HEALTH ACTION RESEARCH GROUP

because prevention is better than cure

Rethinking Children's Mental Health

Time for a paradigm shift?

Contents

Introduction

The reported mental health crisis among children and young people in the UK is a major public concern – with potentially harmful consequences for young people, their families, their schools, colleges and universities.

However, there is conflicting evidence around most of the issues involved, including:

- How many young people are experiencing mental ill-health
- How this compares with previous generations
- What exactly a 'mental health problem' is
- What has caused any changes in recent years
- How best to reduce the risk in childhood and adolescence

We have therefore conducted research over the last five years, both in-house and with university research partners, to seek to understand what has been happening to young people's mental health in the UK and what is needed to protect their mental health going forward.

The evidence suggests this may be time to rethink children and young people's mental health – time for a paradigm shift.

We hope our findings will prove useful for policy makers, parents and teachers, and young people themselves.

Michael Baber

Director
Health Action Research Group

Acknowledgements

Thanks are due to the members of our research team, whose review of published research into young people's mental health underpins much of this report, in particular Dana Andreescu, Natasha Airey, Barbara Baker, William Bate, Lucy Doyle, Anna Frey, Sophie Izzard, Harrison Prince, Tracy Scott, Lindsey Stack, Alfie Stanford, Rachael Stanton, Arnas Tamasauskas and Emily Wright.

Thanks are also due to our research partners at King's College London, Ulster University and Greenwich University, who made possible research with a sample of their students (including relationships between their experiences in the A Level years at school and subsequent mental health at university) together with analysis of the research findings.

EXECUTIVE SUMMARY

Rethinking Children's Mental Health

- It is time to question the prevailing narrative that there is a children and young people's mental health crisis in the UK.
- Anorexia, bipolar disorder, clinical depression and schizophrenia are examples of clinically diagnosable mental health conditions which have potentially serious implications for young people – and therefore need early diagnosis and treatment. Prevalence rates here though, remain relatively low
- Deprivation results in an increased incidence of serious mental ill health – meaning there is a need for more than just a medical response.
- LGBTQ+ young people are also at increased risk (with the position regarding gender and ethnic origin being more nuanced).
- However, in recent years there has been an unhelpful conflation of clinically diagnosed mental health conditions and everyday worries (which are now being reported as mental health problems) creating an anxiogenic environment – with potentially harmful nocebo effects.
- The situation has been further complicated by over-protective parents and schools, who have, with the best of intentions, reduced opportunities to develop resilience, leaving children and young people more vulnerable.
- Social media has compounded risks, including 24/7 cyber bullying; material encouraging eating disorders and self-harm; and romanticising mental health conditions.

EXECUTIVE SUMMARY

Time for a paradigm shift?

To tackle the underlying causes of serious mental ill-health, we therefore need to significantly reduce deprivation; stop the harassment of LGBTQ+ pupils; and improve online safety.

To help young people manage everyday worries we need to

- Encourage autonomy-supporting parenting and schooling, to enhance resilience.
- Help children reframe how they perceive negative feelings and emotions (to help them recognise what is normal and what isn't).
- Help young people manage their time online, rather than being managed (and damaged) by it.

There is a lack of robust evidence for the effectiveness of most current initiatives intended to protect young people's mental health. Conversely, what research tells us helps protect children's mental health often has no explicit mental health connection, leading to its value potentially being overlooked. Examples include:

- Active Play, which research suggests can reduce stress, anxiety and depression.
- A Healthy Diet (avoiding ultra-processed food, to reduce the risk of depression).
- Physical Activity (as what is good for the heart is usually good for the brain).
- The Creative and Performing arts (providing potentially therapeutic activity).
- Being a Guide or Scout (which longitudinal research indicates is associated with above-average mental health more than thirty years later).

Taken together our research findings suggests the need to seriously rethink how best to protect children and young people's mental health in the UK.

Ten Key Mental Health Messages for Young People

1. Everyday worries are not mental health problems – they are just everyday worries. Many of us will feel anxious, stressed or worried, at times. This doesn't mean we have a mental health condition. It just means we're normal human beings.

2. Too much stress is bad for us – but so is too little. We need a bit of stress from time to time to help keep us on our toes and maintain our mental health (what some researchers describe as a 'hormesis' effect and others as 'psychological immunisation').

3. If we fail occasionally, it isn't the end of the world. The experience of failing and learning from it can help us develop and become stronger mentally.

4. However, if we constantly feel anxious or depressed, for weeks at a time, for no obvious reason, and this is having a serious impact on our daily lives, then this isn't normal and we should seek medical help.

5. If we're feeling suicidal; are experiencing extreme mood swings; have hallucinations; want to avoid people (including our friends) and are not looking after our appearance and hygiene; have a BMI of less than 18.5 but think we're fat; or are constantly feeling sad, tired and exhausted, then these are examples of times when we should seek medical help as soon as possible.

6. Junk food is bad for our bodies and bad for our brains.

7. So too is being a couch potato and too much screen-time – physical activity and spending time outside or in nature are both good for our mental health.

8. It is important to learn how to manage our time online, to avoid being managed (and damaged) by it.

9. The creative and performing arts have potential therapeutic value, helping protect our mental health.

10. Being a Guide or Scout or doing the Duke of Edinburgh's Award also seems to be good for our mental health and wellbeing.

Policy Recommendations

1. Priority should be given to tackling deprivation, as a significant source of serious mental ill health, including:
    - A cross-government early years task force, working to enable children from deprived backgrounds to start primary school without already being educationally disadvantaged.
    - Housing policy focused on providing more good quality, affordable rental housing, so children can grow up in a home environment more conducive to good mental health.
    - Employment policies to protect those on the lowest pay and/or most insecure employment, to reduce financial deprivation.
2. Children's mental health policy needs to tackle the underlying causes, including:
    - Deprivation (through education, housing and employment policies, as explained above).
    - The harassment of pupils who are LGBTQ+ (by action inside and outside school).
    - Gendered mental health responses (through action research).
    - Social media (by approving and actively implementing the Online Harms Bill, to remove harmful material; and by digital literacy programmes to help young people manage their time online rather than being managed (and damaged) by it).
    - Spoon-feeding schools (by asking Ofsted to consider and advise how deep learning can be encouraged in schools, rather than just teaching to the test).
    - The anxiogenic environment created by well-intentioned campaigns to destigmatise mental illness (through programmes which help young people reframe how they perceive normal negative feelings and emotions).
3. Children's mental health policy also needs to include activities which may not, at first sight, appear relevant to mental health but which have been identified as protective by research, including:
    - Developing an English Play Policy (there is already a Welsh Play Policy).
    - Implementing policies to achieve healthier diets and greater physical activity for young people (in line with Labour's Children's Health Plan).
    - Ensuring a creative arts subject or sport is studied until 16 (in line with Labour's Education Plan).
    - Pump-prime funding to establish more Scout and Guide groups or Duke of Edinburgh's Award schemes in deprived areas, subject to appropriate safeguarding arrangements being in place.

WHERE THE UK IS STARTING FROM

Key Points

From 1999 to 2017, the prevalence of all mental health disorders among children aged 5-15 rose from 9.7% to 11.2%.

There has been a larger reported increase in 'probable mental disorders' among 17-19 year-olds. However, we have a number of questions about this assessment, including the way 'mental disorder' is now being interpreted.

Evidence of an increase in mental health problems as a result of the COVID pandemic is mixed and effects were often temporary and short term.

The incidence of diagnosed mental health conditions is significantly higher in children and young people from deprived backgrounds – suggesting a clear need to tackle deprivation.

Mental health diagnosis is less reliable than physical health diagnosis, as physical examination, lab tests and medical imaging aren't available for mental health. And diagnosis is particularly challenging with children and young people.

