

**Your Voice Your  
Health Camden  
Series: Mental  
Health Report**

**April 2024**

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## Introduction to the Project

Healthwatch Camden set out to explore the health concerns of young people between the ages of 13-24 years in Camden, in three key areas:

- Mental Health
- Sexual Health
- Use of E-Cigarettes (Vaping)

There is growing, and evolving need among young people for support, awareness, and access to services for these health issues. We want to listen to the experiences and perceptions of young people and take their feedback to local health and social care commissioners, in the hope that their voices are central to any decision-making to improve health outcomes in this age group.

## Objectives

- To conduct online surveys and face-to-face focus groups with youth who live, study, work, or access services in Camden.
- To produce three separate snapshot reports (Your Voice Your Health Camden Series) highlighting young people's current experiences and perceptions about Mental Health, Sexual Health, and Vaping.
- In addition to documenting current trends, the three individual reports will put forward recommendations made by the young people, with the aim of guiding effective interventions to foster well-being in Camden.

We are very grateful to the three youth organisations in Camden for their collaboration and help in allowing us to conduct a total of 140 individual surveys and 8 focus groups across our three studies. Thank you to the young people for choosing to take part and sharing your views with us.

## Your Voice Your Health: Mental Health

Mental health and well-being of young people in England is in steep decline leading to unprecedented demand for mental health support. Rates of probable mental health disorders in children and young people (8-25 years old) jumped from one in nine in 2017, to one in five in 2023<sup>1</sup>. With cuts in real terms to public health grant since 2015/16<sup>2</sup>, funding for mental health services has simply not been enough to prevent and stem the tide of children and young people requiring support, with delays in access, and a postcode lottery in provision. Adding to the challenge is the impact the pandemic has had; from worsening the mental health of children and young people, to disrupting their access to support<sup>3,4</sup>.

Efforts to improve access to mental health support have primarily revolved around expanding services through educational settings and NHS Child and Adolescent Mental Health Services (CAMHS)<sup>2</sup>. For example, the NHS Long Term Plan (2019) objectives to increase the availability of provisions to meet identified needs, and current work on a new ten-year strategy to enhance the nation's mental health and well-being<sup>5</sup>. However, children and young people's mental health remains significantly underfunded in comparison to their physical health, or adult's mental health<sup>6</sup>.

Young people encounter increasing difficulties in obtaining mental health assistance and their interactions with these services are not always positive<sup>1</sup>. They express widespread dissatisfaction with the "one-size-fits-all" approach to mental health services and mental health education which fails to address the diverse range of needs and may not be accessible to all young people<sup>7</sup>.

Analysis of local and national data in 2021 found that Camden had the second highest prevalence of severe and enduring mental illness, including schizophrenia, bipolar affective disorder, and other psychoses, out of all the other North Central London boroughs (Barnet, Enfield, Haringey, and Islington)<sup>8</sup>. In November 2023, Camden Council focused their annual public health report<sup>9</sup> on adolescent health, recognizing this period as a formative stage for both immediate and long-term mental health and well-being. Latest estimates for prevalence of mental health disorders in Camden for 17–19-year-olds was 23%, i.e. an estimated 2110 young people<sup>9</sup>. Total spending on public mental health in Camden has seen a steady increase, to have the third highest expenditure out of all London boroughs in 2022/23<sup>10</sup>. It is crucial that the level of allocation to services and interventions for young people's mental health reflects rising needs, and there is a greater focus on preventative measures to reduce burden.

Healthwatch Camden's report aims to capture the current experience of mental health and well-being, mental health education and support services among young people in Camden aged 16-19 years old. We echo local<sup>11,12</sup> and national<sup>13</sup> calls to put "children at the heart of policymaking" in our attempt to bring their voices to the table. Listening to young people without judgement is key to understanding individual and collective needs to tailor the most

appropriate and effective mental health support. Through their feedback, we want to understand current risk factors, as well as those that are protective of mental health; if and how these have evolved to reflect changes in society, culture, and priorities of young people in Camden. With mental health disorders linked to factors like young people's ethnicity, gender, family income-level, housing insecurity, and social housing<sup>2,9,14</sup>, it is more important than ever to acknowledge how the current approach to planning care and services use frameworks which do not fully recognise a young person's intersecting marginalised identities. This inevitably leads to poorer health outcomes. Camden has an incredibly diverse population, and any efforts in improving the mental health experience for young people must first start with speaking to them and understanding their varied needs.

## Young Person's Feedback

### 1. Understanding of Mental Health

This section examines what young people understand of their own mental health and well-being and the definitions they use to make sense of it. It reveals a spectrum of perceptions, from personal to more clinical definitions, shaped by personal experiences.

#### Definitions

The anthropologist and psychiatrist, Arthur Kleinman, coined the term 'explanatory models' meaning the notions every individual uses to explain their illness, including mental ill health, which is shaped by their cultural, social, and personal experiences. Thus, different explanations of mental health can be found across cultures and individuals<sup>15</sup>.

In exploring the concept of mental health, the young people exhibited a wide range of personal definitions, illustrating how mental health and well-being is tied to every individual's explanatory model. Some participants aligned their definition of mental health with the presence or absence of mental ill health, whereas others viewed it as a broader holistic concept encompassing emotional well-being and life satisfaction.

*"I'll say for me it is very all-encompassing. I struggle personally with mental health, and it just permeates into every single aspect of my life. So yeah, it's definitely a big deal that has some little components for every single activity or aspect."*

*"It means when you're depressed. How people feel in their head and stuff"*

*"The first thing I think of is poor mental health whenever I think of mental health, only because whenever people talk about it, it's really like taboo or just it's seen as something that gets negative very quickly."*

*“I feel like mental health is a state of being healthy and being aware of your mental state. I'd say the mental health definition kind of comes under that.”*

*“To me, it's kind of trying to make sure that I'm okay mentally, like I'm not overwhelmed. I'm not stressed in an unhealthy way. Essentially, like I don't have any negative, like, repercussions on me mentally. And if I do, then what are the things that I do to try and make sure that it's all okay.”*

Integrating these individual explanatory models in mental health practice can promote inclusivity and adaptability, leading to more effective communication.

### **Symptoms and Indicators of Poor Mental Health**

Identifying the potential presence of poor mental well-being is an indispensable initial step in seeking guidance and support, enabling young individuals to flourish. In examining their notions of mental health, local youth delved into recognizing the symptoms and markers of mental health issues. Some articulated specific indicators of poor mental health in themselves or others, such as changes in behaviour, mood swings, or loss of interest in activities. These observations indicate an awareness of their own and others' mental states, which is essential for timely identification of mental health issues.

