



# Grown up? Journeys to adulthood

Mental health and wellbeing deep dive  
workshop report - “pushed from pillar to  
post”

Hopkins Van Mil  
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**Hopkins Van Mil (HVM)** has for 20 years specialised in deliberative and participatory approaches. We create safe and trusted spaces for important discussions on the issues that matter to society and for which strategies for the future need further exploration. Our work brings people from across society together to examine contentious, emotionally engaging, and technically challenging topics on which a broad range of viewpoints need to be heard.

# Introduction: The Deep Dive Workshops and the Youth Insight Group

The [\*Grown up? Journeys to adulthood\*](#) programme was launched in Summer 2024. This programme dives into how young people aged 14 to 24 are making the journey to adulthood – and what this means for policy, research and wider society. It aims to fill the gaps that exist in understanding how Generation Z is experiencing this phase of life and how policies and systems can better support them throughout their journeys to adulthood.

As part of the Grown up? programme the Nuffield Foundation commissioned specialist social research agency Hopkins Van Mil (HVM) to carry out two intersecting research and engagement projects with young people during the course of 2024-2025.

The first is running a Youth Insight Group (YIG) made up of twenty 14-24 year-olds from across all four UK nations, who have met in-person or online, nine times over the course of the *Grown up? Journeys to adulthood* programme. The YIG works alongside HVM to shape and inform the second part of the programme; three sets of place-based Deep Dive Workshops (DDWs) with 14-24-year-olds.

These deep dive workshops take place in a diverse range of locations across the UK and focus on three specific topics within the programme: young peoples' experiences of education to work transitions, digital lives, and mental health and wellbeing. The findings from the third set of DDWs, on young peoples' mental health and wellbeing, form the basis of this report.

# Executive Summary

## About the *Mental Health and Wellbeing Deep Dive Workshops*

The Nuffield Foundation commissioned specialist social research agency Hopkins Van Mil (HVM) to carry out a set of Deep Dive Workshops (DDWs) exploring the journey of young people on the topics of education to work, digital lives, and mental health and wellbeing. In parallel, HVM was also asked by the Nuffield Foundation to convene a Youth Insight Group (YIG), made up of twenty 14-24 year olds from across the four nations. YIG members helped to shape the content and format of the DDWs and reflected on the findings. These intersecting projects are part of the Nuffield Foundation's *Grown up? Journeys to adulthood* programme. The report on the [education to work DDWs](#) was published by the Nuffield Foundation in May 2025 and [Born connected: how Gen Z navigate their digital life](#) in November 2025. This report shares the findings from the third DDWs on mental health and wellbeing support.

Across three online workshops, 24 young people from England, Scotland and Northern Ireland shared their lived experiences of seeking, receiving and navigating support. All participants had direct experience of mental health or wellbeing challenges. The workshops were designed in collaboration with the programme's Youth Insight Group (YIG), ensuring that the process, framing and interpretation of findings were shaped by young people themselves.

## What young people need

Young people consistently articulated five core principles that underpin good mental health and wellbeing:

- **Stability and security:** In a period marked by uncertainty, young people need routines, achievable goals and a sense of purpose to feel grounded.
- **Community:** Belonging, peer connection and being listened to without judgement are fundamental, yet increasingly hard to access due to the erosion of affordable, safe 'third spaces'.
- **Time:** Young people need time to engage with, reflect on, and build trust with support services. Rushed, transactional interventions undermine wellbeing.
- **Knowledge and tools:** Clear, accessible information about mental health, available support and tools that help young people navigate systems is essential, alongside confidence to self-advocate.
- **Nature:** Time outdoors provides an important counterbalance to digital life, but access is unequal and often limited by cost and transport.

## Young people's recommendations centre on rebuilding community and prioritising relationships

Building on these requirements participants made six clear recommendations to create a system which provides effective mental health and wellbeing support for young people across the UK:

- Create affordable, accessible third spaces and activities where young people of all ages can spend time together away from screens and build relationships with other young people

- Expand peer-to-peer support and mental health education in schools, including equipping young people with the tools they need to support their own (and their friends) mental health
- Increase funding for early intervention across schools, health services and community organisations
- Ensure healthcare interactions prioritise empathy, listening and continuity of care over quick fixes
- Provide comprehensive neurodivergence training for all teaching staff and speed up assessment processes, as well as more consideration of how neurodivergence and mental health are linked
- Open university support services and societies to non-students in local areas

## How the system feels

In stark contrast to these needs, participants described a mental health and wellbeing support system that feels impersonal, fragmented and overstretched. The system is experienced as prioritising speed, procedures and short-term fixes over empathy, continuity and long-term care. Repeated referrals, long waiting lists and limited choice leave many young people feeling dismissed, burdensome and unsupported—sometimes worsening their mental health rather than improving it.

## Informal support: strengths and gaps

Informal support, particularly through friendships, is the foundation of good mental health and wellbeing for many young people. Regular, in-person contact with peers who share similar life stages provides belonging and early recognition when something is wrong. Family support can be valuable but can be complicated by cultural beliefs and generational attitudes to mental health, as well as fears of being a burden.

Education settings can offer structure, social connection and informal support from trusted staff, but these supports often disappear abruptly when young people leave school or university. Participants described transitions into work or further education as a “shock to the system”, marked by isolation and a sudden loss of facilitated social networks.

Outside education, opportunities for community and shared activities are increasingly limited. High costs, lack of transport and the closure of youth spaces leave many young people socially isolated. While some find sense of community online, digital spaces are widely seen as a double-edged sword: offering connection and anonymity but also exposing young people to harmful content, algorithmic amplification of distress and toxic ideologies. Digital support cannot replace in-person relationships, and digital poverty means online help is not accessible to all.

## Formal support: a system under strain

Gaps in informal support place greater pressure on the formal mental health support system, which participants consistently described as difficult to access and navigate. Common experiences include short and impersonal GP appointments, over-reliance on medication, years-long waiting lists for specialist services, and limited continuity of care. Young people frequently feel they must fit into rigid pathways rather than receiving support tailored to their circumstances, identities and evolving needs.

The system is particularly poorly equipped to support young people with long-term mental health conditions, neurodivergence, or intersecting experiences related to gender, sexuality, race or disability. Postcode variation, lack of specialist training,

bureaucratic complexity and concerns about confidentiality - especially for under-18s - further deter young people from seeking help.

Despite deep appreciation for individual professionals who go “above and beyond”, the overall system is perceived as operating at the limits of its capacity, with serious consequences for young people’s trust, wellbeing and willingness to seek support.

## Conclusion

Taken together, these findings show a widening gap between what young people need to support their mental health and wellbeing, and what current systems are able to provide. Young people are calling for support that is relational rather than transactional, preventative rather than crisis-led, and embedded in communities rather than confined to overstretched services. The report highlights the urgent need for future research, policy and practice to address these structural gaps and to rebuild the social, educational and support infrastructures that help young people feel stable, connected and valued as they navigate the journey to adulthood.

# 1. About the Deep Dive Workshops

This report contains findings from the third set of Deep Dive Workshops (DDWs) delivered by the specialist social research agency [Hopkins Van Mil](#) as part of the [Nuffield Foundation's](#) *Grown up? Journeys to adulthood* programme. These DDWs explored the topic of mental health and wellbeing support.

[Grown up? Journeys to adulthood](#) focuses on the 8.6 million young people in the UK between the ages of 14 and 24 – a time when they face critical decisions that shape their futures. The programme is working with young people to understand when and how they make key choices and investigate how the landscape of adulthood is evolving. As an exploratory programme, *Grown up? Journeys to adulthood* aims to provide an overview of the key issues and debates across four themes, while identifying important questions that future research and innovative practice should address.

The first DDWs took place in Spring 2025 and focused on the theme of 'education to work'. The full report sharing findings from these workshops can be read [here](#). The second set of DDWs, exploring the 'digital lives' topic, took place in June 2025. The full report sharing findings from these workshops can be read [here](#). The final set of DDWs took place in autumn 2025 on the topic of 'mental health and wellbeing support'. Findings from this final set of workshops are the focus of this report.

## 1.1 Where did the workshops take place?

All three mental health and wellbeing workshops took place online, using Zoom. It was agreed that an online format was appropriate considering the sensitive nature of the topic.

## 1.2 Who took part?

Each workshop was attended by 8 young people aged between 16 and 24. HVM worked with their recruitment partners Acumen Fieldwork to recruit young people in Ealing for the first workshop. HVM recruited participants for the second and third workshops from community groups based in Scotland and Northern Ireland. YIG members helped HVM to develop some connections with these groups.