Some of the criteria for diagnosing mental health conditions have changed since 2013, so some young people who would previously have been regarded as having normal mental health are now potentially diagnosable as having a mental health condition.

Campaigns to destigmatize mental ill health, while well-intentioned, may have unwittingly resulted in a conflation of clinically diagnosed mental health conditions and everyday worries – with a potentially harmful nocebo effect.

There has been a recent pathologizing of normal negative feelings and emotions, with young people often now applying psychiatric terminology to everyday situations.

Media reporting of celebrities with mental health conditions, alongside an increasing tendency for social media to romanticize mental ill health, appears to be leading some young people to say they have mental health conditions when they know they haven't.

Emotional distress, as a result of feeling anxious, stressed, worried or lonely, is real but experiencing emotional distress doesn't mean young people have a mental health condition – only that they are human. They may need a sympathetic ear from family and friends but are unlikely to need help from mental health professionals unless their symptoms are unusually severe and long-lasting.

CONCLUSION: Despite media reports to the contrary, there is little robust evidence of a mental health crisis among children and young people in general – as opposed to socially contagious episodes of short-term emotional distress. Priority should therefore be given to tackling deprivation (a leading source of serious diagnosed mental health conditions) and providing specialist mental health support to those who most need diagnosis and treatment.

A significant increase in children's mental ill-health?

Mental illness is serious at any age. It is a particular concern when it appears in childhood and adolescence. If we consider some of the most serious mental health conditions:

Anorexia: This has the highest mortality rate of any mental health condition, with 20% of anorexia deaths due to suicide. It also tends to affect young women and girls in particular, so is particularly relevant here and a priority for action. The Mayo Clinic advises that symptoms of anorexia include:

- Physical symptoms, such as extreme weight loss or not making expected developmental weight gains; dizziness or fainting; bluish discoloration of the fingers; hair that thins, breaks or falls out; absence of menstruation; dry or yellowish skin; intolerance of cold.

- Emotional and behavioural symptoms, including severely restricting food intake through dieting or fasting, exercising excessively, bingeing and self-induced vomiting to get rid of food, frequently skipping meals or refusing to eat, not wanting to eat in public, lying about how much food has been eaten, complaining about being fat or having parts of the body that are fat, and covering up in layers of clothing.

However, as the Clinic explains, 'Anorexia isn't really about food. It's an extremely unhealthy and sometimes life-threatening way to try to cope with emotional problems. When you have anorexia, you often equate thinness with self-worth.'[1] Fortunately, it is the least common of the eating disorders.[2]

Bipolar disorder: The NHS reports that around 1 in every 100 people will be diagnosed with bipolar at some stage in their lives, often developing between the ages of 15 and 19.[3]

Bipolar UK describes bipolar disorder as, 'a severe mental health illness characterised by significant mood swings including manic highs and depressive lows' —but distinguishes this from normal mood swings and has a useful Bipolar UK Mood Scale, to help people understand the difference.[4]

Schizophrenia: The Royal College of Psychiatrists reports a similar prevalence for schizophrenia.[5]

The mental health charity Young Minds describes schizophrenia as a condition where your experience does not match up with reality as other people see it - a symptom called psychosis. It explains that common symptoms include: hallucinations where you see, feel, smell or hear things that aren't there; delusions, where you 'just know' things that seem unreal to other people, e.g. paranoid beliefs that there is a conspiracy against you; muddled thinking and difficulty concentrating; and a feeling that you're being controlled by something outside yourself.[6]

Depression: The Priory Group reports that depression occurs in 2.1% of young people aged 5-19, becoming more common in the teenage years.[7]

The NHS explains that common symptoms in children often include:

- sadness, or a low mood that does not go away.
- being irritable or grumpy all the time.
- not being interested in things they used to enjoy.
- feeling tired and exhausted a lot of the time.[8]

The Bipolar UK Mood Scale

MANIA	Total loss of judgment, exorbitant spending, religious delusions and hallucinations	10
	Lost touch with reality, incoherent, no sleep, paranoid and vindictive, reckless behaviour	9
HYPOMANIA	Inflated self-esteem, rapid thoughts and speech, counter-productive simultaneous tasks	8
	Very productive, everything to excess (phone calls, writing, smoking, tea), charming and talkative	7
BALANCED MOOD	Self-esteem good, optimistic, sociable, and articulate, good decisions, need less sleep and get work done	6
	Mood in balance, no symptoms of depression or mania	5
	Slight withdrawal from social situations, concentration less than usual, slight agitation	4
MILD TO MODERATE DEPRESSION	Feeling of panic and anxiety, concentration difficult and memory poor, some comfort in routine	3
	Slow thinking, no appetite, need to be alone, sleep excessive or difficult, everything a struggle	2
SEVERE DEPRESSION	Feeling of hopelessnes and guilt, thoughts of suicide, little movement, impossible to do anything	1
	Recurring suicidal thoughts, no way out, no movement, everything is bleak and it will be always like this	0

Generalized Anxiety Disorder: In contrast, NICE (The National Institute for Health and Care Excellence) reports that GAD is more common in middle age (between 35 and 55) than in adolescence.[9] However, other forms of anxiety disorder can affect children, with estimates here varying, according to NHS Scotland.[10]

We have described some of the symptoms of the more serious diagnosed mental health conditions in this section, to help distinguish them from the short-term feelings of worry, anxiety, stress, sadness and loneliness which young people sometimes experience. These short-term feelings and emotions often feel very real while being experienced but, as we will see later, are usually normal from time to time, rather than being examples of serious mental health conditions or mental ill health.

It is also worth noting that the causes of serious mental ill-health can include biological, environmental, behavioural and social factors. In this report we will focus on risk factors which are potentially preventable, or where the risk can at least be reduced, in particular the impact of deprivation (i.e. environmental/social factors). Biological factors are harder to prevent, although early intervention where there is a family history of mental ill-health is one useful approach here.

Overall, considering all mental health disorders potentially affecting children and young people, the Royal College of Paediatrics and Child Health reports that:

- From 1999 to 2017, the prevalence of all mental health disorders among children aged 5-15 rose slightly, from 9.7% to 11.2% (being higher in 11-15 year olds)
- The sharpest prevalence rise for children aged 5-15 was within emotional disorders (for example: anxiety, depression, OCD and phobias), increasing from 4.3% to 5.8% from 1999 to 2017.
- The prevalence of behavioural disorders and hyperactivity disorders in children aged 5-15 have remained largely stable.[11]

The RCPCH also refers to one in six (16.9%) young people aged 17-19 having a mental health disorder in 2017. This is a concerning statistic. However, as we will see later, the NHS's analysis of the data refers to 'probable' mental disorder and the definition includes difficulties with emotions, behaviour, relationships, hyperactivity, or concentration – a potentially broader definition than the examples of serious mental health conditions described earlier in this report.

An increase in mental health disorders has also been reported following the COVID pandemic, although (as we will also see later) the evidence here is mixed.

There is a clear need for rapid mental health support when young people are diagnosed with mental health conditions, particularly those that place them or those around them at risk. There is also a concerning upward trend in reported mental health disorders among children and young people more generally – although changing criteria makes accurate comparison over time difficult.

The impact of deprivation

To see this as a purely medical or clinical issue is to miss a key point. A wide range of evidence confirms that the incidence of diagnosed mental health conditions is significantly higher for young people in deprived areas. As the Mental Health Foundation reports, 'Analysis of data from the Millennium Cohort Study in 2012 found children in the lowest income quintile to be 4.5 times more likely to experience severe mental health problems than those in the highest'.[12] This suggests that, if we are serious about protecting young people's mental health, we need to tackle the deprivation that is such a serious risk factor, rather than rely on purely medical interventions.

