

I AM WHOLE



A report investigating the stigma faced
by young people experiencing mental
health difficulties

October 2016



#IAMWHOLE

Methodology

This research was commissioned by YMCA with the fieldwork conducted by specialist youth research agency, YouthSight. The sample consisted of 2,072 interviews with young people aged between 11 and 24-years-old from across England and Wales.

This was split into 1,098 who had experienced mental health difficulties and 974 who had not. The fieldwork was carried out in September 2016. In addition to this, YMCA conducted 50 interviews with young people from across all regions in England and Wales.

For the purposes of this research, stigma is given as a negative set of beliefs that a group of people have about something, in this case, mental health difficulties.

The young people participating in the research identified themselves whether or not they had mental health difficulties in recognition of the fact that no set criteria can accurately reflect the experiences of young people.

Acknowledgements

A special thank you goes to all the young people who shared their opinions and stories as part of the research as well as the YMCAs across England and Wales and partner organisations who helped facilitate this.

YMCA

YMCA was established in 1844 and is the largest and oldest youth charity in the world, helping more than 58 million people in 119 countries. YMCA enables people to develop to their full potential in mind, body and spirit. Inspired by, and faithful to, our Christian values, we create supportive, inclusive and energising communities, where young people can truly belong, contribute and thrive.

NHS Brighton and Hove Clinical Commissioning Group (CCG)

Responsible for planning, buying and monitoring healthcare services in Brighton & Hove, including mental health services for children and young people. The CCG developed the *#IAMWHOLE* campaign for the NHS, launched in partnership with YMCA Downslink Group, their Right Here project and YMCAs across England and Wales.

EXECUTIVE SUMMARY

Introduction

Growing up can be a positive time for many. However, there are hundreds of thousands of young people across England and Wales for whom the experience is very different. Mental health difficulties among children and young people are common and can be both persistent and damaging.

However, the challenges that young people face are not limited to the symptoms of their mental health difficulties; many must also take on the day-to-day stigma that too often goes with this.

By giving young people the platform to share their views and stories, *I AM WHOLE* seeks to go beyond the headline statistic ‘one in 10 young people experience mental health difficulties’ that so often dominates the discourse.

Instead, this report seeks to get under the surface and understand the real experiences of those with mental health difficulties. This is done by examining the prevalence of this stigma, who is experiencing it and how they are doing so, the impact of this stigma, and the potential solutions that the young people themselves have identified.

How prevalent is the stigma around mental health?

The stigma inflicted on those with mental health difficulties is widely and regularly recognised, witnessed and felt by young people.

- Three quarters of young people (75%) believe that people experiencing difficulties with their mental health are treated negatively as a result of stigma.
- More than one in three young people (38%) with mental health difficulties had felt the negative impact of stigma.
- More than one in three young people (37%) who experience this stigma did so at least once a week.

How and where does this stigma occur?

This stigma comes in many forms and is often inflicted by those closest to the young person in settings they depend upon most for support.

- Young people with mental health difficulties who had experienced this stigma said they have been subject to prejudice (70%), left out of activities (54%) and verbally abused (36%).
- School is the place where most young people (59%) experienced this stigma.
- More than half of young people (54%) who experienced this stigma said it came from their own friends.

What impact does this stigma have on young people?

The impact of this stigma is both profound and pervasive as it infiltrates many areas of a young person's life.

- More than four in five young people (85%) who had experienced this stigma said it was their confidence that had been most negatively affected.
- Young people who had suffered this stigma also said it made them less likely to talk about their experiences (70%) or to seek professional help (56%).
- This stigma also resulted in young people who had experienced it being unwilling to go out (74%) and unable to perform day-to-day tasks (69%).

What do young people think can be done to address this stigma?

Education and awareness lie at the heart of normalising mental health difficulties and overcoming this stigma experienced by young people.

- Education (76%) and more people talking about mental health (66%) top the ways young people believe this stigma can be tackled.
- Four in five (81%) of those who believe this stigma exists said school is the best place to combat it.
- Young people who believe this stigma exists say they can best tackle it by talking more about mental health (64%) and sharing their experiences (60%).

Recommendations

To tackle this stigma, the evidence shows that interventions must:

- Start young
- Address the lack of knowledge on mental health difficulties
- Train those working and interacting with young people on mental health
- Challenge the negative language around mental health
- Normalise mental health difficulties
- Encourage young people to access mental health support
- Empower young people to tackle stigma

INTRODUCTION

Growing up can be a positive time for many. However, there are hundreds of thousands of young people across England and Wales for whom the experience is very different. Mental health difficulties among children and young people are common, and can be both persistent and damaging.

It is difficult to gauge just how common they are. While government statistics show that one in 10 young people in England and Wales have a diagnosed mental health difficulty, in reality the numbers experiencing them are likely to be much higher as, firstly, these statistics are a decade old, and secondly, a large proportion of young people suffer in silence.¹

However, the challenges that young people face are not limited to their mental health difficulties; many must also take on the day-to-day stigma that too often goes with this.

While the importance of good mental health has risen up the political agenda and wider public consciousness, the stigma that surrounds mental health difficulties still remains.

Literally, stigma is defined as ‘a mark of disgrace associated with a particular circumstance, quality or person.’² For the purposes of this research, stigma is given as a negative set of beliefs that a group of people have about something, in this case, mental health difficulties.

Stigma is multifaceted and manifests itself in a series of ways. However, in whatever form, it is usually accepted to consist of three elements – a lack of knowledge (ignorance), negative attitudes (prejudice), and disadvantage of those experiencing it (discrimination).³

Given the complex forms stigma takes, tackling it requires a multi-dimensional approach. However, in order for this to be effective, it is important that the phenomenon is understood in context of those who experience it and those who feel its impact.

I AM WHOLE, therefore, seeks to put the individual back into the heart of mental health research, by allowing young people the space to and time to express their opinions and tell their stories in their own words.

The young people sharing their views and experiences as part of this report have self-identified themselves as facing mental health difficulties. This is in recognition of the fact that each experience of mental health difficulties is deeply personal and no set criteria or threshold can accurately evaluate the realities of the challenges faced by a young person.

Given the way stigma infiltrates so many aspects of daily life, truly understanding it requires the involvement of everyone, not just those who have personal experience of mental health difficulties. Accordingly this research has also sought the opinions of young people who do not identify as having mental health difficulties in recognition of this fact and that poor mental health and stigma are everybody's business.

By giving young people the platform to share their views and stories, *I AM WHOLE* seeks to go beyond the headline statistic 'one in 10 young people experience mental health difficulties' that so often dominates the discourse.

Instead, this report seeks to get under the surface and understand the real experiences of those with mental health difficulties. This is done by examining the prevalence of this stigma, who is experiencing it and how they are doing so, the impact of this stigma, and the potential solutions that the young people themselves have identified.

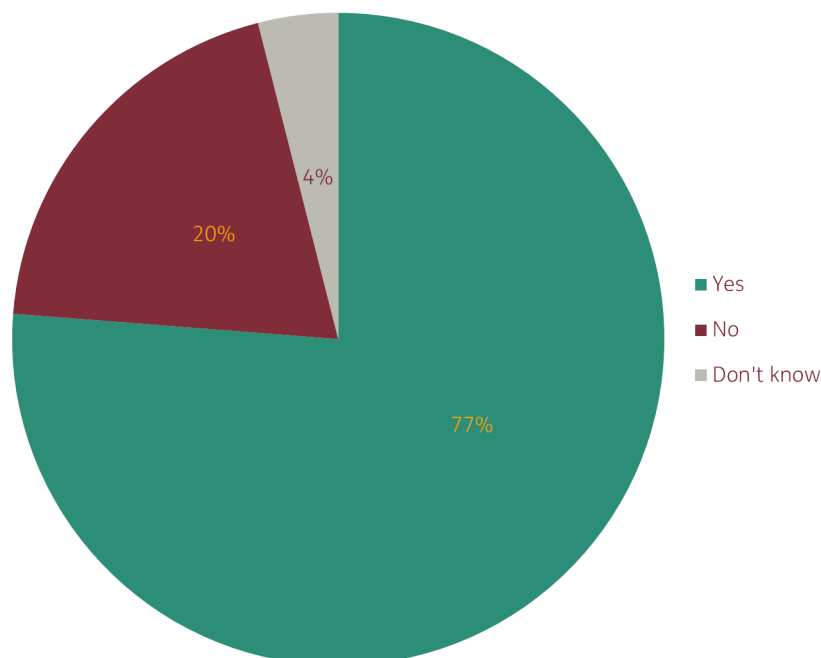
MENTAL HEALTH AND YOUNG PEOPLE

It is difficult to gauge the true number of young people with mental health difficulties given a lack of recent official data, and the often hidden nature of such experiences. However, from evidence collected by YMCA, it is possible to draw some general conclusions.

Mental health difficulties are prevalent in society

The extent of the prevalence is illustrated by the fact that of the 2,000 young people interviewed as part of the research more than three quarters (77%) identified themselves as knowing someone who has experienced difficulties with their mental health.

Do you know anyone who has experienced difficulties with their mental health? (n=2,072)



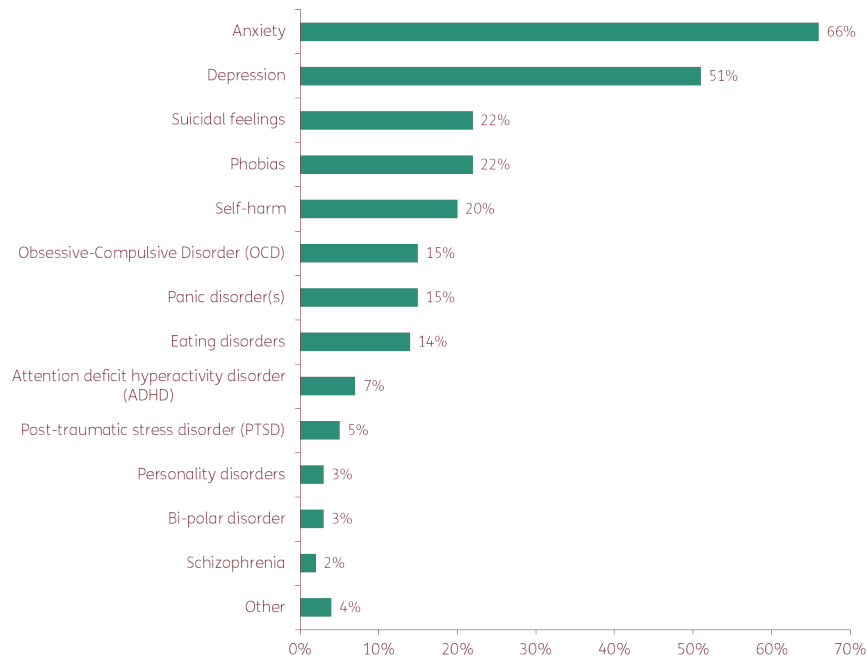
Those with personal experiences themselves were more likely to know someone else with mental health difficulties, with 89% of this group reporting knowing someone else compared to 63% of those who did not have mental health difficulties.

This is likely due to the fact that many of those who experience mental health difficulties themselves will have accessed support, whether formal or informal, and thus come into contact with others with similar difficulties. Their personal experience of mental health difficulties also makes them more likely to be able to recognise symptoms in others.

Anxiety and Depression are the most common mental health conditions

Of those young people who identified as having mental health conditions, 66% reported having Anxiety and 51% as having Depression. This was consistent between both males and females.

