

#IAMWHOLE

More Than Words

A report investigating the harmful language and negative stereotypes faced by young people experiencing mental health difficulties

October 2017

YMCA

NHS

#IAMWHOLE

Methodology

This research was commissioned by YMCA with the fieldwork conducted by specialist youth research agency, YouthSight.

The fieldwork was conducted in three parts.

The first piece of fieldwork was designed to measure the most common harmful words and negative stereotypes associated with mental health and produce a shortlist for the main #IAMWHOLE 2017 survey.

The sample consisted of 1,025 interviews with young people aged 16 to 24 years old from across the UK. The sample was representative of the UK by Office of National Statistics (ONS) data, regarding the attributes age, gender and in/out of education. It comprises of respondents from all over the UK.

The second piece of fieldwork was designed to examine the scale and impact of harmful language and negative stereotypes around mental health difficulties.

The sample consisted of 2,015 interviews with young people aged 11 to 24 years old from across the UK and Ireland. This was split into 1,019 who had experienced mental health difficulties and 996 who had not.

The sample is representative of the UK by ONS data, regarding the attributes age and location (UK/Ireland). It comprises of respondents from all over the UK and Ireland.

In addition to this, YMCA conducted 113 in-depth interviews with young people from across the UK and Ireland.

All the fieldwork was conducted between July and September 2017.

For the purposes of this research, stigma is defined 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 they had mental health difficulties in recognition of the fact that no set criteria could accurately reflect the experiences of young people.

#IAMWHOLE

The *#IAMWHOLE* campaign has been developed as a direct response to the mental health difficulties being experienced by children and young people throughout the UK, Ireland and around the world and the stigma that prevents them from speaking out and seeking help.

The *#IAMWHOLE* campaign was developed in partnership with the NHS and YMCA, the world's largest youth charity.

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.

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 the UK and Ireland who helped facilitate this.

EXECUTIVE SUMMARY

Introduction

Despite increased awareness and recognition, young people all over the UK and Ireland are still subjected to stigma as a result of the mental health difficulties they are experiencing.

This stigma is exacerbating the challenges associated with mental health difficulties, negatively impacting young people's confidence, their education and employment prospects, their willingness to speak out about their problems and, critically, their willingness to access professional support.

Research conducted for the #IAMWHOLE campaign last year revealed the extent that this stigma was manifested through harmful language and negative stereotypes.

By bringing the voices of those young people who have experienced such harmful language and negative stereotypes to the forefront and examining both the content and implications of that which they have seen and heard, this research aims to increase awareness of the weight that certain words can hold.

In addition, *More Than Words* seeks to put forward a number of potential solutions outlined by the young people who are most affected.

Harmful language and negative stereotypes surrounding mental health difficulties infiltrate our everyday.

- More than four in five young people (81%) reported hearing harmful language and negative stereotypes used about people experiencing mental health difficulties.
- 44% of young people who had seen or heard harmful language and negative stereotypes reported having done so at least weekly.
- Social media (60%), followed by school/college (56%) and public areas (47%) were the most common places where the young people reported hearing and seeing such terms.

The harmful language and negative stereotypes that young people experience come in a number of forms.

- Insults around mental health have infiltrated everyday language, with 79% of young people having heard 'retard' used negatively in relation to mental health difficulties, 78% have heard 'mental', 71% have heard 'weirdo', and 70% have heard 'psycho'.
- Young people are also frequently dismissed when they do speak out or show symptoms of mental health difficulties, with more than two thirds of young people (67%) having heard 'attention seeking' used in a negative way in relation to people experiencing mental health difficulties.
- Dismissal also occurs with young people experiencing mental health difficulties being called 'fakers' (51%), being told to 'snap out of it' or 'cheer up' (50%) and it's 'all in your head' (48%).

Lack of understanding is fuelling the harmful language and negative stereotypes young people see and hear.

- Nearly four fifths of young people (79%) who had heard such terms equated their use to a lack of understanding around mental health difficulties.
- Only 30% of those who had heard harmful language and negative stereotypes used in relation to mental health difficulties thought that they were generally intended to cause harm.

While often dismissed as ‘banter’ or ‘harmless’, speaking to young people reveals the very real impact that these are having on their lives.

- More than half of those (55%) who had experienced harmful language and negative stereotypes as a result of their mental health difficulties said it had stopped or prevented them from speaking out.
- 40% of young people who had experienced harmful language or negative stereotypes said it stopped or prevented them from seeking help for their mental health difficulties.

Education is critical in creating an environment in which young people feel able to speak out when experiencing mental health difficulties.

- Nearly nine in 10 young people (88%) recognised the damaging impact and the need to confront the harmful words and negative stereotypes they had heard. Despite this, less than half (48%) had taken action to challenge them.
- To help create this environment where young people feel comfortable challenging harmful language and negative stereotypes, almost three quarters of young people (74%) who had either heard or seen these used in relation to mental health difficulties said that education was key.

Key recommendations

- Require all young people to be educated on mental health awareness and understanding as part of the school curriculum
- Promote mental health peer-to-peer support programmes in schools and community settings
- Invest in youth and community services that provide informal education and positive activities around mental health
- Require all teachers and individuals frequently working with young people to be trained in recognising mental health and/or emotional wellbeing issues and know what to do about them
- Demand tougher action be taken to tackle bullying in schools and online
- Combat irresponsible reporting, and inaccurate portrayals, of mental health difficulties in the media, TV and films

INTRODUCTION

Nearly one million young people in the UK and Ireland are known to experience mental health difficulties,¹ with the actual number likely to be much higher, and rising.

With growing numbers, the importance of young people's mental health continues to rise slowly in the public and political consciousness.

Yet despite increased awareness and recognition, young people all over the UK and Ireland are still subjected to stigma as a result of the mental health difficulties they are experiencing.

The extent of the problem is illustrated by the fact that 80% of young people still believe that those experiencing difficulties with their mental health are treated negatively as a result of stigma.²

Critically, the stigma they experience predominately comes from those closest to them and is often something they face on a daily basis.³

This stigma is exacerbating the challenges associated with mental health difficulties, negatively impacting young people's confidence, their education and employment prospects, their willingness to speak out about their problems and, critically, their willingness to access professional support.⁴

Last year's research conducted for the *#IAMWHOLE* campaign revealed the extent that this stigma was manifested through harmful language and negative stereotypes.

The research found that of those young people who had experienced stigma as a result of their mental health difficulties, 70% reported being subjected to negative attitudes and prejudice, and 36% reported being verbally abused.⁵

Behind such statistics lays a complex and nuanced reality. A reality in which much of the harmful language and negative stereotypes experienced by young people has become so engrained in our everyday.

The scale of the issue is illustrated by the fact that more than four in five young people (81%) reported hearing harmful language and negative stereotypes used about people experiencing mental health difficulties.

In addition, more than a third of young people (36%) with mental health difficulties reported having directly experienced negative words and stereotypes as a result.

Importantly, these are not just one-off occurrences with 44% of young people who had seen or heard harmful language and negative stereotypes reporting having done so at least weekly.

While many use the terms unintentionally and have become oblivious to the negative connotations that surround such words and phrases, their prolific use is helping contribute to a society in which it is still considered brave for a young person to speak out about their mental health difficulties.

Without transformation, attempts to tackle the biggest health crisis facing this generation will likely prove futile.

More Than Words seeks to help bring about this change by going beyond the everyday. By bringing the voices of those young people who have experienced harmful language and negative stereotypes to the forefront and examining both the content and implications of that which they have seen and heard, this research aims to increase awareness of the weight that certain words can hold.

In addition, it seeks to put forward a number of potential solutions outlined by the young people who are most affected.

EXAMPLES OF HARMFUL LANGUAGE AND NEGATIVE STEREOTYPES

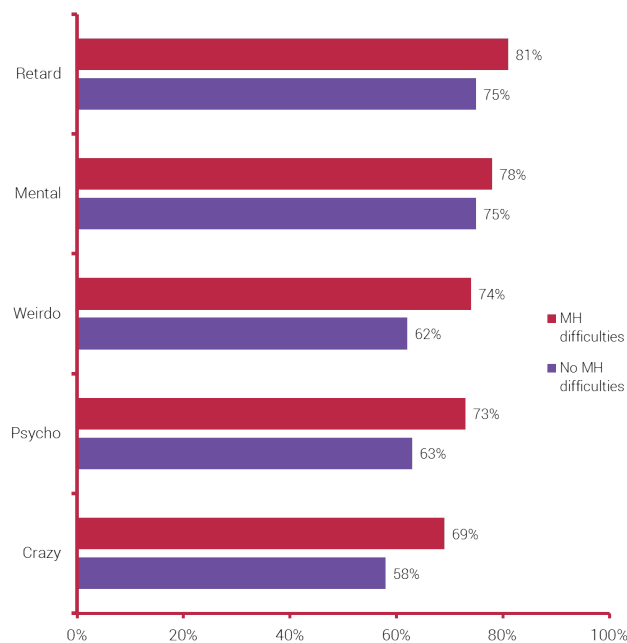
The harmful language and negative stereotypes that young people experience come in a number of forms. These can broadly be grouped into three categories – derogatory terms, dismissal and attention seeking.