> *Children's mental health is the result of a complex set of influences, including environments and social conditions and the culture and public policies that shape them. Too often, however, conversations about children's mental health focus narrowly on the visible symptoms of these larger forces, such as trouble with emotional regulation or stressed parents, rather than on the systemic factors, like poverty or social marginalization, that lead to these more immediately visible challenges. When that happens, the preventive, systems-based solutions recommended by experts drop out of sight.*
>
> **Frameworks UK**

If we consider mental health problems more generally (i.e. not just the most serious diagnosed mental health conditions) has this, as some media reports suggest, reached epidemic proportions among young people in the UK today – or is something else happening? Here are some of the factors to consider:

Expanding definitions of mental disorders

Some young people who would have been considered to have normal mental health a generation ago are now diagnosable as having a mental health condition. This is due to changes in *The Diagnostic and Statistical Manual of Mental Disorders* (DSM). Sometimes known as the 'Psychiatry's Bible,' it is the standard reference text for diagnosing mental disorders. The fifth edition of DSM (DSM-5), published in 2013, tended to expand definitions of mental illness in general, and diagnostic criteria in particular.[13]

The changes made were described by the Nursing Times at the time as provoking, 'a storm of controversy and bitter criticism,' leading critics to argue this could lead to everyday worries being misdiagnosed and needlessly treated.[14]

This may, for instance, help explain the 'diagnostic inflation' seen for conditions such as Generalized Anxiety Disorder since 2013.[15]

The unreliability of diagnostic tools

Diagnosing mental health disorders is intrinsically difficult. There is no mental health equivalent for most of the methods used to diagnose physical illness, such as physical examination, sending samples to laboratories for testing, or medical imaging. Instead, there is significant reliance on interpreting self-reporting by patients, which is even more challenging when it comes to diagnosing children and young people.

> *We should be a lot more cautious, both in diagnosis and in treatment, especially with young kids where diagnosis is so difficult, and where treatment may have negative as well as positive impacts'.*
>
> **Professor Allen Frances, former chair of the American Psychiatric Association task force overseeing the development and revision of DSM-4**

Societal changes – medical terminology in everyday (mis)use

The NHS describes feeling anxious as normal, including when preparing for an exam or job interview.[16] Even under DSM-5 it is only when the anxiety becomes **abnormal** due to its unusual duration, severity and disproportionality to any actual risk that it is diagnosable as an anxiety disorder.

However, national surveys conducted by the National Union of Students (NUS) as early as 2013 and 2015, presented anxiety as a mental health problem and this interpretation appears to now be widespread among young people.[17]

If normal negative feelings and emotions such as anxiety are now routinely considered to be a mental health problem, this will tend to inflate the prevalence of reported mental health problems, relative to previous generations when they were not perceived to be mental health problems.

Feelings and emotions can be socially contagious

Diagnosed mental health conditions (such as bipolar disorder, schizophrenia and clinical depression) are typically non-communicable. You can't 'catch them' from other people. Negative feelings and emotions, on the other hand (such as feeling stressed, anxious or panicky) are potentially contagious. Some feelings such as panic can even 'go viral.'

If more young people are interpreting negative feelings and emotions as mental health problems and if these negative feelings and emotions are contagious, then we can expect to see a significant increase in self-reported mental health problems. However, this is different from the prevalence of clinically diagnosed mental health conditions.

> *A Lecturer at a student mental health conference explained that she had pastoral responsibility for a student Hall of Residence at a northern University. In the three years before COVID the number of panic attacks in the Hall of Residence rose from five to fifteen to sixty.*
>
> *It is unlikely that objective grounds for panic had risen twelve-fold in just three years - more likely that there had been social/emotional contagion.*

Knowingly unfounded claims of mental health problems

The position is further complicated by evidence that some young people are claiming to have mental health conditions when they know they haven't. For example, in 2010 after a number of celebrities had reported having mental health problems, a survey by a medical charity found that 34% of teenagers participating admitted to claiming to have had a mental health condition when they knew this wasn't true.[18]

Our own 2023 research has identified a range of ways in which mental health conditions have been romanticised on social media, making it more attractive to claim to have a mental health condition. Examples include linking anxiety with a loving relationship, suggesting it makes you more 'cute' and 'loveable'; and depression presented as normal, in/fashionable, misunderstood, or 'hopelessly romantic'.[19]

Claiming a mental health problem may also have other benefits, including helping students get more time in exams or for assignments or helping them avoid having to make an oral presentation. From the anecdotal evidence available it is difficult to quantify the extent to which this is happening but this does appear to be a further complicating factor when seeking to quantify the extent of mental health problems among young people.

> *We sometimes actively encourage good students who we think deserve another chance (because, for example, failing an assignment will mean them failing a whole year) to make up mental health problems.*
>
> **A Lecturer quoted in an article in The Times Higher Education Supplement in 2020**

Media coverage

Stories of a crisis in young people's mental health may boost newspaper sales but are sadly not always evidence-based. For example, some newspapers have given the impression that university students are at particular risk of suicide.

As the Office for Students insightfully observes, as well as a tragedy for bereaved family and friends, the death of a student is likely to have a significant impact on a university or college community. In the case of death by suicide, this impact may well be profound.

However, the Office for National Statistics (ONS) has confirmed that university students are less likely to commit suicide than their non-university counterparts and that, although there has been an increase in suicides among females aged 10 – 24 in recent years, overall young people are less likely to commit suicide than adults.[20]

It should also be noted that the standard of proof – the level of evidence needed by coroners to conclude whether a death was caused by suicide – was changed from the criminal standard of " beyond all reasonable doubt", to the civil standard of "on the balance of probabilities" in 2018, meaning that some deaths previously not recorded as suicides might now be recorded as suicides. This is another example of the lowering of thresholds which make it difficult to make accurate comparisons over time when it comes to young people's mental health.[21]

Diagnosed mental health conditions

There is some evidence of an increase in diagnosed mental health conditions (such as bipolar disorder) over time. However, this has also been argued to be due to changes in diagnostic thresholds rather than changes in patient behaviour – leading to potential over-diagnosis.[22]

There is also evidence of an increase in self-harm and eating disorders following the COVID pandemic lockdowns, among girls in less deprived communities (although among boys the incidence was lower than or close to the expected rates).[23]

This is interesting, as mental health problems are usually higher in more deprived communities. As previously reported, the Mental Health Foundation reports evidence that children in the lowest income quintile are 4.5 times more likely to experience severe mental health problems than those in the highest.[24]

One possible interpretation for this increase in self-harm and eating disorders among girls in more affluent communities is that these are areas where over-protective parenting and schooling is more common (a point we return to later). In this context self-harm and eating disorders may be two of the few areas where adolescent girls feel they have some control, at least over what they do with their bodies if not their lives.

It is also well-established that some young people, for instance those who are LGBTQ+, have a heightened risk of mental health problems.[25]

There has been progress, both legally and societally, in how people who are LGBTQ+ have been viewed and treated, over the last fifty years. This has not always been as rapid and widespread as sometimes portrayed, but the UK has progressed from homosexuality being illegal to it being illegal to discriminate against someone on the basis of their sexual orientation. This would suggest that, while being LGBTQ+ continues to increase vulnerability to mental health problems, this should now be less so than for previous generations.

While the examples above are a cause for concern, and suggest a continuing need for effective mental health services, taken together these increases are not sufficient to suggest a children's mental health crisis. The main increase appears to have been in the interpretation of normal negative feelings and emotions as mental health problems.

The recent COVID pandemic – a new factor?