Which mental health condition(s) do you have personal experience of? (n=1,098)

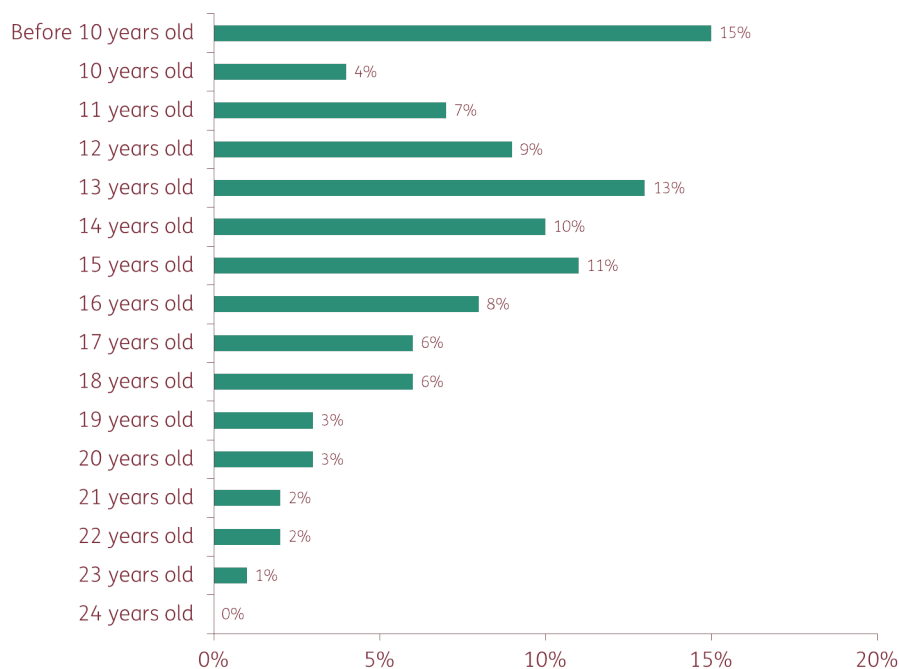


Mental health difficulties start young

The majority of mental health difficulties first manifested themselves by the ages of 13 and 14-years-old.

However, more than a third of young people (35%) with mental health difficulties first experienced symptoms before becoming a teenager, and 15% first experienced symptoms before the age of 10-years-old.

What age did you first start experiencing difficulties with your mental health? (n=1,098)



Males were likely to begin experiencing mental health difficulties at an earlier age with 20% of those surveyed stating that their symptoms developed before the age of 10, compared to 12% of females.

The age of onset in many cases seemed to be linked to the condition, with young people who identified as having conditions such as Attention Deficit Hyperactivity Disorder (ADHD) and Obsessive Compulsive Disorder (OCD) being more likely to report symptoms starting at an earlier age.

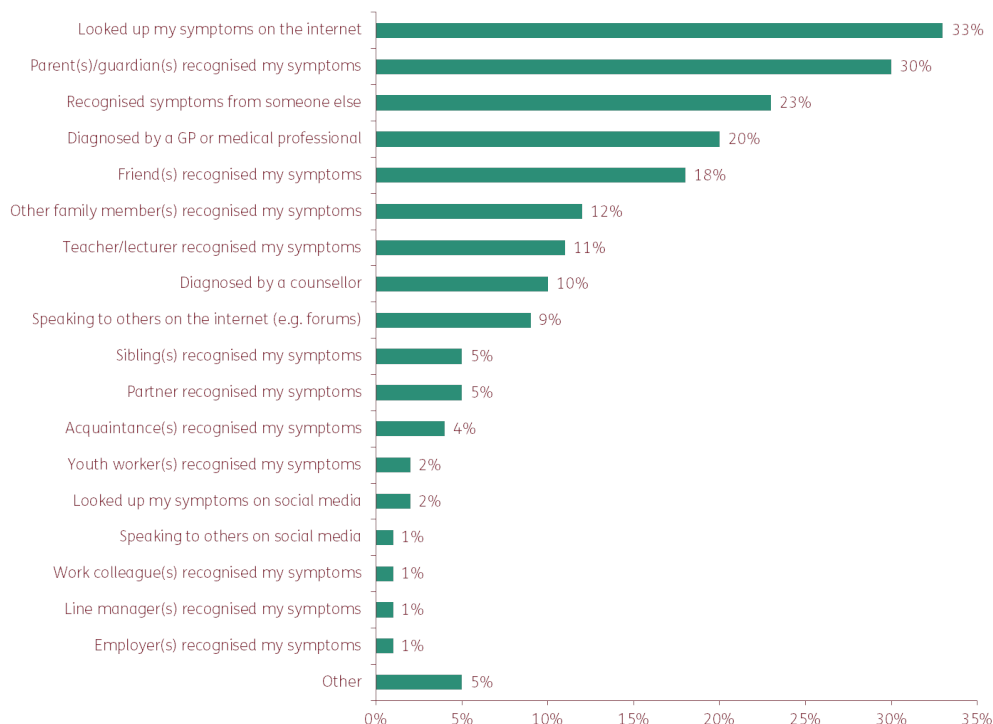
Accordingly, nearly a third of young people (32%) with ADHD and more than a fifth of people (21%) with OCD reported experiencing symptoms before the age of 10.

Critically, many young people interviewed spoke with the benefit of hindsight when stating the onset of their difficulties. Accordingly, while many recognised their symptoms, they did not realise at the time that what they were experiencing was a mental health difficulty.

Many young people first realise their symptoms themselves

A third of young people (33%) experiencing difficulties with their mental health first came to realise their difficulties by looking up their symptoms on the internet.

*How did you first come to realise that you were experiencing difficulties with your mental health?
(n=1,098)*



Overall, parents or guardians recognising symptoms was the second most common way in which young people first realised their difficulties, with 30% of young people with mental health difficulties realising them in this way.

The third most common way (23%) that young people recognised their difficulties with mental health was by recognising their symptoms in someone else. This is unsurprising given the number of young people who reported knowing someone else with a mental health difficulty.

The means by which young people first recognised their difficulties varied between genders with females most likely to recognise their symptoms on the internet (38%), and males most likely to have a parent or guardian first recognise their symptoms (28%).

The age of an individual also affects how they first recognised their difficulties, with younger children being most likely to have their symptoms first recognised by a parent or guardian. This is compared to those older young people who are more likely to use the internet to self-diagnose difficulties or to recognise their symptoms from others with mental health difficulties.

SECTION ONE:

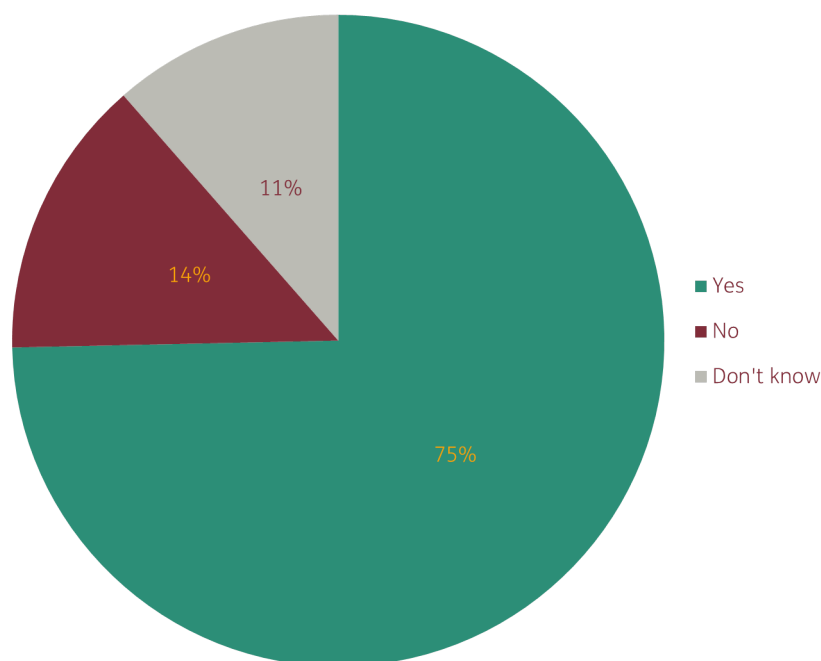
THE PREVALENCE OF STIGMA

In order to examine the impact that this stigma has on those young people with mental health difficulties, it is first important to examine the extent to which this stigma exists.

While it is difficult to quantify the true prevalence of stigma given how ingrained and often unquestioned it is in society, examining the attitudes and experiences of young people provides some indication.

Three quarters of young people (75%) believe that those with mental health difficulties are treated negatively as a result of stigma, illustrating just how exposed they are to these adverse attitudes and behaviours.

Do you believe that people experiencing difficulties with their mental health are treated negatively as a result of stigma? (n=2,072)

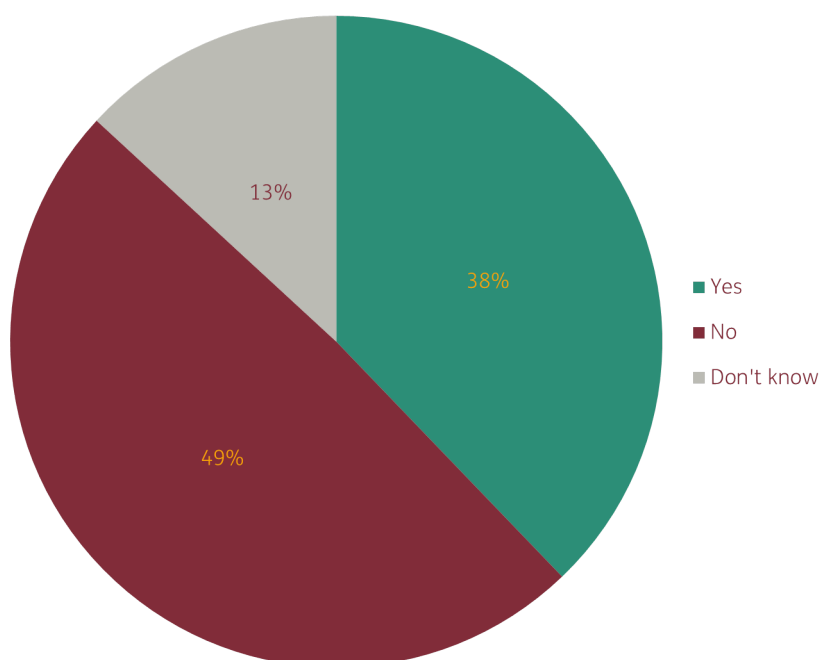


Those who had personal experience of mental health difficulties were more likely to believe that people with mental health difficulties experienced this stigma (80%), compared to those without personal experience (68%). This is likely due to the fact that those with mental health difficulties are more likely to recognise this stigma as a result of their personal situation and experience.

Belief in this stigma also tended to increase with age as the older young people got the more likely they were to believe that people experiencing mental health difficulties are treated negatively as a result of stigma.

The existence and prevalence of stigma within society is further illustrated by the fact that more than a third of those (38%) who have experienced mental health difficulties reported being stigmatised as a result.

