

Episode 2: “We still don’t understand how to address youth mental health issues!”

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And so now let's get started.

Laura: So it's my week this week, where I have to try and convince you, Ndidi, of a proposition, and this week we're going to be looking at mental health, which I know is an issue that many people have been interested in. It's always a tricky one, right? Because I think there's nobody out there who disagrees that this is a problem.

We want everybody to have really strong, positive wellbeing and mental health, but the proposition I'm going to try and convince you of is before we get into the weeds - and we start getting to solutions of what should happen - we actually have to admit that we still don't understand how to address youth mental health issues.

And there's a number of different parts to this. One of them is that we still don't really know how big the problem is. When I was the Editor at Schools Week, I often used to get new reporters who'd begin with us and they'd be really interested in this area and they'd want to go away and write about how terrible everything was.

But actually the level of statistics was reasonably limited. One of the issues is that the government was regularly collecting data on children and young people's mental health throughout the 2000s. And then in 2012 they stopped. And one of our reporters, Sophie Scott, actually campaigned really, really hard to get the latest set of data that came out in 2019.

But there's a big gap between 2012 and 2019. And that data, I have to say that there were some issues with, for example, it says that 22.4% of 17 to 19 year olds who are female say, or have been reported as having some kind of emotional disorder. Now that seems extraordinarily high. We're talking about one in four 17 to 19 year olds, and I'm not sure how I feel about this phrase, emotional disorder, especially when you contrast it with the fact that 7.9% of young men of the same age are supposed to have the same thing.

And yet if we were to look up. The rate of young men in prison or attacking other people, assaults and violence, you'd see that it's much, much higher. So I wonder sometimes if we're doing a false equivalence here between emotional disorders and perhaps something else.

The same report in 2019 also found, that particularly for young girls, there has been an increase in anxiety for sure. And some of it is placed at the door of exams, but what we've also seen in the same time for the same group is that there has been a reduction in pregnancy. There's been a reduction in youth crime. There's been a reduction in drug use. There's been a reduction in alcohol use. And I start to wonder actually, is what we sometimes see as mental health issues, just a switch from other types of behaviour that happens in adolescence towards worrying about exams. And is worrying about exams as problematic as drug use and pregnancy and everything else? And then there's this issue around suicide and self-harm, which is, I think the bit we all agree, is absolutely a problem.

There are real challenging issues, but recently a tweet went out that said suicide was up 200% in the pandemic and it was retweeted by loads of people. And it's categorically not true. The British medical journal just this week has said that certainly for the statistics that are available in the first months of the pandemic, there's no evidence that suicide or self-harm went up and it might be the case obviously that statistics come out later. But at the moment, we've not got a reason to believe that there's a huge growing mental health problem. So I want to say at the beginning, I don't think we understand how big the problem is. I don't think we understand what we're really talking about. What is an emotional disorder? What is, um, violence? Is violence, a type of mental health issue?

And then the third bit, I want to bring into this is that actually, there is an assumption sometimes that when we put the mental health phrase on things, I think we're not always helping. Last year when the GCSE and A-level exams crisis was kicking off, you had a lot of young people saying this has really affected my mental health.

And in some cases, I think really what they meant was it was making them uncomfortable. It was making them unhappy and it was making them worry. But is that the same as a mental health disorder or a mental health issue? And finally, if I'm not convincing people on that, what I would say is that we've seen in the past in education, especially around special educational needs, that a big broad phrase, for example, autism. There are children who are told that they've got autism, and then that's just put as a label and they don't get further follow-up. For example, as autism rates have gone up, the number of children with specific communication and language disorders has gone down, and those are things that you can get specific treatment for.

And I worry that if you put a big, broad label like autism or a big broad label like mental health onto somebody, then we can end up in a situation where we don't know what to do. We just say, 'Oh, well, they've got a mental health problem'. And that's the end of it. Instead of being very specific about what the issue is.

So, although it's challenging, I think it's going to be a good debate today. I do want to put forward the proposition that I think we still don't understand how to address youth mental health issues.

Ndidi: Oh, my Lord she's done it again. Like you just lay things out so concisely that it's definitely food for thought.