Derogatory terms

Insults around mental health have become commonplace in society as words like ‘retard’, ‘mental’, ‘weirdo’, ‘psycho’, and ‘crazy’ infiltrate everyday language.

More than three quarters of young people (79%) reported to have heard ‘retard’ used negatively in relation to young people experiencing mental health difficulties, 78% have heard ‘mental’, 71% have heard ‘weirdo’ and 70% have heard ‘psycho’.

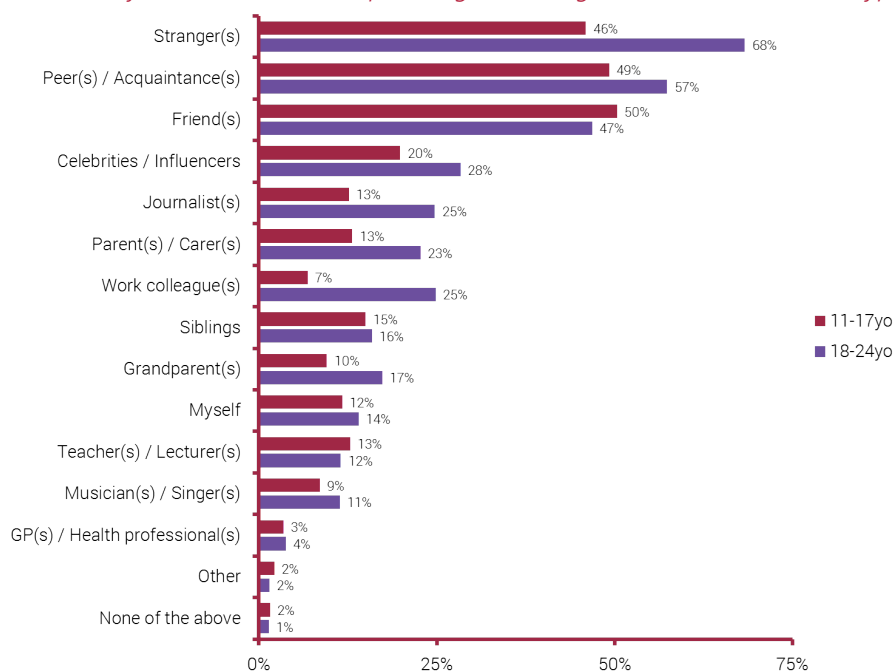
Which, of any, of the following words and stereotypes have you heard or seen used in a negative way in relation to people experiencing mental health difficulties? (n=1,025)



Importantly, words such as these came from a variety of sources, including friends and peer groups. This was particularly apparent for those aged 11 to 17, for whom friends were the most common users of harmful language or negative stereotypes. As such, 50% of young people in the age group who reported having heard or seen such terms did so from friends.

This is compared to strangers being the most common users for those aged 18 to 24 years old, with 68% of those who had reported hearing harmful language and negative stereotypes having done so from those who they do not know.

Who have you heard or seen expressing these negative words and stereotypes? (n=1639)



Speaking to young people reveals the countless instances where they have had such words and terms used against them as a result of their mental health difficulties.

For many young people there was no escape, as they reported having to endure such derogatory comments both face-to-face and online, as they permeated all aspects of their lives.

Many of the derogatory terms reported by young people occurred in school and involved 'name-calling', with many having their diagnosis used as an insult against them.

In these instances it was the negative attachments associated with the diagnoses that caused the most harm.

This was particularly apparent for those with a diagnosis such as Schizophrenia or Dissociative Identity Disorder (DID) that, while not the reality, typically have perceptions of harm and danger attached to them.

The negative stereotypes attached to these forms of mental health difficulties are often so severe that preconceptions outweigh the reality.

Indeed, young people reported having friends and peer groups turn against them when finding out their diagnosis, despite not ever having witnessed the symptoms in person.

The intentional use of harmful language was felt more strongly by those whose symptoms of mental health difficulties were visible to those around them.

While many tried to hide their symptoms, in instances where they were unable or unwilling to, these were often seen as a catalyst for derogatory comments.

In some cases young people's symptoms were even induced, or prolonged with taunting or name-calling, particularly in the case of those experiencing panic attacks.

The outward showing of emotion, therefore, was reported as being used against young people and seen as a sign of weakness by those around them, which could then be exploited.

Such activity often took place within the peer group, as many young people with mental health difficulties reported finding themselves in the middle of a series of toxic relationships in which they were subjected to harmful language and derogatory comments.

In addition, young people's experiences extended beyond the physical world to the virtual world, in particular to social media.

Although the negative implications of any form are potentially great, young people reported the snowballing-effect of derogatory language on social media, with networks amplifying the reach and encouraging more young people to participate.

While the words experienced remain the same for those with mental health difficulties, the intent behind them differs with young people drawing the distinction between bullying and 'banter'.

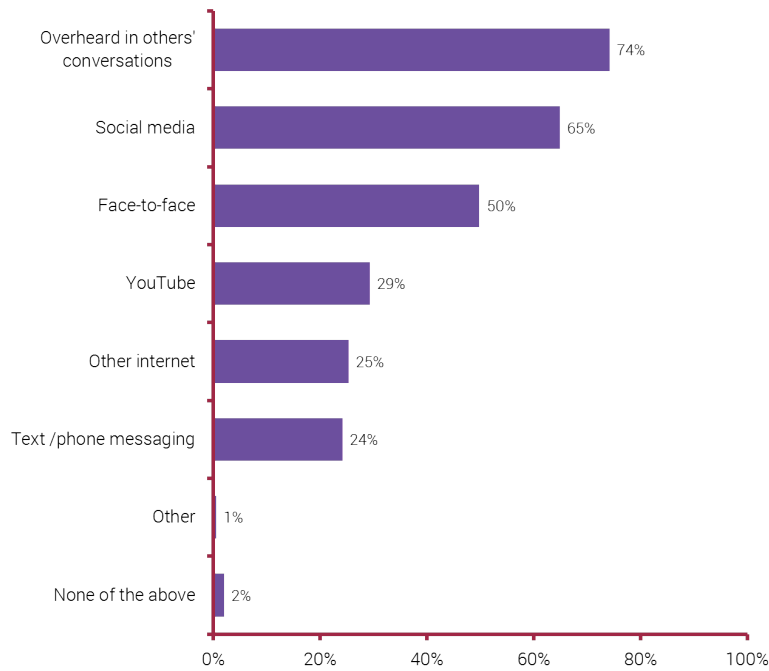
In the latter, while the negative connotations attached to such words were recognised by their users, their usage was deemed acceptable because it was not intended to cause harm.

Although young people drew this distinction between bullying and 'banter', the line between them was less defined as it varied among individuals and moved depending on the user and context.

As such, it was generally felt more acceptable for friends and family to use such terms, than the wider peer group and others.

Half of young people (50%) who reported hearing harmful language and negative stereotypes in relation to mental health difficulties did so face-to-face. However, far more common was by overhearing them in others' conversations (74%).

How have you heard or seen these negative words and stereotypes? (n=1639)



While the original intent behind such comments cannot be known, this illustrates the extent to which such words and terms have become part of their every day, whether or not they are directed against them.

As such, young people are surrounded by a plethora of negative language, which while not always directly intended to cause harm, helps perpetuate the myths and negative perceptions that surround mental health difficulties.

Dismissal

While the intent may be difficult to define, words with explicitly derogatory connotations are easier to identify. Far harder are those that are often seemingly harmless to the user, but undermine the experiences of a young person with mental health difficulties.

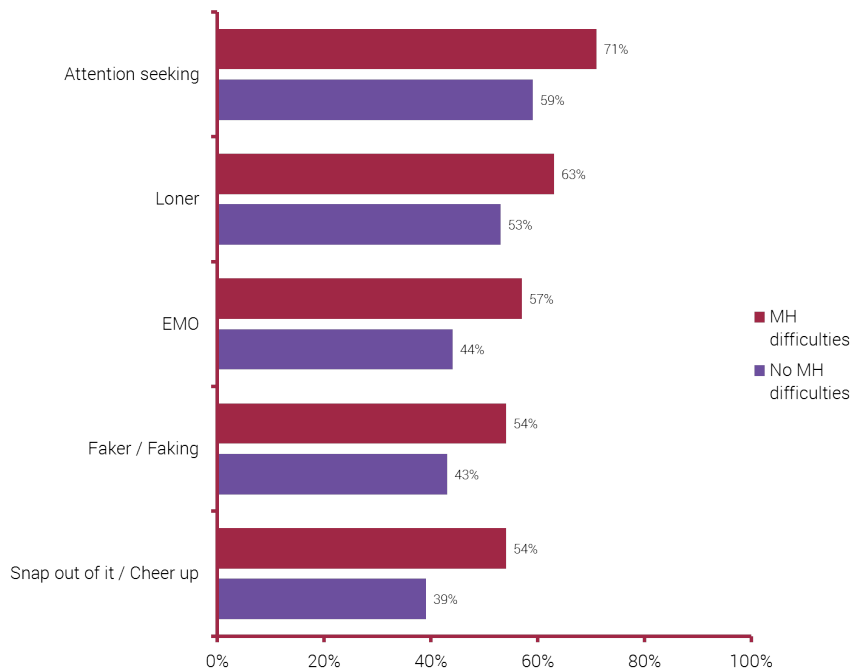
Indeed, countless young people participating in the research spoke of the dismissal they faced when speaking out about their mental health difficulties. At its most explicit was the term 'faker', which 51% of young people had seen or heard used negatively in relation to mental health difficulties.