It has been suggested that there was a significant increase in young people's mental health problems as a result of the Covid pandemic i.e. after much of the evidence cited so far had been published, which might suggest this previous evidence now underestimates the scale of the problem.

Indeed, the prevailing narrative from the start was that the COVID pandemic and the resulting lockdowns and school closures would be harmful for young people's mental health and there are certainly research findings to support this narrative. This narrative was in line with safeguarding thinking which assumes the challenges young people face will potentially harm them, meaning protective measures are needed, rather than seeing them as providing opportunities to learn, develop and grow.

Among the research suggesting the harmful impact of Covid on mental health, one of the most concerning was NHS Digital's report that rates of probable mental disorder had increased since 2017, from one in nine children aged 5-16 in 2017 to one in six in 2020.[26]

However, the picture is actually more nuanced. For example, the NHS study referred to 'probable mental disorder.' The term 'mental disorder' was originally a pre-requisite for sectioning under the Mental Health Act 1983. It is unlikely that one in six children in the UK are now at risk of being sectioned, more likely that the term is now being used more loosely than originally envisaged. In fact, the definition of 'mental disorder' in the NHS study included problems with emotions, behaviour, relationships, hyperactivity and concentration - another example of the difficulty of assessing prevalence over time when terms change their meaning significantly.

In contrast to this negative picture of Covid's impact on children's mental health, a study in South West England of over a thousand 13-14 year-olds found no change in risk of depression, a decrease in risk of anxiety, and increased wellbeing in April-May 2020, compared with October 2019.[27]

While a study of student mental health at north of England universities during the pandemic concluded: 'Our findings suggest a mixed picture of the effect of the COVID-19 pandemic on student wellbeing, with a majority showing broadly consistent levels of wellbeing across time, a smaller but still substantial group showing a worsening of wellbeing, and a small group that showed a very marked improvement in wellbeing'.[28]

A similarly mixed picture emerged from a study of 16,940 children and young people primarily aged 8–18, which reported that a third (33.2%) reported improved mental wellbeing during the first UK national lockdown, compared with a third who reported no change (32.9%) and a third who reported deterioration (33.9%).[29]

One aspect the Covid pandemic illustrates is the impact of socio-economic status. For example, during the pandemic children in deprived areas were likely to have parents at greater risk of COVID because they were working in jobs that involved continued inter-action with people (such as public transport, retail and security) meaning increased risk of infection and greater potential impact on their children; whereas the children of professional families were more likely to have parents able to work from home, at lower risk of infection, with less impact on their children. Again, children and young people spending lockdown in cramped, overcrowded housing, with limited computer access would have been likely to face more challenging situations than their wealthier counterparts, in more spacious accommodation, with outdoor space and greater computer access – for study or leisure.

This socio-economic disparity was seen in a 2021 study, which reported, 'The negative mental health impact is particularly prominent among adolescents in one-parent, one-child, and low-income households. Adult household members' COVID-19 symptoms and illness have undermined adolescents' peer relationships'.[30]

While a 2022 study found no overall increase in mental distress mid-pandemic – but an increase in distress among those reporting negative circumstances and impacts (e.g., in finances, housing, social support and relationships, and daily routines).[31]

There is a further point, which is that, in general, mental health symptoms during the pandemic may often have been short-lived (in line with decades of trauma research, which shows that for most people negative events are typically followed by resilience or recovery).

Symptoms of mental health tended to decrease as people psychologically adapted to lockdowns and as they gained a shared perception that their efforts to contain the virus were working.

Tracking the Psychological and Social Consequences of the COVID-19 Pandemic across the UK Population. UCL. 2022 [32]

A failure to take into account the short-lived nature of changes in mental health symptoms during the pandemic and the potentially diminishing relationship between indicators of COVID-19 impact and anxiety or depression throughout 2020, means that prevalence estimates might be grossly overestimated.

Depression and anxiety during COVID-19. Daly M, Robinson E. *The Lancet*. 2022 [33]

In contrast to media reporting, research on the mental health effects of the pandemic on children and young people therefore appears to provide mixed and sometimes contradictory findings, with the harmful long-term effects probably overestimated, and with socio-economic status one significant potential factor contributing to the mixed findings.

The majority of people have not taken a hit to their mental health in this last year. That doesn't mean no one has – some individuals and groups absolutely have – but the message gets simplified to the pandemic causing a mental health crisis.

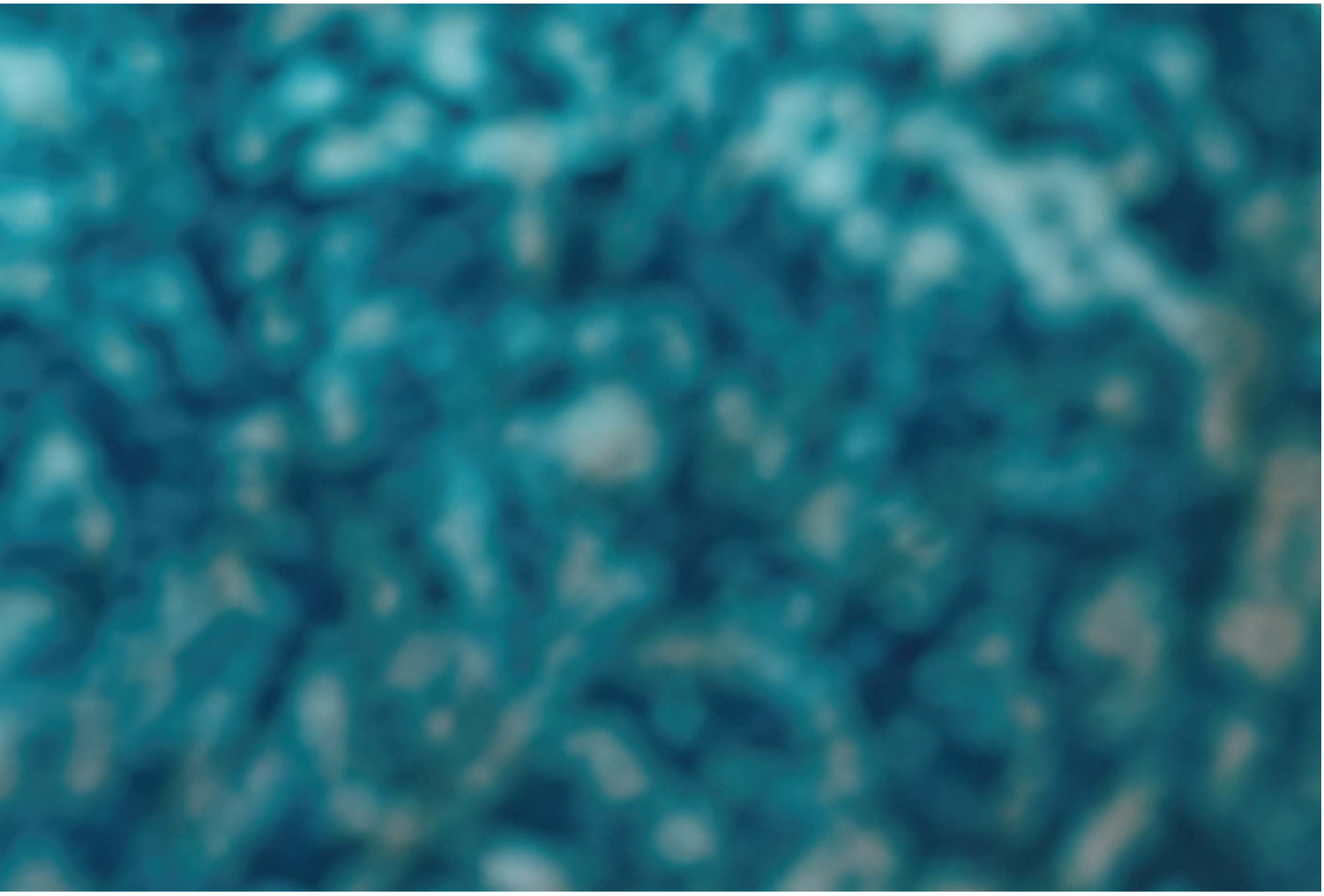
Lucy Foulkes, Research Fellow, Department of Psychiatry, Oxford University

Mental distress in context

Mental distress, as a result of feeling anxious, stressed, worried, lonely or panicky, is real for young people who are experiencing it and we need to consider ways to reduce that distress where feasible – including the value of listening and support from friends and family.