Do you know what? I was really worried when I first saw you put in forward this proposition because my initial instinct was okay, here she goes again. Like, what are we talking about? How are we still debating mental health issues? But there's actually a lot you said there that I would agree with. And I just want to clarify before I agree with it. So what it sounds like is that you're saying that the very premise on which the label mental health is given is what needs to be debated, because if the question is we don't know how to address youth mental health issues, that I disagree with.

There is so much work and evidence out there about things that would fundamentally help young people who are suffering with mental health issues. The issue then for me comes to execution, implementation, understanding - all of those things.

But if your point is primarily on, what are we labeling as mental health issues? Are we labeling the right things? Then I actually would say there's actually lots of scope here for a conversation that I could be very convinced on. What I really loved was the examples you gave about some of the things that we don't currently associate with mental health issues. And those are things like serious violence that impacts young people, all sorts of things that just get labeled quite negatively and never really are spoken about in terms of trauma or mental health challenges, things that fundamentally seem to impact underserved communities, to be frank. So that I actually think there's something there but in terms of once we almost get past that point, once we've accepted, there is something called mental health issues, that there are young people who are suffering from them. And that perhaps that we are seeing that same effect where once you label something, you do tend to see numbers increasing because people can finally have something to hold onto and identify with.

If we're saying we don't know how to address those things. No, I'm not letting us off that easy at all. Which one - just before we move forward - which thing are you kind of leaning on? Or are you saying it's both?

Laura: I think it's both. How can you address something if you don't know what it is?

Ndidi: But at the time we do know what it is.

I just think we're mixing lots of things up. There are probably things that you wouldn't debate are mental health issues, right? Like self-harming, symptoms or things that show up in particular ways. Would you say that you're confident that there are some things that we understand are about mental health challenges?

Laura: Definitely. Like I think the two bits that we have got are the suicide rate. And the self-harm rate. And we tried to do a bunch of investigations looking at those figures, but whenever we did incidents reports and looked at actually given that the number of children goes up and down over the year. That's right.

So when you actually look at the incidence rate by the population, we couldn't see big changes. There is a very specific issue I think with girls, aged about 14 to 18, and we can see some good evidence that that group are probably struggling more than they were previously, but by large, otherwise there just isn't evidence of huge change.

And then everything else just feels very wishy-washy like exams anxiety, or this issue around emotional disorders. I just, I'm not convinced that we know what we're really talking about, other than suicide and self-harm, which I do take as a particular category.

Ndidi: Well, I knew that I needed to bring in the big guns for this one. So I am super excited to introduce our first guest experts. This is Natasha Devon. Natasha is the founder of the Mental Health Media Charter, and the presenter for LBC. She tours schools, universities, and events throughout the UK and beyond, delivering talks as well as conducting research on mental health, body image, gender and equality. So Natasha you've heard Laura is opening view. What's your initial response or reaction?

Natasha: Well, there was actually something that Laura said in her introduction, which I think gets to the heart of this, where she said, we label someone with a mental health issue and then that's the end of it.

And actually, if somebody is exhibiting symptoms of poor mental health, that should be the beginning of it. And that's really, when I say I'm conducting research in schools, that's mainly in the form of focus groups with 14 to 18 year olds. And my aim is to try and look beyond those statistics and find out what are the root causes? What is causing exam anxiety, for example, because when young people say they're stressed out in relation to exams, they don't just mean common exam stress in the way that we would have experienced it when we were teenagers.

This is actually about, I discovered during the course of my research, fundamental changes to the education system, which meant that everything was pointing at their performance on this one day. And the anxiety had built up pretty much since the beginning of year 10, all the way to the end of year 11.

Now that's a really useful thing to know, but then the way that it gets reported is, 'Oh, they're worried about their exams and so therefore they're a nation of snowflakes'. So I think we really need to see these types of statistics as breadcrumbs that can start an investigation.

Ndidi: Right. So you would identify something labeled as exam stress as a mental health issue - you could see the link?

Natasha: Well, it's interesting that you asked that question because I actually wrote a whole book about this. Um, the term mental health is really broad. So if you compare it to physical health. When we're talking about physical health, there are three strands to it. So you've got prevention stuff - things that we do like drinking water, taking exercise, getting fresh air - that's to keep your body in shape. It doesn't stop you ever getting ill, but it does reduce the chances. Then you've got the middle layer of things like coughs and colds and flus and sickness bugs and cuts and scrapes that we all experience. And you don't go to the doctor for those, but there is a protocol. And then you've got things that require professional intervention

that you need hospitalization or some other professional help with, and mental health is just the same.