In such instances young people were told that they were either 'putting on' their symptoms or lying about their mental health difficulties altogether. This was particularly apparent among those young people whose symptoms were more visible, and those who were more open about their mental health difficulties.

While not as explicitly malicious, in many cases this is matched, in connotation at least, by 'snap out of it' or 'cheer up' (50%) and it's 'all in your head' (48%).

Notably, those with mental health difficulties were more likely to have heard these terms used negatively than those without. This can be attributed to the fact that they were more likely to have been affected by them and thus able to recognise the negative connotations attached to them, than those with no personal experience of mental health difficulties.

Which, of any, of the following words and stereotypes have you heard or seen used in a negative way in relation to people experiencing mental health difficulties? (n=1,025)



Indeed, speaking to young people reveals the extent of the dismissal they faced when speaking out about their mental health difficulties.

A large part of this was focused on the age of the young person, with symptoms often being dismissed as 'teenage angst' or simply bad behaviour. In other instances young people were told that they were 'too young to understand' what was going on with them.

Given that more than a third of young people (35%) with mental health difficulties first experienced symptoms before becoming a teenager and 15% first experienced them before the age of 10 years-old,⁶ it is clear that dismissing symptoms based on age is delaying their recovery and having a detrimental impact on the lives of young people.

In a similar vein, a common reaction to young people speaking out were phrases resembling, 'it's just a stage' or 'it'll get better'. While often seemingly meant for reassurance, young people reported feeling that in many instances such phrases merely undermined and delegitimised their difficulties, and were used by those who had little interest in hearing about the reality of their situation.

As such, it was felt that surface level reassurance was given in order to offset the need for further conversation or discussion about the topic, leaving the young person feeling alone and isolated.

In other cases, while the symptoms of a young person's mental health difficulties were often recognised, their implications were not. Thus, young people reported being met with phrases like 'snap out of it', 'just get over it' or 'stop being a downer'.

Young people felt that phrases such as these trivialised mental health difficulties, and were caused by the belief that the symptoms an individual was experiencing, and their resulting behaviours, were a result of choice.

A large amount of this trivialisation was equated to a sense of frustration on behalf of the perpetrator that the young person was unable to manage, or effectively 'hide' their symptoms.

The implications of this frustration were experienced by young people in the work place and school environments, in which they reported being called 'lazy' or 'stupid' in instances where they faced increased challenges because of their mental health difficulties.

The experiences of young people are symptomatic of a wider societal understanding that mental health difficulties should be managed and 'hidden' and that any visible or noticeable indications are the fault of a young person and represent a failing on their part.

This linked to the perceived notion across the UK and Ireland that it is noble to 'suffer in silence' and 'bottle up difficulties' rather than seeking help.

Attention seeking

The idea that mental health difficulties should be controlled and their symptoms hidden is made most apparent by the concept of 'attention seeking'.

More than two thirds of young people (67%) have heard 'attention seeking' used in a negative way in relation to people experiencing mental health difficulties.

Speaking to young people reveals the extent to which the term has come to dominate their lives as they repeatedly faced calls of 'attention seeking' when their symptoms of mental health difficulties were visible, or when they spoke out about them.

The term is most associated with those that self-harm, especially via cutting or other potentially visible means, but can span across any mental health difficulty. This includes those who experience panic attacks, and those have visible expressions of depression.

Often a distinction is drawn between those whose symptoms are kept private, and those whose are more public, even if unintentionally, with the latter seen to be suffering less and merely 'acting out' or 'wanting attention'.

Again, such public displays of the symptoms of mental health difficulties and 'attention seeking' are associated with a perception of choice and the idea that the individual has an element of control over their actions.

Fundamentally, this 'need for attention' is seen as a negative, and that, coupled with perceptions of choice, often leads to a distinction between those 'deserving' and those 'undeserving' of support.

As such, many see it as legitimate to ignore those experiencing mental health difficulties, and in some instances even berate them for their actions or symptoms.

Notably, the term 'attention seeking' is not just used by those without experience of mental health difficulties, as even those with similar symptoms can judge an individual as less deserving of support.

This point is evident in the level of comparisons that are drawn around mental health difficulties, and the feeling by many that there is a 'right' way to act in such circumstances.

This is often matched by the belief that only those who have experienced some form of traumatic life event can legitimately experience mental health difficulties, and as such, are deserving of support.

Speaking to young people reveals instances in which while they self-harmed, and recognised their reasons for doing so as perfectly legitimate in their circumstances, they see others undertaking similar activities as illegitimate and effectively undermining the struggles they themselves face.

As such, huge levels of judgement surround the manner in which people self-harm, the extent to which they do it, and the visibility of their self-harm.

In some instances young people reported cases where an individual was self-harming in class, but their actions ignored because it was deemed that they merely 'wanted attention', and that was something that should not be entertained.

This thinking, however, was also mirrored in the case of other mental health difficulties, including panic attacks where young people did not view triggers that were different to their own as being reasonable and warranting a reaction.

Enya, 15, Wales

"Five years ago, I started to experience bullying and it affected me a lot. It started off verbal, but then it would be like ganging up on me and like in corners kind of thing and you have like the push in PE and stuff like that and budges in the corridor.

My mood dropped, I became very anti-social, I would stay in my room, I usually I want to go out with my friends all the time and I completely stopped that, I cut everyone off.

Half way through Year 7 I turned to self-harming I did, and it was seen in PE and stuff. I got called an 'attention seeker', and that I was doing it just so I could have something to talk about to people.

It was always seen as 'oh they want attention', this is the only way they are going to get it and that's not what it was.

A lot of it's like, people don't understand the reasons behind it, they assume it's just so people are aware something's going on, kind of thing, and it's like I know a lot of people kind of advertise self-harming now. Like, Tumblr and stuff like that, its seen as a trend more than anything, it's not seen as a part of mental health.

I would like them to actually understand, take time to ask what's going on. A couple of them just presume things and they're just like she must have this disorder, or this disorder, and here's how you solve it kind of thing. I don't want them to solve it, I want them to help me through it, but not think they have to fix it."

Jamie, 18, East of England

"My first suicide attempt, I was eleven years old. The school found out about the suicide attempt. I got bullied quite heavily for that, cos I spoke to one of my close friends about it, who were going to my school and they spread it all around.

I remember one time we were in PE, me and my class, and there was a bean bag that had rips in it, one of my main bullies said, 'Wow, that bean bag's got more rips in it than Jamie's arm'.

I cried, I just cried and I took it. I kept that hope that the bullying would stop, that I would be okay, that I would get through it, you know. And it's all about believing it. It was torture, major. I came into school every day knowing that I was gonna get hurt, that I was going to get hurt every day.

Whenever I had one of my little, 'I can't deal with this one now, I need to leave the room', people would laugh at that. Eventually it started to piss people off, and then I got on the wrong side of the wrong people. Then I used to get beaten up every day, they knew I'd take it, they knew I wouldn't fight back, I was an easy target – I was a bit of fun.

As far as I'm concerned, the reason for the misperception is that not everyone can understand it. If we're trying to convince people who don't understand it, then the best thing you can do is, we can talk, we just talk, we talk to them. We try to get through to them, we try, and that's all we can keep doing is keep trying."

Serena, 24, Scotland

"When I was younger, like when I was 16 I knew there was issues, but I kind of just put it down to my uncle had passed away. Like, he was the only person I spoke to, and I thought that's what it was all to do with, but I knew, like, I knew there was more to it than that, and I knew there was bigger problems, but I just couldn't talk to anybody about it.

And, two years ago, my nana passed away. She was, like the most positive person I could ever think about, and yeah, just seeing like how she was and stuff, you're like, you can't continue.

I couldn't even, genuinely I couldn't speak to anybody, about anything. The only way I could tell them was by like, writing out this big message on my phone and giving them the phone to read it. It's like, standing there watching these people reading something, and then, like they're just balling their eyes out, and I was like, oh, not the reaction you expected.

They felt a bit of regret then, cos they were like, they just told you, 'you were making things up', 'what's wrong with you', 'snap out of it', and then I just kept thinking, oh well, there's nothing wrong with me.