For instance, one participant demonstrated how external factors, including bullying, can precipitate a decline in mental health.

*“I think because the school is bad, they were bullied so they got angry, and they went and started cheating. I think that teachers should look out for them because that could be the start of poor mental health.”*

Another stated:

*“Because there's a lot of people that go through the point where they have situations, and you end up where someone is suffering but everyone else around them thinks their life is great, is normal until something bad happens and this person tries to [self-harm]”*

Strengthening this understanding and knowledge surrounding indicators of poor mental well-being and educating young people on the threshold at which point they should seek mental health support, can empower them to seek support earlier on. This will also allow them to identify when their peers may be struggling so that they can provide peer support where possible.

## **2. Coping Mechanisms**

Understanding the coping mechanisms and strategies that promote mental health and well-being in young people can provide avenues to tailor existing support services to better align with their needs and preferences.

## Coping Strategies and Activities

Our conversations with participants uncovered a wide range of strategies they use to maintain their mental health and overall well-being. These strategies encompass hobbies and activities that not only serve as a distraction during difficult times but also provide feelings of relaxation and personal satisfaction. Participants cited methods such as mindfulness and meditation, which have benefits in calming the mind, engaging in creative and leisure pursuits like cooking, reading, and watching television.

*“I guess it’s sports in general because my mind is focused on just the game. I don’t think that’s what you want, just to enjoy [focus is good for distraction]”*

*“If not, go to the gym or something. I release the anger or something like that”*

*“If things are going bad, I distract myself by talking to my friends or doing other stuff than worrying about what’s hurting me I guess. “*

*“Sometimes I go to my friends, talk to them, watch stuff, and be distracted. “*

*“Just trying to partake in things that make me happy, my hobbies”*

Participation in sports has been linked to decreased levels of stress, anxiety, depression, and suicidal behaviour, while also fostering resilience, empathy, self-esteem, and empowerment<sup>16,17</sup>. One national survey found 17-25 year olds with a probable mental disorder were 3 times more likely to be unable to afford activities like sports, days out, or socialising with friends, compared with those unlikely to have a mental disorder<sup>3</sup>. Providing opportunities and encouraging participation in recreational and leisure activities, and providing equitable access to them, can be an effective strategy for promoting mental health for young people in Camden.

## Routine

Some participants spoke of the role of routine and self-care practices, which brought a sense of structure and accomplishment, in contributing positively to their mental health. This reflects research showing how establishing routines and engaging in self-care practices can help reduce anxiety as well as improve physical health, which in turn can then promote mental health<sup>18,19</sup>.

*“I think having a routine for me helps, because since 2019 I didn’t have a routine up until the beginning of this year. I would just be on and off college. And then since I started college this year and I’ve been repetitively going like a kind of routine, it’s definitely helped not only as a distraction, but just reminding myself that I can do things right definitely helps.”*

*“I would definitely say a routine is a massive thing for me. I’ve never been super good at self-directed doing work, so having a set routine really helps with that. Also just being able to compromise with your self-care as well. Like a couple months ago I was in a really bad spot,*

*and I got like a bottle of mouthwash and like a bunch of pot noodles because it's like I'm not going to cook and I've got to eat so let's go pot noodles; and it's like I'm not going to want to brush my teeth every day so at least here's a bit of a wash. You have your basic self-care that you try and keep up with, but also accepting that sometimes you're going to have to compromise, and just do what you can, like pushing yourself but know when to give yourself a break, it's a tricky balance but sort of figuring that out"*

The diversity in coping strategies reflects the individual nature of mental health management and the value in finding personalised ways to cope with stress and emotional challenges.

### **Support System**

Support networks, consisting of friends, family, and community settings, to manage mental health and well-being was another strategy highlighted by participants. Young people emphasised the importance of having someone to talk to, whether it was for advice or just needing a space to feel validated and heard.

Some went directly to their parents or other adults for support during difficult times.

*"My mum comes to pretty much all my appointments and I'm ok with that. Because I have bipolar, sometimes I can't tell on my own what I've been doing, so to have her there and be like 'actually she's been going through this at the moment and that's why she needs help', helps. But there have been times where, for example, at the height of my family issues, we would sit in my therapy session and then she would just send the daggers through her eyes. But I'd say the positive experience of that was that my psychiatrist was then able to explain to her why this is a step forward rather than back."*

*"It depends on the situation, sometimes I actually have to talk to an adult. Because I remember my friends are my age, and the advice that they give me, whilst it's from their best interest, it's not, it might not be as useful as an adult".*

Others relied on their friends or siblings depending on how they felt they could relate to them.

*"I would say a friend because I feel like when it comes to friends, I think it will be easier to relate to than a sibling, and they might not be able to see it the way you want them to see it, so I'll say a friend."*

*"I would actually go to a sibling because I feel like they understand your situation already, so it's not really something hard to tell them. And considering you trust them, it's kind of easier to let that out to them."*



*“I felt like I isolated myself when I was dealing with my mental health, so even just coming here, using the services that this Youth Centre provided really helped me become more social, which kind of took me out of that shell of always being at home in my bed.”*

These support networks are essential in fostering mental health by offering emotional and practical support to young people in managing stress, anxiety, and other aspects of their well-being that they may be struggling with. Research has also demonstrated that social support can provide a protective effect against the psychological consequences of stressors and there exists a strong correlation between social support and mental health<sup>20,21</sup>.

### **Faith**

Faith and spirituality played a significant role in supporting young people’s mental health and well-being. This included participating in religious practices, finding comfort in spiritual beliefs, or being part of a faith community. They explained that practising a religion/spirituality provided them with a sense of peace, as well as resilience to cope with the difficulties of life.

*“Strategies I use for my mental health... I guess this goes back to me going back to my faith, prayer”*

*“My friend was stressing about something and he’s a Muslim so I told him go and read the Quran maybe calm him down”*

This shows the importance of exploring the role of faith and spirituality as a protective factor of mental health. Support systems need to be culturally responsive and religiously literate to provide support which incorporate individuals’ faith and spiritual practices as a valuable component of their mental health well-being.

## **3. Factors influencing mental health**

### **Family**

The impact of family on mental health was extensive and varied. Respondents noted the positive influence of family members in fostering environments of trust, open communication, and providing emotional support, thus helping with recognition of early warning signs of illness, encouraging professional help-seeking, and assisting with navigation of the healthcare system.