However, a parallel with physical health may help put the idea of a mental distress crisis in context. Having a cold is an unpleasant experience for most of us. It is a physical health problem which can involve a runny nose, a sore throat, a cough, sneezing, slight body aches or a mild headache and feeling generally unwell. The symptoms typically last 7-10 days. Certainly, we would seek to avoid catching a cold if we possibly could. However, if a large number of people catch a cold one year the media doesn't report that there has been a physical health crisis, the government doesn't feel it has to intervene, and life goes on.

We suggest a similar pragmatic view should be taken in relation to short-term, self-limiting, mental distress, not least to enable the NHS's limited mental health resources to be deployed to help those with diagnosable mental health conditions. As Lucy Foulkes concisely expressed it, 'Increased use of psychiatric language means ordinary distress is being medicalised, while the seriously ill are not being heard'.



INTERVENTIONS AND FEAR OF FAILURE

Key Points

A number of recent government initiatives have sought to protect children's mental health but, as yet, there is little robust, independent evidence of success.

There is anecdotal evidence for the effectiveness of some school-based interventions to protect young people's mental health – but also, as yet, very little robust research evidence of effectiveness.

Lack of effectiveness may be due to limited training and support for teachers, lack of commitment where teachers don't see this as worthwhile, interventions over too short a time, or even that some approaches (such as mindfulness-based cognitive therapy) can have harmful effects for some young people and some age groups.

However, there is robust evidence of effectiveness for some (although not all) Cognitive Behavioural Therapy (CBT) based approaches, which help young people reframe how they interpret what at first sight they may perceive to be negative situations.

Some university-based initiatives have shown promise (in particular CBT or mindfulness-based, peer support and coping skills approaches) but what works in pilot schemes with enthusiastic initiators may sometimes be harder to replicate at scale.

Children's mental health charities have also made a range of interventions with young people. As for schools, there is a lack of robust research evidence for most interventions.

However, targeted one to one counselling for primary school children who were struggling has demonstrated long term mental health benefit.

One initiative for which robust evidence is currently lacking but which may be worth researching further is online discussion forums. The combination of a more holistic approach (covering topics young people see as important, including but not restricted to mental health) and peer support, may have potential.

One indicator of the lack of progress of recent initiatives is the continuing fear of failure among young people.

Despite (or perhaps because of) high levels of academic success in both schools and universities in the 21st century, girls in the UK ranked fifth highest in the world for fear of failure in 2019.

There is little evidence of initiatives to tackle fear of failure in state schools but a few independent schools have sought to address this through, for instance, Failure Weeks.

CONCLUSION: Some approaches, such as CBT, appear to be helpful for secondary prevention but fresh approaches are needed for primary prevention.

Government Initiatives

A whole school and college approach

Since 2015 (with an update in 2021) the government has encouraged, but not mandated, the adoption of a largely preventative whole school and college approach i.e. taking a coordinated approach to mental health involving the curriculum, school leadership and staff-student relationships.[34]

This was the subject of a small pilot evaluation of one school that adopted this approach. Feedback was positive, suggesting there had been a reduction in behavioural, emotional and attention difficulties.[35] However, we haven't found any larger scale evaluation of this approach.

Mental Health Support Teams

This is a more recent government initiative, led by NHS England, working in partnership with the Department for Education. It takes a secondary prevention approach i.e. aiming to provide early intervention on some mental health and emotional wellbeing issues, such as mild to moderate anxiety. Delivery is through the newly created role of Educational Mental Health Practitioners, who act as a link with local children and young people's mental health (CYPMH) services and be supervised by NHS staff.[36]

There was some positive interim evaluation, but this was early in the scheme. There are concerns about the future availability of funding and there have been retention issues with MHSTs.

Senior Mental Health Lead Training

Since 2021 a grant of £1,200 each has been available to eligible state funded schools and colleges to train a senior mental health lead to develop and implement a whole school approach to mental health and wellbeing (in line with the government's 'Promoting children and young people's mental health and wellbeing' strategy mentioned earlier). The ambition was for around a third of all state schools/colleges to benefit in 2021/22, and all to be offered it by 2025.[37]

It is probably too early to assess the effectiveness of this initiative. One concern has been that those trained may then use this experience to move on to more senior posts elsewhere, leaving a gap in the school where they had been working.

Relationships, Health and Sex Education (RSHE) mental wellbeing training module

Introduced in 2019, this outlines what should be taught, how to recognise early signs of mental health problems, and where and how to seek support i.e. a mainly secondary prevention approach. A consultation is expected on this in 2023.[38]

Ofsted Framework update

Also in 2019, the Ofsted Framework for school inspections was updated to include a new judgement area on personal development, which includes how schools support pupils to develop confidence and resilience so that they can keep mentally healthy. It will be interesting to see the results of this approach over time.[39]

Have government interventions made a difference?

While there have been a number of government initiatives in recent years, there has been little robust, independent evidence of effectiveness. Evaluation has typically been either small-scale or conducted by the government itself rather than independent sources.

Factors such as existing pressures on schools, including pressures exacerbated by resource limitations, as well as the disruption and changes associated with the pandemic, and the variability between schools in how government guidance has been interpreted and adopted, are likely to continue to make robust evaluation difficult.

Recent interventions in schools

A range of different programmes and initiatives are available and used across UK schools, employing a variety of different techniques to seek to help protect against poor mental health in young people. The majority of programmes follow the government's advice of taking a 'whole school' approach, focusing on all pupils at the school and aiming to positively change the school environment, rather than offering a simple taught curriculum.

The vast majority of other programmes are based on theories, frameworks, or concepts that were reported to be evidence-based. However, evaluation of the effectiveness of the actual interventions taking place in specific schools is often unavailable or unclear and there are sometimes issues with the research methodology, such as the lack of a control group for comparison.

A notable issue when it comes to evaluating the impact of mental health programmes in schools is uptake and attrition. It can be difficult to get schools and children to take on a programme initially, and even harder to ensure that programme continues to be followed correctly after the initial start-up phase. The recruitment statistics for the Reprezent – On the Level feasibility trial illustrate this. 36 schools initially took part, resulting in 10,370 participants at T1, but only 3,388 at T2 (with 25 of the 36 schools lost), and with high levels of incomplete answers for measures.[40]

The government-run *Trailblazers* programme reports similar issues with continuity, with several schools reporting that their specially-trained mental health lead had quickly left for another job, effectively leaving them unable to follow the programme.

Despite taking different approaches, many programmes focus on developing resilience and coping mechanisms to deal with the ups and downs of life. It is interesting to note that most programmes involve, to some extent, explicitly teaching children about mental health and different mental health conditions and present themselves openly to children as offering them ways to support their mental health. This approach is understandable, given national concerns about young people's mental health. However, it may have limited effectiveness. A study of the effectiveness of psychoeducation (learning about and understanding mental health and wellbeing) with university

students, concluded, 'The review-level evidence suggests that psychoeducation interventions are not as effective as other interventions such as MBIs, cognitive-behavioural interventions, relaxation interventions, and meditation'.[41]

Also, as we will see later in this report, an explicit focus on mental health may have a number of adverse consequences, from increased rumination to a potential nocebo effect.

