Elephant in the Room: *Exploring Young People’s Awareness of Mental Health in Northern Ireland*

Youth Mental Health Committee

July 2018
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Foreword

The Youth Mental Health Committee is a group of nine young people from the Belfast Youth Forum, Northern Ireland Youth Forum and Youth@CLC from the Children’s Law Centre. We first came together in 2017 because all of the groups wanted to explore issues surrounding young people and mental health.

Upon researching the subject area, we realised that the issue is not talked about enough and that we need to take action and make a difference. In July 2016, the United Nations Convention on the Rights of the Child recommended that the Northern Irish Government “rigorously invest in child and adolescent mental health services and develop strategies at national and devolved levels”.

In October 2016, at a follow up event run by all three organisations, young people had their say about mental health education and support services available in Northern Ireland, and the negative feedback called for the creation of a mental health campaign, now called Elephant in the Room.

We want young people across Northern Ireland to have a say, to let their voices be heard and help shape the future of mental health education and support services, as well as challenging the culture of silence and pushing for change from decision makers.

Youth Mental Health Committee – Belfast Youth Forum, NI Youth Forum and youth@clc
1 Introduction

The following report documents the findings of a research project into mental health awareness amongst Northern Ireland young people by the Youth Mental Health Committee (consisting of nine young people from the Children’s Law Centre, Northern Ireland Youth Forum and Belfast City Council Youth Forum). The project was funded by the Big Lottery Fund Awards for All project and Belfast City Council, and ran from September 2017 to May 2018. This report presents the background to the project, along with a review of the methodology and an exploration of the findings that emerged from a survey and series of focus groups. The report concludes with a discussion of the key findings and a series of recommendations.

1.2 Background to project

This programme of work has been directly informed by the ‘NI Young People’s Report to the UN Committee on the Rights of the Child – Our Lives in Our Words’ (June 2015). Local youth advocates presented the findings of this report to the UN Committee on the Rights of the Child in Geneva in October 2015. The Report represented the views and experiences of 900 children and young people (aged 7 – 17) who participated in research 2014 – 2015, on the extent to which they were enjoying their UNCRC rights under four themes - Participation, Knowledge of Rights, Community Life and Mental Health. Under the theme of mental health, findings showed that:

- 27% of young people reported having a mental health concern (significantly greater than previous research);
- Most young people felt uncomfortable about seeking help, should they need it, due to the stigma associated with poor mental health or because of a lack of adult awareness of mental health issues.

In July 2016, Informed by evidence presented by young people and NGOs, the UN Committee recommended that the NI Government:

“Rigorously invest in child and adolescent mental health services and develop strategies at national and devolved levels, with clear time frames, targets, measureable indicators, effective monitoring mechanisms and sufficient human, technical and financial resources…”(UN Committee on the Rights of the Child’s Concluding Observations and Recommendations to the UK Government, July 2016; 60(b))
At a follow up UNCRC youth event on the 26 October 2016 in Belfast City Hall organised by youth@clc, NI Youth Forum and Belfast Youth Forum, 100 young people expressed their frustration with Government’s ongoing failure to deliver on key children’s rights in NI and in particular called for the UN Committee’s recommendations on mental health to be fully implemented. This event gave youth advocates a clear mandate from their peers to develop further rights based campaign work on mental health issues affecting young people.

1.3 Formation of Youth Mental Health Committee (YMHC)

In May 2017, nine young people representing youth@clc (youth advisory group to the Children’s Law Centre), Northern Ireland Youth Forum and the Belfast Youth Forum (Belfast City Council’s Youth Council) established the Youth Mental Health Committee (YMHC) as a follow from the UNCRC youth conference in City Hall on the 26th October 2016. Their remit was to explore various issues associated with mental health and young people in Northern Ireland and consider a series of actions that could be addressed through an awareness raising campaign. In a follow-up residential in July 2017, YMHC members identified a range of key issues and took the decision to name the campaign ‘Elephant in the Room’. Their discussions focused on:

- The lack of accessible mental health education and/or information and advice available to young people through school and other sources;

- The negative impact of the ongoing stigma associated with having poor mental health e.g. preventing young people from seeking help when they need it;

- Government’s ongoing failures to provide for adequate education, strategies and services to combat the rising number of young people affected by mental ill health, self-harming and suicide, despite the overwhelming amount of evidence of need that has been persistently presented to them by NGOs, practitioners and NI children and young people themselves in recent years.

The young people also identified key campaign activities needed to achieve their ultimate goal of ensuring as many young people as possible have a meaningful say in shaping future mental health education and support services. These included consulting with young people through a range of research techniques and providing a robust evidence base, which would allow them to shape the formulation of public policy around this issue.
1.4 The Northern Ireland context

According to Thompson (2017) mental illness is the largest cause of ill-health and disability in Northern Ireland and there are higher levels (here) of mental ill health than in any other region of the UK\(^1\), with some suggesting that the rate is 25% higher in Northern Ireland\(^2\). In Ireland, it is suggested that one in four people will experience a mental health problem at some point in their lives\(^3\). It is estimated that approximately 45,000 children and young people in Northern Ireland have a mental health problem at any one time and that more than 20% of young people are suffering ‘significant mental health problems’ by the time they reach eighteen\(^4\). Furthermore, the evidence also points to the fact that there is an absence of information on mental health across all stages of one’s life, and for various constituencies within society including, BME groups, LGB&T, carers, homeless, refugees and asylum seekers\(^5\).

A further examination of the research within Northern Ireland reveals that 50% of mental health problems emerge by age fourteen\(^6\) and that childhood experiences aligned with dysfunction in families, maternal depression, trauma experienced within families and social deprivation are linked to the emergence of mental health issues at a young age\(^7\). Furthermore, a recent scoping paper produced by the NI Commissioner for Children and Young People (NICCY) stated that indicators for poor mental health included disproportionately higher rates of suicide in Northern Ireland among under eightheens compared to other parts of the United Kingdom, increasing anti-depressant prescription rates for 0-19 year olds, increasing self-harm rates for 0-18 year olds and self reported poor emotional wellbeing of children and young people\(^8\).

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\(^3\) [https://www.mentalhealthireland.ie/a-to-z/stigma/](https://www.mentalhealthireland.ie/a-to-z/stigma/)


\(^6\) Sands, Dr. L. (2017), Council member, RCGP NI, Associate Director, GP Career Development Scheme and GP Training Programme Director, NIMDTA, ‘Priorities for prevention, intervention and access to mental health services’, presentation to Policy Forum for NI Keynote Seminar: improving mental health provision in Northern Ireland; prevention, treatment and developments in care, 17\(^{th}\) January, 2017, Stormont Hotel

\(^7\) Margaret McLafferty, Cherie Armour, Aine McKenna, Siobhan O’Neill, Sam Murphy, Brendan Bunting; Childhood adversity profiles and adult psychopathology in a representative Northern Ireland study; Journal of Anxiety Disorders 35 (2015) 42-48.

