Developing Scotland’s next Mental Health Strategy: young people’s views

The Scottish Youth Parliament
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# Table of contents

1. Executive summary
2. Introduction
3. How mental health affects young people
4. Young people’s mental health services
   - 4.1 Are mental health services accessible for young people?
   - 4.2 What aspects of young people’s mental health services work well?
   - 4.3 What aspects of young people’s mental health services could work better?
   - 4.4 How could young people’s mental health services be improved?
5. Responses to mental health in primary care
   - 5.1 What can be done better to help prevent mental health problems from happening in the first place?
   - 5.2 What can be done better to ensure that mental health problems are identified and treated before they get to a critical stage?
   - 5.3 How do you think physical activity can be used to promote wellbeing?
6. Addressing stigma
   - 6.1 What are the barriers to talking about mental health?
   - 6.2 How can the barriers to talking about mental health be overcome?
7. Young people’s mental health and human rights
   - 7.1 What does the term ‘human rights’ mean to you?
   - 7.2 What are a young person’s rights if they are treated for a mental health problem?
   - 7.3 In what ways can we ensure that the rights of young people with mental health problems are protected?
8. Young people’s wishes for mental health by 2019
9. Recommendations
10. Appendix
1. Executive summary

In March 2016, the Scottish Youth Parliament (SYP) held a Mental Health Discussion event with a group of 51 young people. The purpose of the event was to gather young people’s views and experiences of mental health services and information and feed them back to the Scottish Government’s Mental Health Unit in order for young people’s views to be considered when developing Scotland’s Mental Health Strategy for 2016-2019. This report sets out the findings of the Discussion event, along with key recommendations based on the voices of young people who attended.

The event took the form of roundtable discussions, with the SYP staff team acting as facilitators for discussion based around the following topics:

- How mental health affects young people
- Young people’s mental health services
- Addressing stigma surrounding mental health
- Responses to mental health in primary care
- Young people’s mental health in relation to human rights

Key findings

From the discussions, it was evident that young people participating had a generally strong understanding of mental health and the consequences of mental ill-health for young people. However, they felt that mental health is still widely misunderstood in wider society, with negative connotations and persisting stigma surrounding the subject serving as a barrier to positive and open conversations about mental health. This in turn has harmful consequences for young people experiencing mental health problems, as they may be fearful of being treated or viewed differently if they come forward. At the same time, despite the feeling that mental health is not widely understood, young people also asserted that everyone has direct experience of mental ill-health, either through experiencing mental health problems themselves or knowing someone who has. This reveals a clear tension between the prevalence of mental ill-health and the negative perceptions and lack of understanding that continue to surround it. Young people felt that one of the key ways to overcome the stigma and negative connotations surrounding mental health is to provide high-quality mental health education in schools from a young age. Young people repeatedly asserted throughout the event that more needs to be done in schools to both educate and support young people in mental health, with mental health education being given equal emphasis as physical health education. This was also identified as playing a key role in prevention and early intervention.

In terms of mental health services, young people highlighted that there is a current lack of awareness among young people generally about available services and support. They felt that there needs to be more awareness-raising and signposting of services for young people, with focus on low-intensity services as well as crisis services. Young people also identified that young people in rural or remote areas could experience more difficulty in accessing services and support. A young person-centred approach, which brings mental health services to young people, was viewed as an important means of improving mental health services for young people.
A number of young people also expressed a need for better support during the transition from Child and Adolescent Mental Health Services (CAMHS) to adult services. Several felt that young people are not given adequate support during this transition, with some suggesting that a ‘bridging service' should be developed for 16-25 year-olds.

There was strong emphasis on the need for a less medicalised and more community-based approach to mental health services, with a wider variety of services and treatment available, such as drop-in centres that do not require referral from a medical professional.

In terms of mental health in relation to human rights, the majority of young people displayed a lack of awareness of young people’s rights if they are treated for a mental health problem. Young people felt that more should be done to raise young people’s awareness of their rights in relation to their mental health, through signposting in places like GP waiting rooms, and having their rights explained to them when they first access mental health services.

**Recommendations**

Based on the views of the young people who attended, the following recommendations have been given for consideration by the Scottish Government’s Mental Health Unit:

- There needs to be more focus on prevention and early intervention.
- As part of a preventative and early interventions approach, there should be increased mental health support and education in schools.
- Awareness needs to be raised about available mental health services and information for young people.
- In order to ensure effective early interventions, there should be increased mental health literacy among non-medical professionals.
- More needs to be done to bridge the gap between CAMHS and adult mental health services; research needs to be carried out to determine the most effective way of bridging this gap.
- Examples of best practice in young people’s mental health services and support need to be highlighted and shared across Scotland.
- A rights-based approach to young people’s mental health should be embedded throughout mental health services.
2. Introduction

SYP represents all of Scotland’s young people. Our Vision for Scotland is of a nation that listens to and values the participation of children and young people. Our goal is to do our utmost to make this vision a reality. We see this as vital to ensuring Scotland is the best place in the world to grow up.