Have you been treated negatively as a result of stigma around mental health difficulties? (n=883)

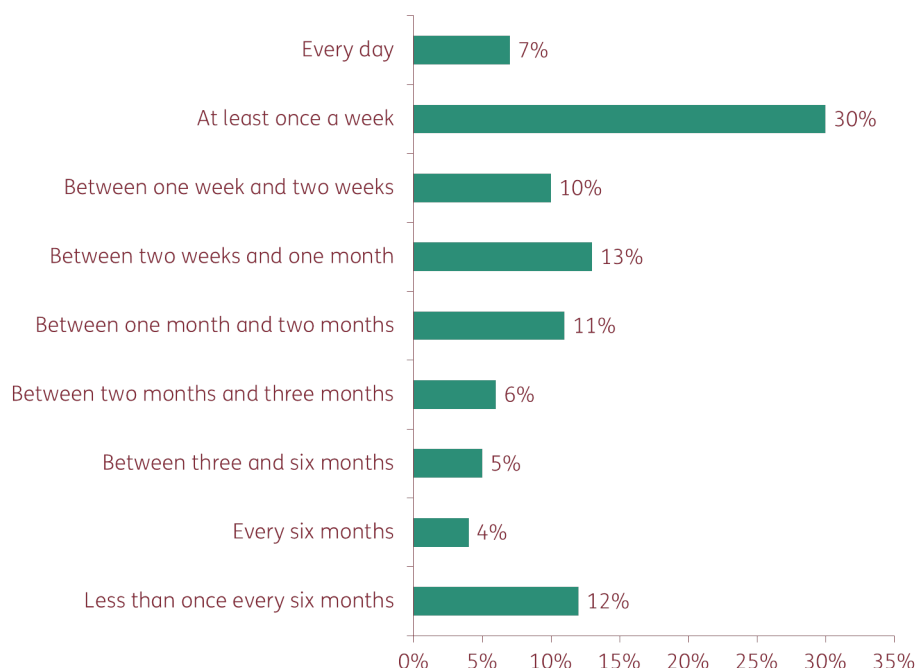


While belief in stigma tended to increase with age, younger children were more likely to report being treated negatively as a result of stigma than their older peers. As such, 50% of 11 to 17-year-olds experiencing mental health difficulties said they have been subjected to this stigma, compared to 33% of 18 to 24-year-olds.

Critically, these experiences of stigma were not an infrequent occurrence but instead they came to dominate the lives of many young people.

Of those young people who have experienced stigma as a result of their mental health difficulties, almost two fifths (37%) said they experienced it at least daily or once a week.

How often have you experienced this stigma? (n=334)



Males tended to experience stigma more regularly than females, with 49% of males experiencing it at least once a week compared to 31% of females.

Almost half of 11 to 17-year-olds (49%) experiencing this stigma did so at least once a week, compared to 29% of 18 to 24-year-olds.

When these figures are taken in conjunction with the number of individuals reporting to have experienced stigma, it can be concluded that a greater number of younger children are experiencing stigma, and at a more frequent rate.

The higher frequency that young people experience stigma likely explains their higher overall reporting of experiences given that it is more prevalent in their day-to-day lives at this age.

The disconnect between the proportion of young people saying they believe in stigma and those who experience it first-hand may be explained by the fact that of those who believe stigma exists, 58% have witnessed somebody being treated negatively as a result of the stigma around mental health difficulties.

Those who have experienced difficulties with their mental health within this group were more likely to report having witnessed someone being stigmatised as a result of their mental health difficulties, with 67% purporting to have witnessed this stigma compared to 45% of those who have not experienced any mental health difficulty themselves.

Females were more likely to have witnessed someone being stigmatised as a result of their mental health difficulties, although this is likely to be explained by fact that more females reported knowing someone with mental health difficulties compared to males.

While the younger survey respondents were more likely to report having experienced stigma, the older survey respondents were more likely to have witnessed someone being stigmatised. This is likely due to the fact that they older survey respondents have more life experience and thus increasing their opportunity to witness this stigma.

The numbers of young people reporting to have either witnessed or experienced the stigma surrounding mental health difficulties illustrates just how prevalent it is in society. Importantly though, this evidence demonstrates it is not just a belief; young people themselves are being stigmatised and often on a frequent basis.

SECTION TWO: MANIFESTATION OF STIGMA

Stigma tends to be a catchall phrase used to describe negativity towards a defined group of people; however, the reality for those who experience it is far more nuanced.

While each individual's experience of stigma is inevitably different, stigma generally falls into three broad categories:

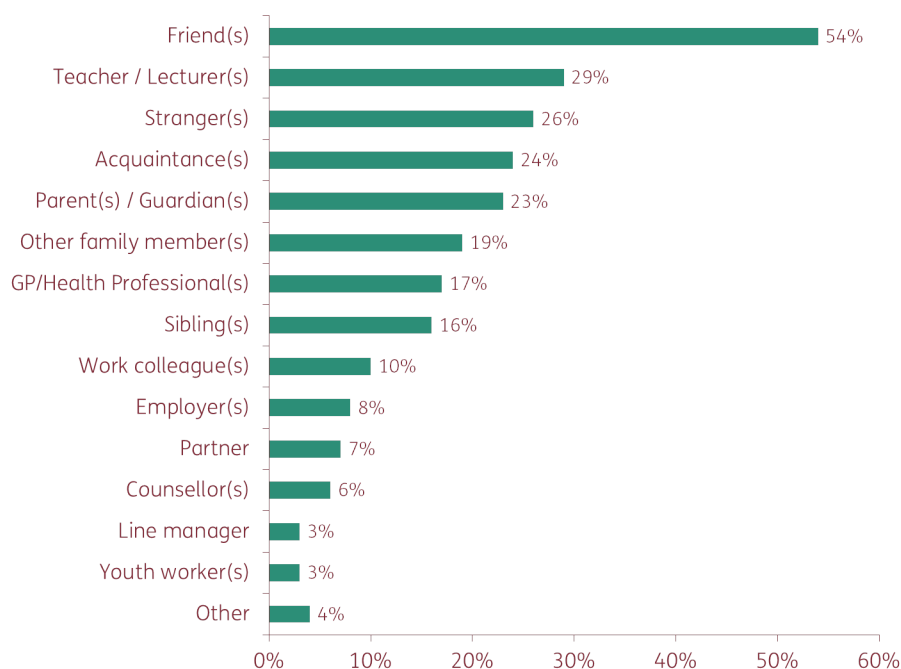
- Public stigma is the phenomenon of social groups endorsing stereotypes about, and subsequently acting against a stigmatised group; in this case those with mental health difficulties.
- Self-stigma occurs when a person internalises the negative stereotypes associated with public stigma, resulting in a loss of self-esteem and self-efficacy.
- Label avoidance is a third example of stigma that results in individuals not seeking out or participating in mental health services in order to avoid the egregious impact of a stigmatising label.⁴

These different types illustrate that stigma is inherently complex and can manifest itself in a number of ways. Importantly, the manifestation of stigma is also likely to vary between different types of mental health difficulties as the stereotypes and perceptions associated with them differ. Consequently, it is critical that stigma is properly understood in the eyes of all those who experience it in order for interventions against it to be effective.

Perpetrators of stigma

Evidence collected as part of this research suggests that often young people are experiencing stigma from those closest to them with friends overwhelmingly being reported as the main perpetrators of stigma. Accordingly, of those young people with mental health difficulties who have experienced stigma, more than half (54%) said that this was by their friends.

Who have you experienced stigma from as a result of difficulties with your mental health? (n=334)



While there were numerous reports of specific and intentional cases of verbal and physical abuse, much of the stigma young people participating in the research reported receiving was seemingly unintentional. Many felt that their friends simply did not understand their difficulties and so often attributed the stigma they received to a lack of knowledge and understanding.

However, given that friends were also the group named as most commonly (50%) perpetrating stigma in incidences where it was witnessed, it can be concluded that a large amount of the stigma young people with mental health difficulties face is explicit and noticed beyond the person experiencing it.

Whether intentional or not, it is clear that peer groups provide a major source of the stigma directed towards young people with mental health difficulties and thus, are at least partly responsible for the ensuing impacts.

After friends, teachers and lecturers were named as the second most common perpetrators of stigma, with 29% of young people with mental health difficulties reporting to have experienced stigma from them.

Again, much of the stigma young people reported from their teachers and lecturers was from a lack of awareness about mental health difficulties. Indeed, a large part this manifested itself in teachers and lecturers being unintentionally ill equipped to both communicate with and support the young person.

Parents and guardians were deemed to be the perpetrators of stigma by 23% of those young people who had experienced it. While the prevalence was not as high as those experiencing it from strangers (26%) and acquaintances (24%), given the critical role that parents and guardians often play in a young person's life, this is likely to have an increased negative impact.

In contrast, reports of stigma being perpetrated by strangers (39%) and acquaintances (24%) were higher in instances where it was witnessed rather than experienced first-hand.

While there is an element of subjectivity in reports of witnessed stigma; the difference between perpetrators of it and those of experienced stigma illustrate how complex a phenomenon it is and how interpretations can differ between individuals.

In addition, of those young people who have experienced this stigma, 17% said it came from GPs or health professionals. Naturally, given their professions this is likely to have occurred in those vital instances where young people are seeking support.

Young people reported mixed experiences of this support seeking process. While numerous young people reported the ease of the process and how helpful their GPs and health professionals were, others reported being met by people who they felt did not understand their difficulties, did little to support them, or lacked the necessary resources to provide this support.

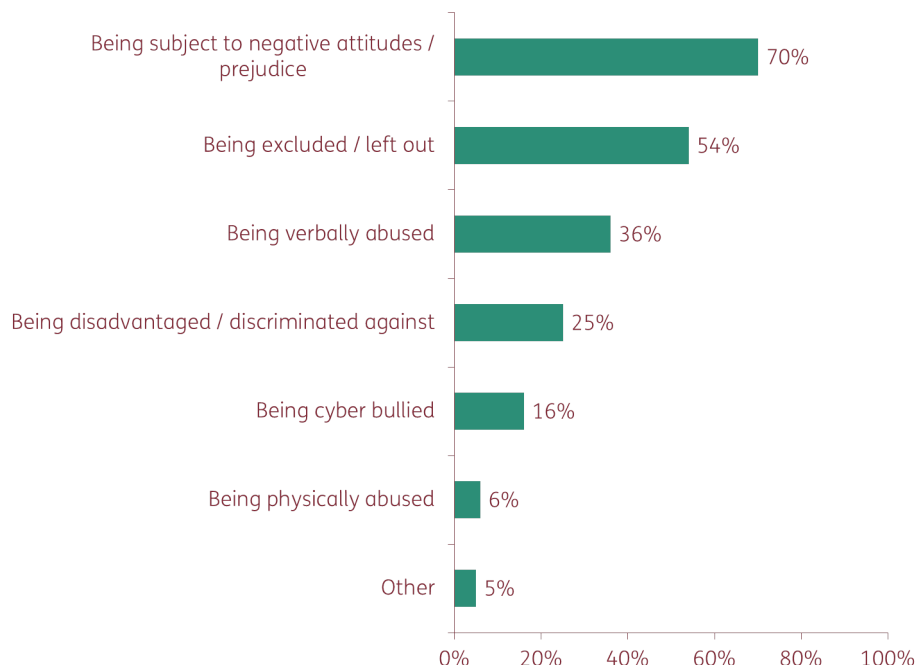
Among those in employment, the stigma experienced from work colleagues (17%), employers (15%) and line managers (7%) was still relatively low, compared to that from friends (54%). This is likely linked to the fact that those in work are predominantly in the older age groups and that these tend to experience less stigma.

While figures are comparatively low for those experiencing stigma as a result of mental health difficulties in the workplace, evidence collected from interviews highlighted the damaging impact that this can have on young people where it does take place, affecting their confidence and decreasing their desire and ability to work.