For all three cohorts we recruited people from a range of demographics across gender; age; disability; those with long-term (physical and/ or mental) health conditions; and socio-economic situations. All participants had experience of seeking or receiving mental health or wellbeing support.

Each workshop was attended by two experienced HVM facilitators. A member of the Nuffield Foundation team was also present at each workshop. Due to the sensitive nature of the topic, participants were able to contact the HVM counsellor Sandeep Ganatra should they wish to have a listening space to think through any of the issues raised in the discussions.

## 1.3 Workshop process

Each workshop lasted three hours. All participants received a £70 thank you payment for attending. The workshops involved a combination of short presentations and facilitated small-group discussions.

The table below presents an overview of the workshop process. Each DDW followed the same process.

Time	Activity
11:00	Welcome and introductions
11:10	Introductions and starting to think about moods and feelings
11:25	Short presentation delivered by The Nuffield Foundation on the mental health and wellbeing topic, including why they are focusing on support
11:35	Group discussion on mental health and wellbeing topic
12:00	Mapping informal mental health and wellbeing support systems
12:30	Lunch
12:55	Mapping formal mental health and wellbeing support systems
13:50	Evaluation activity
14:00	Thank you and goodbye

HVM facilitators audio recorded each of their small group discussions. These recordings were transcribed and anonymised for analysis purposes. During the workshops facilitators also captured discussions using digital post-it notes and online whiteboards. This report has been written by the same HVM team members who facilitated the DDWs. The writing team used the material from the online whiteboards and the transcriptions in their thematic analysis.

## 1.4 Relationship between the DDWs and the YIG

Before these DDWs the YIG, as project collaborators, helped to shape the workshop process, including workshop format and discussion questions. After the Deep Dive Workshops, the YIG helped the HVM team to reflect on the thematic analysis of DDW findings conducted by the HVM team. The YIG was involved in a similar way in the first and second set of Deep Dive Workshops.

## 1.5 About this report

This report explores findings from the three mental health and wellbeing deep dive workshops, conducted in October 2025. Anonymised quotations are used to highlight points made by participants and to underline points made by a range of people. They also highlight points of particular significance to participants. Boxes are used throughout the report to highlight where young people are discussing a topic through a specific lens for example: gender; place; condition; age/stage; culture and background.

## 2. Findings from the Deep Dive workshops

### 2.1 What young people need - five principles for young peoples' mental health and wellbeing

Participants in the DDWs, and members of the YIG identified these five principles as being vital to supporting young peoples' mental health and wellbeing:

#### **1. Stability and security**

Young people experience much uncertainty and instability during their journey into adulthood, as the school and family routines that structured their childhood drop away and they are left to shape their own paths. Young people have to learn to live with a 'new normal', that is constantly shape-shifting as they discover who they are. In this context, stability comes from anchors such as routines, achievable goals and, crucially, a sense of purpose. Having something that provides direction, whether a career goal, hobby or personal value, helps young people feel grounded amid uncertainty.



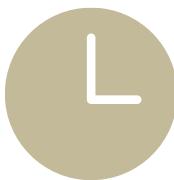
#### **2. Community**

Loneliness and feeling misunderstood are significant drivers of poor mental health in young people. Young people need to be part of communities where they feel listened to, accepted and valued, especially by others their own age who share generational challenges. Affordable and safe third spaces are essential for this. Support from adults and professionals also matters, but it must be non-judgemental, personalised and rooted in listening rather than rigid plans.



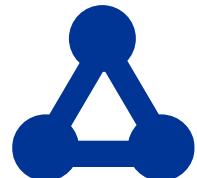
#### **3. Time**

Young people need time – to pause, reflect and process emotions, as well as to build trust with support services. Constant pressure to be productive, combined with rushed mental health provision, undermines wellbeing. Effective support for young people requires space, patience and ongoing relationships, not quick, transactional or tokenistic interventions. This applies in both healthcare and educational contexts.



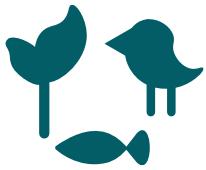
#### **4. Knowledge**

Understanding mental health support, including knowing when you need help as well as what support exists and how to access it, is vital but currently very challenging for young people. Young people need clear, accessible information about both digital and in-person support options, as well as the confidence to advocate for themselves when support is not working. This includes knowing they are allowed to ask for alternatives, including more support time even within an overstretched system.



## 5. Nature

Spending time in nature is an important counterbalance to digital overload and constant connectivity. Being outdoors helps to improve mood, perspective and social connection. Participants emphasised the need for equitable access to nature, supported by improved public transport so that all young people, urban or rural, can benefit.



## 2.2 How the mental health and wellbeing support system feels

In stark contrast to what young people said they need to support their mental health and wellbeing, this word cloud (Figure 1) shows how the system currently feels:

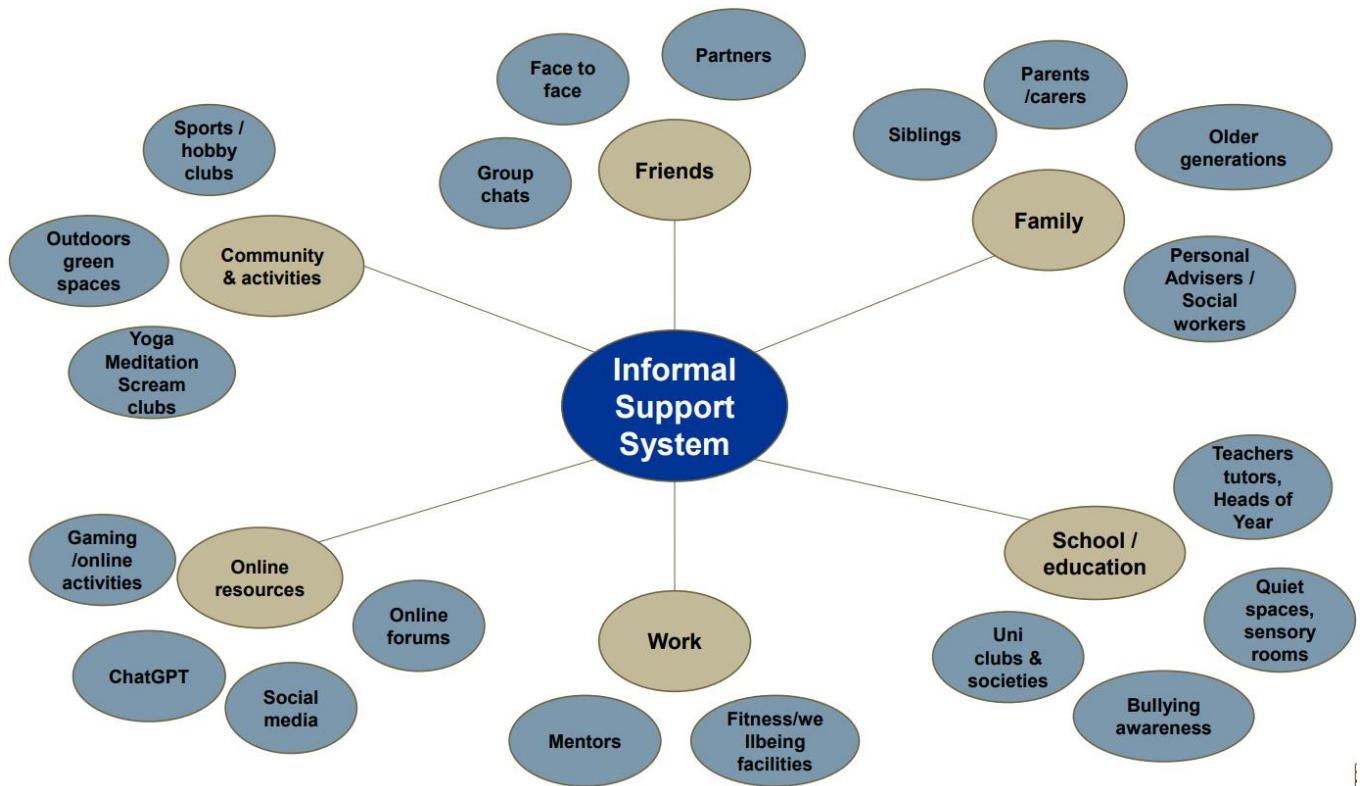


**Figure 1:** Word cloud showing how the mental health and wellbeing system currently feels for young people

Young people described a mental health and wellbeing support system that feels impersonal, rushed and transactional. Short-term fixes are too often prioritised over care that develops as a young person grows up and their needs and struggles change. Continuous referrals make young people feel unwanted and add stressful administrative and emotional complexity to the process of seeking support. Young people feel a pressure to 'move on' quickly and therefore do not have the opportunity to develop a relationship with the support provider. This often leaves them feeling not listened to, accepted or valued. An overstretched system complete with long waiting lists and frequent handovers feels more focused on box-ticking than supporting young people's needs, which can often make their mental health and wellbeing worse rather than better.