There have also been several studies that have considered the impact of the conflict on mental health, with significant evidence indicating that it has contributed to poor mental health in Northern Ireland, both through its detrimental impact on the social and economic circumstances of individuals and communities, and through death, violence, bereavement and injury\(^9\). Furthermore, the Commission for Victims and Survivors went as far as to suggest that the extent and nature of the direct and especially trans-generational impact of the conflict, needed to be further investigated\(^10\).

Other research worth noting considered the health needs of Looked After Children and Young People (LACYP) in Northern Ireland\(^11\). This study found that 40% of participants had been diagnosed with behavioural problems, 35% with emotional problems, and 21% with depression or anxiety. It was interesting to note that carers did not necessarily associate these issues as affecting the overall health of individuals, with the evidence pointing to them perceiving ‘health’ as something that was physically orientated. It was also suggested that young people employed multiple coping strategies to deal with their health issues, with 33% unable to seek support when they felt ‘down or anxious’, mainly due to feelings of embarrassment, insecurity, guilt, or stigma.

It is also important to highlight research and figures that relate to self-harm and suicide, with official figures showing that Northern Ireland has the highest rates of suicide in the United Kingdom\(^12\) (297 people in 2016, the youngest was a male under fifteen). Furthermore, suicide rates in the most deprived areas of Northern Ireland are three times higher than in the least deprived\(^13\). The data also points to a rise in the number of people self-harming, although figures are difficult to verify because of the levels of under-reporting. However, across a three-year period (2012-15) there was an average of twenty-three presentations involving self-harm recorded per day\(^14\). It is important to recognise that self-harm is a major risk factor for suicide with approximately 40% - 60% of those who die by suicide having had a history of self-harm\(^15\). One of the reasons attributed to not-reporting incidents of self-harm is the stigma associated with it.


\(^10\) http://www.research.hscni.net/sites/default/files/Children%26YoungPeople.pdf


\(^12\) https://www.belfasttelegraph.co.uk/news/northern-ireland/northern-ireland-has-highest-rate-of-suicide-in-the-uk-but-mental-health-funding-is-25-less-36418579.html

\(^13\) http://www.thedetail.tv/articles/suicide-deaths-in-northern-ireland-highest-on-record


An overview of the research surrounding the issue of ‘stigma and mental health’ revealed a series of types of stigma that could deter an individual from seeking out help from formal agencies. These include:

- **Anticipated stigma** – perceived to being treated unfairly
- **Experienced stigma** – the actual experience of being treated unfairly
- **Internalised stigma** - holding stigmatised views about oneself
- **Perceived stigma** – views about the extent to which people in general have stigmatising attitudes/behaviours towards people with mental illness
- **Stigma endorsement** – participants’ own stigmatising attitudes/behaviours towards people with mental illness
- **Treatment stigma** - the stigma associated with seeking or receiving treatment for mental health

One of the main conclusions to emerge from the review was that ‘internalised’ and ‘treatment’ stigma were found to have a consistent negative association with seeking help. The research suggested that anti-stigma programmes should focus on countering stereotypes such as ‘weakness’ and ‘craziness’, social judgement and rejection, employment discrimination and shame/embarrassment. Furthermore, issues around disclosure should be addressed within any process.

Finally, two recent surveys reinforce these key findings that have been identified in the literature. Firstly, research conducted by NISRA (2017) through the Young Person’s Behaviour and Attitudes Survey (11-16 years olds) found that 40% of females and 31% of males had concerns about their mental health. Furthermore, 61% of the young people that had concerns about their mental health also stated that they did not turn to anyone else for assistance about their concerns. Of those seeking help, 73% turned to a family member, 42% to a friend, 24% to a GP and 22% to a member of staff at their school. Secondly, a study by the Princes Trust (2018) into issues around young people and mental health found that in Northern Ireland:

- 44% of young people say they have experienced a mental health problem
- 68% revealed they always or often feel stressed
- 60% said they always or often feel anxious

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17 As above
18 https://www.nisra.gov.uk/young-persons-behaviour-attitudes-survey
• 33% reported they always or often feel hopeless\textsuperscript{19}
Alongside these surveys, recent research conducted by Pro Bono Economics (2018), which evaluated the impact of Place2Be’s primary school counselling service across the UK, concluded that ‘providing counselling services in primary schools could lead to improved outcomes in the form of reduced rates of truancy, exclusion, smoking, depression, and crime, and also higher rates of employment and wages\textsuperscript{20}. Furthermore, leading academics at Ulster University have suggested that there is a strong case for the introduction of specialist mental health services in schools along with hard hitting anti-stigma campaigns, with schools assisted to develop whole school approaches to health and wellbeing\textsuperscript{21}.

1.5 Accessing support

According to several practitioners and academics there is an average 10-year delay between young people presenting first symptoms and getting support\textsuperscript{22}. Research indicates that many young people are not accessing mental health services even when they self-report as experiencing serious mental health problems\textsuperscript{23}. Furthermore, there are specific groups of children who are more likely to face discrimination in the realisation of their rights to the highest attainable standard of healthcare; this includes care experienced children, those living in poverty and in economically deprived areas, children in contact with the criminal justice system, those with long-term disability or illness and children belonging to ethnic minorities\textsuperscript{24}.

According to experts\textsuperscript{25}, Child and Adolescent Mental Health Services (CAMHS) is apportioned less than 8% of the mental health budget in NI, whereas the UK average is closer to 10%, and in financial terms this would require an increase in £5 million. Current service provision has been shaped by the 2011 review conducted by the Regulation and

\textsuperscript{20} https://www.probonoeconomics.com/resources/evaluating-impact-place2bes-primary-school-counselling-service
\textsuperscript{23} Schubotz D. and McArdle E. (2014) Young People and Mental Health, Policy and Research Review, Belfast: ARK, YouthAction
\textsuperscript{24} https://www.niccy.org/publications/2012/september/13/review-of-transitions-to-adult-services/
\textsuperscript{25} McCafferty, M, (2016), Chief Executive, NI Commissioner for Children and Young People, ‘Children and young people with mental health problems: priorities for tackling a growing trend’, presentation at Policy Forum for NI Keynote seminar: improving mental health provision in Northern Ireland; prevention, treatment and development in care, 17\textsuperscript{th} January 2017, Stormont Hotel, Belfast
Quality Improvement Authority (RQIA)\(^{26}\) which resulted in the development of a single CAMHS System stepped care model to streamline the access point for all children and young people with developmental, emotional and mental health needs\(^{27}\). Over the last five years there have been a series of developments that have aimed to support young people in terms of issues surrounding mental health:

- The Health and Social Care Board (HSCB) in collaboration with the Health and Social Care Trusts (Trusts) and children and young people, developed a regional guide to CAMHS Services called Mind Matters – A guide to child and adolescent mental health services;
- The HSCB developed the Family Support NI website;
- The Trusts have developed their own communication and information processes about CAMHS;
- The HSCB developed Primary Mental Health Step 2 Care Teams;
- There is also a range of multi-agency Family Support Hubs in place across Northern Ireland\(^{28}\).

Aside from the statutory sector, several pieces of research have highlighted the importance of the voluntary and community sector in terms of accessing/providing services for mental health. For instance, research indicates that suicide prevention services for young men are most successful when they are open access in community settings such as schools, workplaces and sports clubs that incorporate both peer and professional support\(^{29}\). Furthermore, there is evidence that ‘stigmatisation’ can be reduced in cases that avoid unnecessary labelling, respect confidentiality, and are community based\(^{30}\).