Anecdotal evidence for the effectiveness of school-based interventions

Having said this, anecdotal reports from students and teachers taking part in school-based mental health and wellbeing interventions sometimes suggest a number of benefits:

"With the challenges of our children recovering from the pandemic, not only academically but physically and mentally too, Paws b has given them the strategies to cope with their everyday lives. The children had to learn to be together again in a classroom environment, they were struggling with relationships inside the classroom and how to deal with tricky situations on the playground, in class, and at home too."[42] (Teacher taking part in Paws b, a programme teaching skills of mindfulness to 7-11 year olds)

"Resilience - I have learnt to become strong, and know when to say no... I have learnt to speak my thoughts a bit more, be more honest and take responsibility for my own actions. I also have learnt about risk taking. ...[taking] the initiative to say 'yes' when [a] chance [comes] my way...What is also important is my understanding of myself, and what I can do. I am learning to prioritise my work, be more structured in my day, and keeping calm, when originally I would panic about work".[43] (Year 12 student taking part in a four-year school wellbeing programme focused on the habits of good living that will bring about flourishing)

"If I get into an argument ... I use some of the techniques that [the programme facilitator] taught us. ... [I'd] either tell the person to just leave me alone or, if they didn't do it and they carried on, I'd just walk away or I'd tell a teacher that they're annoying me. Before, normally I'd probably just carry on arguing and end up in sort of like a big argument and would probably end up fighting".[44] (Year 7 student taking part in the UK Resilience Programme)

These examples are encouraging, suggesting increased coping and self-control skills. However, in order to provide strong evidence for the effectiveness of school-based mental health interventions, controlled research studies are needed.

Research evidence for the effectiveness of school-based interventions

As already explained a wide range of mental health interventions have been trialled in schools. These include interventions based on Cognitive Behavioural Therapy, interpersonal therapy, positive psychology, mindfulness, and mental health education.[45]

However, few studies provide convincing evidence for the effectiveness of the interventions they examined. Some studies used flawed methods, such as not including a control group or testing only a small number of students. Other studies were methodologically sound but did not demonstrate consistent improvements in mental health difficulties immediately and/or several months later.

Overall, there is little robust evidence that most mental health interventions in schools work and even some studies suggesting potentially harmful effects.

> *Effectiveness of school-based universal interventions was found to be neutral or small with more positive effects found for poorer quality studies and those based in primary schools (pupils aged 9-12 years).*[45]
>
> **Universal, school-based interventions to promote mental and emotional well-being: what is being done in the UK and does it work? A systematic review.**
>
> **Mackenzie K, Williams C. *BMJ Open*. 2018**

> *SEAL is a whole-school approach designed to positively influence a range of pupil outcomes, including increased social and emotional skills, better behaviour and reduced mental health difficulties.*
>
> *Analysis using multi-level modelling indicated marginal, non-significant effects of the SEAL programme on pupils' social and emotional skills and mental health difficulties, and no significant effect on their pro-social behaviour.*[46]
>
> **A national evaluation of the impact of the secondary social and emotional aspects of learning (SEAL) programme. 2012**

One exception, where positive results have been found in robust studies, has been a number of interventions based on Cognitive Behavioural Therapy, including:

- Stressbusters, implemented in three large secondary schools in South London, where 112 twelve to sixteen year-old students with mild to moderate depression symptoms either took part in an eight-week computerised CBT programme or were allocated to a waitlist control group. During each intervention session, students individually completed an online lesson including animations, videos and interactive exercises. Intervention components included: psycho-education about depression and its treatment, behavioural activation, recognising and changing negative automatic thoughts, improving problem solving and social skills, and relapse prevention. After the intervention, participating students demonstrated significantly lower depression and anxiety scores compared to the waitlist control group, with a clinically meaningful symptom reduction compared to their initial pre-intervention scores.[47]

- FRIENDS, implemented in 41 junior schools in Southwest England as part of a study that included 1,262 nine to ten year-old students. The intervention consisted of nine lessons delivered to all students in participating classes by trained health facilitators (health-led) or by members of the teaching staff (school-led). Following CBT principles, the lessons aimed to counter the cognitive, emotional, and behavioural aspects of anxiety, helping children to develop emotional awareness and regulation skills, to identify and replace thoughts that increase anxiety, and to improve their problem-solving skills. After 12 months, students in the health-led intervention group showed a clinically significant decrease in anxiety, compared to the control group – but not in the school-led intervention group.[48]

In the FRIENDS example above, it was the intervention led by trained health facilitators that proved effective, rather than the intervention led by teachers. However, sometimes teacher-led interventions can also be effective, as in the example of an intervention in nine primary schools in central Scotland, as part of a study that included 317 nine to ten year-old pupils. The intervention consisted of ten lessons delivered to the whole class by psychologists or teachers following a manual. It aimed to teach children new skills, giving them the opportunity to practice and reflect on how they might apply these skills to problems in their life. Lessons were designed to help children recognise their own emotional symptoms, decrease avoidance coping strategies, and encourage proactive problem solving and support seeking. Breathing, muscle relaxation, and visualisation exercises were also included. Both the psychologist-led and teacher-led intervention groups showed significantly lower anxiety, lower avoidance coping, and higher problem-solving scores compared to the control group immediately and 6 months after the intervention.[49]

The Stressbusters and FRIENDS studies are encouraging and suggest the potential effectiveness of CBT-based mental health interventions delivered in schools. However, some other school-based interventions, incorporating CBT techniques have demonstrated either no sustained improvements in students' mental health or a lack of cost-effectiveness.[50,51]

This raises the question as to what factors may prevent interventions from yielding beneficial outcomes.

Barriers to the effectiveness of school-based interventions

A number of challenges have been reported during the implementation of school-based mental health interventions:

- Limited training and lack of ongoing support received by teachers delivering the interventions, leading to an incomplete understanding of the intervention methods and not fully following the delivery protocol. For instance, the FRIENDS study referred to earlier, reported that teachers did not give out the intended home assignments in 40% of sessions, limiting students' opportunities to practice the skills they learned during lessons. Recruiting specialists to run the intervention, or providing ongoing support for teachers rather than just initial training, may increase intervention effectiveness, as well as ensuring that a clear protocol for intervention delivery is provided.[52]

- In the FRIENDS intervention described earlier, it was the interventions led by trained health facilitators rather than the interventions led by teachers which showed positive results. However, making greater use of trained health facilitators has clear cost implications.

Universally delivered anxiety prevention programmes can be effective when used in schools. However, programme effectiveness varies depending on who delivers them. Training teachers to deliver mental health programmes was not as effective as delivery by health professionals.[48]

Classroom-based cognitive behaviour therapy (FRIENDS) Stallard P, Skryabina E, Taylor G et al. *The Lancet Psychiatry*. 2014

- Interventions which are not delivered for sufficiently long periods of time and/or are too narrowly focused[52]. Children's developmental trajectories are influenced by a range of factors beyond the school environment, including their family circumstances, their peers, and their community. More comprehensive interventions may therefore need to be developed which, for example, incorporate parental involvement and/or are co-designed with students to increase engagement, perceived relevance and effectiveness.

- A lack of commitment of teachers to the programme, due to prioritising academic targets and a perception, voiced by some teachers, that supporting emotional wellbeing is 'not real work' because it is not tested and does not lead to a qualification.[53] Given the pressures teachers are often working under and the lack of robust evidence for the effectiveness of most current universal mental health and wellbeing interventions the lack of commitment is perhaps sometimes understandable.