Our democratically elected members listen to and recognise the issues that are most important to young people, ensuring that their voices are heard by decision-makers. We provide a platform for young people to discuss issues that matter to them, and support them to campaign for the changes they wish to see at community, local and national levels.

SYP’s Values are:

Democracy - We are youth-led and accountable to young people aged 14-25.

Rights - We are passionate about ensuring that young people are aware of their rights and ensuring that local and national government deliver policies that ensure those rights are fulfilled.

Inclusion - We are committed to being truly inclusive and work tirelessly to ensure that we represent young people from every community and background.

Political impartiality - We constructively engage with, and challenge, decision-makers from all political parties to ensure the voices of young people are at the heart of policymaking in Scotland.

In October 2015, Members of the Scottish Youth Parliament (MSYPs) voted for SYP’s 2016 campaign to focus on young people’s mental health. The campaign, developed by young people, is called Speak Your Mind, and its key objectives are:

- To increase young people’s awareness and understanding of the issues associated with mental health;
- To encourage the use of a common language in order to promote positive conversations and tackle stigma associated with young people’s mental health;
- To identify young people’s awareness and experience of mental health information and services for young people across Scotland;
- To advocate for high quality mental health service and information provision for all of Scotland’s young people, with supporting guidance on best practice for service providers.

As part of the Speak Your Mind campaign, SYP approached the Scottish Government’s Mental Health Unit in December 2015 to discuss how we could be involved in the development of the Scottish Government’s next Mental Health Strategy, in order to ensure that the views and experiences of young people helped shape its development.

On the 19th March 2016, the Scottish Youth Parliament facilitated a Discussion Day event with the backing of the Scottish Government. Fifty-one young people attended, from a range of backgrounds and geographical locations.1 A number of young people who attended identified themselves as having experienced a mental health problem at some point in their lives. Some also had experience of mental health services, including specialist CAMHS. The

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1 See Appendix A for participant demographics.
The purpose of the event was to gather young people’s views and experiences of mental health services and information, in order to help shape Scotland’s next Mental Health Strategy.

This report presents the findings from the discussion day and a series of recommendations for consideration by the Scottish Government’s Mental Health Unit. The findings are set out in a series of sections which correspond to the agenda for the day, which included the following discussion topics:

- How mental health affects young people
- Young people’s mental health services
- Addressing stigma surrounding mental health
- Responses to mental health in primary care
- Young people’s mental health in relation to human rights

Our Approach

SYP specialises in developing youth-led and innovative processes to facilitate meaningful engagement between young people and policy-makers. We combine our expertise in youth work and public policy to ensure that young people are supported to contribute their views on a wide range of complex issues.

The SYP Advocacy and Campaigns and Youth Engagement teams worked with the Scottish Government’s Mental Health Unit to develop an agenda and session plan\(^2\) for the Discussion Day. The session employed a combination of innovative and traditional youth work techniques to facilitate discussions about a range of issues pertaining to mental health.

The SYP staff team facilitated eight discussion groups, with both young people and staff scribing their feedback in an agreed feedback process. A member of staff also moved between tables taking notes of the discussions.

A plenary feedback session between all discussion groups took place after each topic discussion.

At the end of the event, young people were also invited to write down a wish for young people’s mental health by the end of the next Mental Health Strategy.

\(^2\) See Appendix B for the full agenda and session plan.
3. How mental health affects young people

At the beginning of the session, young people were asked what the term ‘mental health’ means to them, to gauge both their own perception of mental health and their understanding of how it is more widely perceived in society. They were also asked what the effects of good and bad mental health are for young people. Key themes emerging from this discussion included: mental health as a ‘taboo’ subject; lack of parity of esteem with physical health; and the effects of poor mental health on young people’s futures and relationships.

The ‘taboo’ of mental health

Young people demonstrated a generally strong understanding of mental health, identifying it as something which ‘everyone has’, and something that can vary between positive and negative. Young people tended to define good mental health in terms of wellbeing\(^3\), where someone is able to cope with life’s challenges and is empowered to ‘accomplish things’.

However, all groups identified that mental health is still widely misunderstood in society and tends to be talked about in a negative way. As one young person noted:

‘Mental health is talked about negatively quite a lot, but it’s not always negative.’

Young people identified that the negative connotations surrounding mental health are a significant barrier to talking about it. As one young person asserted, mental health is still widely viewed as a ‘taboo subject’.

Parity of esteem with physical health

Linked to the discussion about mental health being difficult to talk about, many young people highlighted that mental health is still not viewed equally to physical health. Some young people felt that as mental ill-health is something you can’t always see, people tend to dismiss mental health problems. One young person noted:

\(^3\) As defined by the World Health Organisation: ‘Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.’ WHO: ‘Mental health: a state of well-being’, [http://www.who.int/features/factfiles/mental_health/en/](http://www.who.int/features/factfiles/mental_health/en/)
‘If you’ve got a broken leg, nobody says “Oh, just walk it off”. But if you mention that you’re feeling depressed, people say, “Just man up”.’