Manifestation of stigma

Stigma was most likely to manifest itself through negative attitudes and prejudice, which 70% of young people who experienced stigma as a result of their mental health difficulties reported being subjected to.

In what way(s) have you experienced this stigma? (n=334)



In addition to being the victims of prejudice, more than half (54%) of the cohort said that they had experienced being excluded or left out as a result of this stigma.

Reasons for this exclusion differed widely among young people. An inherent divide existed between those who felt that they were purposely excluded due to others not wanting to be associated with someone with mental health difficulties, and those who felt it was the result of those whose peers simply did not know how to interact.

In the first instance, young people reported cases in which they were specifically and deliberately ostracised from social situations because those around them were not accepting of their mental health difficulties. These cases were often accompanied by examples of verbal or even physical abuse.

However, in the second instance young people reported that their friends simply did not know how to interact with them as a result of their mental health difficulties. Often this was accompanied by the young people themselves withdrawing or isolating themselves. This can be attributed to a feeling that others would not understand, or as a result of self-stigma and the feeling that others would not want to interact with them.

The trends in the manifestation of stigma are similar for those young people who have witnessed the occurrence of stigma as a result of mental health difficulties with prejudice being the most common manifestation followed by exclusion and young people being left out.

While experiences of direct abuse may be lower than those of prejudice and exclusion, more than a third of young people (36%) who experience this stigma reported being verbally abused, 16% reported cyber bullying and 6% reported being physically abused.

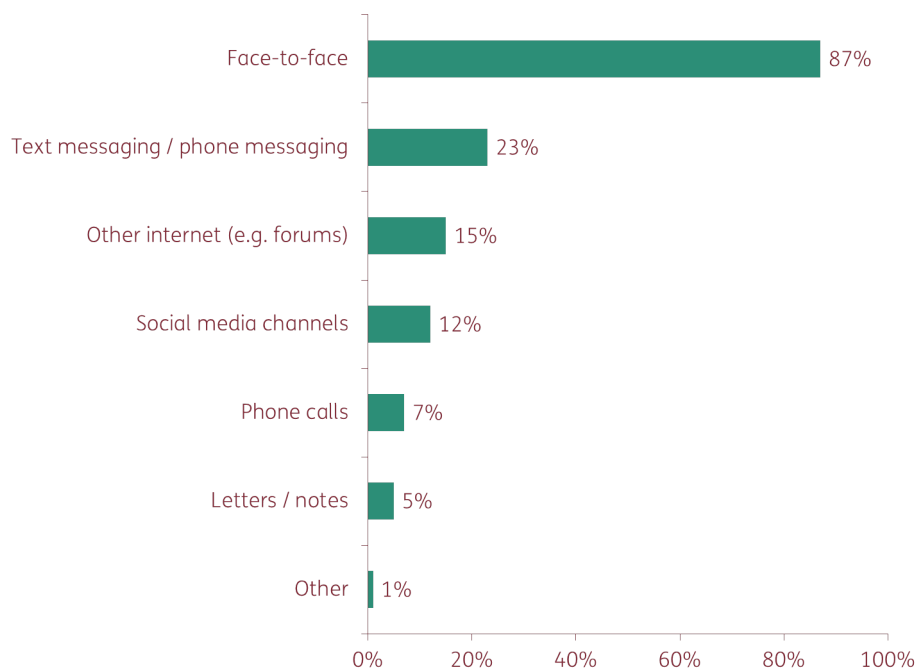
Males were more likely to be directly abused as a result of stigma, the most common being verbal abuse (40%), compared to a third of females (33%).

In contrast, while prejudice was the most common manifestation of stigma for both males and females, the latter were more likely to experience it than males. In total, 76% of females reporting to experience stigma said it manifested in prejudice compared to 60% of males.

Medium of stigma

The research also reveals that young people were predominately stigmatised to their face, with 87% of those who report experiencing stigma as a result of their mental health difficulties having received it in this way. This is likely to be due to the fact that stigma is predominately perpetrated by friends and this is likely to occur throughout everyday life.

How have you experienced this stigma? (n=334)



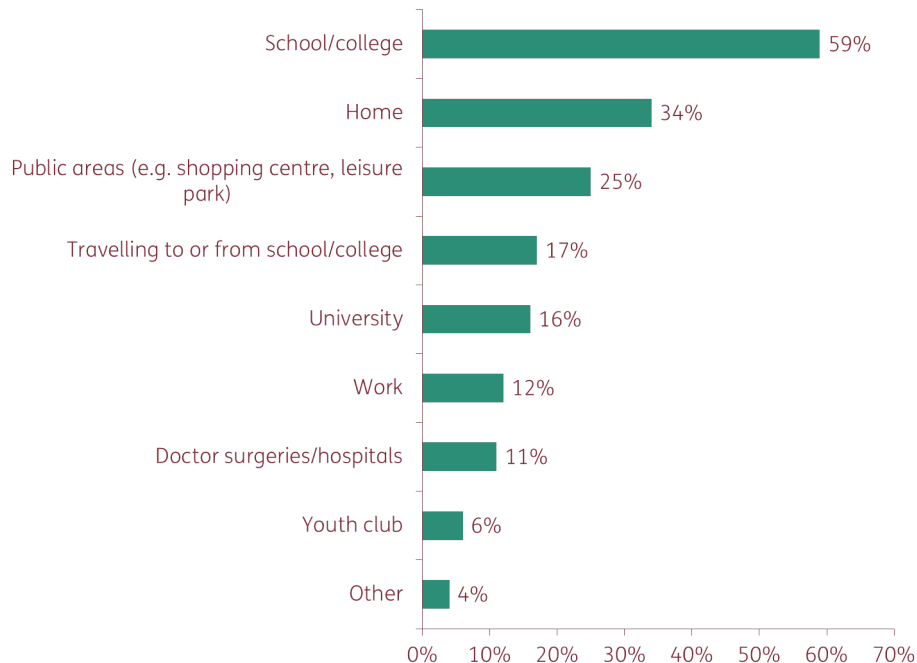
Text or phone messaging was another primary means by which young people received stigma, with 23% of those who experience it reporting doing so via the medium. This, again, is likely linked to the fact that the majority of stigma comes from those people known to the young person, including friends and family who would be more likely to access the medium than other perpetrators of stigma.

While many young people interviewed in the research identified social media as having a negative impact on their mental health and wellbeing - stating that it often exacerbated a feeling of isolation and loneliness - experience of stigma via these means was relatively low. This is likely linked to the fact that experiences of cyber bullying were comparatively low compared to other manifestations of stigma.

Arena of stigma

The main arena in which young people are stigmatised as a result of their mental health difficulties was schools, with 59% of the group reporting have experienced it here.

Where do you experience this stigma? (n=334)



The young age of the majority of the cohort makes school the most likely arena in which they experienced stigma, given the amount of time this group spend there. This is also likely to be reflective of the fact that friends and teachers and lecturers were most often named as the perpetrators of stigma and logically this would primarily happen in the school environment where there is the most interaction with these groups.

The second most common arena was in the home, where 34% of the group experienced it. Again, this is likely to be due to the dominant role that home life plays in the lives of young people, especially those at the younger age of the sample interviewed.

Females were nearly twice as likely as males to report experiencing stigma in the home. This is likely linked to the fact that more females than males reported experiencing stigma from their parents and guardians, siblings, partners and other family members.

Examining young people's experiences of stigma demonstrates that both implicit and explicit stigma comes in many forms. The findings also show that it is not something that happens in far away places and by those unknown to the young people. Instead, it is often inflicted by those closest to the young person in the setting they depend most upon for support.

Louis, 19, South East

“My dad was a drug abusing alcoholic, and he used to abuse me when I was younger, he used to abuse my mum and in turn made my mum turn to alcohol to cope and suppress the feelings that she got from that type of stuff. She was what I was told is a functioning alcoholic.

I currently suffer from Depression, Anxiety, Social Anxiety and Vasovagal Syncope. Vasovagal Syncope is a form of Epilepsy but what it is that it is Epilepsy with a trigger, it is not an Epilepsy with flashing lights or anything like that, my Epilepsy trigger is stress, it can be anything.

I blame my past for that, because I think my body has been too stressed for too long and now doesn't know what to do with it, so it blanks me out so I don't have to deal with it and it can recover.

I turned to self-harming when I was 13. I didn't want to tell anyone because I didn't want to be the person 'oh he cuts himself', 'oh he wants to die of suicide' or something, no I didn't want to do that.

I didn't want to go to school in case someone questioned something, saw something, or heard something. I didn't want to be questioned.

I watched a girl be beaten up in school because they found out that she has Schizophrenia. As she went into the cubicle, one guy went in and kicked open the door and they all just rushed in and laid into her, and they all ran away laughing as she is like bleeding. I felt so helpless because I wasn't that big in Year 7, I was five foot nothing, do you know what I mean. So me versus six foot Year 11's and six of them, I am not going to be able to do anything. I just had to stand there.

So yeah, stigma does happen and that is one of the things I was worried about. What if they find out that I have got depression? Or what if someone finds out that I have got mental illnesses. I was like 'I can't go and tell the counsellor that I have got this stuff because what if it goes on a record and the record is left out on someone's desk or something in the offices and someone sees it?'”

Adam, 17, North West

“When I was in like Year 7 and Year 8, I basically just flipped out of nowhere and then went really quiet for a few months.

It felt very lonely I have to admit. It also affected me further on because Year 7 and 8 are obviously important for making mates and everything. I just stayed quiet and kept to myself. I generally kept myself to myself just because I thought it was a better way of dealing with things and sorting my own things out.

Obviously because I isolated myself, my friends isolated themselves away from me because they thought 'oh he doesn't want to talk to anyone' and 'he doesn't like talking'. It took me a few years to find a group of people that I felt comfortable around because I isolated myself earlier on in life.

Some people these days make quite a few jokes around it, like it's nothing, but it does affect people. Others see it as a joke and they can have a laugh with it, but to another person it can be seen as really offensive. If they are going through it themselves, they can't perk up and say anything about it.

Everyone who has had mental health will have gone through it at one point, especially at the age I'm at now because people see everything as a joke.

I think with people at my age and maybe a bit younger that experience family problems that draw them into mental health or problems with social life or anything – people joke about it and they don't actually realise the severity of what it can do to someone.”

Seren, 13, Wales

“I've been diagnosed with kind of like a mild Depression and an Eating Disorder.

I don't think I was the first one to realise I had mental health issues; I think it was my mum. She noticed, you know, the side-effects of an Eating Disorder like sunken eyes. I started to look like really unhealthy, I wasn't eating at all. I wasn't sleeping. Well I was sleeping quite a lot actually but I would sleep more in the day than in the nights.

So my mum kind of started taking matters into her own hands and started looking up on it. When she came up to me saying she thinks I have an Eating Disorder, I think it kind of triggered something. I kind of knew that something was wrong with me, but then that triggered me to pick out all of the little bad differences that I think about myself, that caused Depression, and then I started to self-harm quite a lot of the time.

I think trying to stop these kind of hurricane feelings inside me was a challenge as well, because trying to overcome something so big, it takes over your teenage life.

I felt a bit helpless. I can remember feeling very alone and kind of stuck because I felt like no one was there.

I didn't want people to know. I kind of knew that something was wrong with me but I didn't want to pin point it because I knew that would just make me realise that something was wrong with me.

So the sooner my mum found out the quicker I kind of got really angry at myself because I've always expected to be someone that's top this and top that, like just perfect at everything. I normally don't reach those expectations that I set for myself and that does knock me back a lot.