- It is important to consider whether an intervention with a whole class could have a harmful effect on certain subgroups of students or certain age ranges. For instance, mindfulness-based cognitive therapy has been shown to increase depression symptoms in adolescents, especially in those at a high risk for depression, and also in younger students.[54]

A growing body of quantitative research indicates that some aspects of school-based mental health interventions increase distress or clinical symptoms, relative to control activities, and qualitative work indicates that this may be partly due to the interventions themselves.[55]

Do no harm: can school mental health interventions cause iatrogenic harm?

Foulkes L, Stringaris A. *BJPsych Bulletin*. 2023.

University-based interventions

As with schools, there has been an increasing focus on a whole institution approach to mental health, as seen in the Stepchange mentally healthy universities model and its four domains - learn, support, work and live.[56]

However, as with the whole school approach reported earlier, there is, as yet, a lack of robust evidence of effectiveness.

There have also been a variety of individual initiatives and interventions. The approaches for which there was some (albeit sometimes limited) evidence of effectiveness included:

CBT-based initiatives

For example, a 2019 meta-analysis concluded: 'In summary, psychological treatment based on CBT is effective in solving mental health problems among university students. However, outcomes vary, and several factors influence them'.[57]

While a prospective audit study of a small number of UK students seeking professional psychological help at universities in the UK found that CBT led to significant decreases in anxiety and depression, and these effects were maintained over time.[58]

However, CBT in universities appears to have been used in a secondary rather than primary prevention role. Sometimes also, take-up has been limited. For example, in another study, even low-intensity CBT was found to have significant improvement on anxiety and stress in a randomized control trial. However, the number of distressed students who wanted to participate in treatment was only 11% and only 58% of signed up students attended any sessions.[59]

Peer Support

In one study, weekly sessions focused on mental health education and sharing their own challenges or success with a group of peers were shown to increase wellbeing. The number of sessions significantly correlated with improvements in wellbeing. These sessions were piloted in eight UK universities over six weeks and saw success across all sites. The delivery of the sessions was facilitated by students who underwent a two-day training programme in collaboration with Student Minds. Currently, six of those universities have retained the peer support programme.[60]

Coping Skills workshops

A US study investigating the role of coping skills found that students who attended coping skills workshops had reduced stress and anxiety symptoms.[61]

A review of 83 controlled interventions involving college, graduate, and professional students, focused on 3 main outcomes: social and emotional skills, self-perceptions, and emotional distress. The review found that skill-oriented programs that included supervised practice demonstrated the strongest benefits, with mindfulness training and cognitive-behavioral techniques appearing to be the most effective. Furthermore, interventions conducted as a class appeared to be effective, suggesting the potential for skill training through routine higher education curricula offerings.[62]

Mindfulness-based interventions (MBI)

A systematic review of mindfulness-based interventions (MBI) found that they did not provide sustained improvement of depression overtime, but multiple reviews showed that there was an effect on stress and anxiety that increased with the number of sessions. However, peer support and CBT-based practices outperformed MIBs for depression and anxiety improvement.[63]

Meditation has also been identified as a potential mindfulness-based intervention. One review showed that university students had significant stress and anxiety reduction, and an increase in wellbeing after meditation therapy.[64]

Acceptance and Commitment Training (ACT) is a form of behavioural therapy that combines an element of mindfulness skills with the practice of self-acceptance. There is some evidence that it produces a small, significant effect on the well-being of university students.[65]

Combining approaches

The Education for Mental Health Toolkit has been developed in a collaboration between the University of Derby, King's College London, Aston University, Student Minds and Advance HE. The toolkit provides pedagogy curriculum design and resources to equip students with a number of wellbeing skills: social belonging, learning focus, self-attribution and self-awareness, and ways to re-engage. The toolkit was published in 2022 and there have been a number of positive case studies, although there is currently no published systematic or prevalence research that would indicate how well the tool is performing in building resilience and improving student mental health.[66]

A Note of Caution

Some of the examples of university initiatives reported above should probably be viewed with a degree of caution. Some were studies undertaken in the US, which may or may not apply as fully in the UK. Some were small, short-term studies, rather than larger, longer term studies, so more difficult to generalise from. In addition, as we saw with some of the school-based initiatives, the way they are implemented (by whom, with what degree of expertise and commitment, and with how much adherence to the prescribed methodology) can significantly affect the outcomes. If we apply this to the university examples, where a pilot project is undertaken with enthusiastic, skilled participants this may produce an effect which is harder to replicate when rolled out more widely, with perhaps less commitment and expertise available.

It is also interesting to compare the effectiveness of approaches in schools and universities. For example, there is evidence of CBT-based initiatives being effective in both, whereas the evidence for the effectiveness of mindfulness training in universities was not replicated in a major study in schools. Across the 85 schools in the study (half of whom followed a school-based mindfulness training approach and half of whom followed standard social-emotional teaching) the researchers concluded that the findings didn't support the superiority of school mindfulness-based training over teaching as usual in promoting mental health in adolescence.[67]

Interventions by children's and mental health charities

Children's charities and mental health charities have also made a range of interventions to seek to protect young people's mental health, with varying approaches and varying evidence of effectiveness. For example:

Place2Be is a mental health charity which provides support, including one-to-one counselling, to children in schools across the UK. The counselling is a targeted rather than universal approach. There is weekly counselling with a Place2Be therapist using talking, creative work, and play to support pupils who are struggling.

Previous research had demonstrated the counselling intervention had a positive short-term impact on the mental health of primary school children who were struggling. A follow-up study by Exeter University and Cambridge University also found a positive longer-term impact, concluding, 'A one-to-one counselling intervention delivered to children in UK primary schools predicted improvements in mental health that were maintained over a 2 year follow-up period'.[68]

Young Minds is a mental health charity for children, young people and their parents. Its Never Alone programme aims to help young people to look after their own mental health, providing them with reassurance and advice to help them make positive choices for their mental health and know what to do next if they are struggling.

It provides a bank of resources for young people to read. The contents include explanation of mental health conditions/issues, self-help strategies, and where to find help. Young Minds also uses social media channels, blogs and the Shout Textline. Their 2021 impact report indicated that young people involved in their programmes saw a 23% increase in their life satisfaction after six months (from 4.66 to 5.73 on the ONS life satisfaction measure). At first sight this is a positive outcome. However, as we report elsewhere, young people's mental health tended to improve during the pandemic, as they adjusted to the pandemic and its effects, and other factors may also have been at work, so it is probably difficult to prove that the reported increase in life satisfaction was wholly or partially due to their programmes.[69]

Bounce Forward describes itself as expert in training teachers and parents using evidence-based concepts and theories to make a real difference to young people's lives by developing psychological fitness, the combination of mental resilience and emotional wellbeing. Its one hour per week Healthy Minds programme includes elements on building resilience, navigating social media, developing healthy relationships and understanding the responsibilities of being a parent. It was trialled with 3,500 children aged 11- 12 in thirty four English secondary schools over a four year period and evaluated by the London School of Economics (LSE), which found:

- Robust evidence of improved physical health in participants
- Gains to the health and behaviour of participants but no impact on emotional wellbeing
- As regards internalising behaviour (Emotional Difficulties, Self-Esteem, and Mental Health), negative impacts were seen at the two-year measurement point, although these revert to close to zero by the end of the programme.[70]

The Anna Freud Centre, which has a number of initiatives underway, so not yet evaluated.

The Mix, which describes itself as the leading digital charity for under 25's and says, 'Whatever issue a young person is facing, The Mix is always there for them - via our website, over the phone or via social media. Our support is free, confidential and anonymous and can be accessed wherever young people are. We connect young people to experts and their peers to talk about everything from money to mental health, homelessness to jobs, break-ups to drugs and more. No topic is out of bounds, and we are completely non-judgemental'.

