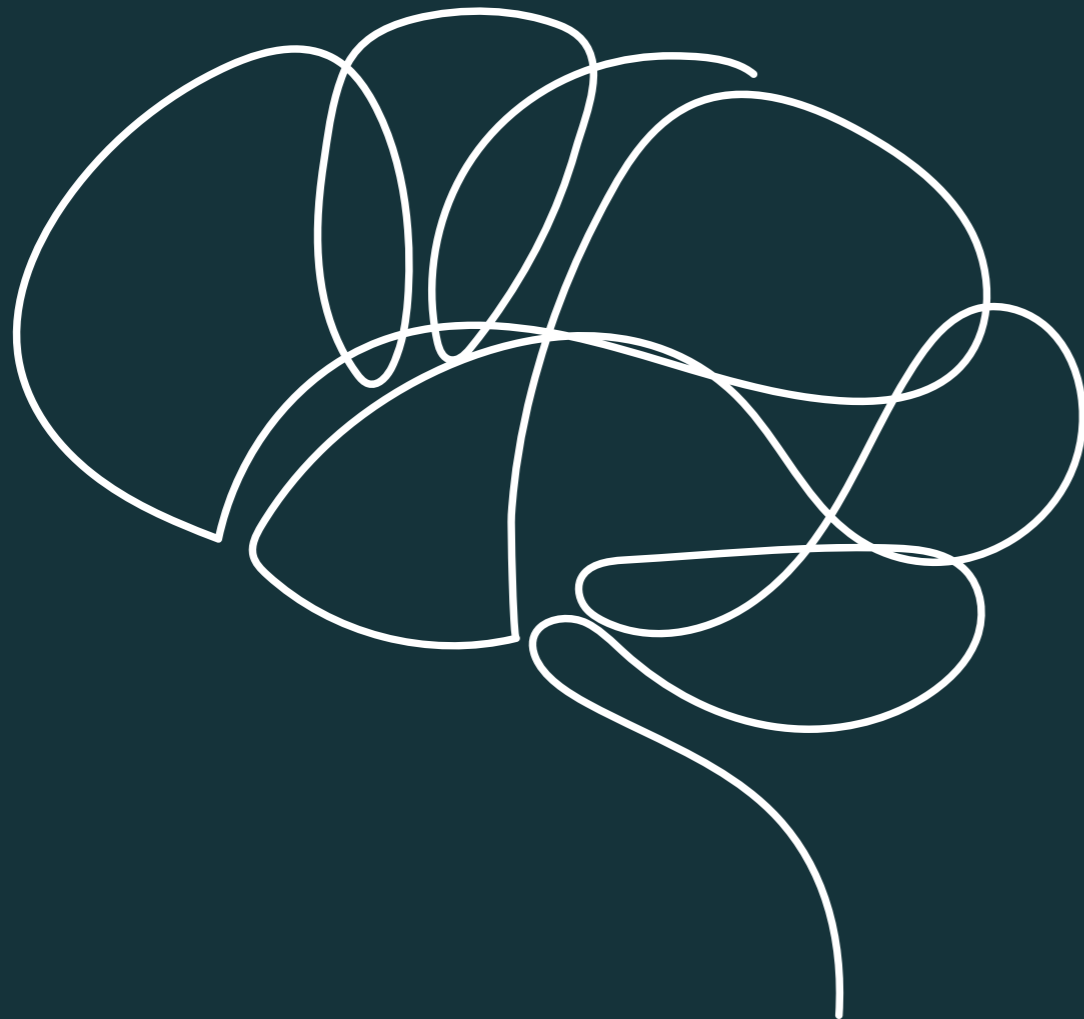
The main methods of data collection used included focus groups, interviews and a small survey. The Peer Researchers collaborated with the MHF research team and Leaders Unlocked colleagues to develop the key questions that would be used to capture the data across all 3 research methods.

The rationale for using these three methods is outlined below (Glasow, (2005), Young et al., (2018), Chang et al., (2006)):

Survey: Used to capture quantitative data around learners' experiences, the degree to which these are similar or distinct and in what context these experiences occur.

Interviews: Used to collect in-depth insights through one to one conversations. This methodology helped to capture individual perceptions, experiences and feelings connected to the topic being explored.

Focus groups: Used to gather insights from a number of young people simultaneously. This focuses on understanding both individual and shared meanings and perceptions. These helped to highlight where experiences may be shared and where they may be distinct.



WHO WE REACHED

The peer research engaged 144 young people over a period of 3 months. It allowed participants to share their unique experiences and thoughts about mental health and support within schools. The participants represented in this report are from various groups including, but not limited to:

- Young people from racialised backgrounds
- Young people with diverse experiences of ill mental health
- Young people with experience of different vulnerabilities including long-term health conditions
- Young people who identify as Non-binary
- Young people from varied socio-economic backgrounds
- Young people who are neurodiverse
- Young people with experiences of alternative provisions and exclusions

SUMMARY OF KEY FINDINGS

There were a total of 8 key findings within 'experiences within education', 7 key findings within 'support within education' and 10 key calls to action proposed. These can be found in section 1, 2 and 3 of the report. Below is a summary of the key findings and calls to action:

Experiences within education	Support within education	Key calls to action
1. Young people feel unprepared and unsupported with transitions	1. Resources for mental health are often outdated and lack relevance	1. Collaborate with young people to co-design resources for young people's mental health
2. The pressure to attain negatively impacts young people's self-worth and relationship with education	2. Schools, colleges and universities do not create enough safe spaces outside the classroom	2. Fund more targeted work focused on strengthening young people's emotional literacy
3. Experiences of exclusion within education harm mental wellbeing	3. A lack of person-centred support means individual needs are often unmet	3. Strengthen educational institutions' connection to the wider community
4. Deep-rooted relationships promote safety and encourage sharing of mental health challenges	4. A lack of transparency around safeguarding impacts on trust	4. Integrate familial networks into mental health support
5. Learners' openness towards discussing mental health challenges is influenced by the institutions' culture	5. Peer support can respond to intersectional needs	5. Implement mental health education more widely and at an earlier stage
6. Negative experiences of mental health in racialised groups are intensified by cultural factors	6. Support doesn't cater to diverse needs	6. There's a need for greater focus on addressing shame and stigma around mental health
7. Experiences of institutional discrimination negatively impact marginalised groups' experiences of mental health	7. A lack of awareness around available support inhibits learners from accessing support	7. Allocate more time to strengthening relationships between students and teachers
8. Young people still feel that there is a large amount of stigma and shame around mental health		8. Utilise peer support to respond to intersectional needs
		9. Take a more intersectional approach to mental health to ensure better mental health for all, not just for some
		10. Greater investment into education is needed to support positive long-term change

SECTION 1: EXPERIENCES WITHIN EDUCATION

OUR 8 KEY FINDINGS

Through our conversations, it was clear that although the experience of being a student can be fulfilling for some, for many students, education comes with an array of challenges. Some of these challenges are connected to systemic issues such as cuts to funding, which impact on staffing and provision of effective resources for mental health. Other challenges shared (also systemic but operating on an interpersonal level) are connected to individuals' identities. Including their ethnic, religious or cultural identity or being neurodiverse. Responses (or a lack thereof) to the unique challenges faced by some young people can serve to either validate their experiences or further alienate them from education.