1.6 The Northern Ireland policy and programme context

In terms of policy, the most recent Health Minister Michele O’Neill (2016) stated “whilst mental health services have come a long way in the last decade, there is still much work to be done to improve mental health services more generally...we have a growing evidence base to help us make the case for reform, to correct the historic under

\(^{28}\) see above
investment in mental health services”. In the draft Programme for Government 2016-2021 there are a number of specific references to mental health. The sixth indicator in the Programme for Government Outcomes Framework is ‘improve mental health’ as mental wellbeing is seen as a key factor in determining physical wellbeing. It was also recognised that it can influence social circumstances such as employment, family relationships and community participation.

Unfortunately, there has been no functioning government in Northern Ireland for over eighteen months to implement policy and drive forward change, and during that time issues around young people and mental health (in terms of accessing information and support) have emerged. Recently, NICCY drew attention to levels of mental health provision for young people, focusing on historical under-investment and stating that the system was under pressure and not meeting the needs of young people31.

However it is interesting to note that in the absence of political direction several initiatives and projects have emerged and/or continued, often driven and supported by young people. For example, students in Co. Antrim have developed a short film called ‘Heads Up’ to help young people struggling with mental health issues, and have participated in resilience and information workshops32; the Northern Area Mental Health initiative offers free mental health awareness and resilience training, internet safety, sexual abuse and exploitation education to children and young people aged from 8 to 25 in schools, youth clubs and through key contacts such as teachers, youth group leaders and parents groups33; and the roll out of the ‘healthy me’ programme which is aimed at supporting 8-11 year olds in primary schools to positively promote mental health and social and emotional wellbeing in children34.

Finally, there have been a number of recent media articles that have highlighted issues surrounding access to mental health support for young people. There have been stories that have reported on the mental health system failing children in Northern Ireland35; others that have focused on children not being seen by mental health specialists even though they were referred36; and stories that have reported on independent investigations into the level of care and support being provided to children and young people37.

33 https://www.belfastlive.co.uk/news/health/digital-mental-health-hub-young-14459287
-health-programme-rolled-out-in-primary-schools-1234796/content.html
35 https://www.bbc.co.uk/news/uk-northern-ireland-43471907
-half-of-mentally-ill-children-referred-for-specialist-help-not-being-seen-1193195/content.html
2. Methodology

The following section provides a detailed overview of the methodological approach taken by the YMHC to ensure both the validity and reliability of the research results. There were a number of stages to the process that have been outlined below, along with an exploration around the design of the survey and focus group questions.

2.1 Timeline of activities

There were a number of significant events that took place over twelve months that contributed to the overall design and development of the research project. These have been outlined below:

- **YMHC residential** (July 2017) – the young people agreed on the need to conduct research into levels of awareness among young people around issues of mental health;

- **Two research methodology workshops** (September 2017) – these involved the young people, representatives from the three organisations, and an academic working through appropriate research methodologies; challenges and limitations of surveys, interviews and focus groups; sample sizes, delivery mechanisms and the presentation of data;

- **Survey design workshop** (November 2017) – this involved the young people, representatives from the three organisations, and the academic working through potential survey questions and drafting a questionnaire;

- **Pilot survey** (December 2017) – this involved the YMHC piloting 50 questionnaires with young people and ascertaining their views and experiences of completing it;

- **Building advocates and support for the survey** (December 2017) – the YMHC and the three organisations engaged with INSPIRE, an organisation that provides support in areas of mental health and learning disabilities and the Northern Ireland Commissioner for Children and Young People (NICCY) to get their endorsement of the programme. Support was also garnered from a range of political parties and through social media via Facebook, and the setting up of a twitter campaign hashtag.
• **Administration of survey** (January-March 2018) – this took place over three months and was administered through an online tool (survey monkey), with the link widely promoted through a number of social media forums (#fillthetrunk). Secondly, the survey was distributed to all post-primary schools through the C2K network in hard copy and the results uploaded to survey monkey;

• **Focus group design workshop** (March 2018) – the young people and representatives from the three organisations along with an academic worked through the initial survey findings to develop a series of questions for focus groups with young people;

• **Conducting focus groups** (March-April 2018) – four sessions took place across Northern Ireland with members of the YMHC taking the lead;

• **Reflection on findings workshop** (June 2018) – the YMHC, representatives from the three organisations and an academic worked through the main findings from the survey and focus groups and developed a report;

• **Development of recommendations and dissemination plan workshop** (July 2018) – this session was primarily focused on the launch of the report and the main policy recommendations to emerge from the findings.

### 2.2 Survey design and delivery

As previously noted the YMHC worked closely with an academic to both design and administer an online survey. It was decided to use Survey Monkey and to promote the survey through a youth-led social media campaign and to target post-primary schools and youth clubs through existing networks. The YMHC also agreed that the purpose of the survey (aimed at young people aged 14-17) was to ‘get young people to tell them what they think of mental health, where they get their information on mental health and whether that information was helpful’. The survey was piloted with fifty young people in December, refined, and was officially launched on the 8th January 2018. The survey closed on the 31st March 2018.

The survey was designed around four agreed themes. These included:

• Young people’s understanding of the concept of mental health;
• Sources of information on mental health available to young people through the media, school, online etc. and how these sources inform and influence their understanding of mental health;
• How often young people talk about and/or hear mental health being discussed;
• Young people’s ideas on the most effective ways of increasing awareness of mental health among their peers.

Throughout this process the YMHC monitored the response rate and continued to promote the survey through social media and existing networks.

2.3 Focus group events

The YMHC facilitated four focus group events as a follow up from the survey to further explore young people’s views on the initial findings and to identify recommendations for policymakers on improving mental health education and services for young people. Figure 1 outlines the dates, location and number of participants in each focus group.

Figure 1: Focus group details including location and number of participants

<table>
<thead>
<tr>
<th>Location</th>
<th>Date</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newry</td>
<td>15.03.18</td>
<td>35 young people representing the following groups: Kilkeel Education Authority, Cedar Foundation, Magnet Centre and Newry EA</td>
</tr>
<tr>
<td>Belfast</td>
<td>20.03.18</td>
<td>60 young people representing the following groups: Greater Village Regeneration Trust/Tree NI, Rosario Youth Centre, Dee St Youth Club, Glór na Mòna, NIYF, youth@clc, Belfast Youth Forum, Let Youth Led – Cliftonville, North Belfast Area Project Education Authority, Forthspring</td>
</tr>
<tr>
<td>Ballymena</td>
<td>22.04.18</td>
<td>14 young people from the NIYF Amplify youth group</td>
</tr>
<tr>
<td>Derry/Londonderry</td>
<td>26.04.18</td>
<td>42 young people from Derry City and Strabane District Council Wellbeing campaign steering group, Out North West Project, Park Youth, Pilots Row Youth Group, Shantallow Youth Centre, Youth Action, Young Women’s Group, Voypic Derry, Peace IV</td>
</tr>
</tbody>
</table>
The YMHC conducted an initial analysis of the survey findings and identified a series of themes which they wanted to explore in more detail with young people. These themes formed the basis of the focus groups and a discussion around:

- Why young people did not consider mental health a positive concept?
- Why young people are not comfortable talking about mental health?
- Whether mental health be discussed more in schools?
- What kind of information about mental health do young people access online?
- What would an awareness campaign for young people contain?