Another commented:

‘Everybody generally understands the problems around poor physical health but are unaware of how to help someone suffering from mental health issues or even what they are.’

There was strong consensus around groups that despite the prevalence of mental ill-health, it is not talked about enough or taken seriously in wider society. As one young person said, ‘Everyone knows someone who’s experienced a mental health problem’; however, mental health remains ‘criminally ignored’.

**Effects of poor mental health on young people’s futures and relationships**

When discussing the effects of poor mental health on young people, there was a strong consensus about the negative long-term consequences of poor mental health for young people. Many young people said that poor mental health ‘stunted opportunities’ and stopped them taking an active part in society. Young people also emphasised the impact of poor mental health on their relationships; one young person said, ‘It pushes people away’.

By contrast, good mental health was seen to enable young people to have better relationships and empower them to ‘try new things and figure out who they are’. Good mental health was seen by all groups as essential to enabling young people to access opportunities and advance themselves.
4. Young people’s mental health services

In this session, young people were asked to discuss young people’s mental health services in Scotland. The session was run in a way that enabled both those with and those without experience of mental health services to give their views constructively.

4.1 Are mental health services accessible for young people?

Young people generally identified young people’s mental health services as being accessible in the sense of being young person-friendly. However, three main issues were identified as a barrier to accessing mental health services. These were: lack of awareness among young people about available mental health services; geographical location; and waiting times for services.

Lack of awareness

There was a strong consensus from all groups that there is a lack of awareness among young people about available mental health services. One young person noted:

‘Not everyone knows where and how to access them.’

Several felt that young people’s mental health services are not advertised widely enough, particularly in schools. One young person said that their school provided minimal information about services. The services that the school highlighted were services for those who are at crisis point, such as suicide helplines. They asserted the need for more information in schools about lower-intensity services.

Geographical location

A significant number of young people identified that young people living in remote or rural areas found face-to-face services harder to access, with certain services limited to specific areas of Scotland. One young person described access to services as a ‘postcode lottery’. It was pointed out that accessibility is particularly an issue for young people who might not be able to travel independently and have to depend on their parents to support travel to and from services.

Waiting times

Several young people identified long waiting times for mental health service appointments as a significant barrier to accessibility. There was a sense of frustration among some young people that accessing many services requires referral from a GP rather than being able to directly access them independently.

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4 When introducing the topic, it was made clear to participants that ‘mental health services’ included all levels of service, from lower-intensity services like self-help, to specialist services like CAMHS.
4.2 What aspects of young people’s mental health services work well?

Young people were asked to give examples of what currently works well in young people’s mental health services. Several young people gave specific examples of local services they had accessed and found helpful, such as The Corner in Dundee, a health, information and peer-led centre that provides a drop-in service for 11-19 year olds.5 It is significant that not all of the services identified were specifically mental health-focused. Services like youth groups and conversation cafes were identified as having a positive influence on young people experiencing mental health problems.

Young people tended to identify lower-intensity, more informal support that focuses on talking about mental health as working particularly well, such as peer-to-peer support, talking to youth workers, information centres and counselling.6 Young people also found that being fully involved in their treatment led to a positive experience. As one young person said, ‘Feeling empowered [and] not treated like a child’ was a highly positive aspect of their service use.

4.3 What aspects of young people’s mental health services could work better?

Young people were asked to reflect on what aspects of mental health services could work better for young people. Three main themes emerged from this discussion. These were: age-appropriate services; the variety of treatments on offer; and restricted funding and resources.

Age-appropriate services

Many young people felt that services weren’t always age-appropriate, particularly when making the transition to adult services. Several young people asserted that a ‘bridging’ service is needed for young people making the transition from CAMHS to adult services.

One young person commented:

‘Suddenly there is a reduced frequency for meetings which means less support. New staff means new relationships need to be built. All the change could distress young people, stop progress [or] potentially set them back. Creating a service to support young people through this transition [to adult services] would be invaluable.’

Another said:

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5 See Appendix C for a full list of local examples identified by young people.
6 Participants were asked when registering for the event if they had experience of mental health services, but were not required to specify what type of service. As such it should be noted that this finding may be due to participants having more experience of lower-intensity services than specialist services, although several young people did express dissatisfaction with aspects of specialist CAMHS, which is outlined further on in this report.
‘We need a bridging service for 18 year olds suffering from mental health problems. Becoming an adult is a terrifying enough prospect - youth are finding a job or starting college or uni, learning what council tax is, and still finding out who they are and forging their identity. How much harder must that be for a young person fighting their own mind?

‘To cut off young people who are at a vulnerable point in their lives from the support they are used to, and to suddenly treat them fully as adults, is barbarically cruel. We need to make sure that young people who need extra support have it; to gradually phase them in to their new service, and not throw them into the deep end and abandon them.

‘That's why I support a transition service for young adults with mental health problems - right now our society is failing the youth who need extra support.’

Variety of treatments

Some young people asserted that there needs to be a greater variety of treatments on offer for young people, particularly low-intensity treatments rather than medication. One young person commented, ‘GPs seem to just offer pills and recommend young people to hospitals with waiting lists’. There was a sense that more emphasis should be placed on early intervention in mental health services, such as drop-in centres which young people can access directly.