At like, at times I was like, if you knew what were wrong, then you'd understand. But again, I couldn't tell them either, so it was like, times I actually felt like I was losing myself like, cos I didn't care anymore, so what's the point, why should I care.

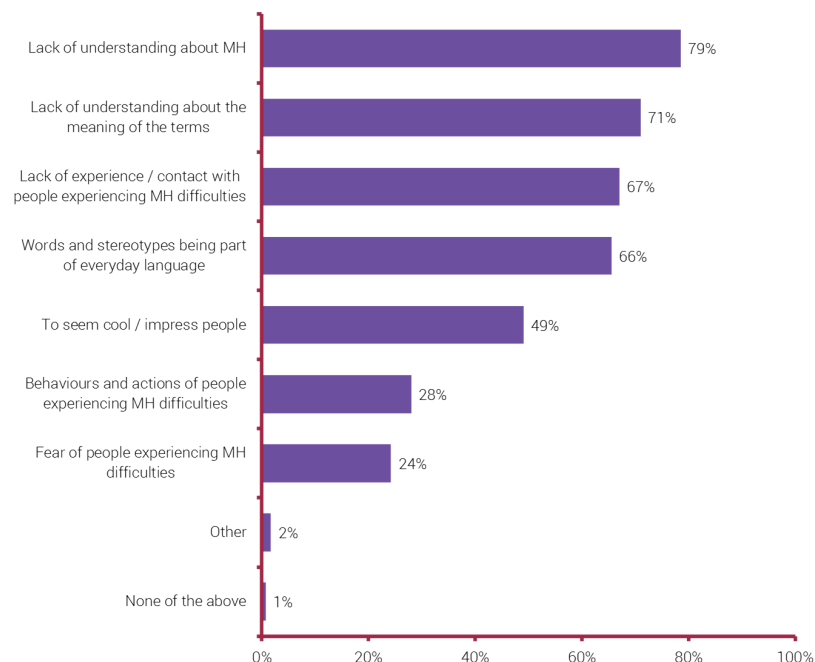
I think people think it's a big burden like, if you've not experienced it how do you help somebody and like, you can just be there and talking to somebody and you've no idea how much that can mean to somebody."

REASONS FOR HARMFUL LANGUAGE AND NEGATIVE STEREOTYPES

Despite their prominence, only 30% of young people who had seen or heard harmful language and negative stereotypes in relation to mental health difficulties thought their use to be generally acceptable among young people.

Instead, nearly four fifths of young people (79%) who had heard such terms equated their use to a lack of understanding around mental health difficulties and 67% equated their use to a lack of direct experience or contact with people experiencing mental health difficulties.

What do you think influences people to use negative words and stereotypes in relation to people experiencing mental health difficulties? (n=1639)



Young people reported feeling that mental health difficulties were more of an abstract concept for many of those without personal experience. As such, even when they felt educated about mental health difficulties, their understanding tended to be ill-informed and bore little resemblance to the reality that many were facing.

This is particularly pertinent in relation to those mental health difficulties that are less well known and have more negative connotations attached to them, including Schizophrenia and Dissociative Identity Disorder (DID).

While mental health difficulties can be challenging to understand, especially given the fact that they aren't visible and differ so much between individuals, young people spoke of the often 'extreme' and 'clichéd' portrayals of mental health difficulties in the media, which merely resulted in increased fear and misunderstanding.

While examples of responsible reporting of mental health difficulties were noted, it was felt that too often education is sacrificed for entertainment as people are presented a skewed version of mental health difficulties.

An example repeatedly raised by young people was the horror films that portray those with mental health difficulties as dangerous or violent, which only increased negative feelings towards those with such diagnoses.

While it was recognised that it was likely not intentional, young people felt the negative impact was no less, especially when such films are the only source of information individuals have about such conditions.

Illustratively, young people spoke of being compared to film and television characters when speaking about their diagnoses, with many reverting to the stereotypes attached to conditions rather than the reality.

In addition to film portrayals, young people also noted the negative impact that irresponsible media coverage of mental health difficulties had on people's perceptions.

As such, they recognised the authoritative role that the media plays in the lives of many and the influence it has on societal attitudes.

This point was particularly pertinent in relation to news articles that equate tragedies to mental health difficulties, with the particular example of mass shootings being frequently given.

In cases such as these, young people felt that medication came under particular scrutiny, with those who seemingly have no real understanding of the topic commenting on it, leading to negative connotations surrounding those who are 'off meds' and the perception that everyone in that situation is of a danger to those around them.

Those young people who reported not wanting to start taking medication due to a fear of the judgement and negative comments they were likely to receive illustrate the strength of the narrative.

In addition, young people criticised the often irresponsible and untrue reporting of suicide, which they felt did little to increase awareness and in many cases merely vilified those involved.

This fear and misunderstanding is illustrated by the fact that almost a quarter (24%) of young people who had heard harmful language and negative stereotypes in relation to people experiencing mental health difficulties, believed they were caused by fear.

Nearly half (45%) of those who had heard such language thought that people learn the negative words and stereotypes associated with mental health difficulties from television and 37% thought people learnt them from films, illustrating the extent of their influence.

In addition to a lack of understanding about mental health difficulties, a lack of understanding about the terms themselves was also given as a primary reason for their use.

Indeed, 71% of those who had heard such terms believed that a lack of understanding of their meaning influenced people to unwittingly use them in relation to people experiencing mental health difficulties.

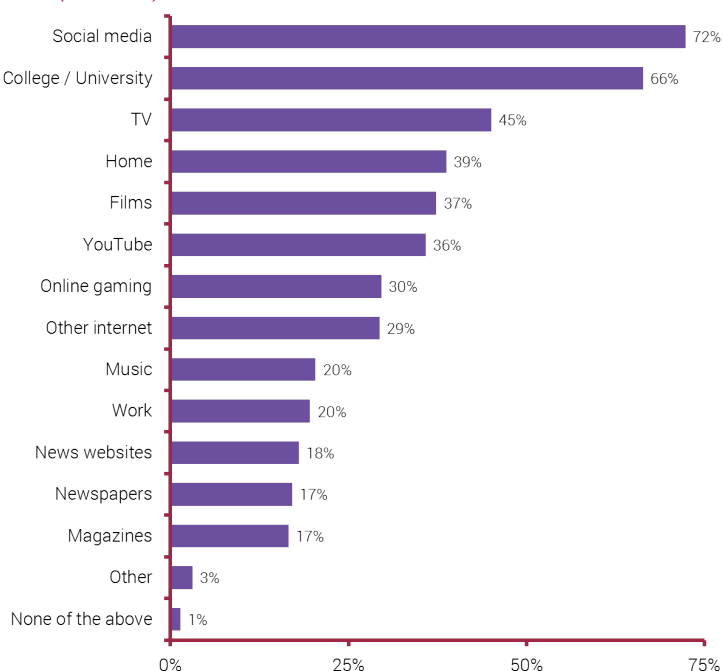
Linked to this is the fact that 66% of the group put their use down to simply being part of everyday language. In many instances, words and terms have become so common that their users pay little attention to their meanings, origins and negative connotations, and are seemingly oblivious to the effect that their usage can have.

As such, using terms like 'psycho', 'crazy' and 'mental' in relation to those who experience mental health has become routine, and those who question such usage simply dismissed as 'over-sensitive'.

The extent of this normalisation is illustrated by both the frequency of their use, as referenced earlier, but also the number of places where young people learn them. Notably, harmful language and negative stereotypes are not learnt from one source, but instead seemingly from every aspect of their daily life.

Social media was the most common place where young people thought that the negative words and stereotypes associated with mental health difficulties were learnt, but this was followed closely by school, college and university.

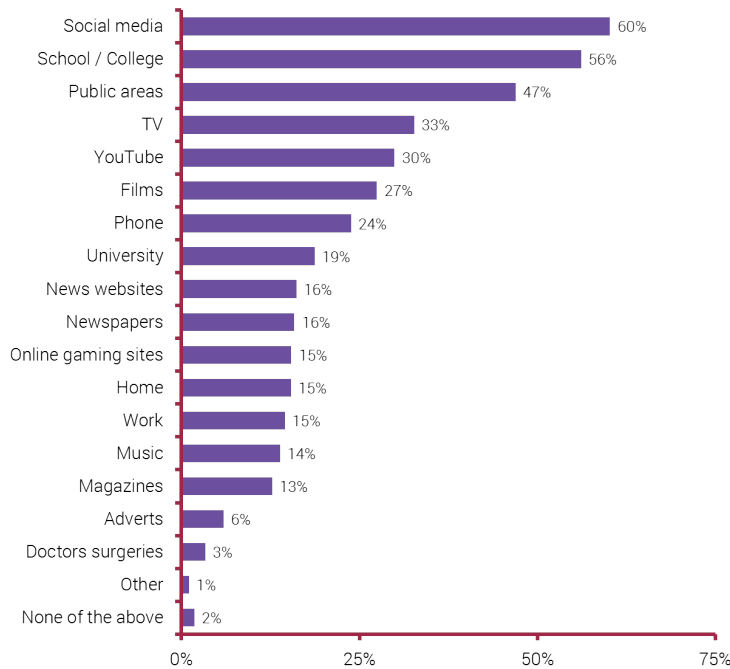
Where do you think people learn the negative words and stereotypes associated with mental health difficulties? (n=1639)



Similarly, social media was the place most cited as where young people saw harmful language and negative stereotypes used in relation to mental health difficulties. As such, 60% of young people who reported to have seen or heard these terms did so via such platforms.