Prior to the commencement of the focus group those members of the YMHC that were responsible for leading the discussions were briefed on issues around confidentiality, participant safety and other ethical considerations. They were also provided with information about mental health support organisations so they could signpost participants if appropriate. The discussions were recorded in written note form with none of the details attributed to any of the participants.

### 2.4 Summary

Throughout the process the young people worked as a collective - thinking and discussing through each of the issues, challenges and decision-making required to ensure the successful development and implementation of the survey and focus groups. In each workshop the young people led the discussions and were very clear as to what topics they wanted the survey and focus groups to raise.
3. Survey findings

The following section of the report details the key findings to emerge from the survey, which was completed by 1,117 young people aged between 14-17 years of age. The statistics are presented under five themed headings including demographics; levels of understanding around mental health; accessing information on mental health; levels of engagement on issues pertaining to mental health and the most effective way of raising awareness about these issues.

3.1 Demographics

In total, 1,117 young people aged between 14 and 17 years participated in the survey (figure 2). Of that figure, the largest age categories were 16 (30%) and 17 (30%), the smallest age group were those aged 14 (19%).

Figure 2: Total age of participants

<table>
<thead>
<tr>
<th>Age of participants</th>
<th>% Of participants</th>
<th>Number of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>19%</td>
<td>210</td>
</tr>
<tr>
<td>15</td>
<td>21%</td>
<td>238</td>
</tr>
<tr>
<td>16</td>
<td>30%</td>
<td>335</td>
</tr>
<tr>
<td>17</td>
<td>30%</td>
<td>334</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>1,117</td>
</tr>
</tbody>
</table>

In terms of gender, the initial analysis revealed that more females (53%) than males (43%) completed the survey (figure 3). With a further 2% of participants indicating that they were Trans Male (1%) and Trans Female (1%).

Figure 3: Gender of the participants

<table>
<thead>
<tr>
<th>Gender of participants</th>
<th>% Of participants</th>
<th>Number of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>43%</td>
<td>479</td>
</tr>
<tr>
<td>Female</td>
<td>53%</td>
<td>597</td>
</tr>
<tr>
<td>Trans (Male)</td>
<td>1%</td>
<td>8</td>
</tr>
<tr>
<td>Trans (Female)</td>
<td>1%</td>
<td>5</td>
</tr>
<tr>
<td>Non-binary</td>
<td>2%</td>
<td>28</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>1,117</td>
</tr>
</tbody>
</table>
The participants were also asked to indicate their religious background, with 34% noting that they were Catholic and 19% Protestant (figure 4). A further 19% and 17% suggested that they were not religious but came from a Catholic and Protestant background respectively.

**Figure 4: Religious beliefs of the participants**

<table>
<thead>
<tr>
<th>Religious beliefs</th>
<th>% Of participants</th>
<th>Number of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catholic</td>
<td>34%</td>
<td>375</td>
</tr>
<tr>
<td>Protestant</td>
<td>19%</td>
<td>209</td>
</tr>
<tr>
<td>I’m not religious but I come from a Catholic background</td>
<td>19%</td>
<td>208</td>
</tr>
<tr>
<td>I’m not religious but I come from a Protestant background</td>
<td>17%</td>
<td>192</td>
</tr>
<tr>
<td>Other</td>
<td>7%</td>
<td>85</td>
</tr>
<tr>
<td>Prefer not to say</td>
<td>4%</td>
<td>48</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>1,117</td>
</tr>
</tbody>
</table>

In relation to residence, the participants stated that 47% came from a ‘city’ and 35% lived in a town (figure 5). The smallest number of participants (7%) indicated that they lived in the countryside.

**Figure 5: Geographical location of the participants**

<table>
<thead>
<tr>
<th>Place of residence</th>
<th>% Of participants</th>
<th>Number of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>47%</td>
<td>523</td>
</tr>
<tr>
<td>Town</td>
<td>35%</td>
<td>389</td>
</tr>
<tr>
<td>Village</td>
<td>11%</td>
<td>128</td>
</tr>
<tr>
<td>Countryside</td>
<td>7%</td>
<td>77</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>1,117</td>
</tr>
</tbody>
</table>

Finally, the young people were asked to provide some background about their current status (figure 6). The results showed that the overwhelming majority of them were in education (93%) with the next largest group in part-time employment (16%). As participants could answer more than once, it is more than likely that majority of these young people are also still in education.

**Figure 6: Current status of participants**

<table>
<thead>
<tr>
<th>Current status</th>
<th>% Of participants</th>
<th>Number of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>93%</td>
<td>1,044</td>
</tr>
<tr>
<td>Employment Status</td>
<td>%</td>
<td>Total</td>
</tr>
<tr>
<td>-----------------------------------------</td>
<td>---</td>
<td>-------</td>
</tr>
<tr>
<td>Full-time employment</td>
<td>3%</td>
<td>31</td>
</tr>
<tr>
<td>Part-time employment</td>
<td>16%</td>
<td>182</td>
</tr>
<tr>
<td>Training</td>
<td>3%</td>
<td>36</td>
</tr>
<tr>
<td>I am not in any of the above</td>
<td>2%</td>
<td>29</td>
</tr>
<tr>
<td>In juvenile justice centre</td>
<td>1%</td>
<td>8</td>
</tr>
<tr>
<td>In care – or have been</td>
<td>1%</td>
<td>14</td>
</tr>
<tr>
<td>Hospital</td>
<td>1%</td>
<td>10</td>
</tr>
<tr>
<td>Total</td>
<td>-</td>
<td>117</td>
</tr>
</tbody>
</table>

* Participants could tick more than one

3.2 Mental health awareness

This section of the findings explores the level of awareness and understanding young people had about the subject of mental health (figure 7). The participants were asked to consider what thoughts first came to mind when they heard the term ‘mental health’. According to the young people, 44% had ‘both positive and negative’ thoughts, while a further 40% had ‘negative thoughts’. Aside from these views, 8% of participants were ‘unsure’ while 5% ‘don't think anything’ and only 3% had ‘positive thoughts’. Further analysis revealed that there were no differences by gender or age.

![Figure 7: Thoughts associated with the term 'mental health'](image)

Moving on, the survey then looked to explore young people’s views towards the term ‘mental health’. The participants were asked to identify from a list of three words, which ones they most associated with the term ‘mental health’ (figure 8). The results found
that the most frequent response was ‘emotional wellbeing’ (65%), followed by ‘illness’ (49%) and ‘suicide’ (40%) and ‘self-harming’ (30%). It was also noted that 9% of respondents associated mental health with the word ‘resilient’ and 22% with the term ‘healthy-mind’.