And I think so often we're having this conversation about mental health at cross purposes, because yes, I would say exam stress that stops you from functioning, focusing, concentrating has sort of spread its tentacles into every area of your life and is stopping you from relaxing or enjoying yourself. That is a mental health issue. It's not a mental illness that a doctor would diagnose, but that doesn't mean that it's not an issue that's in need of a response.

Ndidi: Laura, that's really compelling. I don't know what your thoughts are on that.

Laura: Yeah, it's brilliant. And I think that's a really useful way of thinking about it and I wish we had talked about it in that way more often. I guess a question for you, Natasha is, which one do you think is the most pressing? If we had to pick one, because are we talking about the kind of the cold and flu issue, which I guess is more broad spread, or a wider spread issue around say exams anxiety, or, do you think we should be focused on that higher level of issues, which is really around the suicide, the self-harm. And I would put in there eating disorders, which I think can often be linked to anxiety and often performance pressures as well.

Natasha: Well, mental health issues exist on a spectrum. So if you are experiencing a lot of anxiety around exams and you don't have any coping tools for that over time, that can lead to self-harming behaviours, for example. And if you self harm over a period of months and years, that also increases the chance that you will die by suicide.

So I think it is important to catch these issues as early as possible. Having said that, I do think recently, particularly when I'm looking at conversations happening around government and policy, that there's so much focus on the prevention and what's happening in schools, that actually those children who are using mental health services and who are at the real sharp end of this are almost being missed from the conversation.

So I think actually we need equal emphasis on all of it.

Ndidi: And what a perfect intro to our second guest, I would love to introduce Kadra Abdinasir. Kadra is the Head of Children and Young People's Mental Health at the Centre for Mental Health. She leads the centre's research and policy in this area to help improve the lives of children and young people.

Kadra, I feel like you have a very unique, centered experience around the way that these issues impact children and young people. What are your thoughts on the conversation so far?

Kadra: Yeah, I think this is a real tricky one, I must admit, but I think I'm going to have to disagree with you, Laura. I think firstly, while stigma remains a huge issue, we've made such significant strides in recent years, around young people's mental health and getting it on the agenda.

You know, young people are coming forward in their droves. However, our research actually shows that on average, there's a 10 year delay between when young people first develop a mental health problem and when they get help. There are lots of incredible community-based services and initiatives out there.

But I don't think they receive the funding they need because the system is still too crisis driven. In 2017 and 18, just to build on what Natasha said, the latest figures I could find showed that children and young people's mental health services accounted for just 1% of NHS expenditure, which is why children and young people's mental health services continue to be the Cinderella of Cinderella services.

And I just want to throw another thing into the mix here. I think we know an awful lot about the wider determinants of poor mental health, and it's impacting young people. I'm talking about things like poverty, inequality, education, housing, unemployment. But these are things we're not properly addressing.

And these are some of drivers in addition to the challenges young people have in schools. So these are the real problems here, that I think we need to take a bit more of a comprehensive approach.

Ndidi: This was my instinctive response and reaction as well, Kadra, which is why, you know, having people like you on is so helpful because it seems nonsensical that we would still be debating this. But to Laura's point, do you think that part of the reason why we haven't made the kind of advancements that you cited are needed is perhaps because there is still this debate about is this an issue? What are we talking about? Who does it really affect?

Kadra: Yeah, I think there's always room for further research on young people's mental health. It's always needed. But actually research, it takes about 17 years for research findings to be implemented in practice on average. I think we simply can't wait for that.

If you speak to young people and their families, we have enough of an understanding of what they want and what they need. The problem is that we don't

listen to them, nor do we create meaningful opportunities for them to influence decision-making or help design and deliver services to help make them more effective.

And I think that's a problem. That's something we can address in the here and now and not wait for evidence.

Ndidi: And I think Laura, that's a really important point in terms of like, are we listening to young people? So to your point about however we're identifying or categorizing their problems. Is it not of note that young people are saying they're struggling?

Or do you think actually that's more a symptom of the culture at the moment, as opposed to being something we actually just need to pay attention to?