Social media was followed by school/college (56%) and public areas (47%) as the second and third most common places where the young people who reported hearing and seeing such terms, did so.

Where have you heard or seen these negative words and stereotypes used? (n=1639)



While not arguing that all usages of harmful language and negative stereotypes online are the result of implicit bullying, speaking to young people reveals the very real abuse that some have suffered as a result of their mental health difficulties.

The positive uses of social media as a platform are both accepted and experienced by young people. However, they also recognised the potential for online abuse if misused.

In such instances, social media was often thought of as a 'mask', which reduces inhibitions, increases confidence and allows people the space to say that which they might ordinarily not, without fear of consequence.

Such abuse takes place both in public and private with young people experiencing personal messages and public posts on their pages and others in relation to their mental health difficulties.

In addition, social media was thought of as a place where harmful language and negative stereotypes around mental health difficulties were unconsciously perpetuated. As such, young people find themselves inundated with posts and articles on mental health difficulties, many of which contain inaccurate information and do little to increase understanding of the difficulties themselves, or the harmful nature of the words and stereotypes attached to them.

The degree to which young people are surrounded by harmful words and phrases has helped contribute to a trivialisation of mental health difficulties and the words attached to them, in which individuals relate to certain symptoms and seemingly equate their experiences to those with a diagnosis.

Flippant and throwaway comments said without real understanding, including 'I was so depressed yesterday', 'I'm a little bit OCD' and 'I wanna kill myself', undermine the experiences of those with mental health difficulties and help contribute to a society in which those in need of help do not feel that they are taken seriously.

Indeed, many young people reported feeling that those around them did not understand or appreciate their symptoms when met with such words and phrases, sometimes on a daily basis.

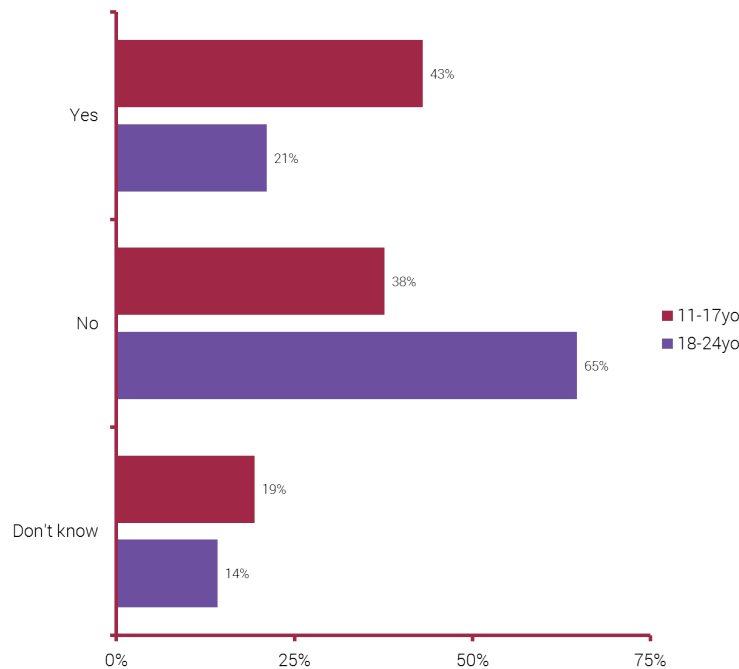
This lack of appreciation and understanding also extended to those for whom using negative words and stereotypes in relation to mental health difficulties is a form of banter. Just under half (49%) of young people who had heard or seen such terms thought they were the result of people wanting to seem cool or impress others.

While some thought their use in such ways was acceptable, the majority of young people equated it to ignorance and a lack of appreciation as to the harm such words can cause.

IMPACT OF HARMFUL LANGUAGE AND NEGATIVE STEREOTYPES

Despite their prominence, only 30% of those who had heard harmful language and negative stereotypes used in relation to mental health difficulties thought that they were generally intended to cause harm.

Do you believe that the negative words and stereotypes used in relation to people experiencing mental health difficulties are generally intended to cause harm? (n=1639)



Notably, the recognition of harmful intent was twice as high among those aged 11 to 17 years old compared to those aged 18 to 24 years old.

This is likely due to the fact that those in the younger age group heard and saw harmful language and negative stereotypes more often, and reported higher current instances of bullying.

In contrast, those in the older group tended to reflect back on the bullying they experienced when they were younger, and were less consumed with the immediate impact.

Hannah, 22, North East England

"The problems started at about like, 10, so they've just continued on and it's gone like up and down. So I've had like, bouts of depression and anxiety, self-harming, anorexia, I was diagnosed with like, err, emotionally unstable personality disorder? I think that's what you call it. And I have like times of OCD, sometimes it gets better, sometimes it gets worse depending. I think that's it.

I think people were curious but they did it in like, a horrible way if you know what I mean, like? We're all young in school and we don't really know what's going on and em, like I was going through like. Just curiousness and ignorance.

In school we were never taught anything about mental health, so I was just completely in the dark and like I have an entire family history of it, and if I don't know then, how is anyone else gonna know?

I think when you're young, some people do it for attention. Not that that's a bad thing, cos everyone deserves attention, they obviously need the attention, but I think teachers might get overwhelmed with it all and they don't really wanna talk about it themselves cos it's a bit of like an awkward subject.

I don't really see anything wrong with attention seeking, like because it's obviously you're trying to get the attention because you need it, like, you're trying to reach out and talk to people and they're just shoving it back in your face. So I don't really understand why it's a bad thing.

I think it's cos people don't wanna deal with it, like they might have their own issues or like they're going through stuff and they don't wanna really deal with your problems, like especially like, friends."

Eva, 20, West Midlands England

"I pushed it off for many years and things only came to a head within about the past year and as a result I have started to receiving help for it. But for me things started when I was around 10, 11, 12. A lot of sadness, feeling very lonely, not wanting to talk to anyone and I was always wondering why I felt that way, I didn't really know what to do with those feelings.

I never spoke to anyone in my family about it. If I would mention it to any family members I would kind of be looked down upon as like I am only a teenager I shouldn't be feeling this way, it's not a significant problem when really it was.

I certainly don't think it was intentionally done to harm me, I think it was just because they felt like my problems weren't significant as I was young and I shouldn't have any worries but I did.

I think maybe because they grew up in a time when things might have been harder or so they say. But I am in a privileged position, I have a house and a fairly stable household and that apparently means that I can't be unhappy.

Anyone could have mental health issues, they don't have to be from a really deprived background. Absolutely anyone can go through it, young, old, no matter what your background it can happen to anyone at any stage in life and it's okay. Also, I think there's just this idea that we should keep a stiff upper lip about it and not open up about it because it's too personal or if you have mental health struggles you're weak, but that's not the case at all."

Callum, 19, North West England

"Well I've never been tested for any mental health issues. Sometimes I just feel things, I don't know why I'm dealing with things and it's just, it gets quite scary sometimes. Mainly when I'm on my own and especially at night. I hear things and it just, it makes me gets dead nervous and stuff. I think I would love to get a diagnosis, just so I know whether or not I actually have a problem.

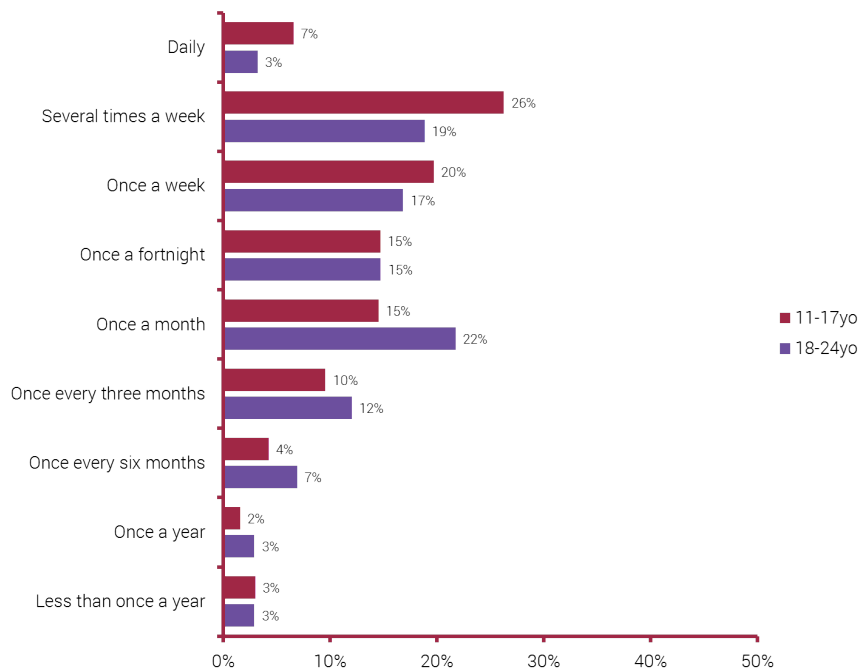
When people think mental health issue, they usually think 'well that person is going to be a problem'. But most of the time, the people with mental health issues are just like, every day ordinary people.