The survey then began to explore young people’s views on a broad range of statements that related specifically to mental health (figure 9). The results showed that 59% of respondents’ agreed/strongly agreed with the statement that ‘mental health has a bad image in our country’. Furthermore, 91% agreed/strongly agreed with the view that ‘poor mental health is a big issue for young people’. It was also found that 12% of respondents agreed/strongly agreed with the statement that ‘young people are comfortable talking about mental health’. In fact, 76% of respondents’ agreed/strongly agreed with the statement that ‘young people are afraid to talk about mental health’.

In relation to access and types of information the survey reported that 47% of young people agreed/strongly agreed with the statements that ‘I have been given information about mental health that has been reliable and helpful’, and ‘I have been given information about mental health that has been easy to understand’.
<table>
<thead>
<tr>
<th>Young people are comfortable talking about mental health</th>
<th>4%</th>
<th>8%</th>
<th>23%</th>
<th>40%</th>
<th>26%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health has a bad image in our society</td>
<td>27%</td>
<td>32%</td>
<td>26%</td>
<td>9%</td>
<td>5%</td>
</tr>
<tr>
<td>Poor mental health is big issue for young people</td>
<td>57%</td>
<td>34%</td>
<td>8%</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>I have been given info about mental health that has been reliable and helpful</td>
<td>12%</td>
<td>35%</td>
<td>28%</td>
<td>20%</td>
<td>6%</td>
</tr>
<tr>
<td>I have been given info about mental health that has been easy to understand</td>
<td>12%</td>
<td>35%</td>
<td>23%</td>
<td>22%</td>
<td>7%</td>
</tr>
<tr>
<td>Young people are afraid to talk about mental health</td>
<td>39%</td>
<td>37%</td>
<td>17%</td>
<td>5%</td>
<td>2%</td>
</tr>
<tr>
<td>It’s easy to find information about mental health</td>
<td>16%</td>
<td>40%</td>
<td>25%</td>
<td>16%</td>
<td>3%</td>
</tr>
<tr>
<td>I know a lot about mental health issues affecting young people</td>
<td>23%</td>
<td>41%</td>
<td>21%</td>
<td>12%</td>
<td>2%</td>
</tr>
<tr>
<td>I have been given info about mental health services</td>
<td>16%</td>
<td>42%</td>
<td>16%</td>
<td>19%</td>
<td>6%</td>
</tr>
</tbody>
</table>

In an attempt to build on the previous responses, the participants were then asked to consider how often they had heard the term ‘mental health’ in the previous month (figure 10). The findings suggest that 43% of young people heard the term at ‘least once a month’, with a further 18% having not heard it at all in that period. However, 23% of young people indicated that they heard it ‘every other day’; while 15% stated that they heard it ‘every day’.

**Figure 10: Frequency with which the term ‘mental health’ is heard**

<table>
<thead>
<tr>
<th>How often have you heard the term mental health in the</th>
<th>Every day</th>
<th>Every other day</th>
<th>At least once</th>
<th>Not in the last month</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>15%</td>
<td>23%</td>
<td>43%</td>
<td>18%</td>
</tr>
</tbody>
</table>
Following the question on frequency, the young people were asked to identify how often they talked about ‘mental health’ in the previous month. The results suggested that 40% talked about it ‘at least once’, with 14% indicating that it was ‘every other day’ and a further 7% noting that it was ‘every day’. However 39% did state that they ‘had not talking about mental in the last month’.

### Figure 11: Frequency with which you have talked about ‘mental health’

<table>
<thead>
<tr>
<th>How often have you talked about mental health in the last month</th>
<th>Every day</th>
<th>Every other day</th>
<th>At least once</th>
<th>Not in the last month</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7%</td>
<td>14%</td>
<td>40%</td>
<td>39%</td>
</tr>
</tbody>
</table>

#### 3.3 Levels of information

The survey then began to explore with young people their experiences of accessing information about mental health along with the environments/forums in which this took place (figure 12). The findings revealed that the most popular response for ‘lots of information’ was social media (30%), followed by school/college with 24%. In relation to ‘some information’ the most frequent response was school/college (53%) followed by social media (52%). As for accessing ‘no information’ young people suggested that TV/Films (38%) and the family/guardian (34%) were the most common responses, and in the cases of ‘does not apply to me’ support worker (76%) and social worker (74%) proved most popular. Further analysis revealed that there was no difference between gender and age.
It was interesting to note that in descending order young people accessed ‘some’ and ‘lots of information’ through social media (81%), school/college (76%), friends (64%), family (61%), you tube (52%) and youth workers (40%).

Following on from where young people accessed and/or encountered information about mental health, the survey sought to explore whether they had done so in the last four weeks (figure 13). The findings revealed that the majority of respondents had ‘not’ accessed information about mental health in the last month (56%). Of the rest, 34% ‘had’ accessed information, while a further 10% were ‘not sure’.
3.4 Looking forward

As the survey drew to a conclusion the young people were asked to think about where they would go if they wanted to find out more about mental health (figure 14). They were provided with a series of responses and asked to choose up to three. The results found that the most popular responses were online (59%), family member (48%) and friends (45%). Other results worth noting are a specialist support service in my area (9%) and a helpline (20%).
The penultimate question in the survey asked the young people to consider a series of statements that related specifically to mental health. The results suggested that an overwhelming majority of young people (89%) agree/strongly agree with the statement that we need ‘more positive media attention on the effects of mental health issues on young people’. The survey also found that 90% of young people believed that there ‘needs to be an awareness raising campaign focusing on mental health and young people’. Furthermore 87% of young people agreed/strongly agreed with the statement that ‘mental health issues need to be discussed more in schools and colleagues’, and 86% maintain that ‘large numbers of young people don’t know how to talk about mental health’.

**Figure 15: Level of agreement on statements relating to mental health**

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>More positive media attention on the effects of mental health issues on young people</td>
<td>54%</td>
<td>35%</td>
<td>9%</td>
<td>2%</td>
<td>1%</td>
</tr>
<tr>
<td>Needs to be an awareness raising campaign focusing on mental health and young people</td>
<td>55%</td>
<td>35%</td>
<td>8%</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Mental health issues need to be discussed more in schools and colleges</td>
<td>61%</td>
<td>26%</td>
<td>9%</td>
<td>3%</td>
<td>1%</td>
</tr>
<tr>
<td>Large numbers of young people don’t know how to talk about mental health</td>
<td>53%</td>
<td>33%</td>
<td>10%</td>
<td>3%</td>
<td>1%</td>
</tr>
<tr>
<td>Young people know where to access reliable and helpful information about mental health</td>
<td>11%</td>
<td>20%</td>
<td>30%</td>
<td>29%</td>
<td>9%</td>
</tr>
</tbody>
</table>

3.5 Raising awareness about mental health

Finally, all of the participants were given the opportunity at the end of the survey to complete an open ended question; ‘As a young person what do you think is the best way to raise awareness about mental health’? There were 644 responses, although a number of these were incoherent and/or unrelated to the question. It is important to note that there was overwhelming support around raising awareness on mental health issues. The three most frequent responses (figure 16) related to the need for an increase in public discussions on the subject of mental health; better use of the education
system/structures as a mechanism to engage with young people on the issues surrounding mental health and using social media as a platform to normalise discussions about mental health and dispel the myths associated with the topic.