Laura: I think it matters massively how people feel about a situation, but just because people feel like that doesn't necessarily mean it is the solution or how something ought to be addressed.

And a classic example of this to use very topical issue is around face masks. You know, when I was surveying teachers last year around wearing face masks in the classroom, they absolutely did not feel that it was the right approach. They felt that the benefits of that would not be good enough. Now a year later with a lot more evidence and a lot more understanding of the issue, actually people feel like wearing face masks in the classroom is stopping the spread of COVID and therefore they're willing to do it. So, Kadra, I guess the question for me is, we're saying there needs to be a lot more funding for these interventions, but is there good evidence at this moment in time that shows that these interventions work?

Kadra: There is emerging evidence. You know, we've done quite a lot of evaluations at Centre for Mental Health, looking at things like the importance of parenting in the early years and just how much of an impact that can have on young people's mental health. But that's still an area that is hugely under resourced and underfunded.

And again, it starts from the very early years, we need to be taking a bit more of a life course approach to young people's mental health. So I think that the evidence is there. I think we just need to maybe, perhaps as researchers and academics, come together to communicate that in a more effective way, perhaps.

And that's something that I'm working with my colleagues and the sector to try and relay as much as we can to the decision-makers.

Ndidi: Natasha, I think what Laura just said earlier really hits the nail on the head of where some of the substance or the pinnacle of this issue comes in.

And that line about the way young people feel is important, but it's not necessarily enough. And/or it doesn't mean that what they're feeling is correct. If that makes sense?

Laura: I didn't say that.

Ndidi: But you did, you said it doesn't mean it's right.

Just because they feel it doesn't...

Laura: It doesn't mean it's the right solution. No, no, no. I think...

Ndidi: How's what they're feeling not got to do with the solution? Before we can get to a solution, do we accept what they're saying?

Laura: But I guess for me, I want to make that really clear and that's why I said at the beginning, I think how you feel is how you feel and I think that it's important in and of itself. So I absolutely recognize that if people feel a certain way, that that is important, but what they feel may be the solution or may not be. That's a different matter. Just because you think that something will be the solution it doesn't necessarily mean it is.

In the same way when we look at something like suicide, you know, you may feel suicidal. That does not mean that the right thing to do in that moment is to commit suicide. And therefore, I think we've got to be really careful about those two things. Sorry to interject Natasha and happy to come to you.

Natasha: I completely agree with you, Laura. And I think that's a really important point and that's why my campaign the Mental Health Media Charter actually did an intervention. We did an open letter to media co-signed by academics, charity leaders, service users, campaigners to try and stop people weaponizing mental health in their anti-lockdown arguments, because I don't think that anybody would dispute that people have exhibited symptoms of poor mental health. They felt low. They felt anxious during lockdown. And that's a normal human response because we're living in circumstances that would make anybody feel low or anxious. The solution to that is to give people better coping strategies. It's not to come out of lockdown because lockdown was there for a purpose. To come out of lockdown would have done more harm than good.

Ndidi: I kind of feel like we're trying to have our cake and eat it here because I think with the caveats in place that we're not trying to suggest that, you know, people's feelings aren't valid.

Kadra's point was very important. And that is that we need to listen to young people. This debate is, we still don't understand how to address youth mental health issues. And part of what I was asking to clarify Laura, is, is it the addressing or is it the existence of that thing as a mental health issue in the first place. And you said it was both.

And so, with that caveat in place, no one's trying to undermine the way people feel. There is something about if young people are telling us, as so much research shows, like ridiculous amounts of research have come out, recently and going all the way back, that are talking about the mental health challenges that are happening for young people.

Is that enough to listen to, and therefore consider solutions. I haven't even jumped to is the solution right or wrong? It's the point about, do we even take it as given that what young people are telling us is real?

Laura: Yeah, I take it as given that it's real. I get that they are really feeling that way. And I get that they may think that there are certain solutions, and it may or may not be that the solutions are correct. But to come back to you on the... I think the existing issue is a problem because if we don't label things accurately, or we just bung everything under a mental health label, that has problems. I think Natasha has explained that really well so far.

And then there's the problem of the addressing. To come back to something Kadra said, I agree with you, Kadra that I think actually we do have a reasonably good idea of some of the things that can make a big difference to your mental health in life and whether or not you're going to have issues.