If people found out I think that I would feel very exposed because people would know one of my darkest sides, and people are so used to seeing my best side. If they were to see a little part of me that wasn't OK, I think that would change their whole perspective on me as a person and I don't want that.”

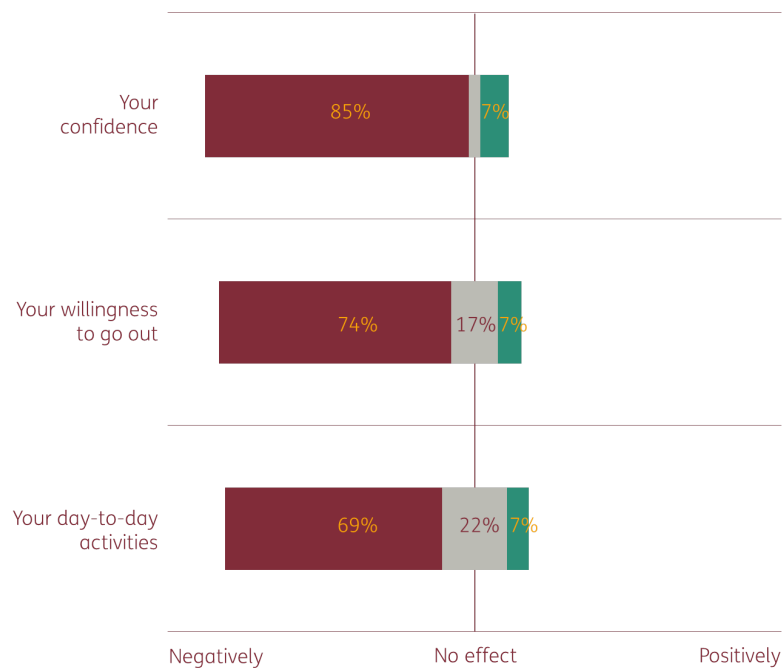
SECTION THREE: IMPACT OF STIGMA

Evidence uncovered in this research has illustrated just how pervasive stigma associated with mental health difficulties is in society. Critically, this research has also uncovered the overwhelmingly negative impact this is having on many aspects of young people's lives, often inhibiting their ability to thrive.

Impact of stigma on social activities

The largest impact of stigma was on young people's confidence. Of those young people who had experienced this stigma 85% said that it negatively impacted on their confidence.

How has this stigma affected the following? (n=334)



Despite the fact that the younger cohort of survey respondents were found to experience this stigma more frequently, they reported a less negative impact on their confidence. Accordingly, 90% of those aged 18 to 24-years-old reported a negative impact on their confidence, compared to 78% of 11 to 17-year-olds.

Confidence levels can impact every aspect of a young person's life. This is illustrated by the fact that 69% of young people who were stigmatised said it negatively affected their ability to perform day-to-day tasks and 74% said it negatively affected their willingness to go out.

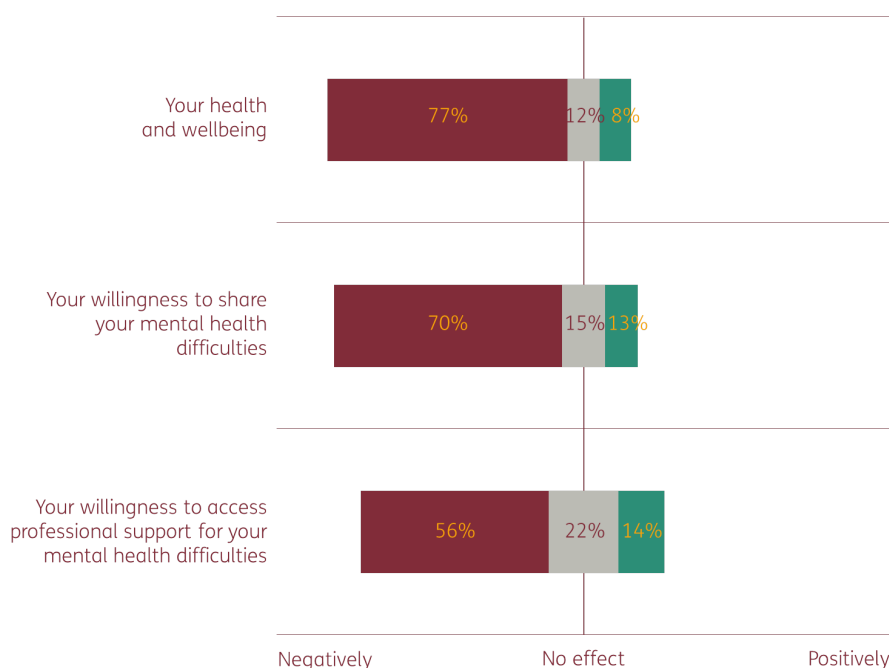
Young people sharing their story as part of the research repeatedly spoke of feelings of isolation and loneliness as a result of stigma, and how these often exacerbated their mental health difficulties. Being unable or unwilling to go out or to perform day-to-day tasks is likely to contribute to a vicious cycle that amplifies these feelings of isolation and loneliness and can prolong experiences of mental health difficulties.

Accordingly, these feelings of isolation and loneliness were often involuntarily self-induced with many young people reporting to withdraw from friends and family themselves rather than being intentionally excluded. While in some cases this is likely due to the mental health difficulties, this is exacerbated by experiences of stigma, the resultant reduction in confidence and feeling those around would not understand their difficulties.

Impact of stigma on health and wellbeing

Despite increasing awareness of mental health difficulties in society, the stigma that is so often attached to them is still preventing some people from speaking out. Critically, 70% of young people who are stigmatised in this way said it negatively impacted on their willingness to share their mental health difficulties.

How has this stigma affected the following? (n=334)



Those older survey respondents were more likely to report this impact of stigma with 75% of 18 to 24-year-olds with mental health difficulties stating that stigma negatively impacted on their willingness to speak out about these difficulties compared to 61% of 11 to 17-year-olds.

The variance between the two is likely due to the fact that those in the younger age bracket are more likely to have their symptoms first recognised by a parent or guardian, whereas those in the older bracket are more likely to self-diagnose their symptoms. While having someone else first recognise symptoms does not automatically assume that a young person will be willing to share their difficulties, it does increase the likelihood of open conversations as another person approaches the subject.

Keeping mental health difficulties hidden can further add to the feelings of isolation and loneliness experienced by a young person, leading to a vicious circle of suffering and solitude. This is critical given that young people often see speaking out as one of the first steps to seeking help.

The cause of this reluctance to speak out was given to be two-fold by young people. Firstly, given the levels of stigma that surround young people, many were afraid to share their mental health difficulties for fear of persecution or negative backlash. This fear ranged from a fear of violence or physical abuse, to a fear that those around them simply would not understand or believe what they were going through.

Crucially, a young person does not have to directly experience stigma for it to have a negative impact on their willingness to speak out, even the perceptions that surround mental health difficulties within society are enough for many.

Secondly, for some young people, the experience of self-stigma is a stronger factor in their reluctance to speak out. Many spoke of feeling ashamed or that they had failed because they were experiencing mental health difficulties. While these feelings are likely linked to the internalisation of wider experiences of societal stigma, for some, the stigma they inflict on themselves can be more powerful than that they receive from others.

Over half of young people (56%) who were stigmatised reported a negative impact on their willingness to access professional support for their mental health difficulties. Similarly to willingness to speak out, there was a disparity between the older and younger age groups. Again, this may be contributed to by the fact that parents and guardians tended to realise the symptoms in younger children. Therefore they are more likely to play a stronger role in their lives at younger ages and more likely to initiate the support seeking process.

A failure to access professional support can prolong young people's experiences with mental health difficulties, at best, delaying their road to recovery and, at worst, exacerbating their symptoms causing increased suffering.

Taking these factors together illustrates the dramatic impact that the stigma surrounding mental health difficulties can have on the health and wellbeing of young people. Certainly, more than three quarters of young people (77%) who experienced this stigma said that the result was a negative impact on their health and wellbeing.

Those in the older age categories were more likely to report a negative impact on their health and wellbeing as a result of the stigma they have received compared to their younger counterparts. As such, 85% of 18 to 24-year-olds reported a negative impact on their health and wellbeing compared to 65% of 11 to 17-year-olds.

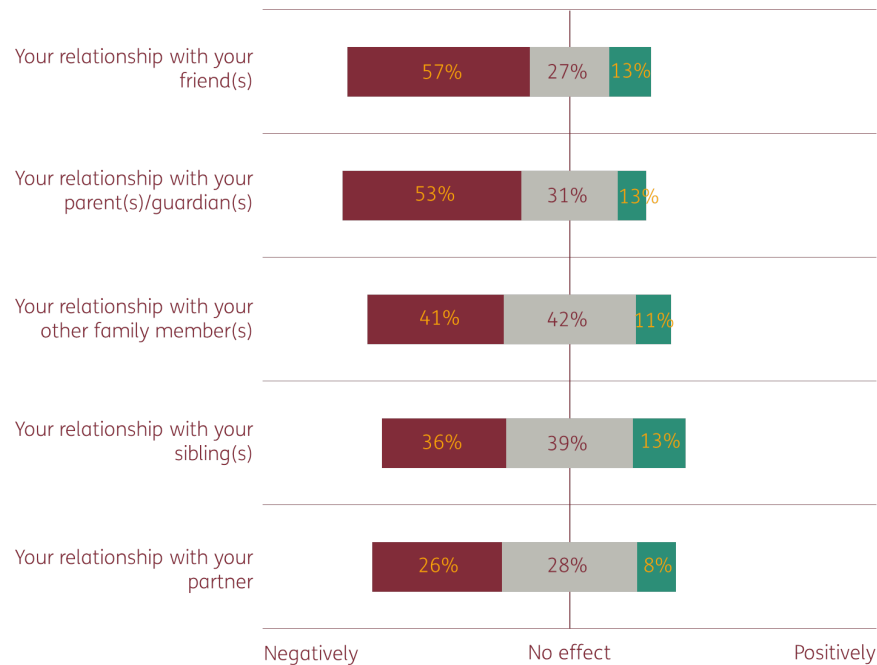
Again, this is in spite of the fact that a greater number of those in the younger age group experienced stigma and did so on a more frequent basis. However, logically, those in the older age group are likely to have experienced mental health difficulties for longer and thus, are likely to have experienced stigma for a more prolonged period of time.

While the effects of stigma are inevitably relative to the individual, the impact on health and wellbeing may be more pronounced for those who have experienced it over a sustained period of time.

Impact of stigma on relationships

While stigma has had a profound and relatively uniformly negative impact on individual's health and wellbeing, the impact of it on relationships was less consistent.

How has this stigma affected the following? (n=334)



The most notable impact of stigma was on young people's relationships with their friends. Of those young people who reported experiencing stigma as a result of their mental health difficulties, 57% said that it negatively impacted their relationships with their friends. This is foreseeable given that friends were named as the most common perpetrators of stigma.

The importance of peer groups for many young people cannot be underestimated. A supportive network of friends can provide young people with a sense of stability, give them the confidence they need to speak out about their difficulties, and provide them with a support when they do.

In spite of this, many young people are reporting being intentionally stigmatised by friends who are not accepting of their mental health difficulties. Given that this stigma can range from prejudice to physical abuse, the ensuing negative impact on their relationships is seemingly inevitable.

Crucially, however, on the other end of the scale is the proportion of stigma that is unintentionally inflicted by friends unintentionally. Many young people identified the power of everyday language and the triggering effects that it can have on those with mental health difficulties. This language tended to range from uninformed comments to jokes or 'banter' about mental health. While no malice was intended in many cases, the impact on the individual could be no less significant.