I don't think it's coming up often in the media, it's a big unknown. A lot of people don't know about like, mental health issues and stuff. If they were to actually tell people about these mental health issues in the media and stuff it might help people understand what these people are actually going through and how they can help them.

Well most of the time when you see stuff about mental health it's usually in the news and it's usually when someone has killed someone due to their mental health issues. And it's just making people think badly about people with mental health issues, thinking that they are all just crazy people that are going to hurt them, but they are not.

Most people associate people who have like anger issues with everyone else who has got mental health issues and then they just group them all together as these angry people who like lash out all of the time, but most people aren't and it's, it's just a shame, it is cause a lot of people get like a lot of hate and stuff for their mental health issues, when really they just need help."

How often have you heard or seen these negative words and stereotypes used? (n=1639)



However, despite the absence of malicious intent in many cases, speaking to young people reveals the very real impact that the use of such words and terms are having on the lives of those experiencing mental health difficulties.

In the simplest sense, young people reported feeling sad, angry and frustrated when hearing such terms, whether or not they were directed at them.

Many stated that hearing such terms succeeded in reinforcing some of their worst insecurities and negative perceptions of themselves, thus increasing self-stigma. This was particularly apparent when a young person was newly diagnosed or did not yet fully understand the mental health difficulties they were experiencing.

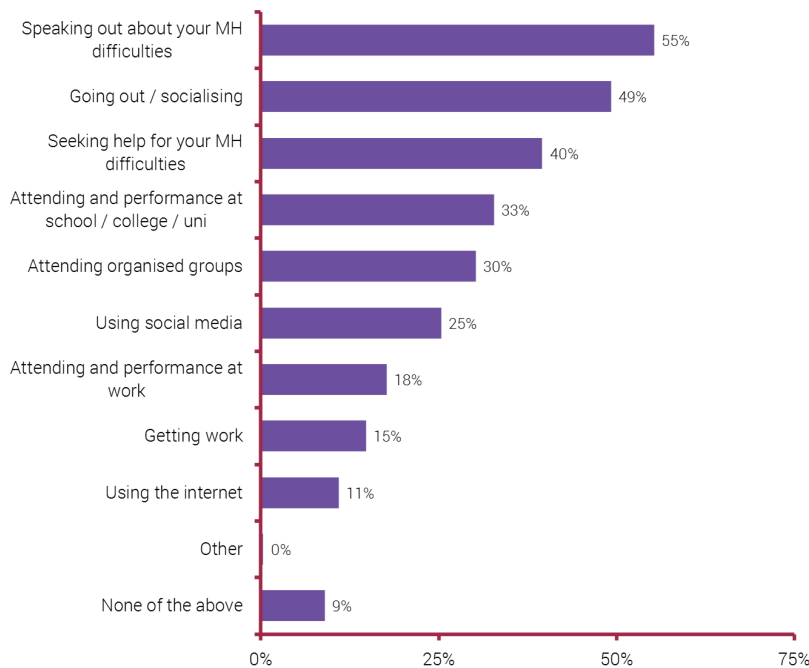
In addition to affecting their emotions, young people who had experienced harmful language and negative stereotypes as a result of their mental health difficulties said it detrimentally impacted both their relationships and their lives more generally.

Notably, the biggest implication for young people was on their willingness to speak out about their mental health difficulties.

More than half of those (55%) who had experienced harmful language and negative stereotypes as a result of their mental health difficulties said it stopped or prevented them speaking out about them. This was more prominent for those aged 18 to 24 compared to those aged 11 to 17.

This is likely due to the fact that those in the younger group often have a bigger safety net around them with parents, carers and teachers playing a more active role in their lives. As such, they are more likely to have someone else notice symptoms, and are not required to speak out about their mental health difficulties.

Has experiencing these negative words and stereotypes stopped or prevented you from doing any of the following? (n=311)



Given that young people cite speaking out as the first step towards seeking help, it is clear that such terms are having a detrimental impact on the lives of individuals with mental health difficulties by preventing them from getting the support they need.

Indeed, 40% of young people who had experienced harmful language or negative stereotypes said it stopped or prevented them from seeking help for their mental health difficulties. Again, this was more prominent for those in the older age group.

However, the impact of experiences of harmful language and negative stereotypes extend beyond the symptoms of the mental health difficulty, and often engulf all areas of a young person's life.

While likely linked to their inability to speak out and seek help, experiencing harmful language and negative stereotypes in relation to mental health difficulties also stopped young people from going out and socialising or attending organised groups.

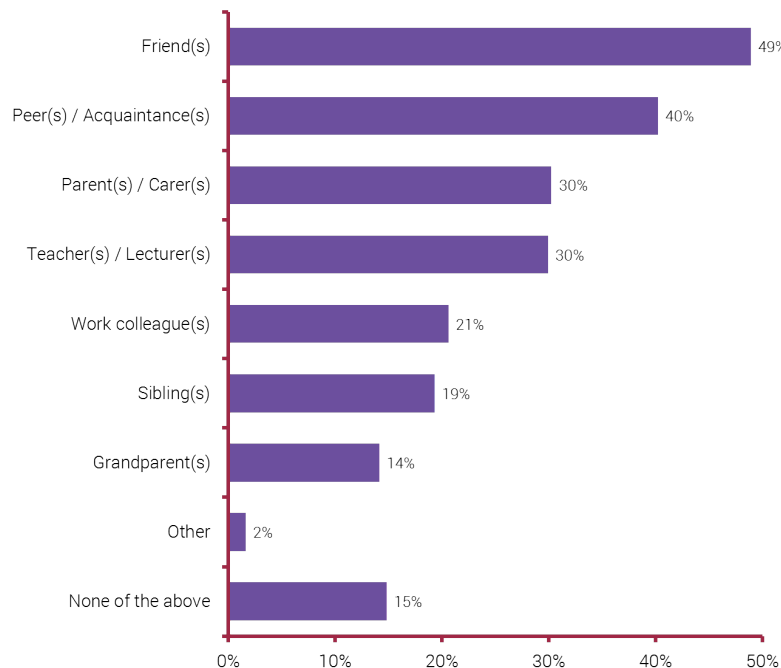
Speaking to young people reveals the extent of the isolation that many feel as a result of such experiences. While again much of this can be linked to the symptoms of mental health difficulties themselves, such feelings were said to be perpetuated by the negative reactions of those around them.

Young people commonly linked the isolation and judgement they faced with a tendency to 'overthink' or become 'paranoid', as they become consumed with thoughts about others' perceptions of them.

In addition to their daily activities, therefore, the harmful language and negative stereotypes young people hear and see regarding their mental health difficulties are having a negative impact on their relationships.

The most severe impact was on young people's relationships with their friends as almost half (49%) of those who had experienced harmful language and negative stereotypes in relation to their mental health difficulties said it stopped or limited them speaking to their friends. This was followed by peer groups and acquaintances (40%) and parents and carers (30%).

Has experiencing these negative words and stereotypes stopped or limited you speaking and interacting with any of the following? (n=311)



Much of the detrimental impact on relationships is a result of the words and actions of the individual against a young person with mental health difficulties.

However, a breakdown in relationship can instead be the result of the wider impact that hearing and seeing harmful language and negative stereotypes can have on a young person's psyche.

This point is particularly pertinent when a young person is unwilling or unable to speak about their mental health difficulties, leaving their behaviour to be misjudged or misunderstood by those around them.

As such, young people have reported their actions being attributed to simple 'bad behaviour' when they were unable to share with those around them the full extent of what they were experiencing.

The dismissal or misattributing of symptoms as 'bad behaviour' is preventing young people from getting the right support they need for their mental health difficulties.

While the immediate impact of harmful language and negative stereotypes on a young person with mental health difficulties can be severe, so too can be the long-term impact across other areas of their lives if it is not appropriately addressed at an early stage.

This is illustrated by the fact that of those who reported experiencing such terms as a result of their mental health difficulties, one third (33%) said that it stopped or prevented them attending and performing to the best of their ability at either school, college or university, and nearly a fifth (18%) said that it stopped or prevented them attending or performing to the best of their ability at work.

Again, while much of this is the result of directly experiencing harmful language and negative stereotypes in these environments, it is also likely due to the wider effects of such experiences elsewhere including reduced self-esteem and delays in getting the help and support needed to manage their symptoms.