There's the amazing 75-year grants study, which looked at a cohort (admittedly of Harvard students that they're quite particular group), but it looked at them over their entire life. And the guy who ran that project so that at the end that he felt there were two things that you needed really to be well across your life.

And it was to experience love. And to be able to cope with life in ways that don't push love away. And Kadra, you said there about care when children are younger and the difference that that makes. The problem for us is we don't know how to address that. How do you address somebody feeling loved? And Natasha, I'd be really interested to know how much your work with young people you've seen... Do we know how to teach people to cope with life in ways that don't push love away?

Natasha: Well, it's really interesting that study. I actually think that we need to look deeper than that. People always think that I was a political campaigner that just happened to specialize in mental health and that's actually completely wrong.

When I first started doing this job, going into schools and colleges and universities, 13 years ago, I was gloriously apolitical. I didn't have any interest in politics at all. And then the more I spoke to young people, first of all, all around the UK and then all around the world, the more I saw that there are patterns in the way that mental health issues affect certain demographics and certain groups of people.

And that the more disadvantaged you are by society, the more likely that is to manifest itself in your mental health. Um, so if you look at, for example, Black and Brown people, more likely to suffer from a serious mental health issue, less likely to see a positive outcome from treatment. LGBTQ+ people are four times more likely to self-harm.

Women are more likely to be diagnosed with depression. Men are more likely to die as a result of suicide, women are more likely to attempt suicide and there are reasons that we can, I think quite clearly see why all of those statistics are true. And therefore, I think what you do is you take the individual experiences.

And if you do enough research, it starts to build quite a clear picture of who this is affecting. And I think the problem with government policy is that it only tends to intervene when it starts to affect. White middle-class people. And then the solutions that you get are tailored to white middle-class people, and everybody else gets forgotten within that.

And it's like Kadra said, there are some great grassroots organizations and charities that offer alternatives, but they just struggle so much. And I just feel that they're not mainstream enough to really reach the people that need it.

Ndidi: You've just really succinctly explained an example of the nuance in this debate, because the issues that you just rattled off in terms of the stats. For me, there's two questions that I would immediately have based on this debate. One to Laura's point. Do we even know how to address those issues? Do we know how to combat depression in women?

All of the kind of stats that you just raised, that's one thing. And I think that debate and that conversation is almost like you could have a full episode purely on that. Do we know? And then what's stopping us from doing it? But the point that you have also introduced Laura is that, are we right to identify those things as mental health issues?

And that's the bit that I'm just like, I really, I personally feel like we need to be clear on, because if it is that we take all of those things as given, then the conversation can really be about, well, do we understand how to address them? What are the

flaws in that research? All of that good stuff. But if you don't, even, as you said earlier, Laura, agree what it is you're trying to solve in the first place.

How can we possibly make progress on solutions?

Laura: Oh, Natasha already sold me. So I guess I'm already convinced that we are able to say there is a range of different mental health problems. Some of them are just things that everybody will encounter. And we've got to get through them.

We've just got to cope with them a bit like a cold up to things that are very, very serious and they need interventions. And I think that's a good, good way of thinking about it. So I'm willing to accept and move forward in 15 minutes, you have achieved something.

Natasha: My point there is that eventually you will arrive at a point where you realize that the solution to these things that when we're labeling mental health issues, Often, not all of the time, but oftent it is in addressing inequalities because of things like discrimination, prejudice, poverty, not having a sense of belonging.

These things are huge in terms of your psychological wellbeing. And that's how I've ended up in a place where I'm kind of known as this sort of lefty, activist campaigner person, but I got there through having a passion for mental health. So Kadra to that point, where would we start and where should we start?

If we're now comfortable that there is a spectrum and that things start and they snowball, then the issue is, do we understand how to address youth mental health issues? And so your point about some, you know, there's, there's obviously more research that can be done, but that's kind of long to do, you know, would you say that.

Across those spectrum of the issues that you generally are dealing with. Do you think we do know how to address those things? And it's just an issue of doing them?

Kadra: I would say that there's a lot of activity and noise in the national, you know, debates around young people's mental health. But what I think would be a positive first step is actually taking a cross government approach.