Restricted funding and resources

A large number of young people highlighted the need for increased funding to improve capacity and resources in mental health services. In particular, several young people identified the need for reducing waiting times and increasing out-of-hours mental health support.

4.4 How could young people’s mental health services be improved?

Young people were asked to identify ways in which young people’s mental health services could be improved. The following main themes emerged from this discussion: increased focus on community-based prevention and intervention services; promoting awareness of mental health services; and taking a young person-centred approach to services.

Increased focus on community-based services

Many ideas expressed by young people for improving young people’s mental health services strongly suggest a preference for community-based services and support which focuses on prevention and early intervention, as well as aftercare. One young person suggested a ‘community approach to supporting individuals’, where friends and family are included in the support process.

There was also strong emphasis on the need for more mental health support in schools. One young person thought there should be dedicated calm rooms in all schools ‘for anxiety or panic attacks’, and a dedicated person in schools, colleges and universities that ‘people know who to talk to about their mental health’, such as a counsellor. Others suggested
mental health programmes in all schools. For young people who have left school, mental health community workshops should be available.

Other young people mentioned the need for more drop-in centres that did not require referral from a GP or other medical professional.

Interestingly, this community-based approach did not focus solely on the young person but on the people in their lives as well. One young person noted that there should also be support for the families of young people suffering from a mental health problem. This suggestion is indicative of a general awareness during discussions that mental ill-health does not just affect the individual young person but also those close to them.

**Promoting awareness of mental health services**

Another key means identified by many young people that would improve young people’s mental health services was promoting awareness of mental health services and educating young people on different treatment options. As previously mentioned when discussing the accessibility of mental health services, many young people identified that there is a current lack of awareness of available services and support. Young people thought there should be increased education about this in places like schools and youth groups, and more advertising of mental health services in places like GP waiting rooms.

**Taking a young person-centred approach to services**

Linked to the idea of a community-based approach towards treatment, many young people identified that services could be improved by placing young people at the centre of mental health services, for example through fully involving them in the design of mental health services. One young person suggested a ‘national service, created by young people with experience of mental health problems, for young people’. Another suggested that there should be a ‘meaningful consultation [with young people] for including mental health in the school curriculum’.

Other suggestions that favoured a young person-centred approach included involving young people in their treatment and giving them more control over the process. One young person commented that mental health services should be ‘brought to young people’, rather than the other way round, in order to ensure that mental health services are as accessible as possible for vulnerable young people.
5. Responses to mental health in primary care

In this session, young people discussed what could be done better to help prevent mental health problems in young people, and what could be done better to ensure that mental health problems are identified and treated before they get to a critical stage.

5.1 What can be done better to help prevent mental health problems from happening in the first place?

When discussing how mental health problems in young people could be prevented, there was almost exclusive emphasis on the important role schools can play in prevention.

Many young people suggested providing activities and workshops in schools that aim to foster positive mental wellbeing. Suggested activities included: mindfulness; relaxation; self-esteem-building; coping strategies; and stress management, particularly around exam time. Others suggested that mental health should be ‘normalised in school conversations from a young age’. As was frequently pointed out at many tables throughout the event, while young people are taught about physical health from a young age as a compulsory component of education, the same cannot be said for mental health.

Other suggestions included addressing the potential causes of mental ill-health within a school setting, such as tackling bullying, which was identified as having a major impact on young people’s mental health. There was also emphasis on the importance of more support during transitional stages, particularly between primary school and secondary school. One young person noted that there should be ‘preparatory talks before secondary school to lessen the shock of transition’. Another suggested that implementing a buddy system in all schools could help prevent loneliness and isolation that could in turn impact negatively on young people’s mental health.

5.2 What can be done better to ensure that mental health problems are identified and treated before they get to a critical stage?

Two main themes emerged from the discussion about early intervention in mental health problems. These were: education and awareness-raising, and increased interaction with medical professionals.

Education and awareness-raising

As with previous discussions, young people identified high-quality mental health education as an important means of helping to identify mental health problems before they reach
Many young people said that mental health education in schools should include a module on how to recognise the signs of mental ill-health. As one person noted, ‘If people know symptoms they can identify them in themselves or others, then treatment can take place’.

In addition to education in schools, young people thought that teachers and parents should also receive training to spot the signs of mental ill-health, as well as training in how to positively intervene. One young person also commented that there should be mental health training in workplaces.

As in other discussions, many young people also identified the need for more signposting of services.

**Increased interaction with medical professionals**

Many young people also identified a need for increased interaction with medical professionals, echoing their discussions about improving accessibility of services. Some young people suggested more one-to-one interaction with professionals in school, such as counsellors or a community psychiatric nurse, as this ‘will help to diagnose a mental health problem at an early stage of someone’s life’. Others suggested more emphasis on mental health in GP surgeries, with a few advocating mental health check-ups as well as physical health check-ups, and longer GP sessions to facilitate identification of possible mental health problems.