*“I feel like for me, I mean, my struggles have been constant despite whatever was going on, but definitely my family is one of the biggest, whatever the relationship, the time I have with my family is that time is going to have a big impact on my mental health.”*

However, family influence also manifested in negative ways around academic expectations, cultural or social norms, appearance, friendships, and romantic relationships. Research

suggests that pressure exerted by family members can be a highly influential source of stress on adolescent mental health<sup>22</sup>.

The young people emphasised the role that family expectations and pressure played in their well-being, particularly in the context of siblings. Younger siblings reported feeling undervalued and overlooked in comparison to their older siblings.

*“Yes, the invisible middle child. That’s how it is with every family. Not every family, but most families. A lot of people just see their middle child being left out of a lot of activities.”*

*“I’m the youngest. For me it’s like my big brother set a very good example. So if I’m doing bad in maths, it’s like ‘you’re so and so’s sister. Why aren’t you good at maths?’...My oldest brother, he’s most definitely the favourite child. And it’s because they made your parents a mother. And they care about them so much, and it’s like they got everything first. It’s your first child you know, you can’t say much. You want to give them everything they want. And the youngest just gets hand me downs. You need to look up to your older siblings.”*

*“But you have an expectation to be like them, or be better than them. But you can’t be anything under them, and if you are.. you get in so much trouble”*

On the contrary, those who were the elder siblings experienced pressure from a sense of responsibility to serve as a positive role model. Any shortcomings on their part would be attributed to their younger siblings' failure to meet their parents' expectations.

*“I am the eldest as well, but you know whenever any of your siblings get in trouble it’s always your fault. Like, whatever you do it’s always your fault. And it’s like you know the pressure is always on you to do well in everything. And let’s say you do well, and your younger sibling does good, they don’t get a lecture. They don’t get anything. But if they do bad, then it’s like you told them. You made that influence, you were going on the phone..so they are going on the phone. And it’s like that. “*

These factors, including expectations, pressure, and a sense of being overlooked, can have detrimental effects on a young person’s self-esteem and subsequently impact their mental health and well-being. This sentiment was expressed by one participant in the following statement:

*“If I make mistakes my parents don’t like, they will say that I am always bad and say that I can do better, and this makes me feel like I am worthless.”*

## **Personal Relationships and Peer Network**

Participants highlighted the importance of friendships, personal and romantic relationships, and mentorship bonds as a crucial factor influencing their mental health. Positive

relationships were regarded as avenues for emotional support and solace, while negative or detrimental relationships were observed to exacerbate feelings of stress and anxiety.

*“I would say maybe a positive factor on mental health would be your friends”*

Whereas others noted that through peer influence they could get involved in activities they may not have tried before that were beneficial for them.

*“A positive thing your friends can get you into things that you’ll enjoy”*

*“I think on the most part my friends had like a positive impact on my mental health”*

One prevalent negative aspect of these personal relationships was peer pressure. The influence of peer pressure on adolescents and young adults is multifaceted and profound, encompassing a range of effects on stress levels, self-esteem, and decision-making processes. The participants' stories demonstrated how this pressure often resulted in the engagement in risky behaviours, such as the use of recreational inhalants and drugs. This influence stemmed from direct coercion or the desire to be accepted by a peer group, despite their personal reservations.

*“I have seen an example where friends are vaping, and they are forcing you to vape as well, and haunting other people for vaping, I don’t want to but I did it.”*

*“Yeah, I think that when you are chilling with people, let’s say you become friends with them and they would like put pressure on you to vape and to like do drugs, crack and something and they put pressure in you to do that.”*

*“I would say maybe the people you hang out with, that would be a big one. Because most likely when you’re around somebody a lot, around people a lot, you tend to pick up their habits and it could be bad or good. Plus, also I’ll say like career pressure and all that stuff. Because from that, you’re able to get into stuff that you may not want to be into, but because of your friends, you’ll jump into it and that would be a negative aspect”*

One person shared their negative experience in their first relationship as well as the positive support they received from friends, illustrating the duality of personal relationships.

*“ Yeah, and I did have a very toxic, very unhealthy first relationship. I was speaking to I think the school counsellor at the time. I think it's just sort of like, again like not understanding what is bad and what's just like the up and down sort of in a relationship. It definitely negatively affected my mental health, I don't think like... I had mental health problems before we were together, so it wasn't like the sole cause of any of my issues. It definitely didn't help. And I think it prevented me from sort of getting more help as soon as I probably should have.*

I definitely know some people had several friends who were really toxic and not accepting, very cliquy. For me, my friends were always quite supportive, but again yeah, and that's not always how it works."

The significance of interpersonal dynamics in mental health is highlighted by these discussions, which emphasise the necessity of effectively equipping young individuals with the knowledge to identify and navigate the negative aspects of personal relationships.

## Academic and Societal Expectations

Young people in Camden face pressure to conform to social norms, particularly in the academic realm. This pressure to excel academically is perceived as crucial for their future success, significantly impacting their mental well-being. Failure to meet these expectations leads to diminished self-esteem and confidence, while success brings temporary relief but also highlights the immense stress they endure. The constant stress and anxiety leading up to exams and the temporary relief following success underscore the close connection between mental health and academic performance, emphasising the need for educational environments that prioritise mental health alongside academic achievement and provide more supportive and understanding structures.

*"Get fed this narrative that like if you fail your GCSEs, your life is over. I'm looking back now and it's like, that's ridiculous. But because of my mental health I had to re-sit a year for my A-levels."*

*"School can be both, but I think it's negative because you're just in lessons. Constantly working, you get little breaks and then there's so many rules. There's things that restrict you from being yourself and keep you in a cage. Like uniforms, you don't get to dress how you want. Like groups, classes and stuff. You don't get to be around the people that can make you feel better."*

*"I think maybe like the pressure of expectations people have on you. For example, you have to complete something to a certain standard, and not at your own pace, can negatively impact you."*

Literature has shown that social media can significantly impact young peoples' body image and self-perception, often resulting in body dissatisfaction, low self-esteem and eating disorders<sup>23,24</sup>. For example, in a survey conducted by the Mental Health Foundation, 40% of teenagers reported that images on social media had contributed to their concerns about body image<sup>25</sup>. For our respondents, social media frequently exacerbated and broadcasted societal expectations, particularly surrounding physical appearance, and conduct. This generated considerable pressure, to comply with these often-impractical standards.

*“One girl would have like the best while the other girl doesn’t, and jealousy could affect us all because it could make you upset and stuff.”*

*“I think it would be negative for social media, would be the standards for especially girls and boys. You have to look a certain way. You have to act a certain way. And overall, just the standards that society has on people can really affect young teens.”*

## **Dual Impact of Social Media**

Digital content, especially those found on social media platforms, plays a significant role in shaping the perceptions of mental health and states of well-being. This influence is characterised by its dual nature, providing both beneficial insights and potential misinformation.