## 2.3 The informal support system: what works, what doesn't, and for who

In discussions, YIG members and workshop participants were asked to build a map of all the sources and types of informal mental health and wellbeing support they knew of. The mapping below synthesises these discussions around the headings: friends; family; education; work; online resources; community and activities.



**Figure 2: Mapping the informal support system**

During these conversations, workshop participants and YIG members shared their experiences (and those of young people around them), to paint a picture of where, how and why informal support is helpful, and where there are problems or gaps. They also provided insights into how aspects of the informal system work for different groups of young people, based on gender, age, background, place and mental health condition. These insights are reflected in the boxes throughout the following chapter.

**Friendships are the foundation of wellbeing and mental health for young people.** Participants emphasised the importance of seeing friends regularly because they know and understand you well and can tell if something is wrong. This regular contact makes it easier to share any difficulties, particularly if friends are in the habit of actively asking how you are. Participants explained that spending time with people their own age brings a sense of belonging and a shared understanding. Knowing there are people in their lives they can turn to is essential to wellbeing. Some participants explained that these kinds of friendships are not part of their lives, and their mental health has suffered as a result.

**Family can be an important source of support, but the complexity of relationships and expectations can be a barrier to seeking or receiving help.** Many participants spoke about seeking reassurance or a listening ear from older generations. Siblings are also an important source of understanding and shared experience. But participants saw that family members can be ill-equipped to provide the kind of support they need, often jumping ahead to solutions before simply listening and empathising. Many participants

also talked about being unwilling to worry or burden people they care about with their problems.

### Box 1: cultural and generational beliefs about mental health

In this snapshot of a discussion young people in Ealing spoke about how cultural beliefs, generational attitudes and family dynamics can create barriers to young people receiving the mental health and wellbeing support they need. They shared experiences of their mental health struggles being misunderstood or dismissed as something unserious. They also spoke about how family members have avoided discussions on the topic of mental health because it makes them feel uncomfortable in the context of their own beliefs and life experiences.

**Young person 1:** *For me, family probably isn't my first support network. I would go to them if I want a bit of a distraction from my thoughts, but not to actually explain that I feel upset with X, Y, and Z. I think that's definitely due to my own personal relationships with my family and cultural beliefs around mental health. I do think there's a thing where it's like you have a privileged life, you don't have much responsibility, therefore you don't know what it's like to deal with mental health problems. And obviously when you're struggling, the first thing you want is comfort and support. You don't want that rebuttal or questioning what do you have to struggle about?*

**Young person 2:** *I definitely agree with that. With my mum, for instance, she definitely doesn't understand mental health. I do see her trying to understand, but there is definitely a block there. She sees it almost like an illness, a lifelong illness, a disease almost. But then on the flip side, I've got my sister who was basically raised here in London, brought up and she's got her master's degree in psychology. But even with her, if I was to just let her know I was struggling with mental health, she almost, 'cos she's family, she doesn't want to believe that what she knows and reads through those books as to what other people deal with, that her family has that too. So, I feel like I'm being dismissed by two generational sides of it.*

**Young person 3:** *I wanted to add to like the last two points. My family's from Somalia. The Somalian community doesn't have the strongest respect for mental health. It's like, unfortunately, if someone is unwell, it's kind of like a hush-hush culture. They'll just say, oh, that person's okay or whatever, but they wouldn't want to really talk about mental health struggles.*

**Young person 4:** *I know with my family, they very strongly distrust doctors. So when I was depressed and stuff, it took years for anyone to take me to a GP or get me seen formally. A lot of us will turn to friends or whatever communities we build, whether that's like things like Discord and stuff like that to build our own communities and find people who are like-minded and find people who can support us informally rather than reaching out to GPs.*

**Education is the environment where participants' friendships and interests play out; leaving school or university and starting work removes this support suddenly.** Seeing peers on a daily basis, and taking part in compulsory screen-free activities, provides many participants with a sense of support and security. Those who go to university also appreciate the facilitated socialising and abundance of low cost clubs and societies they can join. But when participants leave school or university for work, or go to college rather than university, these social and support networks can disappear; several participants described this milestone as a "shock to the system". Participants explained that colleges often do not provide opportunities for social

interactions in the same way as school or university. Starting work was also described by many participants as an isolating experience, with limited opportunities for social connection. This is particularly acute where working environments are fragmented into departments, or hybrid working is an expectation. (See Chapter X on the Formal System) Participants also pointed out that many young people struggling with their mental health cannot get into school or university and miss out on support as a result.

*“Being part of university societies is a really great way to support your mental health, and they’re usually quite cheap because they’re subsidised. I bought a yoga membership where I do a class every week and that’s only £30 for the year. You would never get that anywhere else in London. They’re helpful because you’re talking to other people, there are social interactions.”* Participant, Ealing

*“As you get older when you leave school and go to university, there’s a disruption with the networks you’ve formed. School is an environment that forces you to be around other people of the same age and facilitates access to hobbies and groups of similar interests. And then university does the same thing. But once you’ve left school and then if you go to university and you leave university, those networks are completely broken up, often internationally and definitely across the nation. Then you’re kind of at the age of 22 or 23, you’re just cut off from any real facilitated access to friendships. Workplaces are divided into subsections, departments and everyone has their own jobs to do. If you’re a driven person you can make friendships yourself, but if you’re already struggling, if you’re already down, there’s nobody telling you, “Hey, come to the Arts and Crafts Society” like there is a university.”* Participant, Scotland

**School staff can provide valuable informal support, but some schools do not have a culture of openness about mental health, or provision for diverse learning conditions.** Many participants talked about their gratitude to form tutors or heads of year taking time to listen and empathise and signpost to formal support. But some described a lack of time or opportunity to talk with teachers or peers about mental health, and a feeling that their teachers were doing their best to help without proper training or awareness.

**Many participants talked about long struggles to function in an education system built around neurotypical norms.** They described missed opportunities for investigation or support with dyslexia, dyspraxia, ADHD and autism, and how this affected their self-esteem, mental health and learning. Participants reported that gender stereotypes can intersect with this lack of understanding, leading to barriers to seeking or receiving support (see [section 2.4](#) on the formal support system)

## Box 2: gender expectations and stereotypes are still prevalent and reinforcing them is unhelpful

In this discussion young people in Northern Ireland spoke about their concerns about bullying and mental health were dismissed in childhood due to gendered assumptions. They also reported that stereotypes about emotional expression can undermine effective support for young people. They advocated for moving beyond simplistic gender narratives when thinking about how best to support young peoples' mental health and wellbeing.

**Young person 1:** *When I was younger, I was bullied an awful lot at school. It would be put down to, "Oh boys being boys" and stereotyped into, "Oh, they're just messing around", or, "Oh, he's just making stuff up for attention", and things like this, when there were legitimate concerns and issues being brought at that stage to teachers.*

**Young person 2:** *Yeah, so many young boys have been taught it's just women find it easier to talk or, "It's just boys being boys, you have to be strong" and all those harmful stereotypes that they may not even be taught in their family, it might just be distilled within them growing up from their friend group, their surroundings, but you also have a lot of young men who will quite happily talk because that's what they've always known.*

**Social life and community outside of education is threadbare: opportunities to meet and spend time with other young people no longer exist for many.** Across all groups participants described a lack of access to third spaces and activities with other young people; either because they have closed down, they are prohibitively expensive, or there is no transport to reach them. Many participants feel socially isolated and some struggle to envision what the concept of community means because they feel they have no experience of it. Participants shared that young people inhabit a parallel reality on social media at the expense of genuine in-person interaction. These perspectives were also expressed strongly by members of the YIG:

*"There's definitely been a decrease in youth clubs and third spaces and places that, especially people within our demographic, can go to."* YIG member, YIG meeting 8

*"I think the erosion of public infrastructures is important to note, things like community-owned tennis courts or five-a-side football pitches. People are reluctant to do these things now because of how expensive it is."* YIG member, YIG meeting 8

*"Now with the internet and everything, community is like something you read about in a history book."* YIG member, YIG meeting 8

*"There's just been a sort of destruction of spaces that mediate human interaction, you know, in a sort of non-commodified and genuine way. Instead of meeting people in real life, you're seeing their perception on social media, you have this of environment where you have to commodify and sell yourself on like*

*a marketplace rather than being able to form organic friendships.*" YIG member, YIG meeting 8

*"There is no social life any more."* YIG member, YIG meeting 8

Participants emphasised how valuable it would be to have a support network outside family or education. They said that many young people do not find support or belonging in those settings or have moved away from home or started working. Many expressed a desire for opportunities for collective exercise or outdoor experiences and pointed out the difference this would make to both their mental and their physical health. The few who have found community with other young people, described it as life-changing (see also [section 2.4](#) on the formal system).