This section is an exploration of young people's experiences across secondary, further and higher education. The eight key findings encapsulate the key areas of discussion for young people.

1. YOUNG PEOPLE FEEL UNPREPARED AND UNSUPPORTED WITH TRANSITIONS

Transitioning across any significant life stage for many people can be daunting, particularly when unaccompanied by appropriate and effective support. This was echoed by young people we spoke to who felt that transitioning from one level of education to the next is often a huge challenge. This was noted to be due to a lack of information around what to expect in the next stage. Challenges were specifically around how to make the right choice on what university course to study, and what to expect when transitioning from secondary school education to further and higher education. This is compounded by a lack of support to make this transition and little guidance on what support is available to guide this transition.

This challenge often continues beyond education. As young people transition into adulthood they are expected to take on more responsibility, even if they feel unprepared to do so. Experiencing these challenges simultaneously can be detrimental to a young person's mental health and outcomes. This is exemplified in some young people having to leave university due to not being able to cope socially, emotionally, and mentally. Others noted that the lack of preparation and support at an earlier stage,

meant that their mental health was worse affected at later stages of their educational and personal lives.



"From age 11 (yr7) to 16 (yr11) you go through a massive transition. Secondary school is a huge part of your life as you're transitioning to adulthood. Key experiences, often happen in yr7 but it's not emphasised enough and [people] may feel ashamed to get support."

"The jump from Secondary school to college was much larger than I thought it was going to be."



2. THE PRESSURE TO ATTAIN NEGATIVELY IMPACTS YOUNG PEOPLE'S SELF-WORTH AND RELATIONSHIP WITH EDUCATION

An overwhelming number of young people shared that they struggle with the pressures of academic attainment. The emphasis placed on grades, coupled with narrowed views of what constitutes educational success, leaves many students struggling to disentangle their self-worth from the grades they achieve. One young person even described education as 'a grade factory'. They cited that young people felt the grades and reputation of their educational institutions were favoured over the impacts on their wellbeing. Thus, for some, low self-worth and a negative relationship with themselves and their education, is allied to the damaging perceptions attached to attaining a lower grade.

This can be further amplified by people's reactions to a student receiving lower grades. Some young people noted that teachers would respond to lower grades by shaming students without seeking to understand what may have contributed to these outcomes. This can further isolate students, and heighten low self-esteem connected to educational attainment.

Young people's anxieties around grades are also rooted in the idea that their entire future is determined by whether they pass or fail an exam. This leaves many students plagued with feelings of anxiety about their future and impacts on how well they're able to navigate education. As a consequence, some said that they avoided coming to school as a means of coping. However, this spiralled into having poorer sleeping patterns and not being able to complete or hand in homework, which worsened the stress felt and therefore negatively impacted their wellbeing.



"It just felt like a grade factory as opposed to them actually caring for you."

"A lot of my self-confidence was tied to my grades and when my grades started slipping so did my self-confidence and I remember going to university and it getting worse."



3. EXPERIENCES OF EXCLUSION WITHIN EDUCATION HARM MENTAL WELLBEING

While many young people described experiences of exclusionary practices within their institution, this was most often reported by young people from marginalised groups, including those who are neurodiverse. Some classroom practices within secondary and further education serve as examples of this. Including unintentional exclusion of neurodiverse young people who may not learn as effectively through some teaching methods. Moreover, large classroom sizes can significantly reduce the one to one support available from the teacher. Examples such as these reflect the ways young people can be unintentionally and systemically excluded from learning.

Leaving mainstream education in search of more targeted and specialist alternatives, also comes with its challenges, as a young person recounted. They described periods of struggle before the right fit was found and felt abandoned in alternative provision and left to fend for themselves to get the support they needed. Even when this was obtained, it was often through their families' efforts, not through statutory support. A number of young people who are neurodiverse reflect similar sentiments of feeling unsupported through transitions akin to these, indicating how stressful and difficult it is to navigate. These challenges can amplify feelings of exclusion from education (both as an institution and learning more broadly) and can have detrimental impacts on mental health.

Other challenges shared by learners included a lack of willingness from professionals and staff to understand the specific challenges that an individual may be experiencing. For example, some described their behaviour as a form of communication and an indication of underlying difficulties that they were experiencing. Yet, they felt that this was often overlooked or disregarded by staff and punitive reactions to such behaviour further served to exclude and ostracise students.

It is important to note, that many young people understood these issues to be symptomatic of fundamental flaws in the education system, rather than a sole reflection of individual teachers or staff within institutions. This 'reflected a need for a system overhaul and rebuilding of a holistic system that centres the wellbeing of its students and staff.



"Teachers thought I was behaving that way as an excuse to get out of lessons or go home, so this made me feel even more lonely."

"Large secondary schools, they aren't designed for neurodivergent people. So that's what I found particularly hard. That actually affected my experience with education."

4. DEEP-ROOTED RELATIONSHIPS PROMOTE SAFETY AND ENCOURAGE SHARING OF MENTAL HEALTH CHALLENGES

When exploring young people's help-seeking habits, the strongest forms of support came from the relationships young people had with others, including their peers, education staff and wider community. These bonds were often associated with greater feelings of connectedness and trust. Whether the bond was personal (i.e., with peers) or professional (i.e., relationships with education staff), feeling safe and listened to was central. This was often cultivated over time and had to be actively sustained and nourished to continue to be beneficial. This was echoed across all stages of education.