**5.3 How do you think physical activity can be used to promote wellbeing?**

During this session, young people were asked if they thought there is a link between mental health and physical health. Only one young person wasn’t sure, with the majority agreeing that there was a link. Several commented that physical activity could relieve stress and tension and ‘take stuff off your mind’.

Young people were then asked how physical activity could be used to promote wellbeing. Several suggested promoting physical activity as a fun activity rather than as something competitive. This could be done through making physical activity a social event that people do together, such as a charity run. Other suggestions centred on educating young people about the benefits of physical activity on mental wellbeing, and increasing sports activity in schools. Others said that free or concessionary activities would help attract more young people.
6. Addressing stigma

In this session, young people were asked to discuss the barriers to talking about mental health as a means of identifying how large a part stigma plays in preventing positive conversations about mental health. They were also asked how these barriers to talking about mental health can be overcome.

6.1 What are the barriers to talking about mental health?

During this discussion, barriers to talking about mental health were identified as coming both from young people themselves and from other people, highlighting how stigma can be internalised by people experiencing mental health problems.

**Internal barriers**

The majority of young people identified self-perception as a significant barrier to talking about their mental health. The main internal barriers identified by young people were:

- Feeling ashamed or embarrassed.
- Fear that they are the only one who feels this way.
- Believing that mental health problems are a ‘sign of weakness’.
- Not wanting to be viewed or treated differently by others.
- Not wanting to be a ‘burden’ to others.
- Lack of understanding of one’s own mental health.
- Unable to identify when they are struggling and need help.
- Feeling unable to trust anyone.

**External barriers**

Young people also identified several external barriers to talking about their mental health. These included:

- The negative connotations and language attached to mental health. As previously said, young people identified that ‘when [mental health] is mentioned in society, it’s perceived as a bad thing’. This perception was identified as being a danger to young people’s opportunities, for example not being employed due to a mental health problem.
- Other people’s lack of understanding or knowledge about mental health.
- The media giving a false perception of mental health.
- Young people identified that a significant barrier to asking someone about their mental health was a fear of offending or upsetting someone through lack of
As one young person said, ‘Our friend has an eating disorder and we found it very difficult to know what to do and what to say. Trying to get help for her felt like betraying her.’

6.2 How can the barriers to talking about mental health be overcome?

Young people were asked to discuss how the barriers they had previously identified can be overcome. The majority of young people asserted that breaking the stigma around mental health is a key means of overcoming barriers to talking about it. Suggestions for how to overcome stigma centred around two main themes. These were: education and training; and a shift in the language used when talking about mental health.

**Education and training**

As in other discussions, there was great emphasis placed on more education about mental health from a young age in order to overcome the stigma surrounding mental health. Young people also identified a need for mental health training for professionals; for example, one young person suggested that all frontline workers in the public and third sector should be trained in [Mental Health First Aid](https://www.mhfaengland.org) and [ASIST](https://www.asist.org). Some young people also mentioned the need for more positive role models for mental health to help change public perceptions about it.

**A mental health ‘language’**

The importance of sharing stories and experiences of mental health problems with other young people was identified by many as an effective means of encouraging conversations about mental health, as it helps young people suffering from mental ill-health to feel that they are not alone. As one young person said, ‘If you know you’re not alone, it’s easier to come forward’. Related to this, many young people identified the need for a shift in language to express mental health more positively. Some young people suggested that this should be done through challenging negative terms surrounding mental health, and using consistent language and terminology when discussing it. For instance, some young people said that they preferred the term ‘mental health problem’ rather than ‘mental health issue’, as they saw a problem as ‘something that can be solved’.

Other young people identified the need for a ‘common language’ for mental health, such as See Me’s pilot education resource, [What’s On Your Mind](https://www.see-me.org.uk), which includes a common language for mental health that is understood by teachers and young people to facilitate conversations about mental health.
7. Young people’s mental health and human rights

In the final session of the event, young people were asked to discuss mental health in relation to human rights, in order to gauge their awareness of the rights of young people if they are treated for a mental health problem, and gain their views on the level of importance that should be placed in taking a human rights-centred approach to mental health services and support.

7.1 What does the term ‘human rights’ mean to you?

To gauge young people’s understanding of human rights in general, young people were asked to describe what human rights means to them. There was a mixed level of understanding around the room; many young people had a generally vague understanding of human rights as something we as humans are entitled to in order to have quality of life, and linked rights to equality. Some young people identified rights as being enforceable by law, with one young person describing them as ‘rules to keep people safe’. There was a feeling among some young people that rights are unstable in that they can be ‘taken away from you’, for instance by the government. Others felt that some rights were ‘more important’ than others. Following this discussion, facilitators read out the following definition of human rights at their tables and discussed how this compared with young people’s own understanding:

‘Human rights are rights inherent to all human beings, whatever our nationality, place of residence, sex, national or ethnic origin, colour, religion, language, or any other status. We are all equally entitled to our human rights without discrimination. These rights are all interrelated, interdependent and indivisible.’