*"I found a charity youth group near me and it's changed my life... it's been a godsend to have somewhere that I can go regularly that I don't necessarily have to pay for. We meet up once a month. I think it should be more, but even that's enough. Like showing up, seeing familiar faces, new faces and also they do a lot of things like some weeks we'll go kayaking or watch a movie. But I know that isn't available to everyone, for me personally it's an LGBT charity."* Participant, Ealing

### Box 3: activities are not accessible to young people, both in rural and urban areas for different reasons

Young people in Ealing discussed the very high cost of activities in London. They shared that this is depriving them and other young people of spaces to hang out together safely, and this lack is driving them online. They highlight how student discounts only help a portion of young people, leaving others having to choose between eating well and spending quality time with their friends.

**Young person 1:** *I feel like as a generation we're losing like third spaces. There's kind of nowhere to go. If you want to socialise with people especially in London everything is crazy expensive. Like genuinely where do you go because if you do any kind of hobby it's at least 30 quid. We're young, most of us are broke because there's no jobs. Any kind of sports fitness is at least £15 per class...if there's anything free that's a godsend. I need to properly budget to do things with my friends. Like I'll need to make sure that I'm spending less on groceries so I can like do this fun thing.*

**Young person 2:** *I just feel like if there was some way of possibly subsidising activities that would be really good. I know there are student discounts for things but it always just seems to be for things like food and stuff. I'd love to be able to do a bit more sport, to go to the gym more often but it is just so expensive. And you are choosing between if you're going to do this sport or activity you're going to have to cut back somewhere else. Subsidising outdoor activities isn't necessarily going to solve our mental health crisis in any way, but it might take it might take the edge of it a little bit.*

In Scotland participants reflected similarly on their experiences of not being able to access activities. For them the issue is less with cost and more about feeling trapped in their local areas because of unreliable public transport.

**Young person 1:** *Yeah, I literally like grew up in a wee tiny village and there was like nothing there. Then it was buses not turning up, being late, ending at like five o'clock in the evening. This was the bane of my existence because you just couldn't go anywhere. It just sucked.*

**Young person 2:** *I'm from the Highlands, very rural, so a similar background. So public transport isn't exactly reliable. And then when you don't have the same sort of population mass, you don't have access to like sporting clubs or like book groups or whatever, and they're not always as accessible.*

**A sense of community or protection by society is undermined by the perception that public services no longer function well and in some cases serve to catch young people out, rather than support them.** Participants described their interactions with wider systems in transport, housing, social care, employment or the police, as being dysfunctional, difficult to navigate and even hostile towards young people. These experiences exacerbate feelings of stress and isolation, as we will see [section 2.4](#) on the formal mental health support system.

*“There's that sort of lack of the community element that we might have had, say, like 50 years ago. nowadays people feel like they're more on their own because they can't rely on these government services that are meant to help and protect.”*

Participant, Scotland

**Many participants find community online but seeking support in an unregulated space controlled by algorithms, high risk and can cause further harm.** Across all groups, participants talked about the benefits of finding like-minded people online. This is especially the case for those living in rural areas – although not all participants can afford devices and data (See boxout 4 below). Sharing concerns or experiences anonymously on social media or gaming platforms provides relief. In addition, reading about others going through the same things and finding out how they cope provides helpful tools and reassurance. Some said they valued the answers and advice they can find round the clock using AI tools such as ChatGPT.

*“A lot of us will turn to things like discord to build our own communities and find people who are like-minded and find people who can support us informally rather than reaching out to GPs and charities and things like that.”* Participant, Ealing

#### Box 4: digital poverty – make no assumptions about young people and digital access

This young person from Northern Ireland shared their experience of digital poverty and how this excluded them from accessing online help. They advised against assuming that online support is accessible to all young people because they have grown up in a digital world.

**Young person 1:** *For me...it goes back to my poverty and not having internet not having access to computers or phones so even if I wanted to get the online help I couldn't have got the online help.*

**Participants are acutely aware of the harm they can quickly come to online, especially if they are feeling vulnerable or mentally unwell.** Many spoke of their problems being amplified or mirrored by AI, algorithms or others using online communities. They said these sources can often lead them to content associated with their problems, which can take them more deeply into negative spirals. A common experience amongst participants looking for online mental health support was being fed content about self-harm and eating disorders. Participants also described an increasing prevalence of toxic content on social media - sometimes impacting mental health - particularly extreme sexism, racism and violence (see [Box 5](#) below). In conversation with the YIG following the DDWs, several members shared the view that online toxicity is causing harm, and this can appear in feeds and in online chats at speed causing what has felt initially to be a positive experience turning unpleasant quickly.

*“When I was younger and trying to find community online because I couldn't speak to family and friends, you can get into a darker space of mind, and then it just goes deeper and deeper, it could like lead to like more self-harming behaviour.”* YIG member, YIG meeting 8

*“Social media can very much be a double-edged sword and the balance it can tip from being positive to negative so quickly, just like that, in a way that friends or family won’t. I feel that’s one of the big downsides of social media. You can just go a little bit too far into something, join this other group and suddenly everything can change.” YIG member, YIG meeting 8*

#### **Box 5: men’s mental health is being weaponised and this is translating into real-world hostility**

Young people in Northern Ireland discussed men’s mental health becoming politicised and misused, especially online and in the media, so as to undermine genuine support. They highlighted how it has been used to silence criticisms of problematic behaviour and has contributed in their view to divisive debates rather than meaningful understanding of and support for young men who are struggling.

**Young person 1:** *I think that this whole men’s mental health thing has been weaponised a bit, especially by dodgy alternative right guys, especially online or even now in newspapers and mainstream media. It’s a weapon to divide the masses and I think that the big sort of, I don’t want to say problem or issue because that’s pretty negative language, but in the kind of postmodern context of the way that we approach mental health and the way that the discussion is formed is quite divisive sometimes.*

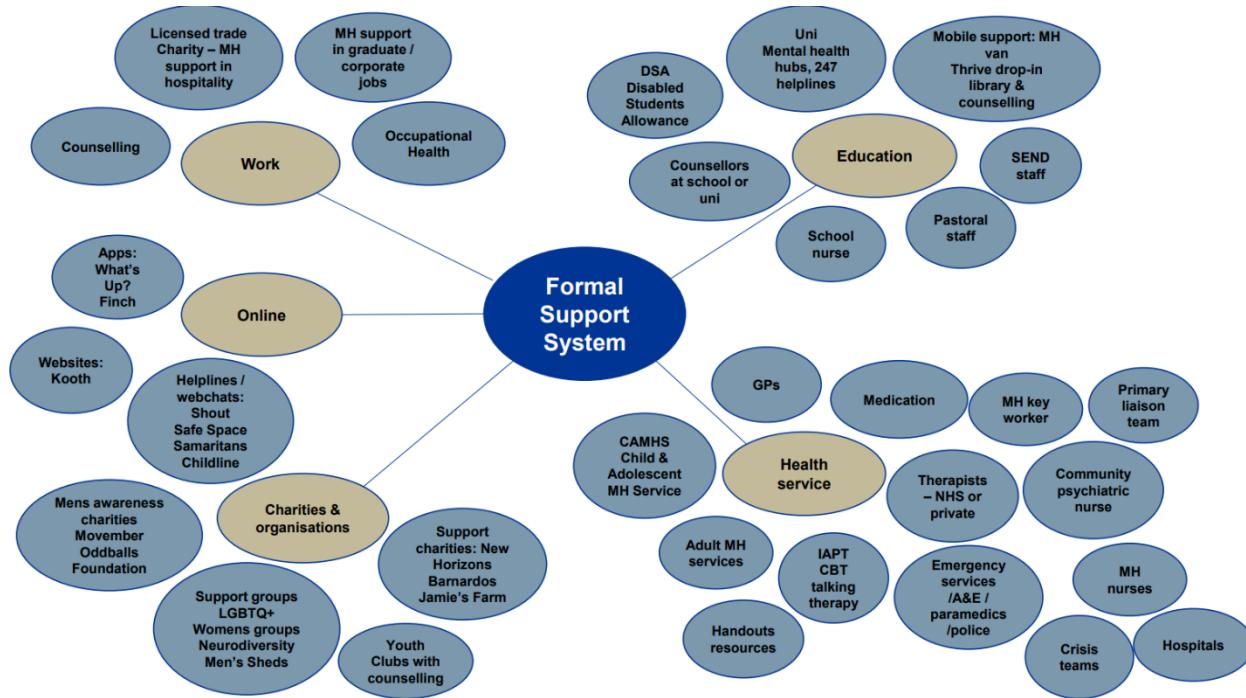
**Young person 2:** *Yeah, actually building on that as well, it does feel like it’s weaponised and it almost is like an excuse, like a free pass, like men can say what they want, but don’t be mean to them because men’s mental health matters.*