I don't think we're being comprehensive enough. So children, young people's mental health. You would think it sits primarily with the department of health and social care, but actually it's broader than that. It's, you know, the education system, policing immigration, I think we need to, as agencies come together to really plan and strategize together on how we can respond and address the needs of young people across that spectrum of mental health and also work with families.

I think that's really, really important. One of the biggest factors that influences young people's mental health is the mental health of their primary caregivers actually. And so a lot of young people are living in households where their parents are also struggling with mental health problems and not getting the support they need.

So we really need that holistic approach. I would also say again, thinking about the wider workforce is really, really important here, or professionals, or trusted adults in young people's lives should have some basic understanding of mental health, how to spot the signs, how to respond to their needs. And you know, much like safeguarding begin to make the slogan a reality of mental health be in everybody's business.

Ndidi: Kadra I'm laughing and doing a little dance right now because the very last episodes just spoke about the need for joy and up approaches.

And Laura is not a fan, but anyway, Natasha, same question to you like that. Critical. Do we understand? What, what is your instinct on that? Do we understand how to address youth mental health issues?

Natasha: I'm going to say no, we don't, because I think we understand how to address the symptoms and the way that it's manifesting on the surface, whether or not the funding is in place to be able to address those.

Yeah, effectively, is another thing entirely. What I don't think that people understand as much is that not all mental health issues are individualized. I think we see it so often as an individual's problem as a, almost a fault in individuals when actually quite often it's a sign that something is very rotten at the core of our culture and our society. And I don't think it's any coincidence that young people are reporting high levels of mental distress. Um, the more that their society is not serving them at greater and greater groups of people. And my favorite quote of all time is "It's no measure of health to be well adjusted to a profoundly sick society."

And I think that's where the mental health conversation has to go next.

Ndidi: Oh gosh. I do feel like before I hand over to Laura and her glee at this point, this is where I disagree, because I can imagine there is so many organizations right now, screaming as they listen to this, the wave in their reports, wave in their research, wave in their strategy, wave in their campaign in point saying, what the hell are you all talking about?

We do understand do this, do this, do this. So that's the bit that I'm like this isn't new. Conversation, this isn't a new issue. Yes. It's obviously evolved and taken on a

life of its own in many instances. But I struggle with this idea that we don't understand how to address it. I feel like we either don't care enough or we don't have, you know, as we had at the very beginning of this, a convincing attitude towards whether there is a problem here to solve or not.

I can't excuse us as a society to say, yeah, actually we've got no idea. I just, I just don't buy it, Laura.

Laura: I don't buy it. I mean, it's not that we've got no idea, but the problem. Ndidi, you and I've had this argument a load of times and Kadra, I'm afraid I'm going to put you in with Ndidi on this.

I think sometimes there's this sense of like, we have to solve everything before we can solve anything. And once we find ourselves in that place where we say in order that we're addressing mental health issues, we've got to solve racism and sexism. We've got to make sure that everybody has brilliant parents who look after them.

Well, we're just, we've compounded to the point where we are admitting. We don't really understand how to address this. It's too big. We don't know how to solve all of those issues yet. And I am hopeful that as a society, we keep moving and we keep plugging away. I just don't think we do know how to address these issues yet.

And to give a more specific example, I talked at the very beginning about the 2019 surveys for children and young people done by the department for education and buried in that report. There's a really interesting finding around the fact that one of the groups that have the highest levels of anxiety are white, reasonably affluent people.

And this comes back to the argument around kind of academic achievements. Now what you seem to see. Is, there's a group who, by being very, very anxious about their status in life, that becomes a big focus. And I think it can be quite damaging. But what you look at is this sort of sliding scale, where if that's not bothering you and if your anxiety and status isn't bothering you, what you're less likely to do is work really hard at school.

And therefore you can end up with lower achievement and that can then lead to lower life satisfaction. So life satisfaction and anxiety basically trade off all across the scales in this data. And I think that's a real problem, right? Like, I don't want that to be the case. I want us to live in a world where we can strive to achieve things.

We don't have to be anxious about it. Balls. If we don't get really good exam grades, we don't feel like our life satisfaction is going to fall apart. But do I know how to address that? Do I even know where to begin with it? Not really. I can tinker

with the exam system here. I can do a bit there around relationships, but I just think that fundamentally, we don't yet understand how we're going to address these issues.