7.2 What are a young person’s rights if they are treated for a mental health problem?

Young people were asked if they knew what a young person’s rights are if they are treated for a mental health problem. Of the 46 who responded, 34 young people said they didn’t

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know, while 11 said they were unsure. Only one young person said they knew what a young person’s rights are if treated for a mental health problem, and added that this was due to them studying human rights law.

By contrast, when asked if they were familiar with the United Nations Convention on the Rights of the Child (UNCRC), of the 48 young people who responded, 46 said yes and 2 said no.

Given young people’s lack of knowledge about rights in relation to mental health, following this discussion facilitators gave young people the Rights for Life Declaration - which outlines the rights of people in Scotland affected by mental health issues, according to international human rights agreements - in order to provide some context for the following discussion topic.

7.3 In what ways can we ensure that the rights of young people with mental health problems are protected?

Similar to discussions about prevention and early intervention in mental health, the majority of young people identified education and awareness-raising as playing a key role in ensuring the rights of young people with mental health problems are protected. Coming across strongly throughout both these themes was the importance of empowering young people to be able to assert their rights for themselves.

Education

Many young people identified education as playing a key role in protecting the rights of young people with mental health problems. As one young person stated, ‘Teach people what their rights are so they can advocate for themselves’.

Some young people thought that rights in relation to mental health should form part of a ‘mental health curriculum’ in schools, along with teacher training on the subject in order to ensure that young people’s rights in relation to their mental health are ‘taken more seriously’. Others suggested that rights should be included in Mental Health First Aid training.

Awareness-raising and information

Related to education, young people thought that more awareness should be raised about young people’s rights in relation to mental health. Some young people suggested that rights should be advertised in health settings, including GP waiting-rooms and psychiatric wards, as well as on social media. Other young people suggested that at a first appointment with a mental health service, young people should be given a copy of their rights (such as a ‘pocket guide of rights’) and have these explained to them in a way that young people understand. Many young people expressed the need for this information to be age-appropriate, with different formats for different age groups. One young person also suggested further resources be made available on who to contact for support and information about their rights if treated for a mental health problem.
8. Young people’s wishes for mental health by 2019

At the end of the event, young people were invited to write down one wish they had for young people’s mental health by the end of 2019, as a means of gathering their views on what the main priority for young people’s mental health should be. Five main themes emerged from the responses. These were: improved awareness and education about mental health; improved young people’s services; making mental health part of everyday conversation; achieving parity of esteem with physical health; and equal rights.

Improved awareness and education

• ‘Improved awareness of mental health issues starting from education in schools from a young age so people can discuss mental health openly and not feel isolated’
• ‘Mental health to be in the curriculum in education across Scotland and the rest of the UK’
• ‘For EVERY young person to feel confident that they have support’
• ‘That mental health will ALWAYS be taken seriously’
• ‘More understanding and awareness raised around mental health and support strategies’
• ‘For mental illness to be noticed more’
• ‘Everyone to know about mental health and for it not to be kept a secret’

Services

• ‘For there to be a 16-25 year-old mental health service’
• ‘Services to be more young person-friendly’
• ‘To have better CAMHS services that offer a variety of treatments’
• ‘For the NHS to implement not only physical checks but also mental health checks’
• ‘Holistic and early intervention’
• ‘Mental health services to provide drop-in places so people can find support without referral’
• ‘More services’
• ‘Specific wards for different conditions with a humane and dignified service’
• ‘For services to be accessible to all young people’
• ‘Services to be open at weekends and to have them easier to access’
• ‘Lower waiting times’
• ‘Improved mental health services in schools’
• ‘Funding to get all frontline workers ASIST and Mental Health First Aid-trained’
• ‘A national service designed by young people for young people’

Mental health in conversation
• ‘For speaking about mental health to be more normalised’
• ‘Mental health being discussed more naturally’
• ‘Mental health to be part of everyday conversation’
• ‘That young people are able to identify and get help for mental health issues with more ease and acceptance than at present’
• ‘Stigma to be broken’

Parity of esteem with physical health
• ‘I want to see mental health treated as a more important issue’
• ‘To be on an equal level of funding and social acceptance as physical health’
• ‘For the NHS to regard physical health, mental health and social care as 3 main equal focuses’

Rights
• ‘I hope to see everyone having the same rights because in the end, we’re all human’
9. Recommendations

The following key recommendations have been drawn from the views of young people who attended the Discussion Day event, and as outlined in this document.

1. **There needs to be more focus on prevention and early intervention.** Young people overwhelmingly identified prevention and early intervention as an important means of improving young people’s mental health in Scotland. More focus is needed on community-based services where young people are involved in both the design and delivery of services and support, for example through peer educating and awareness-raising.