**Young person 3:** *Yeah, so it makes it harder to kind of critique if it’s about men’s mental health overall.*

**Despite benefits for some, on balance participants feel that digital life undermines informal support systems and intensifies the isolation caused by the Covid-19 pandemic.** Participants strongly agreed that in-person relationships provide more valuable support than anything that can be found online. They stressed their awareness that the time they spend scrolling alone on social media platforms, is time they are not spending in the company of other young people. As in the workshops on digital lives, participants described often feeling uneasy, agitated or unhappy while on their phones or on social media. The Covid-19 pandemic is still very present in the minds of many participants, who explained that recurrent lockdowns broke many young peoples’ social confidence and plunged them into a mentally and physically unhealthy online life from which they find it hard to escape.

## 2.4 The formal support system: what works, what doesn't, and for who

Following discussions around the informal support system, participants went on to map the formal support system, adding all the sources and types of support they knew of which are provided by trained professionals, using the headings: education; health service; charities and organisations; online; work.



**Figure 3:** Mapping the formal support system

DDW discussions showed that gaps in the informal support system are being keenly felt downstream in the formal support system, which participants demonstrated is failing to provide the care young people need. This section begins with their reflections on the health system, followed by formal support in the education system, at work, in the community and online.

**Participants are feeling the negative effects of a mental health system under strain in every interaction they have with it.** The following were common experiences amongst participants in every group:

- Difficulties finding available GP appointments;
- Unsuitable treatments;
- A sense of being dismissed due to the speed and impersonal nature of GP appointments;
- Being put on waiting lists for mental health support often for several years without any other contact;
- Waiting hours for crisis support in Accident and Emergency;
- Healthcare professionals being visibly under stress and tired to the point where participants do not want to burden them further.
- Not being able to afford private mental health support, especially for ongoing conditions

Across all groups participants expressed deep gratitude to the individuals who had managed to support them against the odds. But overall, participants said they are not getting appropriate care in a timely manner, and several said that navigating the system had made their condition worse.

*"I mean this with absolutely no disrespect to the nurses and support workers who do it, because they are genuinely wonderful people and they must be under immense stress right now, but a lot of the time it does feel like they just want you in and out as soon as possible, "Okay we'll give you this and you'll be okay within two weeks, it's just a blip, here's some medication."* Participant, Ealing

*"Not wanting to be a burden, whether that's to friends or to the NHS, really resonates with a lot of young people. I don't know whether it was Covid or there's something wrong with our generation, but I think a lot of people don't want to overstep, or be a burden, or take up too much space. We all know that the NHS is under stress. We don't want to waste those resources on mental health, because there's kind of this stigma around it, like it's not real, I'll just get over it."* Participant, Scotland

**Young people experience the mental health system as putting procedure above empathy and focussing on fixing a particular condition rather than on the patient as a person.** As we saw in [section 2.2](#), participants said they often feel like generic cases on a conveyor belt to be dismissed as quickly as possible. They talk about a lack of empathy in their interactions with the health service, at times when their primary need is for compassion and understanding - before any discussion of treatment or referrals. Many participants explained that the solution-focussed system is not well suited to the complexity and often long-term nature of mental health conditions. For support to be effective, participants agreed that they need mental health issues to be considered holistically and on a case by case basis according to the individual and their background, gender, experiences and situation.

*"The lack of resources and the fact that there's really long waiting lists, you're kind of pushed down certain paths, even if they're not suitable for you. And it's more just what matters for the NHS, what can get you seen or get you off the waiting list almost, and not really what you genuinely need."* Participant, Ealing

*"Sometimes when you need serious help over serious things, they're like, "Let's do this, let's do a plan", but sometimes you don't want the plan, you just want to be listened to and just be given time."* Participant, Ealing

## Box 6: the importance of understanding the whole person

In the workshop in Northern Ireland young people discussed the importance of support from others who understand their backgrounds and lived experiences, particularly around ethnicity, sexuality and gender identity. They highlighted how without this understanding, conversations about issues around racism or LGBTQ+ experiences can feel unhelpful or unsafe. They also reflected on how religious tensions in Northern Ireland might affect whether or not a young person receives the support they need.

One young person reflected on their frustration that healthcare professionals are not adequately trained to support the mental health and wellbeing of transgender young people. They found accessing a queer or queer affirming counsellor very challenging. They believe that healthcare professionals' lack of understanding, especially in an increasingly transphobic climate, risks discouraging transgender young people from seeking the support they need.

*Young person 1: I think that the people who you talk to these things about, it matters who they are as well. For example, if you're going to be talking about, like racial issues, my cousins are Indian and they had a lot of troubles with mental health and anxiety because of the racism they faced growing up and it wasn't very helpful if you didn't have someone who understood that background and experience. Same with me and LGBTQ plus stuff, you need to have the right people there, people who understand your diversity or sexuality. And it can be really daunting talking to a stranger, especially in Northern Ireland, there's going to be that whole Catholic Protestant thing which I don't like care about honestly but it's just you can be worried sometimes thinking oh is this person actually going to help me or are they not going to like me?*

*Young person 2: My point was just having staff that's actually trained on the things they're meant to be trained on. I know when I've gone to my GP in regard to mental health services and they've pulled up my records, or they've asked me what I want help with. And I mentioned that I'm non-binary and trans. They're just so dumbfounded and they don't know what to do with me. And it's like, "So you want to refer to this?" I was like, "No, I want to refer to this." And they just don't understand what to do with you. And then once you do get therapy, finding a counsellor that is either queer or queer accepting can be really, really difficult. Like it's sometimes the only thing they want to focus on or they just don't want to touch on it at all because they just don't understand it. And especially in this day and age when it's becoming a really transphobic climate, trying to bring that into counselling with a counsellor who doesn't understand it can be really challenging and can kind of deter you from wanting to continue therapy at least with that counsellor."*

**The bureaucracy and disjointed experience of the formal mental health support system can make it difficult for young people to navigate.** Participants who are being supported by various services or healthcare professionals described their confusion about roles and responsibilities and found that often one department was not communicating with another.

*“There's also been times where I need help and I'll call my mental health team and they'll say, “No, you need to call these people instead.” You're pushed from pillar to post sometimes. I can't find where the buck ends.”* Participant, Ealing

Moving house or starting university can also lead to disruptions in care as there is a lack of consistency across different NHS trusts and the services they provide or the ways they deal with patient records.

*“It's that postcode lottery thing, what's offered can be quite inconsistent between different NHS trusts. If you're moving from one area to another, things aren't always transferred across, there's a kind of a disruption in the continuity of care.* Participant, Ealing

Participants with neurodevelopmental conditions such as dyslexia or ADHD reported that they find the paperwork involved in the formal support system to be a barrier to accessing care.

This also includes being priced out of receiving the necessary care. Participants who had received both private and NHS care did generally find private care more helpful. However most said it was an unaffordable option for young people, especially when conditions may need longer programmes of treatment.

*“I was still living with my parents and, you know, I had a lot more disposable income than I do now. I paid for private therapy on and off for about two years, then because of my circumstances I had to decrease those hours. It was like 35 pound a session, I think. But it was very beneficial, especially at the time that I was able to do that and it very much helped me. Obviously, like you said, not everyone is lucky enough to be able to afford it, not everyone can do that”.*  
Participant, Ealing

**Seeing your GP can be a challenging starting point for young people seeking formal mental health support.** The scenario many participants described was having less than ten minutes with a GP they had never met before, to broach and explained often complex, intersecting and emotionally painful mental health problems. In all groups participants described rushed and impersonal interactions which led to treatments they felt were inappropriate or ineffective. Participants said they understood that general practice by its very nature cannot be specialised, and that many GPs are doing everything they can, but they also felt there were significant gaps in their knowledge and understanding of young people's mental health.