Whether intentional or not, it is clear that the friend group has become a source of anguish rather than support for far too many young people with mental health difficulties. The consequences of this range from increased feelings of isolation and loneliness to a decreased likelihood of the young person speaking about their difficulties and the challenges they are facing.

In addition to friends, young people's relationships with their parents or guardians was another area in which mental health stigma had the most negative impact. This is illustrated by the fact that more than half of young people (53%) who reported being stigmatised said that their relationship with their parents or guardians was negatively impacted.

Given that less than a quarter of young people (23%) with mental health difficulties reported directly experiencing stigma from their parents or guardians, the extent of the adverse impact it had on these relationships is more likely due to the wider effects of stigma on a young person. These include a reduction in confidence and increased difficulty in conducting day-to-day activities, rather than the direct stigma they have received from their parents and guardians.

Many of the young people who shared their stories as part of the research had conflicting accounts of their relationships with parents and guardians. While several saw them as a vital source of support, others spoke of a sense of disconnect with parents and guardians either not understanding the difficulties that they were facing or in some cases, not believing the difficulties.

A generational gap in knowledge and awareness around mental health was a dominant theme in many interviews, with young people feeling that the older generations simply did not understand their mental health difficulties. Despite this, young people were still predominantly stigmatised by their own peer group, illustrating that the problem extends beyond just the older generations.

Of those for whom it was deemed relevant, more than two fifths (41%) said that their relationship with their siblings had been negatively impacted as a result of the stigma they have received due to their mental health difficulties (36% overall).

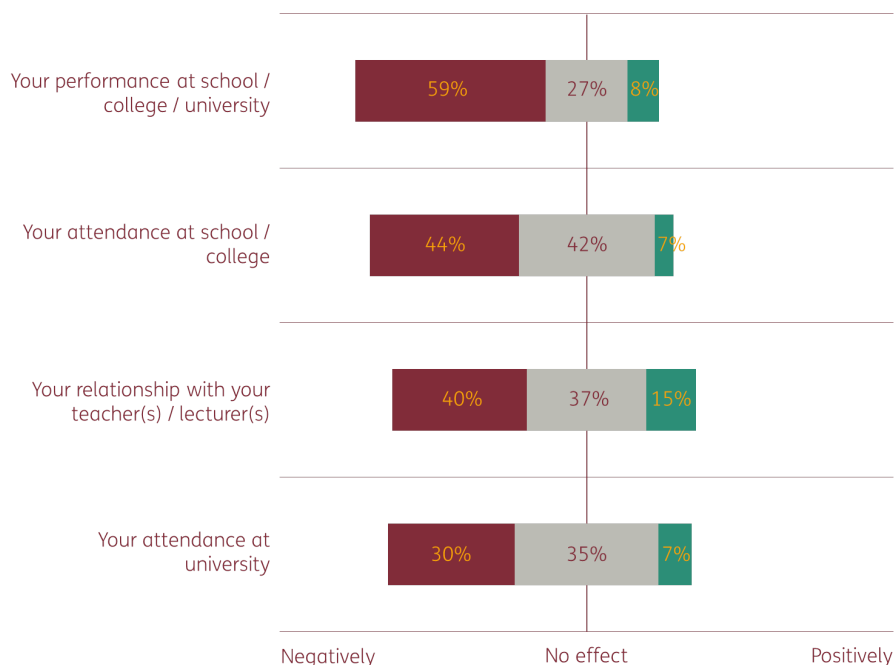
Given that only 16% of young people with mental health difficulties reported experiencing stigma from their siblings, again, the negative impact on these relationships is likely to be resultant of the wider effects of stigma experienced elsewhere rather than specific incidences of stigma between siblings.

Speaking out about mental health difficulties can be hard for many young people, and it is critical that once they do, they are met with a receptive and understanding response from those closest to them. However, too often these relationships are being undermined by the stigma that young people are experiencing.

Impact of stigma on education

Given the important role school has in shaping young lives, it is critical that the experience is a positive one. Despite this, for many of the young people participating in the research, their time in education was, or still is, very different.

How has this stigma affected the following? (n=334)



Of those young people who experienced stigma as a result of their mental health difficulties, 44% said that it negatively impacted their attendance at school or college. Similarly, of those young people for whom it was considered relevant, 41% said their attendance at university was negatively affected as a result of the stigma they experienced (30% overall).

Given that school or college was the location named where young people felt they most often experienced stigma, the negative impact on their attendance is unsurprising.

The symptoms of mental health difficulties in themselves can make the educational experience more challenging for some young people, with many young people reporting problems with concentration and motivation to work. However, these challenges are likely perpetuated by experiences of stigma, which too often impair young people's confidence and prevent them from seeking the help and support they may need.

This lack of support can have a two-fold effect. In the first instance it can prolong and even perpetuate experiences of mental health difficulties, which can lead to additional suffering for the young person. Secondly, it can impact on a young person's attainment, which can have a long-lasting impact on their future job prospects.

The fall in a young person's confidence can also have a negative impact on their attainment in school as it often inhibits their willingness to positively engage in lessons. This lack of interaction often means that a young person is not making the most of the educational experience and their results can suffer as a consequence.

Indeed, of those young people who were stigmatised, 59% felt that it affected their performance at school, college or university. While this is inevitably linked to lower attendance rates, it is also likely an indicator that many young people are not getting the support they need in schools to fulfil their full potential.

As already noted, teachers and lecturers were the second most commonly named groups who stigmatised towards young people with mental health difficulties. Given this, it is unsurprising that of those young people who experienced stigma as a result of their mental health difficulties; two fifths (40%) said that it negatively impacted their relationship with their teachers and lecturers.

Of those young people who reported being stigmatised by teachers and lecturers, the majority felt that this was due to a lack of training or awareness. In these cases either the teacher or lecturer did not recognise the symptoms in a young person who had not reported them, or when they did, they simply did not know how to help the young person and, thus, could not act accordingly.

While much of this stigma may not be intentional, the negative effects can be no less pertinent. The difference in experiences of those young people who felt fully supported by their teacher or lecturer was substantial. As such, the right support at this time can not only help to ease symptoms of the mental health difficulty in some cases, but can also limit the longer-term impact on a young person's life by helping to limit the negative impact on their attainment.

Impact of stigma on work

In a similar sense to education, of those young people for whom it was considered relevant, 31% said that the stigma they received negatively impacted their attendance at work (21% overall) and 41% said that it negatively impacted their performance in work (28% overall).

How has this stigma affected the following? (n=334)



Relationships with those in work were also negatively affected by stigma. Interestingly there was little variance between the scales of this negative impact with approximately one in three of those who worked reporting that their relationships with their employer; line manager and work colleagues had been negatively affected as a result of stigma.

The difference between the impact of stigma on work and on work relations is likely due to the fact that many young people do not feel able to be open with either their work colleagues or their employers about the difficulties they are facing.

A common theme emerging from the interviews is of young people not wanting to appear weak to those around them. Many, therefore, worried that they would be judged or discriminated against if they shared their difficulties or that others would think that they 'could not cope'.

This feeling of not wanting to appear weak is likely to be stronger in a work environment where an element of competition can exist between colleagues or where young people are dependent on the approval of employers in order to continue or advance in their profession.

Even if unfounded, the fear of judgement or discrimination alone can cause extensive harm as young people fail to mention their difficulties to employers and sufficient support systems are not put in place as a result.

The negative impact of stigma can also extend to those looking for work. As such, of those for whom it was deemed applicable, 44% said the stigma they received as a result of their mental health difficulties negatively impacted their ability to find work (33% overall).

This impact is likely to be two-fold. Firstly, there is stigma from employers whose own negative perceptions and preconceptions leave them unwilling to hire a young person with mental health difficulties.

Secondly, a young person's self-stigma is likely to affect their confidence to the point where they feel unable to go out and seek work. In some cases this can be due to insecurities about the visual signs of their mental health difficulties, like self-harming scars, or due to low self-esteem and problems speaking to new people.

Entering into work is a pivotal part in the lives of young people. While there are inevitably financial implications of not working, there are also issues of low self-esteem and a lack of a sense of purpose for those who do want to work but are unable to do so.

The evidence presented illustrates just how extensive and pervasive the effects of this stigma are. Critically, these impacts extend far beyond the boundaries in which it is experienced and instead come to dominate many aspects of a young person's life.

Veronica, 16, South East

“At the age of 14 my dancing got a bit more serious and I thought there’s something I wasn’t happy about and I didn’t realise what it was. I tried to lose a little bit of weight and I started cutting down and limiting what I was eating.

I think I didn’t actually understand it myself, which was a very difficult thing. It wasn’t until other people were noticing ‘oh, you’ve lost a lot of weight’ then realising it wasn’t actually healthy, that there was something deeper.

It was quite difficult knowing that people knew about it because it was something that, at the time, I was really quite ashamed of, even though I thought it was normal at the same time. So it was quite difficult.

I think what people also found very difficult is when it became very, very obvious I had an Eating Disorder, people would find it really difficult to eat in front of me and to talk about food and things. I could see that they all felt really uncomfortable sometimes in my company as a result of it.

I think it made it worse actually, because when I was in recovery I was sort of just re-familiarising myself with food and drink. So when people were feeling uncomfortable about it, it sort of made it worse because all I wanted really was a bit of normality, and to get away from everything I was going through and everything that was going on in my head.

I just wanted people to be normal and just to be who they are and not have to act awkwardly around me because actually it makes things worse for me. It makes me think ‘oh they don’t want to be around me’ and ‘they think that I’m a different person because of it’ when I’m not. I was always the same person that I had been.”

Andrea, 16, Wales

“Throughout my life I’ve suffered from Depression, Anxiety and an Eating Disorder. I find it really hard with my dad having mental issues as well, we clash so it’s kind of hard to handle it and keep on a good path about it.

Throughout all of high school and primary I’ve experienced really bad bullying, so school was always a negative place for me to be at. With school it’s kind of affected me majorly. I could have been achieving higher grades and doing more activities within the school but because of my mental health I find that some days, I just can’t do anything.

I just don’t want to talk to no-one, I don’t want to do no work, so that kind of knocks me down in school. I think it also makes me very unsociable because some days you just don’t want to see no-one, just shut away from everything. So I think it affects me as a person as well, because it knocks your confidence a lot. Then you’re like too nervous and unconfident to go out or try new things and kind of just live your life really.

It was scary seeking help because I didn’t want to be judged about it, but I knew I had to tell someone before I got too bad. I’ve been quite closed about it because I don’t want people to see me differently.

The people who do know about it kind of, it's hard to explain, they're just more protective over what they say. They just don't want to offend you or anything like that, and it makes you feel a bit stupid because I'm normal like everyone else. People have to be more sensitive towards me and it just makes me feel small really.

Because I had previously told the school about my eating disorder, some teachers only made it worse, like telling me like how to lose weight and stuff like that, so they were helping me towards the Eating Disorder.

I came to the decision not to tell them anymore about mental health so I kind of kept it away from my school because I don't want them to get involved with it because they haven't helped in the past."

Dexter, 17, London

"As I was going through like primary school and secondary school I got bullied a lot. I started suffering from really bad social Anxiety as well as symptoms of Depression. Since then I have been diagnosed with Depression, Anxiety, Social Anxiety, Dissociative Identity Disorder and PTSD. It was a long process for anybody to actually come to terms with the fact that I do suffer from quite severe mental health and it's not an easy thing.