Although many pass-off the use of harmful language and negative stereotypes in relation to mental health difficulties as 'harmless' or 'banter', speaking to young people reveals the very real detrimental effect that it is having on their lives.

While by no means universal, it is a detrimental effect that is exacerbating the mental health difficulties of young people across the UK and Ireland, and prolonging their symptoms by preventing them from speaking out and seeking the help they need.

Joe, 17, Republic of Ireland

"It makes me feel annoyed and just, like, I don't understand what the problem is and I think it just makes me want to get away from everything. I could be very very happy sometimes but then I can just, like drop in mood. Just not wanting to be here, it's not like suicidal, it's just not being here, not being in the world, just getting away from it all, just the world is awful and I just don't wanna be here.

I think putting it out there is, like, one of the most difficult parts. Well, I s'pose it's the way people see you and the way people view you, like, that will always be in the back of their mind. Once you tell someone something there's no going back, like, they'll always have that in the back of their mind, they'll always be thinking about it.

They don't understand, and they're like, 'just be happy', 'be who you are', 'you are a great person', 'just be happy' and, you're just kind of like, it's not as simple as that. Sometimes it's not that easy, like, it's difficult for me sometimes.

I think it's that, like, even the little things that people do, like, oh it's just kind of messing or something to some people, it's not just that. Some people can really hurt them, like, make them feel awful, I know that. Obviously if you're friends or something and someone, like it's a joke or something but, especially when it's someone you don't really know and, like, they're saying to you, how do you think that makes a person feel? Especially if there's a group of people, like, you're literally just destroying that person's confidence and stuff, you're literally breaking them apart.

I know it may just be like a couple of words that you're saying but that can really really hurt a person. Even if they seem like they're not bothered by it or they seem they're really strong and, like, have loads of confidence, you really can be hurting that person."

Hobie, 20, South East England

"I'm not really sure where it started. Personally looking back, I'd actually say it started very, very young in like early primary school. But, I really came to notice it during GCSEs and A-Levels, because I feel that's where it flared up and stuff. I started noticing, comparing to my peers, and I started noticing my lack of motivation, my lack of being able to do stuff, my general like low mood compared to how everyone else seemed to generally react.

My mother has the attitude of just sort of work through it, or just push yourself and whilst she quite often might mean well, her manner towards it would just be you're being lazy, you're stuck in your room all the time and all like you don't talk to me about this.

It was very hard to open her and to me, it still is very hard to open up to her, because she has this sort of very forceful personality, which is great in many respects, because it means she's able to get stuff done and she's able really help where I was trying to seek counselling and trying to seek appointments to go somewhere.

But in terms of talking and that to her, it was very hard for me because she just didn't understand the idea of it being hard for me to talk about or it not just being me being lazy, or me wanting to, but me being scared to talk about anything.

You don't have to be doing any physical harm or being very open about it, a lot of mental health difficulty does come from the people that seem quiet. The 'angsty troupe' or the teenage that always locks himself in his room is, you need to sort of look at the person and see what they are doing and how they're reacting and understand that if there is something going wrong and they are being a bit low.

The best thing to do is to talk to them about it, especially as a teacher or a parent, because that stereotype isn't necessarily a good thing. A lot of people I know during secondary school weren't following that stereotype and I felt like that stereotype isn't really real unless people just want it to be."

Jordan, 17, Northern Ireland

"Most of my family think that I'm quite, I struggle a bit with mental health cos I have times where I'm just a bit depressed and down and I'm just not feeling up and I don't wanna do anything for the day and I just stay in my room. But then there's times that I'm quite normal and I'm just chilling or doing whatever.

I've seen people making fun of people because they're going through things like depression and I don't really like seeing it, I can't watch it. I have to turn myself away from that cos like, I find it quite uncomfortable when other people are making fun of people for that.

If you broke your leg, you get, a doctor will go 'lie down', fix yourself up and make yourself okay again. Whereas if you say to someone that 'I'm not feeling great like, mentally', they just go, 'oh, just get over it, it's something else'. It's not, so they don't really understand it, so that's why they might think it's alright to do.

They might do after a while of realising it, but most of the time, I don't think they realise how bad it is cos they might not understand it.

I try to defend people when I hear people saying that, I'm quite like, easy enough to just go out and defend and I'd be quite open to saying 'don't do that, stop that, that's not right'.

I hate hearing it and hate seeing it and it just makes me feel like, that there's something so messed up about people thinking it's hilarious to just pick on someone because they're not feeling in the right place.

I've had many like, talks about it. Yeah most people after we have those talks, you see a bit of a lowering in like people going 'oh, you're like picking on people'. Ever since our school started doing that stuff, there's been less and less of it. So it helps in that kind of."

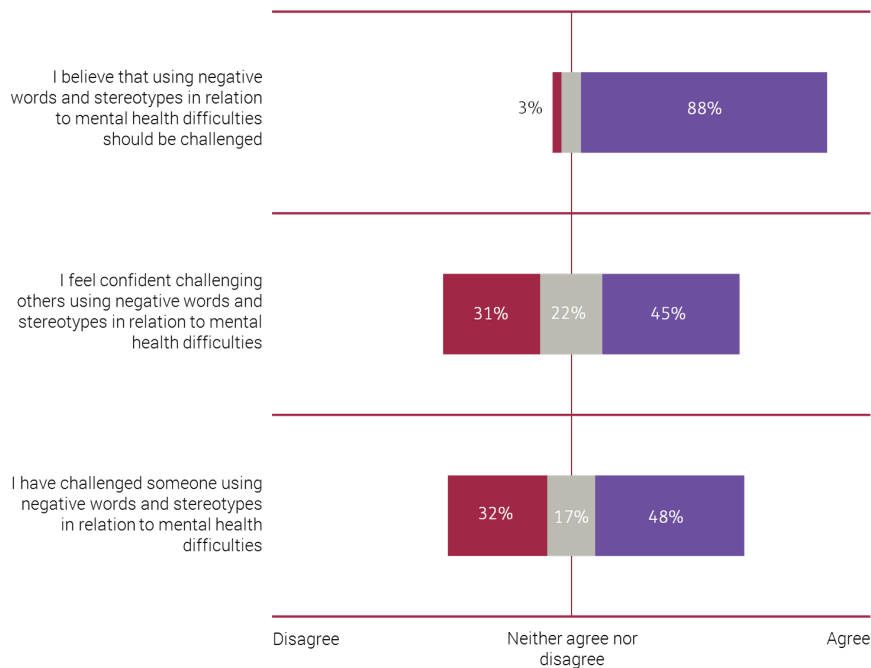
TACKLING HARMFUL LANGUAGE AND NEGATIVE STEREOTYPES

Young people are operating within an environment in which, despite the very real negative implications on the lives of those with mental health difficulties, harmful language and negative stereotypes related to them are commonplace.

Notably, nearly nine in 10 young people (88%) recognise the damaging impact and the need to confront the harmful words and negative stereotypes they have heard. Despite this, less than half (48%) have taken action to challenge them.

In addition, only 45% of young people who have seen or heard harmful language and negative stereotypes in relation to mental health difficulties said they felt confident challenging their use.

To what extent do you agree with the following statements? (n=1639)

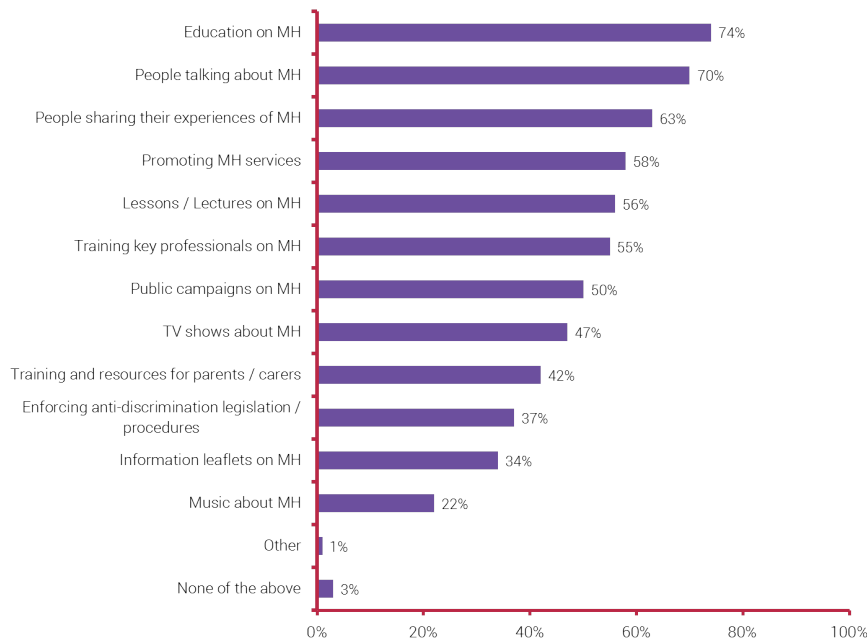


In order to create an environment in which young people feel able to speak out when they are experiencing mental health difficulties, it is critical that young people also feel able to speak out when they see or hear harmful language and negative stereotypes and feel comfortable challenging these.