Furthermore, staff who make an effort to bond and interact with students outside the classroom contribute to learners' feelings of safety in school settings. The relationships teachers have with their students tends to be overlooked, but when a strong rapport has been established, it indirectly supports students' overall wellbeing. It serves as an intervention that actively engages, supports, and validates young people, through providing a safe space with a staff member they trust. Though impactful, it was clear that this support is not consistent or formally embedded as a practice across all educational institutions. It is therefore highly dependent on individual staff to respond to the needs of students. This can, in the long-term, cause additional strain on staff who are already overstretched and cause further threats to staff retention, particularly within secondary and further education. This isolates a further number of learners who fall through the gaps and do not receive support.



"I would meet with the school counsellor to eat my lunch with her because I had sensory issues and would get overstimulated in the school dining room. This made it easier to talk to her about things that were on my mind."

"Students became a lot closer to some teachers during older age, so could bring things up more often. But it took us up to 7 or 8 years for us to get to that point. I believe that the kind of intimacy or just general closeness with teachers was something that could have been utilised a lot earlier."

5. LEARNERS' OPENNESS TOWARDS DISCUSSING MENTAL HEALTH CHALLENGES IS INFLUENCED BY THE INSTITUTIONS' CULTURE

Institutions' culture played a significant role in how comfortable young people felt talking about mental health. Where the institution had practices, language, and an openness towards discussing mental health, more young people expressed feeling open to sharing their experiences. Examples of good practice and openness included:

- **Collaborating** with external **organisations** to engage young people in regular **conversations** around **mental health** e.g., through a peer-to-peer model.
- Regular assemblies where students are informed of and encouraged to **utilise** the mental health **support** available e.g., who they can speak to and how to reach out for support.
- **Practical guidance** on how to support mental health through talks, presentations, leaflets and other information shared across the institution.

However, this is not reflective of all young people's experiences. Feeling emotionally unsafe and having notable struggles with sharing experiences, were highlighted as consequences of a poorer, more exclusionary educational culture.

As such, beyond having good personal relationships, cultivating a healthy and safe space for young people to talk about mental health was noted as being important. This would need to be curated through an intersectional lens and include:

- **Diversity** in people to speak with.
- **Diversity** in mediums of **expression** when support is sought.
- An **inclusive** form of **support** that caters to a varied group of young people.

A healthy educational culture also equips and refines young people's literacy around mental health, which can in turn build their confidence in discussing it with others.



"For the first few years until around year 9 it was a brilliant school. The staff were very supportive, the senior team knew all the pupils personally and they would engage. I felt comfortable and supported by everyone involved and I was doing really well academically."

"The general school culture didn't encourage speaking about mental health. I don't think the students felt particularly safe, like they could walk up to a teacher and say these things."

6. NEGATIVE EXPERIENCES OF MENTAL HEALTH IN RACIALISED GROUPS ARE INTENSIFIED BY CULTURAL FACTORS

Negative experiences of mental health across marginalised groups were connected to a number of factors (both direct and mediating) including: ethnic and cultural identity, religion, gender, being neurodiverse and being from a lower socio-economic background. These factors seldom operated in isolation and as such, interactions between these factors were communicated to have worse impacts on young people's mental health.

Issues such as exam stress, anxieties around educational attainment and future aspirations, were described as being exacerbated by cultural expectations of success within some racialised groups. A number of young people recount their grades being compared to that of others in their cultural community, which promoted competition and increased the pressure they felt to attain. For others, pressures to follow particular career paths added to this tension, particularly as there seemed to be a lack of guidance on how to do so. This worsened experiences of stress and anxiety around attainment and intensified feelings

of shame that often led to negative self-perceptions, such as seeing themselves as 'a failure'.

The interaction between cultural beliefs and generational differences also underpinned the tensions young people felt around mental health. Some shared that within their cultural groups, parents and those in older generations tended not to acknowledge mental health challenges. This often left young people feeling isolated due to apprehensions around being transparent about their experiences and challenges around mental health. For others, this made conversations around mental health difficult to engage with. 'This tension was particularly heightened in those who internalised beliefs that they could not be affected by mental health challenges due to their religious, cultural or ethnic identity.

Not only did this feed into feelings of isolation within their communities but also in general conversations around mental health within and beyond education.

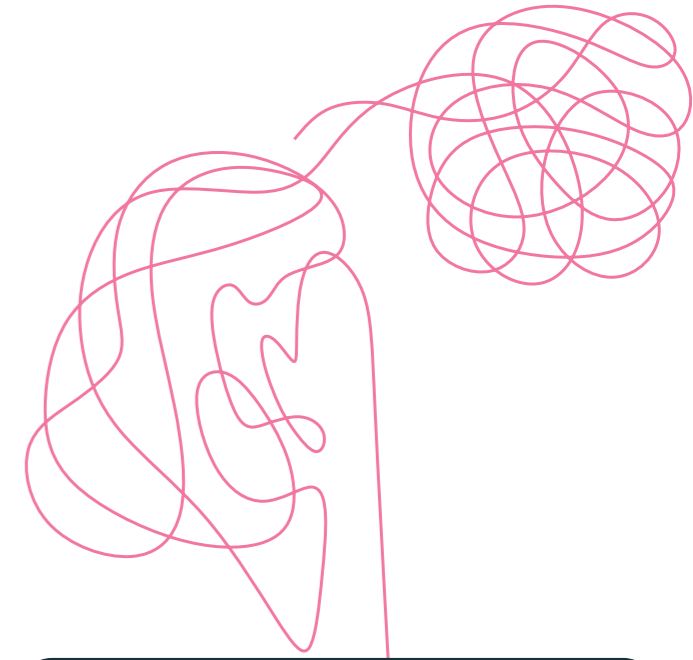
7. EXPERIENCES OF INSTITUTIONAL DISCRIMINATION NEGATIVELY IMPACT MARGINALISED GROUPS' EXPERIENCES OF MENTAL HEALTH

Within education, many described experiencing targeted shaming and abuse connected to their identities and experiences. This included being labelled as disruptive or difficult, without recognising the ways the school environment can be exhausting to navigate as a young person who is neurodiverse. Others felt unsupported financially and deliberately shamed due to not being able to afford particular equipment for school e.g., the right P.E. kit, or tools for school.

Many communicated also experiencing racism and discrimination from both students and staff due to their ethnic, religious and cultural identities. Attempts to address this were often described as being dismissed, without an understanding or consideration of the mental health impact. This left many young people feeling vulnerable and isolated from the wider school community.

Further to this, a lack of ethnic, religious and cultural diversity amongst staff meant that some young people were reluctant to speak about their personal mental health challenges. There was a sense that staff, due to being from different backgrounds, wouldn't understand their experiences, or may misinterpret what was being shared. Some expressed being fearful of what this could lead to, for example, them or their parents getting into trouble which could worsen mental health impacts for the young person. This indicates how a lack of diversity within educational institutions can exacerbate feelings of isolation in learners and negatively impacts their mental health.