Figure 16: Awareness raising initiatives

<table>
<thead>
<tr>
<th>Thematic initiative</th>
<th>Context and detail</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Public discussions</strong></td>
<td>More public and open conversations; people from a celebrity background talking about mental health and personalise the implications of poor mental health.</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td>Use the school system to talk about mental health (from primary school up); embed mental health more into the curriculum; encourage more challenging discussions from teachers and pupils on the topic.</td>
</tr>
<tr>
<td><strong>Social media</strong></td>
<td>Develop ways to counter the negativity surrounding mental health; more positive stories about mental health, and better ‘signposting’ for information and support</td>
</tr>
</tbody>
</table>

3.6 Summary

The survey provided an insight into young people’s views and experiences of the topic of mental health, with a specific focus on the level of knowledge and understanding they had, along with appropriate methods of raising awareness. The key findings from the survey include the following:

*When I think of the term mental health*

- 40% of young people had negative thoughts when they heard the term ‘mental health’;
The four most frequent words associated with mental health by young people were (65%) emotional wellbeing, (49%) illness, (40%) suicide and (30%) self-harming;

59% of respondents’ agreed/strongly agreed with the statement that ‘mental health has a bad image in our country’;

**Mental health and young people**

91% agreed/strongly agreed with the view that ‘poor mental health is a big issue for young people’;
76% of respondents’ agreed/strongly agreed with the statement that ‘young people are afraid to talk about mental health’;
86% of participants maintain that ‘large numbers of young people don’t know how to talk about mental health’;

**Knowledge and information**

56% of young people had ‘not’ accessed information about mental health in the last month;
In terms of accessing ‘lots of information’ young people reported social media (30%), followed by school/college with 24%;

**Accessing new information**

According to the young people the three most common places they would source information about mental health include, online (59%), family member (48%) and friends (45%);
89% of young people agree/strongly agree with the statement that we need ‘more positive media attention on the effects of mental health issues on young people’;
90% of young people believed that there ‘needs to be an awareness raising campaign focusing on mental health and young people’;
87% of young people agreed/strongly agreed with the statement that ‘mental health issues need to be discussed more in schools and colleges’;
4. Focus group findings

The following section brings together the findings from the four focus groups held in Belfast, Newry, Ballymena and Derry/Londonderry. Each focus group was structured around the same four questions and was led by members of the YMHC. A review of the data from the four focus groups revealed a series of general themes, which have been documented below. For the purposes of confidentiality none of the findings can be attributed to a location or young person:

4.1 Describing ‘mental health’

The participants were asked to consider the initial findings from the survey, which suggested that a large number of young people associated the term ‘mental health’ with negative thoughts. The participants were also asked to think about how they would describe the term ‘mental health’ and to also reflect on what they thought shaped their views and attitudes. Within each of the focus groups young people described the term ‘mental health’ using a similar set of words and phrases:

- Depression
- Suicide
- Drinking
- Self-harm
- Bullying
- Frightened
- Alone
- Silence

The discussions were extensive and robust and young people were extremely clear that the term was associated with negativity because of the media (TV and films); a lack of knowledge or understanding about what it was; an inability to discuss it in a friendly and safe environment and simply out of fear. The following quotes reflect the views of the young people:

The media

“ It’s always a bad news story when you hear mental health...and people don’t want to hear when things are not going well, so they switch off. Like think when did you ever here a good mental health story”

Information
“We know about your physical health, but young people don’t know anything about your mental health. We don’t get taught how to look after ourselves; how to balance life pressures”

Support

“I told them about the cuts on my arms, and they were like – here’s the number for lifeline”

“When you are 12-18 years of age, adults and professionals often dismiss how you feel...they say it’s your hormones, you’re a teenager”

Overall, there was a sense from the young people that it was difficult to break the cycle of negativity associated with mental health. There was a stigma attached to it because of how it was reported in the media and portrayed on television and in films, which meant young people were reluctant to talk about it or seek help. Furthermore, social media had exacerbated the problem by increasing opportunities for bullying, the dissemination of myths and distorting fact from fiction.

In summary, young people noted the following key points around the term ‘mental health’:

- Young people are very often afraid to talk about it because they don’t see others doing likewise;
- The negativity needs to be replaced with words such as ‘confidence, resilience, happiness and excitement’;
- Often when you hear people talk about mental health, it’s too late...often the young person has taken their life.

4.2 Talking about mental health

The focus groups concentrated on why an overwhelming majority of respondents from the survey felt that young people were not comfortable talking about mental health. The discussions focused on the drivers and inhibitors to conversations about mental health and also where young people felt discussions about mental health should take place. A number of themes emerged and these have been outlined below:

The Troubles

Several young people talked about the impact that the violence had on society and how they thought Northern Ireland was a place where people didn't ‘open up’ about their problems and preferred to ‘smile and carry on’:
“You just have to keep going, people don’t want to admit they need help, isn’t that always been the case around here”

**Stigma**
There was an overwhelming sense from the participants that the negativity and stigma associated with mental health was a barrier to young people actually talking about it. Their personal experiences and the experiences of peers has taught them that young people were reluctant to open up about issues surrounding mental health because of fear:

“People are afraid of being judged, being treated differently”

“People think if they say they are suffering, they will be put in an asylum”

“There is a huge stigma linked to ‘seeing the counsellor’, people feel ashamed and embarrassed”

It was interesting to note that all of the participants felt that social media was responsible for increasing the stigma around mental health and creating an environment which forced young people to not talk about their personal feelings:

“When young people mention mental health on social media (their own), they usually face a negative backlash from their friends or bullies or trolls...usually “look at them attention seeking”

**Existing provision**
It was suggested on several occasions that young people had very negative experiences of existing mental health provision. There was dissatisfaction with the level, type and form of provision with many contending that there was not enough support, tailored to meet the very specific needs of young people:

“Ineffective counsellors are only in it for a wage”

“Most counsellors don’t have a clue about what our generation needs, they’re too old’

“It can be really embarrassing talking about your mental health. My experience has been telling my story over and over again, just to have it dismissed. There are only so many times that you are going to do that”

A consequence of these experiences was that young people’s understanding and knowledge about mental health and personal wellbeing was limited. Several suggested that they lacked the words and terms to articulate how they were feeling:
“Sometimes you don’t really know how you are feeling yourself, so you find it hard to talk to people about it, because it’s hard for you to understand what it is”.

**Education system**
Young people felt that more could be done in schools to create an environment that was conducive to having conversations and discussions about mental health. Although there were some positive examples, the young people seemed to indicate this was because of particular staff and teachers, so was not a consistent perspective held by all of the participants:

“Schools only deal with mental health in one way (councillors) but one size does not fit all”

“Individual teachers may be helpful but they are restricted by the school system”

“The perception that if you have concentration issues you have ADHD”

**Safe space**
A recurring theme centred on the view that there were limited places which young people felt they could either talk about mental health or receive information about mental health issues. Several used the term ‘safe space’ to mean there was an absence of such places which then meant issues went unresolved and personal situations got worse:

“There are just not enough safe spaces”

“There is simply a lack of awareness of where to go”

“You are ‘afraid’ to walk in somewhere”

“Safe spaces were considered to be somewhere within their community where they can relax, but that it is trustworthy. Somewhere they feel listened to and not judged”

**Alternative options**
Finally, the discussions looked at where young people might feel more comfortable discussing the subject of mental health in a personal context or to increase their knowledge and understanding:

“The best place to go would be to your youth worker because you trust them and they know you, and you know them and they can help point you in the right direction”
“An ideal service would be tailored to meet the needs of individuals, no pressure, understanding and empathetic staff; positive bright environment; welcoming; training for transgender issues. Listening ears and the right advice”.