*“When you go to the GP, it can be hard for them to get everything in context when they just have 10 minutes to see you. Then they've got another patient right before, another patient right after. They lack that knowledge of how you really are.”* Participant, Ealing

#### Box 7: the quick fix culture is unhelpful for long term mental health conditions

A participant in Ealing shared their view that the mental health and wellbeing support system's 'quick fix' approach is incompatible with their long-term mental health condition. They reflected on how their condition develops as they grow up, but the support offered by the NHS was not able to adapt with it. The fragmented nature of care caused this individual's mental health and wellbeing to worsen and they believe it must also be having the same impact on other young people.

*“I think with like long-term conditions as well, they're not great because I don't know, that they're always like, oh, you know, like you got 10 sessions, you got this amount of time, we'll like fix you with it, like, and that's done. And it's like, that's kind of not how I feel. Not how it works. And you always kind of feel disposable.”*

**Many participants feel that medication is over-prescribed as a quick fix, and without the necessary ongoing care.** There was a strong sense from participants in all groups, from their own experiences and those of their peers, that medications such as antidepressants are prescribed too quickly as a one size fits all solution.

*“When I reached out to my GP, they didn't diagnose me or offer talking therapies, they just put me on Sertraline without a second thought.”* Participant, Scotland

Several participants said they were offered medication as a first step, before being listened to properly or offered treatments such as talking therapy. Participants described being given prescriptions without any planned follow-up or without information about side-effects or withdrawal should the medication prove unsuitable.

*“I got put on antidepressants when I was freshly turned 19 and they were like, “We're going to put you on this amount and then you up it when you feel right.” and it's like, “Why am I in charge of this? I don't know the side effects, I don't know what could happen if I up it by accident.” You're putting teenagers in charge of their own medication.”* Participant, Northern Ireland

*“The overprescribing of antidepressants and then the no support going on or off them is really, really bad. Coming off of those medications can be terrifying.”* Participant, Ealing

*“They literally gave me benzodiazepines - I didn't ask. I know people who have gotten addictions because they've been prescribed them and that's snowballed into a bigger problem. A lot of antidepressants, a lot of anti-anxiety medications are really hard to come on and come off of.”* Participant, Ealing

Several said when they returned to their GP because the medication was not working well, they were advised to increase the dose rather than try anything else.

*“All they do is up your medication, so again, you feel like you’re not being heard, you’re not being listened to, you’re just another pawn in the game.”* Participant, Northern Ireland

*“It’d be nice to have healthier alternatives or like healthier methods of coping than just another pill.”* Participant, Ealing

**Long waiting lists for Child and Adolescent Mental Health Service (CAMHS) and other specialist support are measured in years, making young people feel abandoned.** Several participants described the isolation and despair they felt whilst waiting for support or therapy, without any contact from the health service in the interim. One participant described waiting so long that she was almost an adult by the time she was re-contacted by CAMHS and was no longer eligible for help.

*“I was on the CAMHS waiting list for five years. I got an appointment finally two weeks before my 18th birthday and it was with an English man and he was a trainee so I felt like they didn’t really care at all and when you’re going through the end stages of high school and you get this person who doesn’t understand the schooling system in Scotland, doesn’t understand what it’s like to be a girl to start with, it probably wasn’t the best starting point. And then by the time I had got my third session, I was too old for the system. So then I had to just go on to my GP and they just put me on medication.”* Participant, Scotland

**The effectiveness of psychological therapy can be dependent on the relationship with the therapist, but the overstretched system offers participants little choice.**

Some participants described their frustration with accessing support after a long wait only to experience a lack of understanding or rapport with the therapist assigned to them. Participants also pointed out that the short-term nature of some courses of therapy is of limited use for ongoing or long-term mental health conditions.

*“If you don’t bond well with a therapist it’s going to be much more difficult to ask for another counsellor or ask to try and do a different type of therapy that would be helpful. So even if you don’t find it beneficial there’s not much you can do about it.”* Participant, Ealing

*“I’ve done in-person therapy and online therapy, and I personally found in-person therapy to be much more helpful. I understand, obviously, it’s more difficult to do that, just because everything’s online nowadays, but because you’re able to actually meet the person, read their facial expressions, their body language, you feel like you’re really connecting with your therapist and you feel like you can actually truly be honest. Whereas I found with online, I found it a lot harder to actually be honest. It just felt like this call that I do every week but I didn’t feel like I was actually like expressing myself properly.”* Participant, Ealing

**In all groups participants shared personal experiences or stories of their peers ending up having to use emergency services.** Even in a crisis situation young

people described long waits for support. Some participants said from their perspective mental health crises are only prioritised when there is a risk of physical harm.

*“The way the mental health system is at the moment, there's been countless times where I've been having a crisis and I went to the doctors or the mental health nurse for help, or I've even been to A&E. You are sitting there waiting for twelve hours for the crisis team to see you. You feel dismissed and like you're not being heard when you're going through the worst time of your life.”*

Participant, Northern Ireland

**Within both the health and education systems, the slow pace of neurodivergence assessment means distress escalates and valuable learning time is lost.**

Participants explained that procedures for referral and assessment are often initiated late, due to a lack of awareness or resources in schools. When the process does begin, young people may then be on waiting lists for years. As participants said when discussing the informal system, teachers are often doing all they can but lack the training and the capacity to identify potential neurodevelopmental conditions and provide appropriate support and next steps. Several participants explained that they were formally diagnosed with conditions such as dyslexia or dyspraxia after they had left school or when they were no longer eligible for support.

*“There's no actual adult ADHD services in Northern Ireland at the moment so that even if you felt you displayed symptoms of ADHD then you physically cannot be diagnosed unless you go private.”* Participant, Northern Ireland

*“I was diagnosed with dyspraxia quite late at 19... And as soon as I got diagnosed the day of, I was immediately told, well, there's nothing we can do for you now, you're too old.”* Participant, Ealing

*“I recently was on the waiting list for an autism test and basically got fobbed off because there were not enough services, and now the system is so backlogged that you can't get assessed – it again falls back into lack of funding.”* Participant, Scotland

**Participants described a varied picture of mental health support in school; some participants found the help they needed, others said demand for support**

**overwhelmed provision.** Several participants expressed their gratitude towards school counsellors, school nurses or SEND staff for their understanding and support. What they appreciated was a listening ear and learning about the tools they could use to support themselves. But some participants said there were not enough members of staff responsible for mental health for the number of students needing support, and not having a relationship with these staff members was a barrier to seeking help. Some participants described a lack of safe and private spaces for the provision of support in their schools.

*“In high school we had one therapist for thousands of kids. That was it, you know which frankly just wasn't enough.”* Participant, Northern Ireland

*“We had a similar issue in my school, and it was also the place, like the little room that you go to have your session in. Everyone could see you going in, and*

*you could even see in a little bit so it didn't feel very safe.*" Participant, Northern Ireland

### Box 8: varied experiences of mental health support depending on where you live

Young people in Northern Ireland discussed the effects of growing up in a poorer area. They saw this as diminishing a young person's chances of getting the mental health and wellbeing support they need. They highlighted the different impacts a lack of funding has, ranging from the kinds of support that can be provided at school to public transport infrastructure. They also highlight how seeking mental health and wellbeing support might be stigmatised in these areas due with some people believing it isn't necessary.

**Young person 1:** *It really falls back on money again, doesn't it? If your school has enough money to bring in people to deliver support or has the time have that in the curriculum.*

**Young person 2:** *Like, going through, like, in school, at least the ones I attended, didn't have much in the way of actual support. It was all very in-house homemade. We'll do what we can and it's the teacher's part that's doing everything. But then again that might be again as in like the social economic factors maybe.*

**Young person 3:** *I think that you can be quite disadvantaged especially if you're in an estate setting just because there can be stigma around that well you don't have the time to look after yourself if you have to work all the time and if you're struggling to make money like it kind of comes second to survival.*

**Young person 4:** *I had so many traits of autism that I still have now but because I'm a girl I'm dismissed quite a lot and because of lack of transportation and lack of money when I was younger getting to things like CAMHS wasn't an option for me to be able to try and get diagnosed or talk to someone again that's all kind of maybe just me falling back on to the lack of funding in areas.*

Similar discussions took place between young people in Ealing. This participant highlights how support can vary considerably between London boroughs:

**Young person 1:** *I think another barrier can simply just be where you live. At secondary school, don't necessarily live in the same borough as other pupils. And I had friends who lived in different boroughs than me that got counselling or got referrals like that simply because they lived in a different borough. Same age, same problems, but they got quicker and better help just because they lived in like Westminster Council, for example, rather than Brent.*

**Concerns about confidentiality for under 18s, and a lack of clarity about related procedures is a barrier to seeking support.** Many participants spoke of their hesitation in asking teachers for help in case their families would be informed, or in

case safeguarding procedures would be triggered and something stigmatising could be put on their record.