It is important to note, that these identities and experiences (e.g., ethnicity, religion, cultural and gender identities, and neurodiversity) are not inherent determinants of worse mental health outcomes. Rather, they are arguably a reflection of the (often systemic) mediating factors such as, racism, sexism and ableism, that problematise young people's identities, shames and ostracises them, and thus cause worse impacts on their mental health.



"There was definitely a cultural aspect – I just remember growing up, I'd be compared to other people from my community [re: grades]. It was kind of a competition. I was so ashamed of myself, I just felt like everyone from my community would judge me for being a failure."

"I went to a massive mainstream school, which I hated, they had no understanding of disabilities and mental health and they had a lot of barriers up."

"It was a bit of a struggle. It affected my health quite a lot physically and mentally. I have a chronic illness. Getting bullied and not being accepted, my battle of lupus in education, I suffered a lot of racism and this affected my mental health quite a lot. The effect on my mental health didn't help me want to go back into education."



8. YOUNG PEOPLE STILL FEEL THAT THERE IS A LARGE AMOUNT OF STIGMA AND SHAME AROUND MENTAL HEALTH

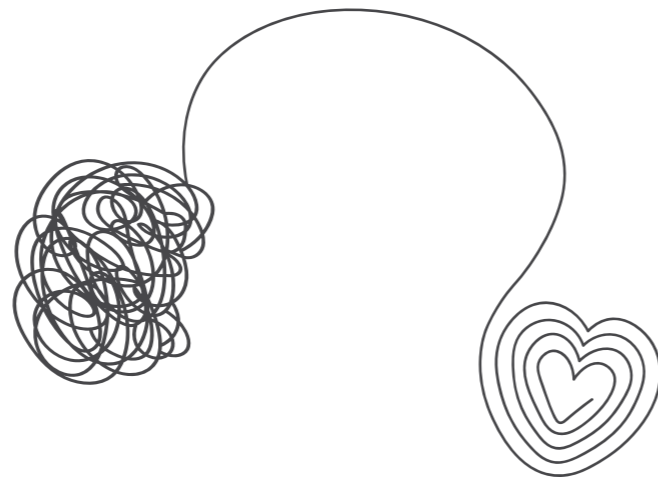
It was evident that for some young people, feelings of shame hindered their ability to speak about and access support when they may have experienced hardship. This was often related to: not wanting to feel like a burden, fear of appearing weak or needy, fear of how relationships may change for the worse, fear of being judged and changes in how they may be perceived.

For others, this internalised stigma, coupled with limited emotional literacy, amplified the challenge of navigating conversations around their own mental health. Some young people told us that although they want to have conversations about their mental health, it is difficult to find the right words to describe what they're feeling to someone. This is particularly true when a young person may be trying to confide in someone who they may not have a close relationship with.

These feelings were amplified in young people from backgrounds where discussing mental health is taboo. Some young people shared beliefs that mental health support is reserved for people who are in severe circumstances i.e. sectioned, hospitalised or taking medication. This line of thinking can hinder young people from reaching out for support (within or beyond education) unless they are in crisis.

A positive observation to note is that not all young people felt that stigma and shame persisted throughout all of their education. Some voiced that their experiences were acknowledged and validated and they therefore felt safer to be open and share in conversations around mental health. There were 3 key factors that supported some young people to have conversations around mental health, including:

- **Growing older** and learning more about mental health.
- **Transitioning to higher education:** For many within higher education and in some non-education spaces, conversations around mental health were more normalised.
- Being **exposed to opportunities** that created safe spaces for them to have conversations around mental health.



"If I was asked detailed questions about my mental health from someone I didn't know well enough, I'd be uncomfortable as I don't really know how to word it."

"At my first college you couldn't even speak about it because you were so afraid you were going to get isolated, you were going to get treated differently."

"I don't share details around my mental health, as it might change their view of me. I don't know how they'll react or how it might change things between us."

"I'm young and it makes me think nobody would believe me."

"People think, you're African, you don't need such stuff [re: mental health support]."

"As a black women I feel like I'm expected to always be strong or 'ok'."

SECTION 2: SUPPORT FOR MENTAL HEALTH WITHIN EDUCATION OUR 7 KEY FINDINGS

The purpose of support within education is often assumed to only aid academic performance, but support within education encompasses much more. It relates to anything which prevents students from experiencing any difficulty and provides support through challenging times.

When exploring young people's experiences of support within education, the difference in how support is provided was clear. Discussions explored the existing **provisions** across educational institutions and the **access** to these provisions - which can either encourage or hinder young people to reach out. The following sections present these differences.

PROVISIONS: GAPS IN EXISTING SUPPORT

1. RESOURCES FOR MENTAL HEALTH ARE OFTEN OUTDATED AND LACK RELEVANCE

Young people voiced that there are not many options in place which provide them with the tools needed to maintain good mental health. There is also a lack of resources and signposting around what to do if they are experiencing poor mental health. This was mainly highlighted by students in secondary and further education, who felt the variation of support available was not as extensive as it could be. They shared that resources are typically catered towards managing exam stress or tips to help you study more effectively. However, there is a gap in how the emotional needs of learners are addressed. These unmet emotional needs can pose a higher risk for poorer mental health outcomes for some young people. Particularly as they transition within education and beyond.

"Teachers at college are more focused on getting you through the education rather than worrying about your mental well-being."

"At school I don't remember there being any services, but at uni there was definitely a well-being service centre. There was a lot of stuff at uni, but not really at school."

"I feel like when you're a young person from year 7 to 11 your emotions and problems are disregarded a lot of the time, but as you grow older you are taken more seriously."

2. SCHOOLS, COLLEGES AND UNIVERSITIES DO NOT CREATE ENOUGH SAFE SPACES OUTSIDE THE CLASSROOM

Young people in schools feel that having designated non-learning spaces where they can go to destress and emotionally regulate can support their overall mental and emotional wellbeing. They expressed that it can be difficult to open up and hard to reach out for help at school when there is no dedicated place, person or time to go outside of their study timetable. In comparison, some learners in further and higher education shared how useful it was to have spaces dedicated to their overall well-being outside of their studies. These spaces allowed them time to reflect and unwind, which would otherwise not be possible during their busy timetables. This highlights how effective support can be when it is holistic and person-centred.