2. **As part of a preventative and early interventions approach, there needs to be increased mental health support and education in schools.** Young people are repeatedly reporting a lack of high-quality education about mental health in schools. Mental health education needs to be given equal emphasis as physical and sexual health education, and taught from a young age. Like Children in Scotland, we believe that in addition to improved education, there needs to be more direct mental health support within schools. More effort and resources should be put into making schools a ‘mentally safe’ environment through the provision of low-intensity services, such as teaching pupils coping strategies and stress management, providing ‘safe spaces’, and providing high-quality information about services and support that does not just focus on crisis services. Schools need to be supported by both national and local government to deliver consistent, high-quality mental health support and education, via Education Scotland.

3. **There needs to be more signposting of mental health services and information for young people.** There is a current lack of awareness among young people about the mental health services and information available to them. More focus is needed on raising awareness among young people about services, support and information, which could be taken forward by the Scottish Government and/or NHS Scotland in conjunction with youth organisations like SYP. Signposting should be young person-friendly and age-appropriate, and where possible, young people should be involved in the design of awareness-raising and signposting materials.

4. **In order to ensure effective early interventions, there should be increased mental health literacy among non-medical professionals.** More training on mental health needs to be provided to those working directly with young people, including teachers, youth workers and social workers. Young people also identified a need for mental health training in the workplace to ensure a supportive environment for young people in the workforce.

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8 Children in Scotland: ‘Consultation on the next mental health strategy’, pg. 4,
5. **More needs to be done to bridge the gap between CAMHS and adult mental health services.** The quality of support for young people in making the transition from CAMHS to adult services is patchy at best, and many young people felt this urgently needed to be addressed. More focus on enabling a smooth transition is needed to ensure that young people do not fall through the gap, which appears to have been the experience of many young people who took part in the Discussion Day. Research needs to be carried out into how bridging this gap could best be accomplished - including considering if the best vehicle would be a bespoke service for young people aged 16 to 25 - using the experiences of young people as a starting point.

6. **Examples of best practice need to be highlighted and shared.** There are examples of highly effective and positive mental health services, support and education for young people in Scotland, but these are not being sufficiently highlighted. A mechanism should be established to bring together health, education and third sector professionals to share examples of best practice in tackling young people’s mental health problems in schools, communities and health and social care services, in order to enable positive ways of working to be disseminated around Scotland.

7. **A rights-based approach to young people’s mental health should be embedded throughout mental health services.** We agree with the Mental Welfare Commission’s recommendation that rights need to be mainstreamed across the next Mental Health Strategy, and add that the Strategy should specifically uphold the United Nations Convention on the Rights of the Child (UNCRC), particularly article 12 (the right for young people to have their views and opinions heard in matters affecting them). In particular, focus needs to be given to ensuring that young people are aware of their rights if they are treated for a mental health problem, especially in schools, colleges and universities. Signposting and raising awareness of services and support for young people should also include information on their rights. This information should be age-appropriate, with different formats for different age groups, and where possible young people should be involved in the design of this information.

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10. Appendix

Appendix A: participant demographics

**Age**

Age of Participants

<table>
<thead>
<tr>
<th>Age</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>16 years old</td>
<td>7</td>
</tr>
<tr>
<td>17 years old</td>
<td>6</td>
</tr>
<tr>
<td>18 years old</td>
<td>4</td>
</tr>
<tr>
<td>19 years old</td>
<td>2</td>
</tr>
<tr>
<td>20 years old</td>
<td>2</td>
</tr>
<tr>
<td>21 years old</td>
<td>0</td>
</tr>
<tr>
<td>22 years old</td>
<td>0</td>
</tr>
<tr>
<td>Prefer not to say</td>
<td>3</td>
</tr>
</tbody>
</table>

**Gender**

Male- 18
Female- 30
Prefer not to say- 3

**Sexual orientation**

Heterosexual/straight-30
Gay man- 3
Gay woman/lesbian- 0
Bisexual- 4
Prefer not to say- 14

**Do you now/have you ever considered yourself to have a mental health problem?**

Yes- 10
No- 7
Have you accessed a mental health service in the past two years?

Yes - 8
No - 15
Not sure - 3
Prefer not to say - 25

Participants were also invited to provide more information on the types of services they had accessed, if any. Of those who responded, 3 had accessed CAMHS; 1 had been an inpatient; 1 had been to a private psychologist; 1 had received counselling; 1 had accessed services through their GP; 1 was on a waiting list for services at the time of registering for the event; and 1 had used third sector services. It is important to bear in mind that the majority of participants did not respond to this question, and that during the event young people discussed their experiences of services that have not been mentioned here. It is also significant that a large number of young people preferred not to say whether they considered themselves to have a mental health problem, emphasising the issue of mental health as a topic that is not freely discussed.

Appendix B: agenda and session plan

Format and set up on the day
The Discussion Day will be held at the Dovecot Studios, Infirmary Street, Edinburgh. This is a one off event, hosted by the Scottish Youth Parliament and the Scottish Government asking young people their views on the Mental Health Strategy and how young people’s experiences can shape the strategy.

The Discussion Day will run in a similar format to other youth engagement events that SYP has delivered recently, where young people are put at the heart of the discussions and encouraged to ask questions and participate fully in the conversation with decision makers. Facilitators are encouraged to support the participants but not lead or prompt their answers in the beginning.