The discussions on what underpins the sense of negativity surrounding mental health revealed that they were out of the control of young people. A large part of the discussions centred on the stigma associated with the topic and how it restricted open and honest conversations, meaning that young people were reluctant to disclose personal issues. It was interesting to note that participants felt the focus should be on developing solutions to breaking this cycle of stigma – silence – stigma – silence.

4.3 The role of schools

The discussions then shifted onto the role of schools and the curriculum, with questions based on the survey findings, which showed that respondents felt that mental health should be discussed more in this environment. Several themes emerged around age, levels of existing knowledge and understanding in mental health and appropriate methods of talking about mental health:

**Age**

There were several discussions among the young people across the four groups on the appropriate age at which mental health should be discussed. For some respondents, discussions should take place in primary schools, while for others they should only commence in a post-primary setting. There was no consensus reached with young people providing sound arguments for pre and post school environments:

“You’re not too young to talk about it”

“Mental health should not be taught in primary schools as they are too young to understand”

“Parents believe that children under 16 are too young to have mental health issues”

“Teaching children from a young age (about this) removes the stigma”

“Introducing it early could be harmful because you don’t think about it usually at that age”

**Appropriate environment**
Discussions also focused on the positives and negatives of using schools as spaces in which mental health could be explored. Several young people were critical of the school system (from personal and peer experience) in terms of accessing information, being signposted towards support, and facilitating challenging conversations on the topic:

“No confidentiality in school...don't trust teachers to talk to them”

“Closed questions like the ones you’re asked at by councillors are the wrong way to engage young people...we are not textbooks”

“All the focus is on the negative”

Those that were more supportive felt that the school environment could adapt more to the needs of young people and use its existing connections with young people to promote engagement on issues pertaining to mental health:

“There should be an open clinic approach, like a drop in”

“There should be more of senior members of a school talking to the junior members”

One participant’s view really expressed the sentiment that there was a variation in how schools responded to the issue of mental health. Usually good experiences were because of good teachers and not necessarily as a result of a policy or approach:

“Some teachers are really good in my school, they’re sound so you feel like you could go to them for help or even just a chat, but others you wouldn't go near. They would just tell you to wise up”

**Knowledge and understanding**

It was also noted that there was a range of responses from schools in relation to the topic of mental health, with the young people sharing both positive and negative experiences. However, the focus was on the amount of knowledge and understanding staff had about mental health:

“Teachers should be educated so they know how to deliver and help us”

“Phone numbers are provided and then they brush it away”

“If you’re taught how to keep your heart healthy, why are you not taught how to keep your brain healthy?”

The discussions also considered whether the young people had access to information about mental health in their schools:
“Over 50% of us are still at school and none of us have received any information about mental health”

**Taught material**

Finally, there was a discussion on the young people’s views on existing provision around mental health in the school setting. There was a consensus that there needed to be more of a focus within the curriculum and that schools needed to make more of an effort to remove the stigma associated with the topic:

- “Feelings and emotions should be discussed and explained more in the curriculum”
- “More approaches like storytelling and drawing exercises:
- “Time should be taken once a week to talk about mental health”
- “Make it a subject from school from primary school on”
- “Prefer someone to come in to school rather than school staff”
- “It should be interactive...less lecture type...small groups and make them active”

The young people felt that it would be very helpful to have guest speakers, especially those (possibly young people) who had personal experience of dealing with mental health issues.

4.4 The Internet

As the focus groups neared completion attention shifted onto the role of the Internet, and whether the participants felt that there were any particular dangers for young people in terms of using this as a vehicle to access information about mental health:

**Positives**

There was a general consensus that online was a good place to access mental health information but that it was not always accurate which could be a significant problem. That was the challenge mentioned by the participants – how do you separate fact from fiction? Although the risks surrounding false information were high, the participant felt that the internet was a source worth accessing in relation to information about mental health:

- “Short images and videos are a good way to raise awareness of mental health issues”
“I like the wee positive messages (affirmations) that come up on Facebook and Instagram. They can cheer you up and be inspiring”

Essentially, the participants that were positive about the internet felt that it was a simple, efficient and extremely quick method of reaching young people. It could signpost those most in need and provides everyone with the information required to have mature, honest and challenging discussions about mental health.

**Negatives**

However, there were also a number of voices that were more negative in relation to the Internet and felt that it was both ‘dangerous’, and ‘a forum that allowed bullying’ which actually increased issues of poor mental health:

“Some things can be exaggerated online”

“Internet...YouTube...filled with negativity”

It was also suggested that an increasing number of young people are self-diagnosing their mental health issues through the internet, which has serious implications:

“I just type in all my symptoms and see what comes up”

“You can look up your symptoms and could end up thinking your worse than you are”

“When I look online, I convince myself I am dying”

The overall view from young people was that it was difficult to distinguish fact from fiction on the Internet, which often perpetuated mental health issues. Furthermore, the anonymity afforded to people online meant that bullying and teasing were also common.

**Regulation**

Finally, the young people were asked to think about whether information around mental health should be regulated on the internet. There were mixed views, with some suggesting:

“Everyone agrees that mental health information especially for young people should be regulated as it can be dangerous when it is not the correct information but young people follow it anyway”

However, others were of the opinion that the internet should not be regulated in terms of content around mental health:
“Online information and social media should not be regulated”

There was also a middle ground with several young people maintaining the view that if managed appropriately the internet was a productive vehicle for accessing information about mental health, but that responsible individuals would use multiple sources:

“Helpful to have information on the internet but it shouldn't be someone’s only source of information”

4.5 Summary

The focus groups provided an opportunity to explore in depth the preliminary survey findings and consider what shaped the views and opinions of young people towards the topic of mental health. The conversations within the focus groups reaffirmed the survey responses and contextualised the main findings. A number of key observations emerged:

From the young people’s perspective:

- There is a stigma attached to the term ‘mental health’ which in turn leads to a culture of silence;
- Society has, and continues to, frame mental health in a negative context which leads young people to associate it this way;
- The term mental health conjures up images of self-harm, suicide and psychopathy;
- There are limited spaces and/or opportunities for young people to simply talk about their mental health or access information about mental health;
- Social media and the wider internet are vehicles which cycle myths and untruths about mental health which further feeds the stigma associated with it;
- There is an appetite among young people to talk about mental health; to access information about mental health, and challenge the stereotypes that exist around mental health;
- There is support for schools and the curriculum to take a more proactive role and breaking down some of the taboos that increase the fear around talking about mental health;
5. Conclusion and recommendations

This final section is an opportunity to reflect on the results and consider particular areas of importance and potential recommendations. The mixed methods approach involving both a survey and a series of focus groups has meant the views; opinions and experiences of young people have been comprehensively explored and allowed for the emergence of five central themes that relate directly to the issue of mental health and young people.