"At our uni we have a mental health room, like a quiet room and that's amazing. It's a place where you can reflect or even if you just wanted to come in and take it easy and breathe."

"[We need] something new and something different so you're able to unwind."

3. A LACK OF PERSON-CENTRED SUPPORT MEANS INDIVIDUAL NEEDS ARE OFTEN UNMET

Not only is having an extensive offer of support important to young people, but how the support is delivered is also crucial.

One of the most notable limitations mentioned was the lack of tailored and person-specific support available, which meant that learners' needs were often unmet. For example, young people expressed that the advice given is quite general and fails to consider individual circumstances. Staff providing support are said to sometimes struggle with seeing the young person outside of their student identity. In cases where support is person-specific, advice doesn't extend beyond how to cope with depression and anxiety. Thus, young people feel restricted in what they can share and with whom.

"The advice given was cliché like "oh if you're feeling down before exam week, just, you know, sleep, take your time, and drink- go on walks". For me personally they don't take mental health seriously."

"There was very little support for students with anger issues. The teachers didn't do a good job creating a safe space for students."

"There wasn't much mental health support. They would say "drink more water!" or, "do a schedule" but I have a schedule and it's still too much."

Further to this, some young people shared that their experiences of support either left them unchanged or in a worse-off position than when they began. As a result of the lack of person-centred support, young people reported feeling unable to trust the support available, which was compounded by witnessing others also having negative experiences with support.

4. A LACK OF TRANSPARENCY AROUND SAFEGUARDING IMPACTS ON TRUST

Feeling betrayed was not uncommon and was often in connection to young people feeling that confidentiality had been breached. This was exemplified in cases where an issue discussed in private had been reported to senior members of staff without the young person's knowledge. Other examples include other teachers or staff finding out about an issue that a young person shared with one specific teacher. This reflects a lack of transparency around safeguarding processes i.e., the need to report safeguarding concerns to senior or relevant leads. However, it also demonstrates an issue around privacy and confidentiality beyond safeguarding. Issues such as these erode the trust that young people have in staff and can inhibit them from approaching staff for support, further exacerbating mental health challenges.

"I told the Student Support Manager about some of my problems and I feel they focused on one that was not as relevant and I don't think I got the proper help that I needed."

"Staff have been snappy or shut me down quickly, if I've tried to say something."

"I don't trust the student support services. I had an appointment and it was cancelled with no explanation. They let you down and do the same thing again."

ACCESS: BARRIERS AND ENABLERS OF ACCESSING SUPPORT

5. PEER SUPPORT CAN RESPOND TO INTERSECTIONAL NEEDS

Learners expressed that peer-led support felt less intimidating than other traditional forms of support due to increased relatability and the shared experience of being within the same age group. This was strengthened in cases where relatability was increased through sharing the same ethnicity, religion, gender, or sexuality for example. For young people, this form of support was accompanied by less judgement, thus reduced anxieties and increased feelings of safety.

"In my school there is quite good support for people who struggle with their identity because we have Afro-Caribbean societies, Asian society and LGBTQ+ support groups."

6. SUPPORT DOESN'T CATER TO DIVERSE NEEDS

However, for some young people from racialised backgrounds and neurodivergent young people, the current support felt inadequate. Young people from racialised groups voiced that some of the current forms of support felt culturally insensitive and rigid. They also noted that staff delivering the support did not seem as well equipped to deal with issues connected with a culture that was different from their own. This meant that some young people felt they could not express the entirety of their issues, if at all, due to fear of judgement and misunderstanding. This was also coupled with not wanting to take on the additional labour of explaining cultural differences that shape their identities and experiences of mental health.

For neurodivergent students, mental health support also felt rigid and unhelpful. Some note that it is rarely adapted to take into account their needs and how they might differ from those who are neurotypical. Thus, support sometimes felt like it missed the mark and was inadequate in response to the young person's needs.

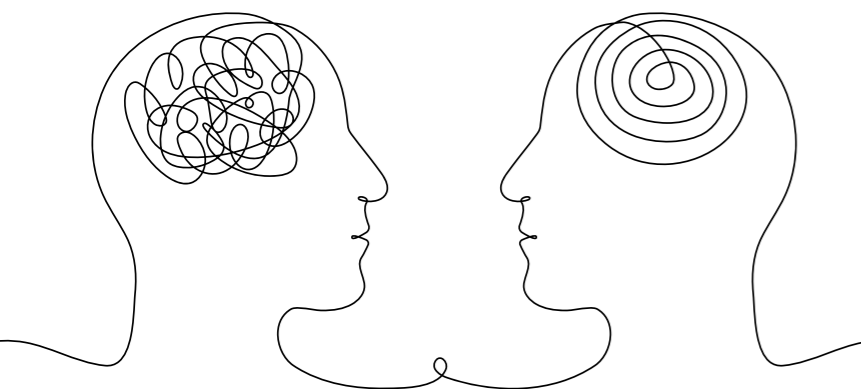
Young people's experiences seldom fit into neat binaries, their experiences and identities often intersect and can impact on their day-to-day lives and mental health outcomes. This can negatively impact how valued and heard some learners feel and can further ostracise them within educational spaces.

"Central aspects of my identity have affected my personal experiences."

"There were support systems in place at my school but as a person of colour, I didn't feel as though I could reach out for support."

"Sometimes if you go to reach out for support on cultural beliefs, they might accidentally say something hurtful to you and your cultural beliefs because they don't have that full range of understanding to know what to say and not to say."

"Being neurodivergent and receiving a lack of support hindered my experience with education."



7. A LACK OF AWARENESS AROUND AVAILABLE SUPPORT INHIBITS LEARNERS FROM ACCESSING SUPPORT

When exploring what forms of support are currently available, the vast majority of learners we spoke with were unable to identify and name what support was available to them. Further to this, learners did not always see the benefit of engaging with current support due to a lack of awareness about what the support entailed. For example, some students across secondary, further and higher education were aware of support services and/or mental health programmes available to them, but were unaware of how these services could benefit their wellbeing. For them it was also unclear how it could be useful for their development and how it has positively impacted their peers. These are all contributing factors to the lack of young people taking full advantage of and accessing support services around them.

"Support being given wasn't widely advertised so pupils didn't know about it."

"I don't think people understand how the SSM [Student Support Manager] can work and help you – so I don't think people actually go to support because they don't know what they can support you with."