I myself can definitely testify to this bisexual, transgender and suffer with mental health – stigma really found an easy orbit around me!

When I was living in Derbyshire the school tried to support me, they did try, but I just don't think they understood. Say if I walked out of class because I could feel myself going into a panic attack, I'd get screamed at by the teacher. There'd be other kids out bunking class and if they saw me having a panic attack, they'd throw stuff at me. They'd throw bottles at me. They'd throw chewing gum at me. Throw their drinks at me.

I was that emo kid in the corner. You know that's what everyone saw. Everyone used to be 'oh, why don't you just go self-harm and get it out of your system'. That's what people used to say. They'd be like 'why don't you go cut yourself?' They didn't know that I was self-harming, nobody knew that I was. Then for people to just automatically associate someone crying and shaking with something like self-harm, it kind of makes you think if that's what they think, why not make it a reality?'

That's the trouble that so many people have, that they have to deal with that. it does kind of make you think if that's what people expect of me, then that's what you're going to get. It ruins people.

The school I'm at now have been brilliant. I've had panic attacks in class to the point where I'm screaming and shaking in the corner and they've got everyone to move out of the classroom. They've very much taken a hands on approach in actually managing me to get me to do as much as possible, without pushing my limits. Which is something that shocked me because I hadn't experienced anything like that at my last school. I think everyone just realised it's just something that's a part of me, it's just something that happens. I can't control what triggers it. Everyone just kind of took it in their stride and got on with things."

SECTION FOUR: SOLUTIONS

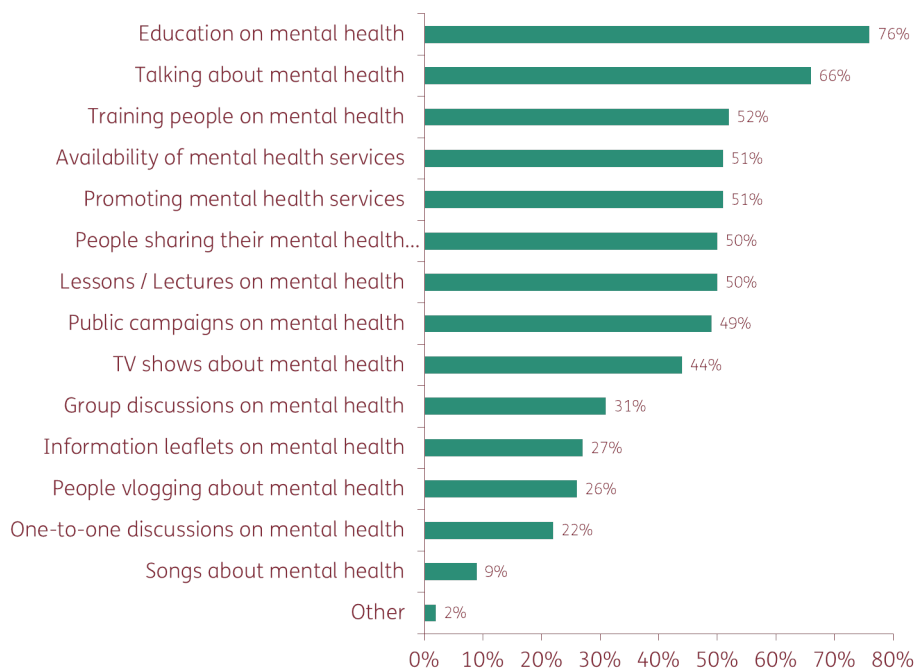
Given the various nuances that surround this stigma and the impact it can have on so many aspects of young people's lives, it is clear that it can only be tackled by a multi-dimensional approach. Critically, this approach must be rooted in the experiences and opinions of those who receive stigma as a result of their mental health difficulties in order for it to be effective.

How stigma can be tackled

Educating people about mental health

Given that ignorance was named as a common cause of the perpetration of stigma, education provides a logical starting point by which to tackle it. Indeed, more than three quarters (76%) of young people who believed that people are stigmatised as a result of their mental health difficulties thought that education could stop the stigma.

How do you think the stigma surrounding mental health difficulties can be stopped?
(n=1,547)



The importance of education is clear. Firstly, educating people about mental health, and mental health difficulties more specifically, would help to prevent some of the unintentional stigma that so many young people participating in this research reported experiencing.

Secondly, educating individuals about mental health helps to make them aware of their own experiences and potential difficulties, that, in turn, helps to improve help seeking behaviour.

As already noted, many young people reported feelings of guilt and shame on the discovery of their mental health difficulties. Such feelings can perpetuate symptoms and cause the young person to become trapped in a vicious circle of shame, isolation, and self-stigma.

Talking about mental health difficulties

Of those young people who believe in this stigma, 66% think that talking about mental health is key to tackling it. Similarly to education, talking about mental health helps to normalise difficulties and thus increase awareness and understanding.

Tackling stigma requires people to be open about their mental health difficulties in order to combat the myths and stereotypes that so often dominate the dialogue around them. Creating open and honest discussion removes some of the secrecy that many young people currently feel is necessary when they are experiencing such difficulties. It can also help encourage them to seek support when necessary.

As such, of those young people who believe people are stigmatised as a result of their mental health conditions, half (50%) said that people sharing their mental health difficulties would help to combat the stigma.

Indeed, many of the young people participating in the research chose to share their story in the hope that it would help someone else in a similar situation to their own. The sharing of experiences between peers can be particularly effective in helping to tackle stigma, given that friends were the group most reported to stigmatise young people with mental health difficulties.

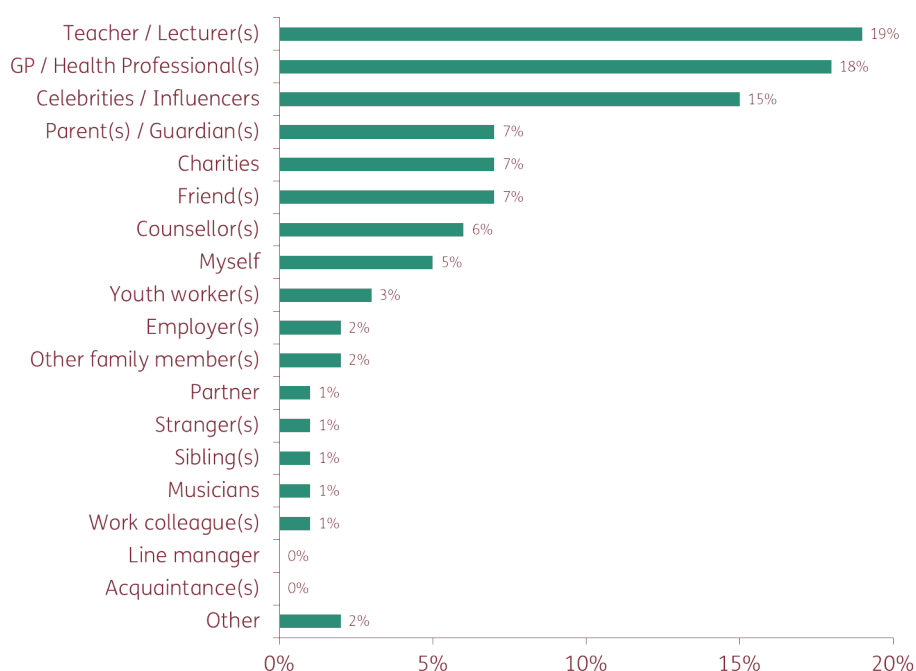
In addition, young people's preference for more people speaking about mental health is clearly illustrated by the prominence they give to celebrities and influencers (15%) as one of the groups best placed to tackle stigma. The power of celebrities to change the discourse surrounding mental health difficulties should not be underestimated but, again, it is important for the messages portrayed to be responsible and do not contribute to the existing stigma that often dominates public life.

Train professionals in mental health

Professionals have a pivotal role in tackling the stigma that surrounds mental health difficulties given their unique access to young people.

Given the levels of stigma experienced in schools and colleges, it is logical that teachers and lecturers are named as one of those best placed to tackle this stigma by 19% of young people who believe in the stigmatisation of mental health difficulties.

Who do you think is best placed to help tackle the stigma surrounding mental health? (n=1,547)



Indeed, given the time that many young people spend in schools and colleges and the unique access that teachers and lecturers have, interventions in the school setting are likely to be particularly effective.

However, given the levels of stigma reportedly caused by teachers and lecturers, it is clear that more training on mental health difficulties is required in order for these interventions to be successful.

Increased training for teachers and lecturers would help to prevent the unintentional stigma that many young people experience when they are simply ill equipped to support the young person adequately. Additionally, it would allow them to recognise the symptoms of mental health difficulties in young people where perhaps they have not yet been realised, and subsequently signpost them towards support services.

In addition to teachers and lecturers, young people (18%) also believed that GPs and health professionals have a key role to play in tackling stigma. While this is likely linked to young people's preference for educating individuals about mental health as a means by which to tackle stigma, they also have a role to play in tackling the self-stigma that so many young people experience by helping them to fully understand their condition.

However, again, given that a number of respondents also reported receiving stigma from GPs and health professionals it is clear that some additional training may be required to support them when working with young people who experience mental health difficulties.

Promote and increase mental health services

It is vital that young people with mental health difficulties feel comfortable and able to access the help and support they need. However, as already evidenced, the stigma that young people are receiving is decreasing their willingness to access professional support.

This reticence was particularly prevalent in schools when young people did not want their peers to know they were accessing support for fear of receiving stigma. To help combat this and encourage young people to seek support it is important that mental health services are more readily available and heavily promoted in order to normalise them in the eyes of all young people.

Certainly, of those young people who believe people are stigmatised as a result of their mental health difficulties, 51% said that the availability of mental health services and promoting mental health services were key to tackling it.

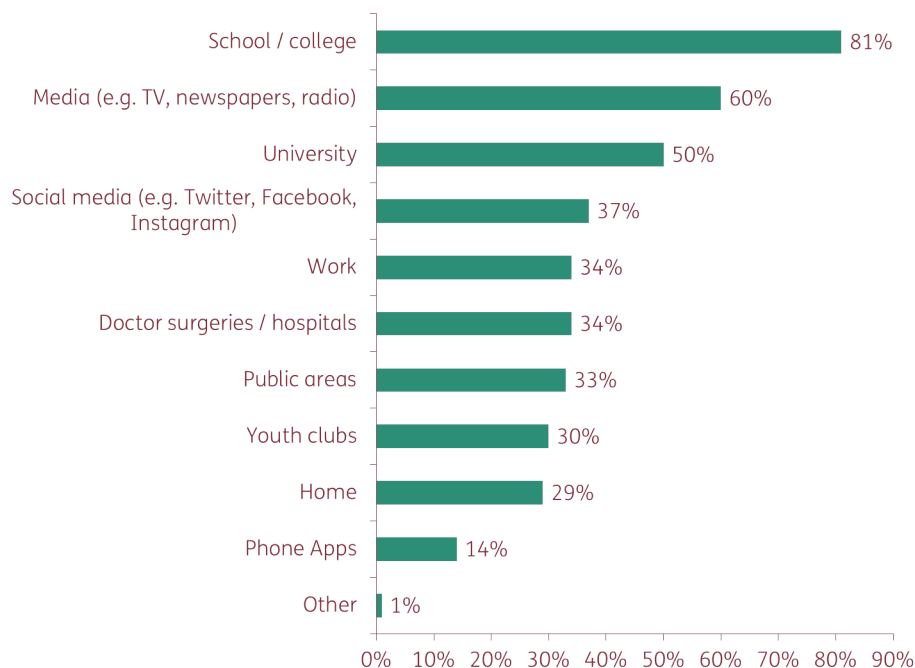
Where stigma should be tackled

Schools

Given the early onset of symptoms for many young people and the prevalence of the stigma that individuals receive at these ages, it is clear that interventions to tackle stigma must begin in the places young people most often frequent, namely schools and colleges.