Natasha: There were a spate of studies that were done by the department for education between 2015 and 2019, which consistently showed that middle-class affluent white girls were suffering most with their mental health. But when you looked at how they collected that data, it was through referrals. And asking them.

And there's all kinds of reasons why, if you are affluent, you are more likely to be referred and have expedient access to support. And also if you're a woman it's more socially acceptable to talk openly about your mental health difficulties. So actually I think that we should see middle-class girls as almost being representatives for their generation, rather than seeing them as peculiarly afflicted. They're just the people who are able to talk about it.

Laura: I think actually the survey, I know that's an issue and this survey looks more broadly, so it's about, uh, life satisfaction and anxiety self-reported and of course what's interesting is if you look at young, Black British Black, African, Caribbean people in the UK, they have much lower, lower life satisfaction.

And so I think there are all kinds of issues. Right. I don't think that's good. And I think this comes back to my issue before about male violence. Like I don't think it's okay. Yeah. But we have a lot more young men who attempt and are successful in their attempts of suicide. I don't think it's okay that we have more young men in prison or attacking other people.

I think that in and of itself is a mental health issue and we don't call it one. We call it a crime issue. We call it a justice issue. But when it comes to girls and eating disorders, we call it an emotional issue or a mental health issue. And I think. In part that comes back to my issue Ndidi around definitions as well.

Because I'm not saying that mental health issues don't exist and they don't exist on a broad spectrum. I just think as Natasha really well pointed out there, there are all kinds of bits that come up that we allow into the mental health category and then others that we don't, because in the end I've got to put it on the table. We still don't understand enough about these issues. And we certainly don't understand how to address youth mental health issues.

Ndidi: It feels like we've lost Natasha over to the dark side in terms of Laura in this space.

So Kadra, you need to hold up the side on this. And I was actually really interested in Laura's closing remarks there around the fact that we're trying to solve everything and therefore we can't solve anything. Right. I again, I really want to hear from listeners - this point frustrates me to no end. This idea, but because you recognize the issues are multifaceted and that there are multiple different things that play that you cannot ignore.

It means that you're trying to either be like idealistic or you're not trying to kind of grapple with one thing. It's nonsense. That's not the position at all. The point is which you've just made. Actually, Laura is the can we just think about something as a standalone issue sometimes. And most of the time we get caught up in dealing with the symptoms of an issue and not the root causes.

Those root causes do affect multiple areas of a young person's life. So yes, their family is involved. Yes. Their economics is involved. All manner of things are involved. So you can't say, oh, because you know, otherwise we're going to try and boil the ocean. I'm not saying that, but recognize that there are multiple things at play here.

And just by turning a blind eye to one in order to try and say, you're dealing with this other thing over there. It's honestly just nonsensical in my view, but Kadra you're the expert in this. And so just this idea of, can you realistically deal with issues of youth mental health without dealing with some of those other points that you mentioned earlier.

Are we, are you trying to do too much, or should you just be thinking about almost like single issues at a time?

Kadra: I mean, I would absolutely agree with your point there Ndidi. I think we need to think of this. In the same way as we approach various other physical health conditions, and really trying to understand some of the root drivers there, such as working conditions, housing conditions, poverty, we've seen really great work happening in the physical health sector around social prescribing to begin to deal with some of those issues.

And I think we definitely need to bring that more into mental health. It's starting to happen, but it's not happening enough. Just another spanner that I want to throw in here is that I think the real issue is that we don't know or have enough of an understanding on how to promote positive mental health.

I think we focus a lot on dealing with people who are experiencing mental health, but what do we know about the protective factors for young people's mental health and how can we address those and, you know, have more initiatives available for

young people to access. So I think we need a lot more around prevention promotion.

Then we do around really responding to serious mental ill health. I think that it's an issue around having investment in the system and having the, you know, more capacity, more training for professionals.

Natasha: I think the problem is here is who is we cause Ndidu you're obviously a really evolved person.

And I don't think that anybody in this conversation doesn't get it, but then when you look more broadly, like, for example, working as I do in education, you've got the word resilience and that's used all the time and it's so often used as, oh, an individual isn't resilient enough. So they need tools to cope better because they're not coping with what's happening.