SECTION 3: SOLUTIONS

10 KEY CALLS TO ACTION

1. COLLABORATE WITH YOUNG PEOPLE TO CO-DESIGN RESOURCES FOR YOUNG PEOPLE'S MENTAL HEALTH

It is imperative that young people are meaningfully involved in co-creating resources targeted towards other young people. There was a general consensus amongst learners that in cases where mental health resources were accessible, they were not relatable. Participants revealed that schools often reuse outdated materials and/or reshare information that wasn't designed with young people in mind. Not taking into account the issues that are unique to young people who exist in a post pandemic world is particularly neglectful. If resources are unable to address the difficulties young people are currently facing today, they aren't as valuable as they should be.

To overcome this, it is essential that young people are included in the development, implementation and dissemination of mental health resources. Collaborating with young people at all of these stages would not only provide insight into what information is relevant and needed, but also how best to share and utilise it for greatest impact.

"We often talk about mental health but don't know how to deal with it when you have a problem."

"Listen and take young people's experiences and emotions seriously."

"Support shouldn't just be advertised, it should be embedded within education."

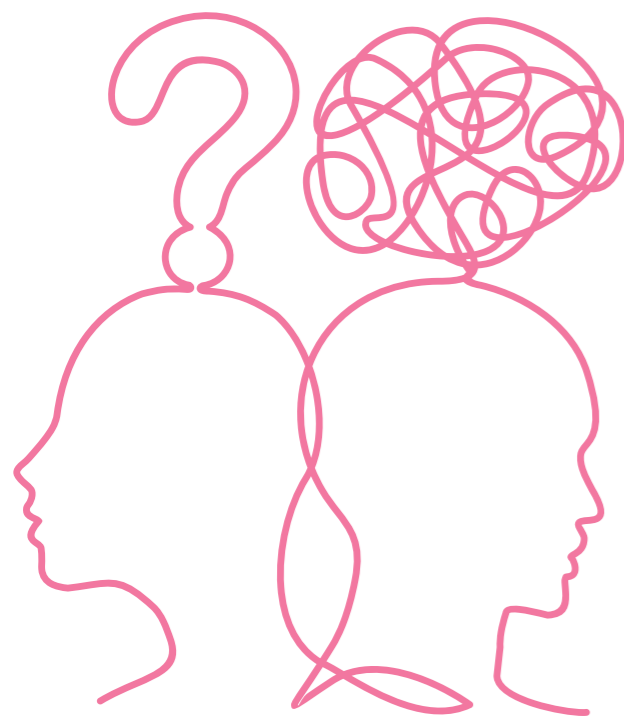
EXAMPLES OF RESOURCES THAT YOUNG PEOPLE WANT:

- ★ **Virtual school support** services that can be accessed at any time of the school day (including options for anonymous support).
- ★ **Anonymous support:** Particularly highlighted by some young people from racialised and specific religious backgrounds. Some noted being deterred from current support due to fears around how stereotypes about their ethnic identity and systemic issues such as Islamophobia would influence the effectiveness of support they'd receive. As such, anonymous support would help to alleviate some of this anxiety.
- ★ Email **reminders** and updates about **existing** mental health **support** services students can access in and outside of school.
- ★ **Assemblies** that **address** mental health **stigma**, language around mental health and healthy coping strategies.
- ★ Credit for 1-2-1 **support sessions** available for every student.
- ★ **Student societies** and clubs, particularly within secondary and further education.
- ★ **Interactive** and **practical resources** on a range of topics to use outside of school e.g., how to take care of your mental health while using social media.
- ★ **Dedicated physical spaces** for young people's mental wellbeing e.g. Mental health hubs.
- ★ Information and **signposting** around student bursaries and financial support across all levels of education.
- ★ Signposting to suicide hotlines.

2. FUND MORE TARGETED WORK FOCUSED ON STRENGTHENING YOUNG PEOPLE'S EMOTIONAL LITERACY

It is crucial that young people are provided with tools for them to have healthy ways of expressing themselves. It can be difficult for young people to access healthy support if they don't have the confidence or possess the language to talk about their emotional and-or mental wellbeing. This was reflected in conversations with learners who emphasised that there is a lack of guidance regarding communication and understanding of emotional needs. This, coupled with the stress that often accompanies student life, can lead to poor mental health outcomes in some young people. It is therefore vital to equip young people with the knowledge and language around mental health to support healthy emotional expression, and encourage positive ways to channel their feelings if they are experiencing a difficult time. This can further support learners to engage with support, to help themselves and others.

"It's confusing when you don't know what you're feeling. Giving young people the tools to process their feelings early on would be really useful."



"We could have days out of college or school where we have several people come in to speak about mental health from different sectors. They could even give us step-by-step instructions about how to tell someone, how to open up."

3. STRENGTHEN EDUCATIONAL INSTITUTIONS' CONNECTION TO THE WIDER COMMUNITY

Young people highlighted the need for strengthened connections between educational institutions, professionals and external organisations. They shared that greater connection and communication across these groups can increase the visibility of existing support outside of education for young people. Beyond this, it can also amplify spaces, people and organisations doing work around young people's mental health and wellbeing. This was an area that young people expressed interest in, as they were keen to collaborate on social action community projects and work with organisations to better support young people's mental health. This also points to the need for a more inclusive and intergenerational approach to decision-making within education. This approach should value the insights and experiences of young people and collaborate with them to create a more positive educational experience that supports the wellbeing of learners.

"Community talks where the community comes together to talk about mental health."

"Becoming available to people to discuss the solutions they'd like to see."

4. INTEGRATE FAMILIAL NETWORKS INTO MENTAL HEALTH SUPPORT

Young people in secondary and further education also call for better integration of their community into the provision of support around mental health and beyond. For example, taking into account the impact of familial experiences on a young person's behaviour, and liaising with key professionals and staff to decipher how to best support them. This approach takes into account young people's full personhood, and is likely to improve the outcome of the support given. This already happens in some areas, namely where a young person is classed as vulnerable, however this does not target all learners. It should be embedded as a practice across institutions (both mainstream and non-mainstream) and for all.

Moreover, embracing a holistic approach in this context also requires the young person's family or relationship network to be included in this learning around mental health. This includes learning about the: practices, principles, myths and misconceptions, language and resources available for mental health. To enable this to happen, learners suggested practical ideas such as schools holding information sessions for both parents and their children or children in their community. It could also include organisations and peer groups doing work around mental health, which could feed into greater connectedness across key stakeholders.

"It's important to think about the impact of family life on a young person's mental health and education."

"Improved communication between school and parents; A safe space created for families and kids to have information, resources and services shared."