*“If you say something to a school, I’m pretty sure they are mandated to report if they think you’re at risk. I’ve seen people go, “I feel like I really want to do something a bit silly, but I’m not going to tell anyone because if I do, they’re going to instantly put this on my record that I’m at risk. They’re going to have me on a watch pretty much all the time, say I could run.” People haven’t talked because of that stigma and being scared to have it written down.”* Participant, Scotland

#### Box 9: stigma of certain conditions and impact on future careers

A participant in Scotland shared a mistrust of statutory systems, particularly the police and social services, among young people. They reflected on how often young people do not lack awareness of how to get support for their mental health and wellbeing, but actively avoid doing so because seeking help is perceived as risky. They thought about how this mistrust becomes collective knowledge passed between young people, creating a culture of silence. It seems that for some young people, seeking mental health support is a choice between getting help now and protecting their future identity and aspirations.

**Young person 1:** *I just wanted to say something about the police and the social service and the lack of trust. Because I don’t see much like about this, which is that if you’re like having a mental health crisis, there’s a lot of times where you don’t want to get help because you don’t want to have it on your medical record that you’ve had a certain condition or you’ve had a certain event happen in your life. I’ve had people I know who told me, you know, don’t call anyone, don’t tell anyone about this. And the reason being is because they wanted to join the British Army. They want to be an officer. And if you if you have like a history of depression or a history of suicidal thoughts or a history of like mental illness, you can’t get into the army. You know, it’s the same with being an airplane pilot. It’s the same with there’s hundreds of jobs where if they do a background check on you and you have a X, Y or Z in your medical history, you know, they will not hire you. You’re going to miss out on a lot of careers that will be closed to you.*

**At universities, mental health and wellbeing support tends to be wide ranging, well communicated, and much needed.** Participants single out the milestone of starting university as particularly challenging due to the cumulative stresses of academic and financial pressures, building new social networks and living away from home for the first time. University students and graduates in all the groups described their awareness of a range of mental health support available, such as free one to one counselling courses, wellbeing officers, 24-hour phone lines, quiet and safe spaces, and a variety of affordable wellness related activities and societies such as yoga or meditation.

*“Student wellbeing in Uni is crazy compared to secondary school. It’s always there, there’s constant reminders of it, with posters everywhere, but there’s no*

*pressure. You can contact them at any time and then there's other things for student wellbeing, like if you're worried about your finances which can affect your mental health. The student wellbeing line you can contact them 24-7. So there's always going to be someone there for any issue." Participant, Northern Ireland*

But the participants who attended higher education colleges said their institutions did not provide this kind of ecosystem of support, or the same social opportunities.

*"My college just point blank didn't offer counselling at all because we were only there once a week. When I was in college, I went through a lot of stuff and there was no support at all, like literally at all." Participant, Ealing*

**Formal mental health support at work is variable, industry dependent and can feel like a box ticking exercise by employers.** Some participants said they knew their workplaces offered mental health support, especially those in graduate or corporate roles in larger organisations. But it was not always obvious how to access this support, and asking work colleagues did not always feel comfortable or lead to the right procedures being initiated. This difficulty in access gave some participants the impression that employers were ticking boxes by having support available in theory only. One participant pointed out that many young people work in casual jobs in sectors like retail or hospitality, where they feel mental health support does not tend to be provided.

*"I worked in a nursery and it was part of the employment plan that they had therapy available. But how you actually access it was beyond me. When I asked my manager about it, she was like, I'll write an email for you. And it just never came. With another job, it was the same thing. It was like, oh, we offer counselling or private therapists. But actually having to access it, you usually have to talk to a manager or a supervisor, which in of itself takes a lot of courage." Participant, Ealing*

**Community support groups and charities providing formal support have been life changing for those who could access them.** Participants who were referred to support groups or charity-based programmes talked passionately about the difference they made to their mental health and personal development. They provided a sense of belonging and community; other young people or trained support workers to share experiences with; workshops on employment or finance as well as creative or outdoor activities, and formal counselling and therapy. But participants pointed out that these kinds of groups are often not available without referral from mental health professionals.

*"I'm with a programme called New Horizons, I truly cannot say this enough, but it is just like a big family, which is something that I lack. They're very helpful and they're supportive, they've helped me build my confidence and meet new people and put myself into situations that I wouldn't have done if I hadn't have been there. There is something there for everyone, and you aren't alone everyone there is going through similar experiences to you. it's wonderful, it is such a good facility to have, especially in the area I live where there isn't really a whole lot of stuff. The only downfall is you have to be referred from your mental health key worker or your GP." Participant, Northern Ireland*

*“I get counselling through my youth club, which is amazing because the waiting list was so much shorter. But if I talk to other people my own age about my youth club, they’re like, oh, I wish I could go to that.”* Participant, Ealing

**In the absence of timely formal support participants turn to their phones or the internet, but there is a lack of awareness of trusted sources or safe spaces.** Some participants mentioned the text helpline SHOUT, one mentioned the website Kooth, another mentioned the What’s Up? and Finch apps. But these resources do not seem to be well known or well used by young people. The first port of call for support is often a Google search, social media or ChatGPT, even though young people know they could harm as well as help.

## 2.5 Opportunities to improve support systems – recommendations from young people

During the course of the workshops, and in discussions with the Youth Insight Group, participants and YIG members made wide ranging recommendations to improve both the informal and formal support systems. This chapter summarises their priorities.

**Bring back third spaces and facilitate every possible opportunity for young people to get together in-person, away from their phones.** Young people want to be part of a thriving ecosystem of third spaces and activities where they can spend time together. They are very aware that the compulsive nature of digital entertainment, as well as the social anxiety which has become commonplace post Covid, are powerful forces which keep them at home and apart from each other. There is a huge thirst for togetherness, but under these circumstances, there is a need for some of these third spaces to be well facilitated and communicated, with motivation to turn up boosted by engaging activities and shared purpose. These spaces must be affordable, with good transport links, and wherever young people are organising these spaces themselves they should be welcomed and supported;

*“I’ve seen on social media people just organising random things and seeing who turns up, like there was a screaming club in Primrose Hill yesterday, because people want community and people want friends and want to do something that is free, that they can go to and hang out with people their own age, but there is often a paywall to a lot of things like that.”* Participant, Ealing

*“Just being off their phones and going outside and socialising and interacting with nature and just people. That helps a lot because there are days where I’m like on my phone a lot and I feel a lot worse on those days than the days where I’m actually out with my friends or doing something or just going on a walk. It makes me feel like a lot better than staying on my phone.”* Participant, Scotland

Young people expressed the need for a broad range of safe and inclusive groups and third spaces, to counteract the polarisation and prejudice they encounter online, in the news and even in the streets, including youth clubs, groups for over 18s, LGBTQIA+ groups, groups where people with migrant backgrounds feel welcome, alcohol-free spaces, and affordable music venues.

*“At the moment the world is a scary place... We need more cultural inclusivity like with workshops and support groups... if you’re in a country where you’re not*

*like everyone else, you're bound to feel out of place or like you don't belong and that can affect your mental health and there's no outlets for them to portray how they're feeling if they are struggling, and talk to people.”* Participant, Northern Ireland

Participants said all young people should have access to affordable ways to look after their mental and physical health, in a social setting. They said exercise, time outdoors and activities such as yoga or meditation have been very beneficial. Many emphasised the importance of enjoyable and creative activities for young people to express themselves and connect in ways that go beyond talking.

*“Some people might feel like they don't know how to express themselves or feel a bit awkward talking about their problems, so communities that support that - some people prefer different ways of healing or expressing themselves. Like playing a game or making something, any activity that actually makes you feel better.”* Participant, Scotland

Participants in rural or sparsely populated regions suggested getting people together across age groups, and building community around shared purpose, such as making improvements to their local area. They pointed out that these groups or third spaces do not have to be overtly labelled as related to mental health, but they would still support it.

*“If there were more of those spaces, not specifically mental health support groups because that obviously has a lot of stigma around it, but places where you could be referred to through mental health and especially in sort of rural areas or less populated areas where there might not be so much going on. If those sorts of spaces were established across gender lines and across cultural lines and across generational lines and people were brought together to work on collaborative projects, it would be a lot better than this division and one-upmanship you see on social media all the time where everybody's trying to be better than everybody else instead of trying to work together to achieve something. Give people responsibility to shape an area to make it better, I think that would be a really good addition to the general mental health services.”*

Participant, Scotland

**There is huge potential for peer-to-peer support, and building on the communities that already exist in education.** Young people repeatedly emphasised that simply sharing their thoughts and feelings and being heard, is the first step towards better wellbeing and mental health. They called for more time and space to be provided in schools to openly discuss mental health with their peers. This would also build self-awareness and help young people figure out when it's OK to use their own coping mechanisms and when they should reach out for further support.