5.1 Language and terminology

From the outset the findings from both the survey and the focus groups reinforced the view that for young people the term ‘mental health’ was associated with negativity and illness – phrases and words such as ‘psycho’, ‘sick’, ‘suicide’ and ‘self-harm’ dominated the discussions in the focus groups, while 59% of participants in the survey indicated that mental health had a ‘bad image’ within our society. The young people suggested that a culture existed in which images of mental health had been shaped by an adult narrative and often one that was over simplistic. The media, film and television programmes rarely framed issues around mental health in a positive context, which in turn meant young people were reluctant to openly talk about it. This view was also replicated in the survey with 76% of respondents (strongly) agreeing that young people are afraid to talk about mental health.

The literature review touched on the issue of stigma. This was a real issue in discussions with young people in the focus groups and was reinforced by the survey results. As a result of the negativity and stigma associated with mental health, young people were:

- Simply ignoring the issue and topic;
- Self-diagnosing through online material;
- Acting out in a positive manner to hide their true feelings;
- Using social media (use of anonymity) to communicate on the issue.

The young people acknowledged the difficulties in trying to break the cycle of negativity around the topic and inject constructive words into the discussions on mental health such as ‘emotional well-being’ and ‘positive mental health’. However, there was limited optimism that this would happen in the immediate future. Overall the findings suggested that young people believed they had limited opportunities to transform the way in which mental health as a subject was both framed and discussed. The current language reinforced the stigma and simply encouraged young people to disengage from the topic.
5.2 Engagement and discussion

There was a real sense from young people that they had limited opportunities to:

- Openly discuss and debate issues surrounding mental health;
- Access factual and well informed information about mental health;
- Discuss in a safe and friendly environment concerns they have about their own mental health.

Furthermore, the survey results revealed that a majority of young people (56%) had ‘not’ accessed information about mental health in the last month. All of these findings reinforce the evidence from the literature, which suggests that young people in Northern Ireland are not accessing information about mental health and appear to lack the environments in which mental health can be discussed in a non-judgemental way.

However, the key observation to make in relation to this research is that there is a willingness among young people to engage on the issue. Young people want to talk about mental health or at least know where to go to either receive information or participate in discussions. The evidence also points to the need for an awareness campaign (90% of participants in the survey recognise this) around the issue of young people and mental health with a focus on information, myth busting, service provision and replacing negativity with positivity.

5.3 Environment and culture

The findings revealed that young people felt that the school, curriculum, teachers, and youth workers were important settings and people through which new engagement around the topic of mental health could be developed. However, it was apparent that ‘engagement around mental health’ was a very broad area, requiring further analysis of what young people specifically require i.e.

- Is it about accessing information relating to mental health because of personal circumstances? (personal need)

- Is it about accessing information about mental health so you can be better informed and more aware of the issues? (increasing knowledge)

- Is it about specific types of service provision relating to mental health? (problem-solving)

- Is it about supporting others that are in need by raising awareness of the issues associated with mental health? (addressing stigma and raising awareness)
Depending on the question asked you were more likely to receive a difference response, but underpinning it was a recognition that there had to be a move away from the stereotyping and negativity which has been the greatest barrier to any of these questions being raised or answered in the first place.

5.4 Online forums and vehicles

As expected the young people recognised online forums as the most appropriate method of communicating with people and accessing information. The survey findings and focus groups reinforced the view that online was the most appropriate way of initialising getting young people’s focus and attention. It seems there are a number of platforms and tools available through which young people can be reached. However, the key is being able to disseminate the same message (to ensure consistency) across several formats, namely:

- Articles
- Blogs
- Posts
- Tweets

The challenge appears to be around two key areas. Firstly, ensuring fact over fiction, and that the information young people receive is both honest and evidence based. Secondly young people need to feel confident in using online platforms/forums, without feeling vulnerable to bullying or threats. It is interesting to note that Facebook constantly promote discussions on this topic, and highlight research that details the positives and negatives of ‘technology’ on an individual’s health and wellbeing. Recently it generated a debate by drawing attention to studies which suggested that reading about other people online may lead to ‘negative social comparisons’ and may make people feel worse than they did before going online.

However, there is no doubt that online approaches have the potential to address many of the concerns and fears young people have about engaging with the topic of mental health. There may also be an opportunity to combine the ‘online’ vehicle with the structures of the education system (schools, teachers, curriculum), to ensure legitimacy and transparency.

5.5 Messaging and audience

There was no doubting the enthusiasm from the young people for an awareness campaign (90% of young people believed that there ‘needs to be an awareness raising campaign focusing on mental health and young people’), however the discussions in the

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focus groups revealed the importance of having a clear and defined message for any campaign. The rationale for any campaign was based on the following observations:

- There is concern around the negativity associated with the topic of mental health;
- There is a culture of silence with young people reluctant to engage on the topic because of the stigma associated with it;
- There is uncertainty around what constitutes reliable and informed data and what is actually misinformation that simply reinforces myths and negative stereotypes.

Given the wide breadth of issues associated with the topic of mental health it is therefore imperative that any campaign has a simple message and underpinning agenda. For example, is the emphasis on the following?

- Is it about trying to transform the culture surrounding discussions relating to young people and mental health?
- Is it about raising awareness about the issues relating to mental health that impact on young people?
- Is it about signposting to services that focus on young people and mental health?

Finally, efforts must also be given to identifying who the audience is, as this will influence the message. The findings suggest that young people lack the confidence to talk about mental health; seek out support, and challenge existing negative stereotypes. Therefore, young people must be at the heart of any campaign if the culture around talking about mental health is to be transformed.

**5.6 Recommendations**

Upon reflection of the main findings it became apparent that there were a number of recommendations that had the potential to affect real change and transform the lives of young people:

In response to the young people that stated:

“There is a lack of safe spaces to talk about mental health and receive useful information & support”
We are asking our policy and decision makers to:

- Engage with young people to create and fund safe digital solutions to receive mental health support and information.

In response to the young people that stated:

“The quality of mental health information they (young people) receive is inconsistent and often it isn’t useful. There is little to no mental health education in schools and we would like to see this change by having a programme embedded into schools and colleges”

We are asking our policy and decision makers to:

- Create a compulsory curriculum programme for all schools and colleges on mental health and wellbeing that helps to raise awareness and challenge stigma and also allows young people to access consistent mental health information. Furthermore, the curriculum programme should be long term and embedded in schools as one off workshops will not be effective. There is also a need to ensure mental health and well-being training for all teachers, school support workers and youth workers so that this programme can be delivered effectively.

In response to the young people that stated:

“There is a huge stigma attached to mental health, which stops young people talking about it and creates a ‘culture of silence’ which only makes the problem worse”

We are asking our policy and decision makers to:

- Support the creation of a youth-led, government backed, mental health campaign challenging the culture of silence and negative stigma. Furthermore, there is also a need to engage with young people to develop a new and positive language around mental health by creating a ‘mental health dictionary.’ This could be used as part of a potential mental health curriculum programme.