Positive aspects included the ability to stay connected with their friends, family, and others regardless of location, allowing for social connectedness which is vital to improving well-being.

*“For me personally social media is one of the things that lets me still have contact with other people because people my age tend to not use WhatsApp. We don't really text, so if you want to message them. Like I could basically talk to the same person - I could message them, one message on WhatsApp and one on Instagram and they'll get to the WhatsApp one in three days, Instagram one”*

For others it can act as a form as a temporary escape and distraction from the difficulties they faced. However, they couldn't fully discern if the social media use was causing poor mental health, or that they were excessively using social media as a result of mental ill-health.

*“Yeah, social media is a big one as well. Especially when there's nothing to do and you're kind of just circling around the same social media sites aimlessly I tend to feel like, when I notice, that my mental health is the worst. I don't know if it's because of social media or I'm on social media because, well, I think it's a bit of both.”*

*“There's this idea that social media is so bad, it's corrupting us, and it's the source of mental health issues. But for me, like you said, I feel like it's more of the result of it. Like I wouldn't say like, ‘oh I've spent like 6 hours on my phone today and that's why I am struggling’, but more like I'm struggling so I spent so much on my phone”*

*“I noticed that when I use social media, I usually get dopamine highs trying to distract myself from what I'm thinking or feeling at the time. So I do notice that I spend more time on my phone.”*

The function of social media as a means of promoting mental health awareness presents a paradoxical situation. For some it has allowed them to find people experiencing similar things to themselves, validating their experiences, and providing a sense of community, buffering against the feeling of loneliness.

*“Through social media. I've found people who were struggling in the same way that I was. Like I could see, because like I said, no actual education on it. And you see, oh hey other people are depressed and other people have these struggles and they talk about their experiences with things. Again, of course, there's also negative things on social media.”*

*“I'm not the only one that struggles with this because saying it out loud to people, just to see people like this makes me less lonely in a way. That I'm like I'm not the only one that struggles. Like cause, the moving houses, everyone around me has lived in the same house. So no one could relate to me. So when I was typing 'moving away from a childhood home, or being an only child, or having ethnic parents or strict parents', [I saw] Everyone is struggling. I've saved the videos and I go back to them, and I read the comments. And I'm like, you know what? This is real, this is how I feel. So I think it has its pros and cons, but for me personally. I found my little people of struggles.”*

In some cases, through seeing people going through similar experiences or professionals posting information on a condition, they were able to recognise it in themselves and seek support.

*“The first time I sort of realised that I was depressed and that it wasn't normal was because I saw someone talking about their experience with depression, it was like 'oh that's what I'm struggling with'. Yeah it, it can be really helpful like I was saying before to sort of know when things are like really getting bad, like when you hear other people talking about it, it kind of gives you a bit of like a frame of reference”*

However, it also had the potential to result in misdiagnosis, or propagation of false information. When users discuss their symptoms in a general manner, they may unintentionally encourage others to mistakenly self-diagnose. Moreover, the sharing of personal experiences, which is often deeply emotional, can lead to a competitive narrative, potentially exacerbating mental health issues for those consuming this content. This highlights the need for careful navigation and discernment when engaging with mental health content on social media platforms.

*“People will talk about the symptoms of whatever disorder they have and sometimes that's not always a good thing, because they're a bit too vague and it makes people that don't struggle with that think they do.”*

*“It’s definitely negatively impacted my mental health before. Like there is just a lot of mental health misinformation on social media, especially with eating disorders..I mean it’s a tricky one because people say it makes them feel less alone to post about it, but it’s like, it’s really like very unhealthy these people sort of like yeah posting about like the severity of whatever...”*

*“ I think it can definitely get almost competitive, you see people online being like ‘oh you struggled with that, well like I had it so much worse and I coped’ sort of thing. But it can definitely... social media also like, it can definitely make you feel less isolated”*

Overall, while social media can serve as a tool for connection and education, it can also lead to negative wellbeing impacts and misinformation. It requires a careful approach to navigating digital content and interventions to address the societal pressures it can perpetuate.

#### 4. Stigma of Masculinity in mental health

In the UK, 40% of men have never discussed mental health due to stigma for fear of appearing weak, as a result of the traditional masculine norms that discourage men from seeking help<sup>26</sup>. This is referred to as toxic masculinity and is linked to increased rates of depression and a higher likelihood of using drugs and alcohol for self-medication<sup>27</sup>.

Our male participants reflected on these deep-rooted societal norms and expectations around masculinity, where expressing emotional struggles and stress was equated to a loss of masculinity and resulted in young men feeling a pressure to suppress their feelings.

*“A lot of boys don't speak because seriously, people are going to call them girls. Because when you talk about your stress, that it takes away your masculinity and that's how other boys will see it as.”*

*“It’s because of toxic masculinity, we just choose not to share”*

The suppression of emotions not only negatively impacts a person's mental health but also strains their relationships. Unfortunately, societal expectations that men should not show vulnerability perpetuate this harmful cycle, further stigmatising emotional expression.

*“Even, for example, you're at a point where you're in a relationship with somebody, and you might not be able to ever tell this person how you feel. And because you don't tell this person how you feel, they turn around and say you're emotionally unavailable.”*

Furthermore, this hesitation to discuss mental health and wellbeing concerns extends to those older than them, such as teachers, indicating a deep-seated need for trusted and communication channels that normalise such discussions for young men in Camden.



“I can’t speak to anyone I don’t know, to that person about mental health, unless it is someone I know, so I don’t blame the teachers if no one wants to speak to them because mental health itself is a big topic, especially for men, they like to keep things instead, I will never ever talk to a teacher about mental health.

The need to challenge and reimagine conventional notions of masculinity is highlighted by the statements above, as doing so can help foster an empathetic environment that encourages men to discuss their mental health concerns openly. It is crucial to address the accompanying taboos and misconceptions to create a society where young boys can confidently voice their emotional struggles without the burden of fear or hesitation.

## 5. Educational Mental Health Support

The role of mental health education in tackling misinformation and providing the tools young people need to navigate their wellbeing cannot be overstated. While some found the education that they received in school useful, many others expressed that it was often superficial, failing to resonate with their personal experiences.