The event will start at 12:15 for a staff briefing. We will run through the full agenda, an overview of the facilitation guide, ahead of the event commencing at 13:15.

The day will be hosted by Ewan McCall MSYP, Trustee of the Scottish Youth Parliament, who will be briefed on the day, lead the discussions and set direction of the day. We are hosting around 50 young people, some supporting adults, SYP Staff and Scottish Government Officials.

In the main hall, there will be 8 tables in cabaret style. Each table will host approximately 7 participants (6 young people, 1 facilitator). Facilitators will host a table, ensuring each of the young people has the opportunity to ask questions. Please encourage young people to
utilise the floor space as well as the table. A Floating Facilitator will circulate between tables and be on hand to assist where necessary.

To the side of the main room, there will be also a ‘quieter zone’ (2 cabaret tables), for anyone who feels that they may need some additional support or need some time out. It is important all participants are made to feel included.

We are asking young people to indicate if they are okay if they leave the table for any reason. A member of staff will be identified on the day.

Collating the feedback from this event is important. Please utilise the resources on the tables to record the main themes that come up in your group’s discussion, photograph finished activities (and take a group selfie!). Please note down your analysis of the event, what worked/didn’t. A debrief for facilitators will happen post event to gather key themes and ideas.

**Agenda**

| 13:15 | Arrival and Registration |
| 13:30 | Welcome and Housekeeping, establishing Safe Space |
| 13:40 | Keynote speech- Jamie Hepburn, Minister for Sport, Health Improvement and Mental Health (video) |
| 13:45 | Facilitated discussion: How mental health affects young people Feedback session |
| 14:10 | Facilitated discussion: Young people’s mental health services Feedback session |
| 14:45 | Facilitated discussion: Addressing stigma Feedback session |
| 15:10 | Break |
| 15:25 | Facilitated discussion: Responses to mental health in primary care (Preventing mental health problems) Feedback session |
| 15:50 | Facilitated discussion: Young people’s mental health in relation to rights Feedback session |
| 16:15 | Event conclusion, feedback summary and closing statements |
| 16:30 | Close |
### Table Topics and Questions

| 1 | How Mental Health affects young people | Headline Questions:  
- What does mental health mean to you?  
- What do you think the effects of poor mental health are for young people?  
- What are the benefits of good mental wellbeing for young people? |
|---|---|---|
| 2 | Young people’s experiences of mental health services | Headline Questions:  
- Do you think that mental health services are accessible for young people? [if they need a bit more explanation about what accessibility entails, you can say that they should think about whether mental health services are easy to get to for young people, and how easy it is to find information about mental health services. For instance, do they know about mental health services in their local area? Do they think that the information about mental health services is clear and easy to understand?]  
- In your opinion, what aspects of mental health services for young people work well?  
- What doesn’t work well?  
- How do you think young people’s mental health services [all levels of services, not just CAMHS] could be made better? |
| 3 | Addressing stigma | Using the brick wall, ask participants to answer the questions on the post it colours below.  
Headline Questions:  
YELLOW: What barriers do you think there are to talking about mental health?  
PINK: How can we overcome these barriers? |
| 4 | Better responses to mental health in primary care: | Table Conversation:  
Headline Questions  
What can be done better to help prevent mental health problems from happening in the first place?  
What can be done better to ensure that mental health problems are identified and treated before they get to a critical stage?  
**Do you think there is a link between mental health and physical health?**  
The question that is highlighted in Red, please try to capture by asking participants to write down Yes, No or Don’t Know as a response on a post-it, before going into a discussion about it. |
How do you think physical activity can be used to promote wellbeing?

<table>
<thead>
<tr>
<th>Young people’s awareness about their rights:</th>
<th>Headline Questions:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>What does the term ‘human rights’ mean to you?</td>
</tr>
<tr>
<td></td>
<td>Definition according to OHCHR:</td>
</tr>
<tr>
<td></td>
<td><em>Human rights are rights inherent to all human beings, whatever our nationality, place of residence, sex, national or ethnic origin, colour, religion, language, or any other status. We are all equally entitled to our human rights without discrimination. These rights are all interrelated, interdependent and indivisible.</em></td>
</tr>
<tr>
<td></td>
<td>Do you know what a young person’s rights are if they are treated for a mental health problem? The question that is highlighted in Red, please try to capture by asking participants to write down Yes, No or Don’t Know as a response on a post-it, before going into a discussion about it.</td>
</tr>
<tr>
<td></td>
<td>In what way can we ensure that the rights of young people with mental health problems are protected?</td>
</tr>
</tbody>
</table>

**Appendix C: list of local services**

The following local services were identified by various young people attending as having a positive influence on young people experiencing mental health problems.

- **The Corner**, Dundee
- Youth groups
- Conversation Cafes
- **Chill Out Zone**, West Lothian
- **Mindspace**, Perth
- **Healthy Valleys**, South Lanarkshire
- **Penumbra** (various locations)
- **Bridges Project**, East Lothian
- **RAMH**, Renfrewshire