Certainly, more than four fifths of young people (81%) who believe in the stigmatisation of mental health difficulties said that schools and colleges were the best place to tackle stigma.

*Where do you think is the best place to tackle stigma surrounding mental health difficulties?
(n=1,547)*



Logically, tackling stigma at this young age can help prevent future problems occurring as children grow up. In particular, given the extent to which being stigmatised reduced a young person's willingness to share their difficulties and seek professional support, tackling stigma at this age can help breakdown some of these barriers experienced when trying to overcome their mental health difficulties.

Many young people spoke of years of needless suffering while they kept their difficulties secret and refused to seek help for fear of negative reactions and discrimination. The overwhelming call from all these individuals to their peers in similar situations was to tell someone that they trust, with many citing this as their first step to recovery.

It is important, therefore, that schools and colleges are seen as an environment where young people can be open about their experiences without fear of stigma and negative repercussions. Training teachers and lecturers and educating young people, as previously mentioned, will help to foster an environment in which all young people feel able to share their difficulties openly.

The media

While education and early-interventions are critical to effectively tackle stigma, it is important to also address the wider public conversations about mental health. Thus, while direct interventions with young people are likely to be effective in reducing stigma, these will be undermined if the negative messages on mental health difficulties continue to dominate media coverage.

Certainly, of those young people who believe in the stigma attached to mental health difficulties, two thirds (60%) think that the media is a key place in which it can be tackled.

While the media, therefore, can be a powerful medium by which to address stigma, it is critical that it is used correctly and that examples of irresponsible reporting are challenged so as not to undermine positive interventions that are taking place at other levels.

Similarly, the potential power of social media to tackle the stigma around mental health difficulties is vast. However, too often this fails to be realised, as social media instead becomes a vehicle through which young people are stigmatised.

As previously noted, young people report mixed experiences with social media. While incidences of explicit cyber bullying are relatively low compared to face-to-face abuse, often much of the content on social media succeeds fuelling the negative perceptions that so often dominate conversations about mental health.

The onset and expansion of social media has provided the ability to reach millions of people with relative ease. In order to tackle stigma, this must be used to counter the negative dialogue and normalise mental health difficulties in the eyes of the public.

Empower young people to tackle stigma

Given the fact that the peer group was named by young people as one of the main perpetrators of stigma, only 7% of those who believed in the existence of this stigma said that their friends were best placed to tackle it, and only 5% said that they were best placed to tackle it.

This illustrates that young people do not currently feel best able to tackle the stigma that is seemingly going on around them on a daily basis.

However, when these same young people were questioned about what they could do to tackle the stigma surrounding mental health, three in five said talking about mental health with their peers (64%) and sharing their experiences of mental health (60%). Opening up conversations in this way creates the space in which stigma can be challenged and, importantly, a space in which young people do not feel the need to hide their difficulties as a result.

How do you think young people can challenge the stigma surrounding mental health difficulties?
(n=1,547)



Many of the young people sharing their stories as part of this research did not feel that this space currently existed for them. In particular, several young people reported mental health to be a topic that was rarely discussed among their peer groups and that this often contributed to the stigma that they experienced.

In addition to speaking about mental health, 54% of those questioned named offering support to people experiencing mental health difficulties and 40% said that telling peers where they can access help could also help to challenge stigma.

This illustrates the importance attributed to peer-to-peer support, the personal interaction that can help to open up conversations and help those young people who experience stigma as a result of their mental health difficulties.

Tackling the stigma that surrounds mental health is complex, and no one intervention alone will solve the problem. Instead, a societal shift is required in which mental health difficulties are normalised, and in which the barriers facing so many young people with mental health difficulties are broken down.

Charlie, 22, South West

“Throughout university I had been struggling with Stress and Anxiety but I was the kind of person just to put my head down and not think about it too much. Just keep battling through with it. Because of how I’d felt before, it was terrifying initially just to admit that I did have to go and talk to people and there was something that needed to be sorted out.

I think it’s a tough one, because you can’t get everyone to start going out and talking to everyone but obviously starting off early and allowing people to understand at school.

As far as like health education, I was never taught much about mental illness, that’s obviously one thing to do. As just an awareness thing, there are such powerful tools like social media. You make one powerful viral video about how people feel, just kind of turn it on its head.

There are these amazing people, like loads of celebrities, and I’m a physicist, so loads of really famous physicists, that struggle with their mental health.

It’s getting people aware that some of the greatest people have really struggled with it and overcome it, because it is something you can overcome.

Just from my experience, I wasn’t aware of it as much as I should have been, which affected me in two ways. It affected me in a sense that I wasn’t really prepared for what happened and also I wasn’t prepared for how to treat other people who it was happening to. It is a massive learning thing, not everyone does go through it, so not everyone will understand through themselves, so they have to understand through some other medium.”

Michael, 22, North West

“I guess it started off with the girlfriend who was quite manipulative and controlling. To make a very long story short, she basically bullied me and got the whole school to bully me. Calling me ‘schizo,’ ‘crazy,’ ‘depressing,’ ‘stalker’ and just stuff like that. Things that actually do have a stigma towards them.

The bullying got really bad, I had no friends and used to wander the corridors on my own. I would sit on my own in class. I just didn’t want to go to school anymore but my dad forced me to.

It was about 15 when I started hearing and seeing things, but got really depressed at 14. They got that far that I started to believe that what I could see and hear were ghosts.

The only two people that I didn’t feel stigma from was me twin brother and me mum. Everyone else I felt judged or treated differently. Just so many things like not being invited to things and people wouldn’t speak to me in case they thought I was going to go on about my problems. Just no-one would ever speak to me.

To do with the stigma, I’d say talk about mental health more, be open about it. You know like I always think of Morgan Freeman when people speak about this. Like if you want to stop racism, stop talking about it.

But for me, if you want to defeat the stigma, stop talking about the stigma, talk about mental health. Tell people what it is like to be Depressed, to have Anxiety, to see things. Just talk about and plaster it everywhere like propaganda.

I've been to support groups and stuff like that, you know that's all great, but you should get professionals going into schools like they do with sexual health and talk about mental health.

I think also just more groups for young people to meet other young people in similar situations. Like when I used to go CAMHS [Child and Adolescent Mental Health Services] I used to just go in, I could see all the other young people, like people my age or slightly younger, just sitting there. They'd go in and leave, in and out, in and out. I never got told anything about groups I could go to where other young people in the same boat. Just lots more of those sort of things.

You know you're not alone then. I always thought that I was alone and no one was like how I felt or going through. Those sort of peer-to-peer sessions, you know if I had them sooner I probably would have recovered quicker."

Connie, 22, South East

"When I just turned 16 I think, I developed an eating disorder. There was just stressful life events going on. I think it kind of starts from there.

I think peer-to-peer support is so important. I didn't used to think anything like that. I think because I was quite isolated and wanted to be on my own, I really didn't like the idea of any kind of support like that. But then I started using groups with the Eating Disorder Service and it was the best thing I'd ever done.

If there is peer-to-peer stuff you can kind of see where people are in their journey. They might be sadder than you, they might be further behind but it's the fact that you can see that people make progress and you can see what others do.

It's someone you can engage with if they are a similar age because it's difficult if you're just talking to a professional who is like completely out of touch with your age and your life really.

I think the thing for me is because people don't understand anything, I want it to be so that you are educated about mental health and wellbeing from being a child. If I'd have known where to go for services and known it was okay to have this thing going on, then I could have nipped it in the bud at lot earlier than I did. But instead I was left with an eating disorder for six years, which is a long time. When you come out of it and look back, this ruined my life for so long. If I'd have known, if I'd have been educated, I really think it would have made a difference.

It would be nice to see it on the curriculum as a major part because even when I was in school the Sex Ed was terrible let alone anything about mental health, there was nothing. I think we need greater education and obviously people talking about it because the more people talk about it the more people will understand it."

CONCLUSIONS AND RECOMMENDATIONS

Stigma is having a detrimental effect on the lives of young people with mental health difficulties. These effects are both profound and pervasive as they can infiltrate many areas of a young person's life.

Increased awareness of the importance of mental health within the political and wider public consciousness has not yet been met with an end to the stigma that surrounds it. Instead, young people continue to be subjected to stigma, predominantly from those closest to them and sometimes on a daily basis.

This stigma is negatively impacting young people's confidence, their willingness to speak out about their problems and, critically, their willingness to access professional support.

While mental health difficulties are continually raised as one of the key issues faced by young people today, interventions to tackle them seem to have done little to stem the tide of stigma that young people are experiencing as a result.

This stigma is being perpetuated under a shroud of silence that so often surrounds mental health conditions. It is a silence that is undermining interventions aiming to support young people, discouraging young people from speaking out and prolonging the suffering of young people.

Tackling the stigma that surrounds mental health is complex but, crucially, it must involve a multi-faceted approach that involves everyone in society and addresses all of its manifestations.

In order to be effective, therefore, interventions must be based on the following principles:

Interventions to tackle stigma must start young. Given the early onset of mental health difficulties and the extent of the stigma experienced by young people, it is clear that early intervention is the best way to tackle stigma perpetrated by peer groups.

Interventions must address the lack of knowledge about mental health difficulties. A large part of stigma is borne out of ignorance, and education is key to tackling this. Logically, this should be provided in schools to young people, but it is clear that the problem extends beyond the younger generations and thus supplementary interventions are required that reach the general population.

Interventions must train those working with, or frequently interacting with, young people. All professionals working or frequently interacting with young people should be provided with mental health training, not only so they can impart their knowledge on young people, but also to prevent them being the inadvertent perpetrators of stigma.

Interventions must seek to change the negative dialogue that surrounds mental health difficulties. Action must be taken to combat irresponsible reporting of mental health difficulties in the media that has seemingly become part of every day life. This irresponsible reporting helps fuel prejudices and perpetuates the stigma experienced by young people.

Interventions must normalise mental health difficulties. Sharing experiences of mental health difficulties normalises them, helping to eliminate the feelings of shame and embarrassment that often accompanies them. It also helps to combat the stereotypes that tend to cloud mental health difficulties and contribute to the stigma young people experience.

Interventions must encourage young people to access support services. In a similar way to speaking out about mental health difficulties, promoting and encouraging young people to engage with support services normalises their access in the eyes of young people. This will, in turn, help to break down the stigma associated with them.

Interventions must empower young people to tackle stigma. Given the extent of the stigma that originates within an individual's own peer group, interventions must encourage young people to talk about mental health with peers and empower them to speak about their own experiences of mental health difficulties in order to tackle stigma.

NOTES

¹ Green, H, McGinnity, A, Meltzer, H, et al. 'Mental health of children and young people in Great Britain 2004,' 2005

² Oxford Dictionaries, <http://www.oxforddictionaries.com/definition/english/stigma> [accessed 06 Sept 2016]

³ Thornicroft et al. 'Stigma: ignorance, prejudice or discrimination?', *British Journal of Psychiatry*, British Journal of Psychiatry, 2007, 190, pp.192-193

⁴ Ben-zeev et al., 'DSM-V and the stigma of mental illness', *Journal of Mental Health*, August 2010; 19(4), pp318-327



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