But then the technical definition of resilience is the amount of support you have available to you and the number of meaningful connections that you have in your life. So it's not. I think more broadly people outside of the very specific mental health youth space, understand how much of a social issue this is.

#AskYouth feature here – ask for separate transcript for this

Ndidu: Laura close us out. What's your, what's your final position on this?

Laura: I'm absolutely convinced. I think, Natasha, Kadra, I think both of you do understand this issue and I think you've got really developed sense of things that we could start to do that might address youth mental health issues, but more broadly I think are good things that would help society be in a better place.

Maybe one day to start to address these as well. Some of that's around the relationships, the way that people speak with each other and their home lives as well. But I guess for me, I still fundamentally think. We are not talking specifically enough. I don't think we have good enough data, Natasha, as you said, those department for education statistics that we do have, have a whole ream of problems behind them.

And that makes them really, really challenging for us to understand exactly what's going on. And even if we do listen, and I think it's really important that we do listen, and there are lots of services out there that people should use where people will listen. If you have any issues at all. And I would.

Always encourage people to speak up. I think that's so important, but I don't think it's fair to ask people who are struggling with an issue to also come up with the

solutions. And that's another reason why I think them saying what they want isn't necessarily going to be the right answer. I may believe that a certain medicine is going to help me, but actually there is a professional who knows and it's evaluated different options.

And therefore we go with what they say a lot of the time. Because they've got that. And I think in mental health, we've got to get to a point where we're having better conversations about different interventions and that we can put the money and the funding behind that in future. So I am hoping that you're convinced by my slightly weird suggestion at the beginning, that we still don't understand how to address youth mental health issues. Natasha, are you convinced?

Natasha: I was convinced right from the beginning. You had me at your intro.

Laura: Fantastic. You can come again. Kadra. Are you convinced?

Kadra: I'm going to say firm and still disagree. I'm afraid.

Laura: Why is that? Even at this last hour?

Kadra: I definitely think we can address the multiple drivers of poor mental health. You know, we've had lots of conversations over the last decade. I think time is time for action. Now I think we need to start talking about the problem.

Laura: Finally Ndidi, are you convinced that we – not you or anyone on the show - but we as a society still don't understand how to address youth mental health issues?

Ndidi: No, no, no. Don't try that. Let's try and reframe what this is. First of all, I'm cracking up because Natasha, who's just taken one of my favorite lines of you had me at hello. And now all I can hear is you have your intro. So thank you for that. But, um, no, I'm not convinced because if it's not the collective, we, there is a, we and so listen to the we who do understand and let's get to work.

Laura: Oh, you always make that sound so reasonable as well. Okay. Well look, it's, it's two and two half and half. I've moved a little bit of a way and that I was willing to accept, you know, that we've got some definitions, but I guess we'll have to carry on and maybe do another round because this has been a fantastic show.

So thank you very much to our guests. For coming on, this has been fantastic. Ndidi I've probably stolen your ending there.

Ndidi: Well, I really want to hear what listeners have to say on this. I do think it was really fascinating conversation. Let's hear from you.

Thank you so much, Natasha and Kadra - Natasha, we're going to have to talk after this. This was not the plan. Um, but thank you for coming with us on this ride, then Natasha, where can listeners find out more about you and the work that you do?

Natasha: If you go to natashadevon.com, you can find out about all of my various projects there.

And also please follow me on Instagram. I'm @_natashadevon, and I just don't feel like I have enough followers!

Ndidi: And Kadra where can our listeners connect with you?

Kadra: So we are on Twitter or Instagram @centreforMH and my Twitter account is @Kadra_A_

Laura: Brilliant. Thank you.

Kadra Can I just check something you said earlier, did you say just 1% of expenditure is that within the NHS is spent on children, young people's mental health services?

Kadra: Yeah, that's right. Yeah. That's, that's a figure from 2017 and 18, the latest public data that's out there at the moment.

Laura: That's an absolutely extraordinary figure and certainly one that we should be finishing the show out on.

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Laura: And if you're on clubhouse follow us on are you convinced clubhouse - keep an eye out for notifications of our live events.

Ndidi: Okay. So until next time it is goodbye for me, Ndidi.

Laura: and it's goodbye from me, Laura. Bye.