*“I think that schools like to talk about it, but they are not good at seeing things through like that as a teenager. And they’ll just tell us stuff that we already know, like..’oh talk to someone’. But they don’t understand, it’s not that easy.”*

This is consistent with research from Camden Youth Council (CYC), where 61% of students believed that mental health education in schools was not working<sup>32</sup>. Similarly, research conducted by Camden Council showed that less than 50% of Year 8 and Year 10 students knew where to get help when they felt low, anxious or stressed<sup>28</sup>. In our research, young people shared that their education focused on general advice rather than addressing specific mental health conditions and did not provide adequate support to students who required more comprehensive assistance. Concerningly, some participants told us that they did not receive any education relating to their mental health and mental well-being.

*“In my school they just give you a topic, encourage you to research it, make a topic about it. But I don’t think that’s really effective. They don’t really explain it to you. “*

*“ It was always very surface level, and very sort of aimed at people that didn't have mental health issues. It's like of course everyone's going to struggle sometimes, and it was sort of aimed at people that didn't have mental health issues but were struggling, which is all good and well, like it needs to be spoken about as well.*

Moreover, they were unable to relate to the material being delivered, either due to the style of the person delivering it, or due to the curriculum not reflecting the dynamic nature of a young person’s mental health. They want education to be an integral and continuous part of the curriculum, and for it to teach them how to navigate and solve problems they may be facing beyond the vague and superficial advice.



*“When they would talk about it, they talked about it a lot for the whole week. But then again, they don’t know how it is from a teenager’s perspective. So they don’t really know how to explain to us, so they’ll say.. ‘talk to your teacher, or whatever, and you’ll get results’. That’s not really the case.”*

*“I feel like they focused more on the problem instead of how to solve it. So I feel like it wasn't really useful.”*

*“But I just remember like it always sort of made you feel a bit ... I don't know quite how to put it into words, but it made you feel like a bit like you were a bit messed up. It's like if you're feeling that you have to tell an assembly of teenagers that it's okay if you're anxious about a test, then it must be really taboo to be properly mentally ill basically. That was kind of, yeah the feeling of it... Like those things need to be talked about, but it was just very surface level and very sort of like ‘go for a walk’...”*

Furthermore, participants also indicated that mental health education is standardised and impersonal, echoing local data<sup>32</sup>, being often too focused on depression and anxiety and excluded other serious conditions. This contributed to stigma around these issues and left students who might be struggling with such conditions feeling isolated and unsupported.

*“If they had taught stuff like Tourette’s or PTSD and other diagnoses, I think a lot more people would feel like they wouldn't have to hide it or be embarrassed or insecure about it, because it's not something to be insecure about, it's just another part of a person.”*

This feedback highlights how mental health education in Camden needs to put more effort into engaging with students on a deeper level and reflect the intricate and evolving mental health landscape around them. Such a framework should not only aim to inform students but equip them with the tools they need to understand and manage their well-being effectively.

## 6. Perspectives on Support Services

This section delves into the challenges, inefficiencies, and emotional impact faced by young people in accessing mental health support in Camden. Ranging from administrative obstacles and geographical limitations to inconsistent quality of care and bumpy transition to adult services, these experiences bring to light systemic issues and individual struggles inherent in seeking mental health support.

### Navigating the System

Young people emphasised the lack of knowledge, support, and emotional capacity to deal with mental health services, from the initial seeking of support, to obtaining a specialist referral. A fundamental barrier they identified was the sheer lack of knowledge about mental health services, as many were not aware of what support was available to them in

Camden. This indicates a gap in awareness which could be enhanced via primary care, schools, communities, and online.

*"To be honest, I don't think I know about any mental health support services"*

Many young people also expressed uncertainty over the exact 'threshold' for seeking help, reflecting their lack of understanding about what good mental health looks like. This uncertainty can lead to delayed help-seeking behaviours, with individuals often waiting until their situation becomes critical.

*"We just don't know when to reach out for help."*

*"Reaching out for help is a very complicated process. And I feel like having more of an idea of what exactly it involves, how things are meant to happen would really help. Because the first time I got therapy was through university because that was the first time they visibly talked about it. They told me you should do this, to go to someone else. So I did that, and then that led from one thing to another."*

The complexity of navigating the system was stressful and off-putting for young people who were already struggling with simple day-to-day tasks.

*"Something preventing people from these services is just how many there are, it's something that's difficult just generally. I know for me it took a really long time to realise that I needed help. And then even if I decided, like I did, to do it by myself then, setting up doctor's appointments is difficult and you're like talking to someone you don't know on the phone. It's like, this was a horrible experience why would I do it again."*

*"Bureaucracy of, you've got to make the point with your GP, they've got to refer you, you've got to self-refer, and it's like, you've got to have email confirmation, and you've got to give your details to the email. And it just feels like there's a lot of paperwork and a lot of waiting lists, and sort of not knowing where you are on the waiting list, too."*

*"I find applications too long. I understand why they are asking it. But yeah, I have a lot of anxiety when it comes to filling out forms and stuff. It gets stressful."*

*"For a lot of people, it's been like, 'OK, I've tried to look for help once, this is it, I cannot take this anymore'."*

Although young people have the option of self-referrals for several mental health services, including CAMHS, most of them are unaware of this fact. The typical pathway for most of them to access a service is through obtaining a referral from their GPs. This experience, however, can be lengthy and cumbersome, can vary considerably even between GPs in the same surgery. A recent national survey found that more than two-thirds of young people (16-25years old) would prefer to be able to access mental health support without going through their GP<sup>29</sup>.

*“..it's just frustrating when you are trying to reach out for help. You go to the people that are meant to help you and you just get denied. It's like you're an adult, you're supposed to deal with it, but it's like, do you want a young person to just get to the lowest point that they've ever reached? It's just unfair.”*

*“Let's say we have an appointment. We're talking to the GP. What problem are we gonna discuss first? Are we gonna discuss my instability? Are we gonna discuss my impulse? Like, what are we going to discuss? And then they ask you the question of, “So how can we help?”*

If the young person does manage to obtain a referral to specialist support, they often find themselves navigating notoriously long waiting lists – a process that lacks transparency and effective communication. The time spent on a waiting list is often filled with uncertainty and anxiety, exacerbating existing mental health issues and making the situation more dire.

*“I was on a few waiting lists, but none of them got back to me. So, they told me probably there's no point being on the waiting list to get an in-house service. I thought there's no use in that. I want to talk to someone who can help me more than just to have someone to talk to.”*

The psychological impact of being on a waiting list cannot be overstated. The anticipation and hope that comes with seeking help can quickly turn into stress and apprehension. The experience of feeling unheard and unaided can be deeply discouraging. It can lead to the young person feeling neglected by the system, further diminishing the individual's trust in mental health services and willingness to seek help in the future.