5. IMPLEMENT MENTAL HEALTH EDUCATION MORE WIDELY AND AT AN EARLIER STAGE

Young people cited the absence of mental health education, particularly in their earlier years, as a key driver in some of the emotional difficulties they experienced. Therefore, they believe that it is necessary for this education to be more widespread and to include addressing harmful myths and misconceptions around mental health. This should be targeted at not only learners, including those of primary school age, but also educators.

"If I was aware of mental health and taught about it in primary school, I would have known what was happening to me. I felt really alone because it felt like 'no one else is going through this' and it was hard to find out more about it."

"Once a term they usually do assemblies with the different communities [i.e. form groups] telling them that they are able to talk to the teachers if they need any mental health support. It has helped a lot to inform me about mental health and about different ways that I can approach a teacher."

In addition to accessing mental health education at an earlier stage, learners emphasise the need for mental health education to be truly accessible and encourage the use of diverse tools to teach and support learning. Some examples include:

- Greater sensitivity around how different groups may experience mental health i.e. in relation to identity.
- Exploring case studies and people's personal experiences dealing with poor mental health and their journey to wellness.
- More dynamic learning through storytelling and roleplay.
- Utilising more diverse creative tools such as art to support emotional expression.
- Encouraging peer-led learning within and beyond the classroom.

6. THERE IS A NEED FOR GREATER FOCUS ON ADDRESSING SHAME AND STIGMA AROUND MENTAL HEALTH

A recurring theme that emerged was how much stigma and shame still impacts people's ability to be open about mental health challenges. This is an issue that young people recognise will take time to address, but can be done in a number of ways.

First, it is important to understand what causes shame around mental health in young people. For example, for some it's in connection to cultural attitudes or past experiences that has led to internalising toxic shame.

It is also important to address the language used both publicly (e.g., in classes, assemblies, or information shared about mental health) and privately (e.g., conversations between staff, conversations between peers) about mental health, that may feel blaming, judgemental and shaming. This can be done through engaging in collaborative conversations with various groups to reframe thinking and language around mental health.

To address stigma and shame structurally, young people suggest assessing how educational institutions can move away from a culture of punishment, towards the use of more restorative practices. Practices focused on reconciliation can reduce the shame young people may internalise and as such provides better support for their mental health.

Young people suggest hosting activities and engagements in neutral spaces to encourage more openness around mental health across different groups and generations including young people. Examples include coffee mornings with parents or curating (with young people and experts) culturally relatable events throughout the year to encourage communities gathering together. Hosting these in neutral spaces and ensuring they are adaptable and inclusive of different communities can encourage and strengthen networks and bonds across the community. Ultimately encouraging conversations around mental health which directly address shame and stigma.

"Speaking about mental health in spaces that aren't stigmatised e.g., coffee mornings or a relaxing space."

"Everyone as an individual should work to reduce the stigma. Schools can't just change that, it depends on the students as well."

"Normalising talking about mental health."

"Understanding why there's shame around talking about mental health in young people."

7. ALLOCATE MORE TIME TO STRENGTHENING RELATIONSHIPS BETWEEN STUDENTS AND TEACHERS

For many of the young people we spoke to, cultivating and maintaining good relationships with those in their school environment was an important factor in sustaining good mental wellbeing. Staff play a fundamental role in this, as they are often regarded as the trusted adult that a young person can approach for help. Therefore, it is important that energy is directed to supporting students, teachers and wider staff to build healthy professional connections with one another. The aim should be to enable a stronger sense of community and increased openness in discussing mental health.

Some practical ideas shared by young people to do this include:

- **Encouraging teachers to flag when they see changes in a young person that may indicate negative changes in their mental health** e.g., grades slipping, sudden changes in their behaviour and temperament that is distinct from their norm, or looking or expressing that they're more tired than usual.

- **Teachers and staff being transparent about having to share information** about the young person's mental health with safeguarding teams and relevant leads. This would help them to understand the processes and protocols, but also provide a network for the young person to lean into. It is important that transparency is maintained throughout this process and that young people's agency and voice are respected and centred to the best degree possible throughout. This can aid to maintain the trust between staff and young people.
- **More resources and investment from the government** to ensure there are more mental health leads and teams in schools and colleges long-term.

"In college it's super easy, because we have our own person and she's super nice. She's more like a friend than a teacher."

"There should be special teachers in schools that students can express [their feelings to] when they're having a bad time."

8. UTILISE PEER SUPPORT TO RESPOND TO INTERSECTIONAL NEEDS

When exploring how peers could better support each other's mental health, young people told us that they would value practical guidance on how to support a friend who may be struggling with their mental health. Particularly thinking about things they can say or do to show up for their peers. Others promoted the idea of utilising buddy systems or help-cycles that would create intentional bonds and additional support for young people within education. These could not only support their mental health, but also aid to address other challenges within education that may inadvertently impact on a young person's mental health.

For learners in further or higher education, using regulated online forums such as 'TogetherAll' can encourage more autonomous and unstructured peer to peer support. As well as provide a space for them to share their experiences through a variety of creative mediums.

"You're not really told about how you can be a good friend when someone is going through mental health difficulties, I didn't know what to say to my friend when she told me she was bulimic."

"Pupils would support each other, without ever being asked to, or being made aware of it. Pupils knew how the system worked and were able to support one another in going to seek support."

9. TAKE A MORE INTERSECTIONAL APPROACH TO MENTAL HEALTH TO ENSURE BETTER MENTAL HEALTH FOR ALL, NOT JUST FOR SOME

Young people told us that having specific mental health groups based on things such as culture, ethnicity and religion could be helpful in cultivating community within education, particularly within secondary education. This would also help with creating a safe space for these groups to discuss experiences and issues that impact on their mental health.

Another key area for change is the need for increased knowledge and awareness of neurodiversity and disability and its connection to mental health. This knowledge should inform how staff navigate interactions with students who are neurodiverse and how they support them generally and when facing challenges.