*“If you're feeling a certain way it's not necessarily there's something wrong with you or you need serious like help, it's more just that you should be able to talk about it without it being such a big sort of stigma around it. Like it's okay to feel that way, but just talking about it can make such a difference to your mood.”*

Participant, Northern Ireland

*“I would encourage putting something (on mental health and coping mechanisms) in high school as a class, the same way maths or science is. And*

*certainly with the scale at which people are finding it hard to talk about mental health. There's hiccups in life and I think if people were more equipped to handle the hiccups, I think it would tackle a lot of the problems." Participant, Northern Ireland*

*"When you're a teenager you're not likely to do something that other people aren't doing, in case you're embarrassed or the stigma of it, so it's a good thing for it to be a mandatory class... I know I benefited in school when we had workshops where you were exposed to these issues but surrounded by your friends." Participant, Northern Ireland*

Teachers are in a position to get to know students and build relationships with them, so their role as trusted adults providing informal mental health support is seen by young people as being fundamental. However, participants are very aware of the pressures their teachers are under, and suggest that mentors and youth workers could work within schools to provide diverse perspectives and more opportunities for relationships with trusted adults outside of the family. They said that procedures around confidentiality must be crystal clear for young people to feel comfortable to open up.

*"It's important that people have a qualified support network or someone with a different mindset and opinion to your normal day to day. Like, in the past, a lot of my friends have had the same mindsets, so then we've kind of fed each other's delusions in a way." Participant, Scotland*

Schools could provide a space for awareness raising about mental health across the diversity of communities they serve, to build shared understanding amongst families from different backgrounds to better support young people;

*"I wish there was more training for parents, like schools and local NHS services doing like a PTA sort of mental health evening. So you can learn about mental health and support your child in a better way. But also like having people from certain diverse backgrounds as well, because I feel like that needs to be more like emphasised and amplified as well." Participant, Ealing*

YIG members suggest that the wealth of clubs and societies provided by universities should be open to non-students and all young people in their locality, and these opportunities should be communicated more effectively where they do exist.

### **Young people would like more safe and trusted sources of online support.**

Although young people agree that in-person support is fundamental to their wellbeing, in addition, they would like to have more opportunities to safely seek support or share their stories online, at any time of the day or night. Part of this is their call for better guidance on navigating social media, to find positive channels and avoid harm.

**Schools cultures should accommodate and celebrate the full spectrum of neurodivergence and diverse learning conditions.** This can be achieved through neurodivergence training for all teaching staff, not just SEND or support staff. Teachers are at the coal face alongside the young people, and best placed to get to know and adapt to student's needs, and identify early where further support or assessment may be needed.

**Funding for early intervention across schools, the health system and the community is desperately needed.** Young people called for more SEND staff and counsellors within schools; waiting lists for CAMHS and other formal support need to be reduced by employing more psychologists, psychiatrists and therapists to provide assessments and support, including staff from diverse backgrounds; opportunities for counselling in the community for example at youth clubs or charity settings should also be expanded. Above all, mental health professionals should have the support and resources they need to be truly present for the young people they are caring for.

*“If healthcare workers and nurses got the rest and support they needed to be able to fully like not just do their jobs, but be able to actually be present and with every person they’re seeing instead of having it feeling like so rushed and so chaotic and so in and out.”* Participant, Ealing

**Relationships, empathy and warmth should be at the heart of interactions with the health system, especially in primary care.** Again, young people emphasised the essential first step of feeling listened to about their mental health, before solutions and procedures are discussed. They would like to have named GPs that they can build a relationship with over time, so they can gain a holistic understanding of you as a person. Where young people are on long waiting lists, they should be contacted in the interim by a friendly voice so they don’t feel forgotten. And the importance of ongoing relationships with the right therapists and mental health professionals should be recognised and enabled.

*“It needs to be more human! Take away all the waiting lists and all the forms and just bring back actual people, nurturing people, because overall, whenever someone’s at their lowest, they may not necessarily just want the referral, they may just need someone to talk to or sit down and have a conversation with and to just be, and feel listened to and heard.”* Participant, Northern Ireland

### 3. Conclusion

This report presents the findings from three deep dive workshops which explored young people's experiences of and insights into the mental health support system. The workshops were co-designed and interpreted alongside a Youth Insight Group, and form part of The Nuffield Foundation's *Grown up? Journeys to adulthood* engagement programme.

The young people in the workshops and in the YIG began by discussing their needs for good mental health and wellbeing: a sense of security; connection with others; time for themselves and from others; knowledge of themselves and of ways to cope with difficulty, and opportunities to stay healthy through exercise and time outdoors.

Their experiences reflect the unique challenges Gen Z is facing which undermine these basic conditions for wellbeing. Economic uncertainty threatens their sense of security, lives lived online perpetuate the isolation many still feel after the Covid-19 pandemic, and the strain public services are under makes them feel society is not there to protect or provide opportunities for them. These workshops show that substantial mental health support is needed more than ever, but that the current system is seriously failing young people and in some cases making matters worse.

The informal support system, made up of friends, family and communities, is concentrated in the home and in overstretched education systems. Friendships and relationships with trusted adults form the foundation of young peoples' mental health, yet third spaces to spend time together are increasingly hard to find; either they no longer exist or they are unaffordable or inaccessible. The absence of community is particularly isolating for those who cannot seek support within their families or friendship groups, or who have left education and started work.

Social life outside of education takes place in a parallel reality online, which can undermine young people's mental health in myriad ways; compulsive entertainment and social media take up time they know would be better spent with friends in the real world, and exposes them to extreme and problematic content which twists their perceptions of each other. Participants find support and comfort from information and experiences shared online, but always in the knowledge that harm could be around the next virtual corner.

Problems which start in the informal system are accumulating downstream in the formal mental health system, which these workshops show is profoundly inadequate, especially in early intervention. Interactions young people have with the health system are characterised by a lack of time, capacity and understanding. Waiting times for primary care appointments, referrals, assessments and even crisis support leave young people feeling abandoned. This lack of adequate capacity is coupled with what young people see as a quick-fix culture which focuses on particular conditions rather than on a holistic understanding of the individual. This leads to inappropriate and simplistic treatment such as over-prescription of medication, without young people receiving the emotional support required.

Formal support in the education system is a postcode lottery, with the exception of universities, which participants explained provide a wide range of support, often around

the clock. In contrast, within schools, participants described their gratitude to individual teachers doing their best to support students, often in the absence of formal training. There are not enough SEND staff, counsellors and school nurses to support the number of young people who need them. This leaves neurodivergent young people in particular struggling in an education system designed around neurotypical norms, and their mental health and learning suffer as a result.

Formal support in the community through youth groups or charities has been life changing for those participants who have managed to access it. Sharing feelings and experiences with others in similar situations, meeting new people, hearing different perspectives and being supported and heard by trusted adults has been pivotal in several young people's recovery from mental health problems.

Young people can see clearly that these kinds of social connections and relationships are the key to improving informal and formal mental health support systems. They would like to be part of a thriving ecosystem of third spaces and activities which would help them get off their phones and spend time together. They see great potential in peer-to-peer support if space and time can be carved out to discuss mental health more in schools. They would like to see school communities bringing in mentors and youth workers to support overstretched teachers, and universities sharing their wealth of support with non-students in the local area. In the health system, relationships, empathy and understanding should be prioritised in every interaction. Young people suffering from mental health problems above all need to feel heard.

Young people are calling for a culture shift in mental health support systems, but they know this can only happen with adequate funding and resources. Participants showed great empathy for mental health professionals and would like them to feel resourced and supported themselves, so they can also provide the time and care that young people need. Participants called for more specialist staff in schools, across the health system, and in community organisations.

For young people to thrive, and feel a sense of wellbeing and an ability to cope with or overcome mental health problems, what they are saying they need above all is other people. They need professionals, trusted adults and wider society to understand and support them, but first and foremost, young people need to be able to navigate their journey to adulthood with each other.





## Report Authors:

Kate Furber, Researcher, Hopkins Van Mil

Pauline Harris, Senior Associate, Hopkins Van Mil

Henrietta Hopkins, Director, Hopkins Van Mil

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