*“Sometimes it can feel like you would be on the waiting list for like a year, and then you've got access to support for like two months, and that can be a bit off-putting.”*

The importance of incorporating youth-friendly practices in GP surgeries, and specialist services, in improving mental health outcomes cannot be understated. Services need to foster an environment where the fears and anxiety of young people, worried about their mental health, are managed in an empathetic manner.

*“I think the big thing is that people don't want to feel pitiful or helpless. So they become scared when they're like ‘I don't really need the help but I'm really struggling and I think they have a big fear about trying to get help.’ I think it's the same when people are worrying about medication. There's always this fear that ‘I don't want to come depending on it’. So I think people have a really big fear. **Fear of feeling helpless.**”*

### **Comparative Severity and Internalised Minimization**

The young people compared their own mental health and well-being struggles to perceived norms, or more severe cases that they were aware of. This comparison led to a belief that their problems are not severe enough to warrant professional health intervention. This unintentionally marginalises those who experience acute yet significant issues and acts as a

barrier to accessing support services. Often, the negative connotations surrounding CAMHS also feeds into the social stigma of seeking help.

*“Whenever you hear that someone is going to a therapist, or something like that - it’s because they have been through so much stuff that you haven’t been through. You’re still struggling, but it’s nowhere near as much as they have. So you don’t feel as though you need someone there.”*

At the same time, young people minimised their own mental health concerns, feeling a sense of guilt or embarrassment about seeking help for their ‘minor’ concern. This internalised minimization is an important thought-process which can have significant impact on the mental health outcomes of a young person. It needs to be addressed and dispelled with careful education and awareness.

*“Yeah, maybe some people might feel like their situation isn’t that serious or that important to go to someone to speak to them or might think it’s a waste of time.”*

*“You don’t really want people to worry too much about you. Or to seem like old trauma kind of thing, if you know what I mean.”*

A participant shared with us their experience of how persistent sadness can become a familiar state, leading to a sense of ambivalence about seeking change. This familiarity with sadness then serves as a psychological barrier to seeking help, as it requires leaving the comfort of the known, even though it is a painful and emotionally challenging space.

*“I think even if we know where to go for help.. Most of the time people don’t want to go, because sometimes if you are sad. When you are sad for so long, you begin to feel comfort in that sadness to the point where you don’t know if you want help anymore. “*

Respondents also noted how once they were within the system of care; health professionals often minimised the severity of their condition. This erodes trust in the process and triggers young people to deliberately worsen and escalate their condition in order to be taken seriously.

*“With CAMHS it’s just [bad]. The things that they would say were, ‘oh you just want to label yourself?’ or ‘because you work, you attend, you’re doing your 4-hour shift. It means you’re fine.’ It’s so bad.”*

*“I was put in like a psychiatric unit and it did feel like at times the young people would harm themselves more to get the attention that they needed. I felt like sometimes it was a competition, and it was quite often people were harming themselves. So, I just thought it was kind of really sad that people felt like they had to do that to get more attention.”*

*"I feel like the way mental health services are set up pushes you to be worse, a lot of the time. My history with mental health services, especially with CAMHS, has been long. The therapist I had kept saying, 'you can do this and that.' But when I shared my feelings of dissociation and suicidal thoughts, I was told I'm blowing things out of proportion. In adult services, I noticed a pattern: my notes often said, 'you're not experiencing this, so it's not that bad yet.' Regarding self-harm, I was initially only scratching myself, and they said, 'but you're not drawing blood.' So, in my head, I thought, that's what I have to do. I started doing that, and then they said, 'they're superficial."*

*"I remember waiting three years for a service. When I got there, they acknowledged I have a problem, but said it wasn't severe enough because my eating disorder doesn't occur exactly once a week; it varies. I can go two weeks without an episode, but then I might have a week where it's every day. Since nothing happened in the previous two weeks, I didn't fit the official criteria. That left me without support because my notes mentioned bulimic features, but not official bulimia. I knew then that to get help, I had to make it worse, which I didn't want. But with eating disorders, there's a competitive aspect in your brain. I wish the professional had just said I didn't meet the criteria instead of implying my condition wasn't severe enough. That made me feel like I needed to escalate my issues."*

### **Trust and Confidence in the Support**

In the UK, research indicates that young people often feel uncomfortable discussing their mental health and well-being due to a variety of factors such as stigma, a preference for self-reliance and negative beliefs surrounding mental health support services<sup>1,30</sup>. Trust in the service that it will improve outcomes for health is a fundamental determinant of the impact the service can make for a patient.

Our research indicated that the level of comfort, and therefore trust, individuals exhibited when discussing mental health was contingent upon the nature of their chosen confidant. Factors such as the depth of their relationship, the perceived understanding of mental health, and the perceived safety of a non-judgmental space played a role in this decision-making process. In certain cases, young individuals opted for friends or partners as their confidant instead of family members, while in other instances, they preferred professionals over both friends and family.

*"For me, day to day it would probably be my girlfriend because she knows me the best, and she knows me well enough to understand what I'm talking about. And apart from her either my parents or like someone that I'm seeing here [youth group]. So on a social level I would say my girlfriend and my parents, but then like there's GPs and other people in services as well."*

*"If you haven't got the relationship [with the health professional], you can't relate with some things."*

We found that there were varying levels of comfortability surrounding discussing mental health and well-being with parents. Some participants expressed discomfort discussing mental health in front of their parents, or having them present during therapy sessions, particularly when the issues were related to their parents themselves. This discomfort led to self-censorship or avoidance of deeper issues.

*“I remember around COVID times we used to have therapy online. And my mom wasn't in the room. But just knowing that, my mom, you know... Some things that I could not say. And also a lot of my mental health issues had just come from my mother. So just her being around...”*

*“Yeah, to me it also changes a lot when my parents are present because I am depressed and my mum has also been depressed in the past. So I felt like anytime she was present, then I would talk about anything mental health related, it kind of became a competition on her part. And being like ‘well I've had it worse than you’, or ‘oh this is not really that bad’, or ‘oh this is not how things are for you, because I know what it's like and it's not what you're describing.’ Which it's not.”*

Trust in any relationship is also built when your privacy is safeguarded. Although the NHS has established key standards and practices for mental health services, including privacy and confidentiality, our youth participants noted how a key barrier to accessing services were concerns surrounding trust, privacy, and confidentiality of their personal information, i.e., the fear that it may be shared beyond the therapeutic space.