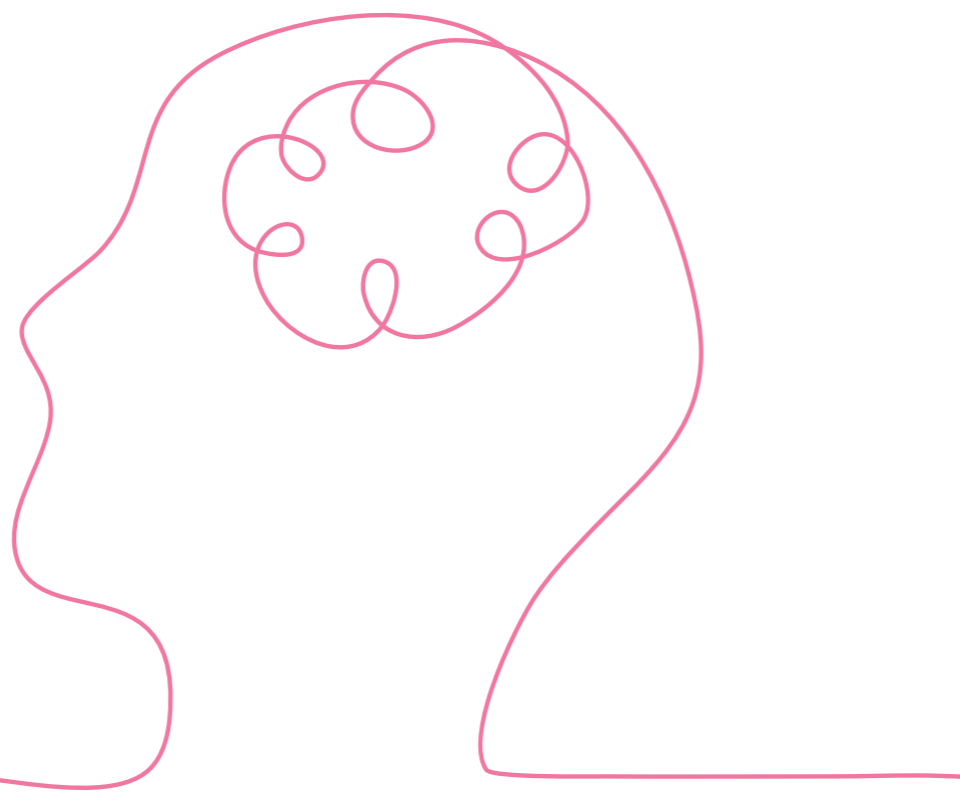
There is also a need for a more diverse and inclusive workforce across education. For those from racialised groups, this would support them to feel safer and better understood when sharing experiences related to their identity. It is also key that anti-racism training is dynamic and effective and is a core part of training undertaken by all staff. So everyone can work together to support racialised students across educational institutions.

Taking an intersectional approach means the needs of young people are considered beyond their education and study. Young people asserted that in addition to 'real life' advice relating to finances and housing, having access to practical help is essential for maintaining their overall wellbeing and being able to attain within education. For example, being able to access grants, loans, free meals and support with housing can help to alleviate the worries that vulnerable young people often have to consider alongside their education. Prioritising young people's needs can thus support better mental health outcomes and attainment.

"In the alternative provision school, mental health was prioritised because that was their speciality."

"My school does regular assemblies or messages on the notice board to share available support within the school."

"Mental health groups based on culture and community. Our mental health affects us based on our culture. Even in university societies there are mental health groups that represent people in different ways, for example, mental health groups for men, mental health groups for people with chronic illnesses."



10. GREATER INVESTMENT INTO EDUCATION IS NEEDED TO SUPPORT POSITIVE LONG-TERM CHANGE

There needs to be more investment into mental health support and wider support across secondary and further education. This would not only support students, but also staff who are often already overstretched with the various needs and targets that need to be met. Investment in mental health in education could look like:

- More **mental health leads** and teams across schools.
- More **educational psychologists** and other **education specialists** in schools and colleges to support young people's mental health.
- Ensuring all resources are focused on supporting those at **all levels of severity** and need.
- Strengthening and drafting new **policies** and **practices** to better support school staff's mental health.
- Undertaking accredited **Mental Health First Aid** training as an integrated part of the teacher training course. This aims to support spotting the signs of a decline in a young person's mental health and how to approach this.

Counselling within educational institutions should be adapted to ensure young people are aware of what it entails. Including what the expectations are for them and the counsellor, and working collaboratively with the young person to ensure the sessions and support are tailored to them as individuals.

Young people are also calling for a more integrated system of testing and diagnosis for those who may be neurodivergent and/or experiencing mental health difficulties. This is so they can access tailored and specialist support within education which would support better mental health outcomes and educational attainment.

These calls to action fit into a multidisciplinary and holistic approach to education, one that is responsive to and understands learners and staff's needs. As such, it is impossible for change to happen unless all key stakeholders are on board and are supported by meaningful and sustainable systemic change.

"Because of how institutionalised education is, the counselling services provided are not tailored enough to each individual student, but rather is very broad which doesn't always help young people to deal with issues they may be facing."

"More freedom would have definitely helped and more responsibility probably too, to make our own decisions when it came to our education."

"To improve counselling services within education, staff should have pilot discussions with students to talk about expectations of sessions on both ends; discuss whether in-person or phone call/virtual sessions are preferred, and decide collaboratively on solutions the young person can implement in their daily lives to support their wellbeing instead of the counsellor just telling them what to do."

SECTION 4: CONCLUSION

Through this peer research we have better understood the vast, yet interconnected experiences of young people in education. Including learning more about existing offers of support and gaps within this, and understanding what young people want their educational institutions, communities, and system leaders to do to better their experiences within education.

To end, young people are seeking to have more autonomy, responsibility and influence on decision making within their educational institutions. This may look like collaborating with teachers and senior staff to shape lesson plans or contributing to decisions being made about changes to their institution. Young people want to be listened to and seen as valuable partners in shaping the decisions that impact their lives.



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APPENDIX

MORE ABOUT LEADERS UNLOCKED

Through purposeful and collaborative partnership with organisations, Leaders Unlocked supports more meaningful involvement of the people who matter, thus shaping decision-making for the better.

There are 3 principles which guide the organisation's approach to engaging young people. This peer to peer research is an embodiment of this model:

- **End-to-end youth leadership:** The young leaders are empowered to participate in and co-lead workshops to determine the key issues and themes and co-design recommendations to the topics they are presented with
- **Peer-to-peer engagement:** Within peer research, Young Leaders are encouraged and supported to engage their peers (through interviews, workshops and focus groups) to gather evidence on the topic area. Being steered by, and hearing from experts via lived experience, this enables findings to be grounded in the reality of young people
- **Close collaboration with key decision-makers and researchers:** By involving key figures in the project from its start, it builds trust, enthusiasm and commitment for the work that they engage with

This model has been successful as it ensures co-production is considered at each stage of our partnership.

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Bhavan	Osama	
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