However, at present more than a fifth of young people (22%) who experienced harmful language and negative stereotypes in relation to their mental health difficulties did not tell anyone, likely amplifying the impact and longer term repercussions.

To help create this environment, almost three quarters of young people (74%) who had either heard or seen harmful language and negative stereotypes used in relation to mental health difficulties said that education about mental health was necessary.

How do you think the negative words and stereotypes used in relation to mental health difficulties can be stopped? (n=1639)



Speaking to young people reveals that this education must take place in a variety of forms and in a variety of settings in order to be effective at tackling the problem.

In the first instance, it should be required that all young people are educated about mental health as part of the school curriculum.

Young people reported that at present this education is lacking, and in instances where it was provided, teachers were often missing the essential expertise in order to deliver it effectively.

Teachers are under a myriad of pressures with the academic curriculum, and while an awareness and understanding is important, they should not be required to become experts in how to deliver mental health education.

As such, where the expertise does not exist in schools, external mental health professionals, including youth workers where appropriate, should be utilised to provide young people with the education they need on this important issue.

Having mental health lessons delivered by professionals helps to ensure that it is both effective and appropriate for all young people, not just those in the older age groups.

In addition, young people should be provided with mental health education in external settings, including youth clubs and community groups and increased funding should be made available to facilitate this.

This point is particularly important for those for whom school is a source of anxiety or stress and a place where they are subjected to harmful language and negative stereotypes as a result of their mental health difficulties.

Indeed, young people reported receiving talks about mental health at youth and community groups as being particularly effective in increasing awareness and helping to start conversations in a supervised and supportive environment.

Furthermore, young people spoke of the benefits of a more informal approach to learning about mental health in which they were educated more subtly through a series of positive activities.

Critically, this education should focus on the full range of mental health difficulties, including those that are less common and often have more negative perceptions and misconceptions around them.

It should also include information on acceptable and unacceptable language around mental health difficulties and be incorporated into wider initiatives to tackle bullying.

In order to be effective, young people felt that this education must be supplemented with an increase in the number of people talking about mental health and people sharing their mental health difficulties.

As such, even with the increased public recognition of mental health difficulties, it was felt by many that a sense of awkwardness or fear still exists, with people not wanting to talk to others about their experiences of mental health difficulties.

While common, mental health difficulties are inherently personal and differ between individuals. As such, to help break down stigma and tackle the harmful language and negative stereotypes attached to mental health difficulties, people must feel ready and able to start those conversations rather than merely make assumptions about what a person is experiencing.

This is particularly important for those who have no personal experience of mental health difficulties and potentially less of an understanding about them as a result.

Open and honest conversations about mental health difficulties can help to break down some of the misconceptions that exist and expose the negative effects that harmful language and negative stereotypes can have.

Indeed, time and time again, young people said that the best way to support people with their mental health difficulties was simply to ask them about what they are experiencing and how they would like to be helped.

However, at present young people's mental health difficulties are being at best ignored, and at worst, met with harmful language and negative stereotypes.

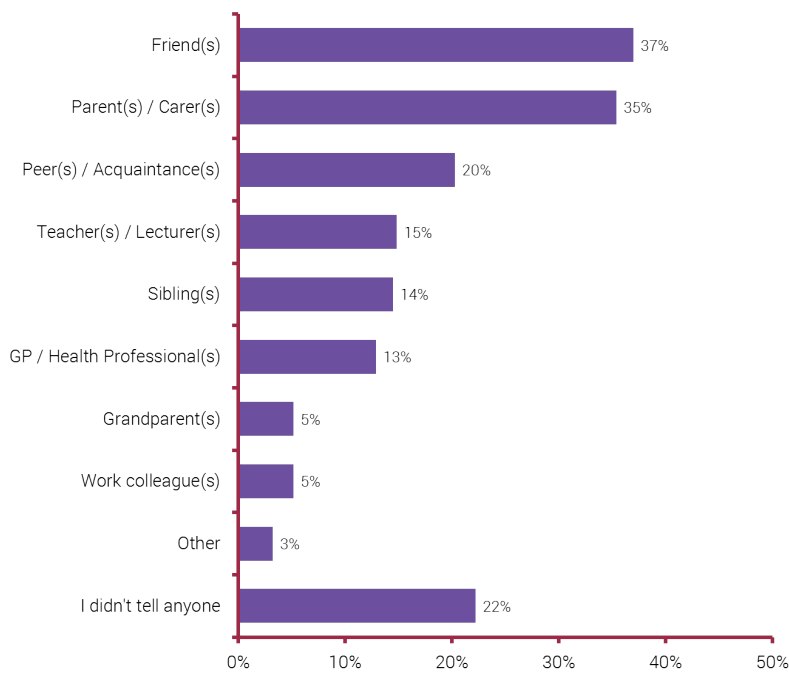
The scale of the problem is illustrated by the large number of young people felt that this was an inevitable part of life, and that while damaging to a young person in need, people with mental health difficulties will always experience such negativity.

As such, any interventions to help tackle harmful language and negative stereotypes surrounding mental health difficulties must also seek to reduce their impact on a young person.

This involves challenging the perspective that the use of such terms is both normal and acceptable, encouraging young people to report the negativity they receive, and ensure that the people they turn to are equipped to support them through it.

Given that friends were the group that young people most often spoke to about their experiences of harmful language and negative stereotypes, the need for peer-to-peer support is clear and such services should be promoted in schools and community settings.

Who, if anyone, did you tell about experiencing these negative words and stereotypes? (n=311)



It is important that parents and carers are equipped to help a young person both with their mental health difficulties when they occur, and to help educate younger generations about mental health and the acceptable language that surrounds it.

Given the prominent role they play in the lives of young people, it is critical that professionals, teachers, and individuals frequently working with young people are trained in mental health.

While it may not be possible to eradicate all uses of harmful language and negative stereotypes given the malicious intent that sometimes fuels them, increased education and awareness around mental health difficulties can help to eliminate much of that which is unintentional.

However, it is important that this education and awareness-raising activity is incorporated into every aspect of society, rather than taking place in isolated initiatives that are then contradicted by the wider societal narrative.

This education and awareness-raising activity should include positive stories of the achievements of those with mental health difficulties to help create positive role models, help combat negative stereotypes and to promote the notion that a person is more than their mental health difficulties.

As such, tackling the harmful language and negative stereotypes that surround mental health difficulties requires all parties to take responsibility for the messages that they are putting out.

This includes media outlets, film makers, educational institutions, governments and organisations, and action should be taken to combat those who promote inaccurate portrayals of mental health difficulties.

Importantly, it also requires people to recognise the weight of their words, and realise the impact that an individual can have on those around them.

CONCLUSIONS AND RECOMMENDATIONS

Harmful language and negative stereotypes surrounding mental health difficulties infiltrate our everyday.

However, while often dismissed as 'banter' or 'harmless', speaking to young people reveals the very real impact that they are having on their lives.

As such, the experiences of young people all over the UK and Ireland reveal that they are scared to tell others about their mental health difficulties for fear of the reaction they will receive, whether that is abuse or dismissal.

The secrecy that ensues is delaying young people getting help, prolonging their symptoms, and in some cases, having a lasting impact on their lives.

Ending this secrecy and tackling the harmful language and negative stereotypes that surround mental health difficulties first requires them to be acknowledged.

Doing so requires individual recognition of the weight that our words carry, and the negative attachment that sits alongside them.

Tackling the negative language and harmful stereotypes that surround mental health difficulties is not an exercise in so-called 'political correctness', nor is it about merely appeasing those who are 'overly sensitive'.

Instead, it is about creating a society in which it is no longer considered brave to speak out when experiencing mental health difficulties.

It is about creating a society in which mental health difficulties are normalised, but also respected, and young people with symptoms are given the help they need, when they need it.

In order for this to be realised, based on the views and experiences of those participating in this research, YMCA is calling for governments and decision makers across the UK and Ireland to:

- **Require all young people to be educated on mental health awareness and understanding as part of the school curriculum**
- **Promote mental health peer-to-peer support programmes in schools and community settings**
- **Invest in youth and community services that provide informal education and positive activities around mental health**
- **Require all teachers and individuals frequently working with young people to be trained in recognising mental health and/or emotional wellbeing issues and know what to do about them**
- **Demand tougher action be taken to tackle bullying in schools and online**
- **Combat irresponsible reporting, and inaccurate portrayals, of mental health difficulties in the media, TV and films**

NOTES

¹ Green, H, McGinnity, A, Meltzer, H, et al, *Mental health of children and young people in Great Britain 2004, 2005* & Royal College of Surgeons in Ireland, *The mental health of young people in Ireland*, 2013

² YMCA, *I AM WHOLE*, 2016

³ Ibid.

⁴ Ibid.

⁵ Ibid.

⁶ Ibid.

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