*“Just the fact that they are strangers. Even if they are specialists in the subject, you don't have the relationship with them, initially you can't really trust them. You don't know what they are going to do with this information. “*

*“ For me, if I was ever told or advised to go to a therapist - I probably wouldn't go because. If I am going to a therapist - it's someone random, I don't know them. They don't know me. It's like I am going to them, and suddenly telling them all my problems. I haven't even built up a relationship with them yet. I don't know if I can trust them. I don't know if I would trust them straight away. Because they don't know me, and I don't know them. “*

*“Sometimes the fact that, when you go to someone for help to a therapist or whatever, do they really care about you or is this just their job to listen to you. Sometimes when you talk to someone, even if it's not that deep, or if it is deep - you have that feeling that they are going to tell your parents. And then you have to have that conversation with your parents that you are not ready to have”*

*“I've been in CAHMS and adult services for a long time and the only bad experience I had was that, I was having some family issues and this one practitioner just kept pressing me for*



*more information, maybe to get more services in and try and, I wanted to say, destroy my family.”*

Trust in services is ultimately achieved by engaging young people in a meaningful way. The approach to care must be youth-centric, with an effort to understand the different needs, anxieties, and preconceptions about mental health care than adults have. To improve health outcomes in this population, services must recognise and reflect in their practice, the psychosocial needs of safety, autonomy, relatedness, competence, and self-esteem which are essential for a young person’s sense of well-being<sup>31</sup>.

*“I've been in and out of CAMHS two or three times. The last time I was there I got removed because I just wasn't going, I didn't feel like I was being listened to, and the whole process of going there, the waiting room and everything, it felt like a doctor's appointment...it shouldn't be like that, because you feel like you're just another person with another problem like everyone else. I don't think it's necessarily about being special, but I think it's about feeling like you're not being taken seriously. I think to have that sort of platform where everyone is taken seriously as much as the next person, I think that would be beneficial for everyone. Especially waiting rooms are, in my opinion, one of the biggest flaws in things like therapy and stuff, because everything about it is so strange.”*

*“There's a difference between being listened to and being heard, and I think a lot of the time, I just feel like I'm being listened to, like I'm not being heard. Like I'm being put into a computer program, it's giving me a response back.”*

Peer support plays an important role in bridging the discord between young people and mental health professionals. It can address challenges of relatability, trust and confidence in services by placing a trusted adult willingly chosen by the young person<sup>35</sup> to deliver early interventions that can have profound impact on their mental health and well-being. This includes provision of care through existing youth or voluntary services, particularly working with vulnerable or at-risk groups, such as LGBTQIA+ or BAME young people. We heard an example of how specialist services can harness the positive potential of a peer support model.

*“It was late last year, I was given a peer support person from St Pancras Hospital and she was so nice. And it was so nice because she fully had experienced so much of the stuff I experienced and she did that perfect balance of being like, ‘wow, it's so cool that you...and so good and amazing that you're doing these certain things’, but without being like ‘oh, so you're actually fine’. So, it was like, appreciating it and part of the appreciation was knowing how much of a struggle it was. I'm discharged from the service now. But I still have the contact number for her like her work phone. And I found that useful because it's like, “OK if I struggle getting real toxic, can I be referred back or something like that.”*

## Support in Schools

In a local study conducted CYC, students were polled about their satisfaction with the types of mental health support available to them in schools. The findings revealed that 37% of respondents were dissatisfied with the services provided, with the main reason cited being the need for more effective counselling with trained professionals, as well as an increase in the availability of such counselling<sup>32</sup>. Our research found a similar finding where local youth reported negative experiences with their school counsellors, such as ineffective support. Due to restricted capacity, counsellors often seemed to students to lack the necessary time and resources to effectively support students, resulting in instances of misunderstandings and misdiagnosing conditions. It is to be noted that when young people mentioned counsellors, it wasn't clear if they were referring to in-house counsellors, Mental Health in School Teams, Emotional Literacy Support Assistants, or CAMHS in school teams.

*"I was selected for counselling and felt like you're dealing with issues of mine. But my experience was, nearly the whole time she was like, 'Are you sure you have autism? Are you sure you're autistic? I don't think you're autistic. I think they diagnosed you wrong' and it was just because I was preparing what I was going to say to her for the whole meeting."*

*"Counsellors, especially in my school, had about three. And the main one who's in charge, I think she just had too much going on because she didn't really have time for you. She would accuse you of being the perpetrator of your issues."*

*"He would just pause, wouldn't know what to say, it made me feel like I was being judged....they were asking me about certain stuff that I was doing in class or like outside of class...when I told them they acted surprised. I think just the whole thing just made me feel like I'm just gonna be judged anyway so what's the point."*

Like other support services, young people wished for school counselling support to provide deeper, personalised care. Local commissioners need to recognise the value of school mental health support and work towards increasing provision and build capacity, to deal with rising needs of the young people.

*"I don't think the school counsellor was helpful. I mean it was good to have at least a little bit of support. I think being able to be referred to other places I would say that was helpful, but the sessions themselves...like I just wanted to get out of class. But yeah it was very sort of like 'why do you think you're feeling anxious? Oh because of exams? Oh that's not very good'. It's like, give me something, come on. It was just very surface level, which I understand there's only so much that you can do. So it was helpful to have that little bit of support but it wasn't ideal, I guess."*



## Transition from CAMHS

The shift from CAMHS to Adult Mental Health Services (AMHS) in England presents a critical juncture for young individuals grappling with mental health issues. This transition is typically marked by sudden changes and a noticeable lack of continuity, leaving young individuals approaching their 18th birthday in a state of uncertainty. This period is often characterised by a heightened risk of disengagement from service utilisation, and the experiences of young people during this transition are of paramount importance in identifying ways to enhance these services<sup>33,34</sup>.

Ideally, this period should see a smooth transfer of care, but our participants' experiences showed that it is often not the case. Although they may be informed about an upcoming referral to adult services, the follow-through is frequently characterised by a lack of communication and guidance. This abrupt shift is not just a procedural oversight; it represents a significant gap in the system that affects individuals at a vulnerable time in their lives. Young people find themselves trying to navigate an unfamiliar system without support, exacerbating their mental health challenges.

*"It was definitely quite abrupt. When I was almost 18, I was with the case team again..I was told I would be referred to adult services, and I just never really heard anything about it. I tried to chase it up, and it basically just turned out that I haven't been referred, and it was like I've got too much going on, and I'm not in the headspace to try and sort all of that out. So it was just when it got to the point that I was really really struggling, that I was, like, okay, I need to sort something out now."*

*"Sure, I've tried to access it, but the whole process of it is quite confusing. I mean, I haven't really been told much about it, I haven't been educated much about it, and finding the services, being told about them, having help, like getting into them is the main reason why I haven't fully looked into it, because the whole process of it is quite overwhelming for me. I already have stress, I don't need more stress."*

*"That's the thing, no one talks about it at all. I think it should be something when people turn 18, I think their social workers or key workers, or just someone that they're seeing, like the under-18 therapists, should educate them more about it, because you're kind of throwing someone into deep end and expect them to swim."*

The importance of a structured, transparent, and supportive approach to the transition from child and adolescent mental health services (CAMHS) to adult mental health services is necessary for ensuring young people are given the best chance to improve their mental health into adulthood.

## Youth Recommendations

In this section we present the recommendations put forth by the young people, in the hope that youth perspectives and experiences are at the heart of efforts to improve mental health outcomes in the Borough.

- 1. Integrated Access and Awareness of Mental Health Services:** Develop a unified approach to support young people's journey through the mental health landscape in Camden. Provide awareness, support, and practical guidance to help them access and navigate the various mental health services available in Camden. Simultaneously, there is a need to increase tailored promotion and awareness of these services to ensure that all communities are well-informed about available resources for young people in Camden, including specialised mental health programs and support networks. These awareness campaigns must also work towards dispelling myths and stigmas around mental health, particularly regarding CAMHS, within local communities, especially among BAME communities and men.
- 2. Education and Support in Schools:** Expanding capacity of mental health professionals in schools so that they can deliver more targeted and comprehensive support. Revisiting the mental health curriculum to make it more frequent (>1 per year), dynamic, and relatable to young people. They want more education provided by experts rather than by teachers alone, and they want more mental health conditions discussed in detail, instead of generic material, ultimately providing the type of information that they will not find repetitive and superficial.
- 3. Building trust between young people and health professionals:** Continuous youth-centric training of staff to improve communication styles. Emphasising privacy and confidentiality provisions at all stages is important for young people, especially from minority ethnic backgrounds. Services should also look at the physical space that young people arrive at, to provide a welcoming environment and remove barriers to access and perceptions. This may include situating existing services in familiar spaces like youth groups or community centres, so that it becomes part of the fabric of the community and builds trust with the local youth.
- 4. Expanding Support through Peer and Community Engagement:** Combine the expansion of informal support options, like social prescribing, with the enhancement of peer support networks. Expand mental health support in youth clubs, offering young people accessible support in familiar, non-clinical settings, with a trusted adult youth worker.
- 5. Continuous Care with Compassionate Training:** Advocate for comprehensive training of healthcare staff in compassionate and empathetic care, particularly focusing on

integrating lived experiences and co-designing care approaches. Ensure smooth transitions in care, especially during the critical shift from child and adolescent services (CAMHS) to adult services (AMHS). This approach emphasizes continuity and quality in mental health care across different life stages.

## Conclusion

Our exploration into the mental health and wellbeing of young people in Camden has revealed a landscape marked by diverse perspectives and unmet needs. By providing a snapshot analysis of the current mental health experience of young people in Camden, this study highlights the spectrum of understandings and experiences among young people about their mental health and well-being. It puts forward future hopes and needs for public policy in improving mental health outcomes, as identified by the young people.

There is a need for effective communication and accessibility of mental health resources. The young people we spoke with demonstrated a lack of sufficient knowledge about the range of services available to them, and a sense of uncertainty and difficulty in navigating these services if needed. The impact of societal stigma as a significant barrier to open discussions about mental health and help-seeking behaviours needs to be addressed. The crucial role of personal relationships and social support networks was evident in how young people cope with mental health issues. The diverse coping strategies, ranging from sports and creative activities to reliance on faith and spirituality, demonstrate the individual nature of mental health management.

These findings echo the importance of a population health approach, underpinned in the Camden health and wellbeing strategy, to achieving positive health outcomes for young people. The state of mental health in young people in Camden reflects the intersection of the 'four pillars' in driving health outcomes<sup>36</sup>. Policy can go further in recognising the intersectional identities of young people growing up in a diverse and dynamic borough like Camden. It must inform calls for partnerships to work together and focus on prevention and well-being.

Our analysis suggests that while efforts have been made to provide a diverse range of mental health support, the approach often lacks personalization and empathetic understanding. Administrative hurdles, lengthy waiting times, and the daunting transition from child to adult services can exacerbate the challenges faced by young people seeking support. It is vital to continuously engage with young individuals and stakeholders to understand their evolving mental health needs. Innovating services and interventions that speak to these needs can provide a significant opportunity for policy makers to foster a mental health environment that is more supportive, understanding, and effective for the young people of Camden.

## Appendix

### Methodology and ethics

We sought to understand the perspectives and experiences of Mental Health among young people in Camden. We achieved this through conducting 6 focus groups with 34 young people between the ages of 16-19, who were regular attendees of 3 local youth groups. Due to ethical considerations, this research project focused on older young people. The lower limit of what makes a young person, for this research project, is someone aged 16 years old. Between May-June 2023 we drafted our focus group questions and made one round of changes based on feedback from the youth group leads.

During July 2023, we began recruiting young people through the youth group leads. Sampling was purposive as the group leads approached participants who matched age requirements and topic specifications. At the beginning of the focus group sessions, the facilitators took verbal consent from the young people.

We made it clear to our participants that it was not compulsory to answer any questions they were not comfortable with and that they were able to withdraw from the research at any point. The focus groups were conducted at their youth club venue, to maintain comfort, and guidelines for monitoring participants' well-being was observed throughout. Research data was encrypted and accessible only by the research team and was deleted following the completion of the report. Any personal details of participants throughout this report have been anonymized.

For this study, we used thematic analysis to analyse the focus group transcripts. We familiarised ourselves with the data, conducted a round of inductive coding and then followed up with an analysis session to discuss the themes and sub-themes we found. We then refined our final list of themes and sub-themes as a team and produced the skeleton of our report's framework.

### Limitations

As the respondents self-selected, there may have been voluntary response bias, whereby those with more negative experiences may have felt more driven to participate.

## About us

Healthwatch Camden is an independent organisation formed to give patients, service users, carers, and residents a stronger voice to influence and improve how health and social care services are provided to the people of Camden. Our duties (which are set out under the

Health and Social Care Act 2012) are to support and promote involvement of Camden residents in the planning, running, and monitoring of services; to produce reports and make recommendations for services based on their views and experiences; and to offer information on choices they can make in accessing and utilising services. Our remit extends across all publicly funded health and social care in the borough.

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