In its impact report it describes a number of positive impacts, including, '107,000 young people feel better able to form a plan to cope with life's challenges as a result of using The Mix's discussion boards'.[71]

No external evaluation is mentioned, so the results should probably be treated with a degree of caution. However, the discussion board approach suggests promise. It doesn't focus on mental health specifically and is more general in the range of topics discussed/covered, from health and wellbeing, sex and relationships to work and money. This more holistic approach (rather than an explicit mental health focus) and peer support may help young people cope with the pressures and challenges in their life, reducing vulnerability to mental health problems. As such it probably merits further research and evaluation.

The more holistic Mix discussion board approach has a possible parallel here with one aspect of Headspace, Australia's innovation in youth mental healthcare. Headspace centres provide four primary care service streams for young people aged 12 – 25 i.e. mental health, physical and sexual health, alcohol and other drug, and vocational. The main health need for this age range is mental health but the broader remit provides a non-stigmatising, soft-entry point to mental health care, while the more holistic approach means that both mental and physical health needs can be met.[72]

There are a number of other charity interventions for which there initially appears to be some research evidence of effectiveness.

Closer inspection though raises questions. For example, the Mental Health Foundation's peer education projects in schools have been externally evaluated by the University of Bristol and Lancaster University. However, the feedback refers, for instance, to 95% of pupils reporting that they "know what mental health means;" and 48% of pupils reported that they "know what stigma means", increasing from only 13% at the start of the project. An overall conclusion is that the quantitative and qualitative findings suggest that the Peer Education Project helps to improve some aspects of mental health literacy, particularly the likelihood to speak about one's issues and seek help when needed.

Teaching about mental health is not the same as addressing the underlying causes of mental ill-health, such as deprivation, and does not provide the life experiences which, as our final section illustrates, can be protective of young people's mental health. Also, as we note elsewhere in this report, raising awareness of mental health may be a two-edged sword – potentially leading more young people to self-diagnose themselves as having a mental health problem, with potentially harmful nocebo effects.

And when reviewing published peer education findings more generally, the researchers from Bristol and Lancaster Universities concluded, 'There is some evidence that peer education interventions lead to health improvement among young people, however the evidence overall is very mixed and many existing evaluations of health interventions are not high in quality'.[73]

As with the school-based interventions reported earlier, there have been a range of interventions but limited robust evidence of effectiveness, other than Place2B's targeted one to one counselling for pupils who are struggling.

It would also be interesting to see some external evaluation of Mix's discussion boards, as the more holistic approach (including but not being solely and explicitly focused on mental health) and peer support dimensions suggest potential.

NHS Programmes

The main focus of the NHS remains diagnosis and treatment, rather than prevention. However, the NHS is increasingly working in collaboration with other organisations (universities, charities and private healthcare providers) to seek to improve access to mental health services for children and young people.

As the main focus of this report is primary prevention (i.e. how to prevent or reduce the risk of mental health problems) these NHS programmes are not covered here. However, for readers who are interested in examples of the NHS working collaboratively to improve referral and access, the national i-Thrive programme and the U-COPE and U-CAN programmes in the North West may provide a useful starting point.

Fear of Failure – the impact on mental health

For years 'failure' has had negative connotations. To fail has frequently been seen as the worst-case scenario, to be avoided at all costs, and one we should protect young people from. This may help explain why research suggests that experiencing failure has marked emotional and psychological consequences across a range of individuals and settings.

However, might shielding young people from failure and avoiding teaching them how to fail and have a positive relationship with failure, be setting them up for problems later? Should we not be reassuring children that it is OK to fail and encouraging an adventurous spirit, whilst also teaching skills to be resilient against failure?

For example, higher self-esteem, optimism and lower levels of socially prescribed perfectionism (the tendency for an individual to believe that others expect perfection from him/her) may provide resilience to emotional distress in response to failure.[74]

Fear of Failure in the UK

Students in the UK are probably less likely to fail than ever before. For instance, the proportion of first-class honours awarded has tripled since 1994, while the A Level pass rate rose from 68.2% in 1982 to over 98% in 2022 (falling back slightly to 97.6% in 2023, following the post-pandemic return to exam results rather than teacher assessment). In fact, so many young people pass A Levels these days that it is hard to find any media reporting of the overall pass rate, the focus seems to be almost exclusively on the proportion of A and A* grades awarded. Yet (or because of this) fear of academic failure has risen, particularly among girls here, who, as reported by The Guardian in 2019, now rank fifth in the world for fear of failure.[75]

The 2021 Good Childhood Report from the Children's Society found that children in the UK have the lowest levels of life satisfaction across Europe, with "a particularly British fear of failure" partly to blame.[76] More than a third of UK 15-year-olds scored low on life satisfaction, with fear of failure alongside a rise in UK child poverty and school pressures cited as reasons why only 64% of UK children experienced high life satisfaction – the lowest among 24 countries surveyed by the OECD. The study also found that in almost every education system, including the UK, girls expressed greater fear of failure than boys, and this gender gap was considerably wider amongst top-performing students.

Rachel Simmons, a leadership development specialist explains that those who are "failure deprived" (a term coined by staff at Stanford and Harvard universities) have poorer coping skills and are much more likely to experience depression and anxiety. Smith College, for instance, offers a "Failing Well" initiative. The program also encourages resilience, offers workshops on impostor syndrome and perfectionism, and aims to destigmatise failure by making it known that it is OK and common to "fail". Similar projects normalising setbacks and struggles have been trialled at Harvard (The Success Failure Project), Stanford (Stanford, I Screwed Up!) and Princeton (The Princeton Perspective Project).[77]

Professor Stephen Dinham, Associate Dean of the University of Melbourne's Graduate School of Education observes, 'When you give kids a lot of positive reinforcement and no negative feedback … it tends to confuse them and gives them a false sense of how they are going. It sets up a situation where they get into the big world and suddenly they are not as good as they think they are'.[78] Conversely, as the Head of Counselling at an independent school comments, "We want our students to recognise that failure, and making mistakes, is a really crucial part of learning".[79]

THE UNDERLYING CAUSES OF MENTAL HEALTH PROBLEMS

Key Points

Deprivation significantly increases the risk of serious diagnosed mental health conditions – so tackling deprivation is a priority if we are serious about reducing mental ill health among children and young people, particularly in the current Cost of Living crisis.

Genetic risk is a further factor, although even here environmental influences can play a significant role in whether or not you develop a disorder, or the severity of an illness.

Being LBTQ+ increases risk; as does (for some but not all mental health issues) being female; while being from an ethnic minority appears to overall increase the risk for adults but not adolescents.

Over-protective parenting is also a risk factor, in particular for mental distress. Reducing opportunities to develop and maintain resilience leaves young people vulnerable.

Spoon feeding (teaching to the test) is now the norm in most schools. It reduces opportunities for deep learning (which research suggests is good for young people's well-being) while also leaving them vulnerable in a fast-changing world to which teachers haven't provided the exam answers.

Everyday worries and normal negative feelings have become increasingly pathologized, increasing the risk of a nocebo effect.

Unlike most serious mental health conditions, negative feelings and emotions are readily communicable to others, increasing the risk of social contagion – with this emotional contagion (when misinterpreted as evidence of mental health problems) then interpreted as a mental health crisis.

Young people today do face many challenges, some of them new. However, so did their twentieth century counterparts – including two world wars, a Great Depression, a Spanish Flu pandemic and the threat of nuclear annihilation during the Cold War. Today's young people are therefore not unique in facing challenges.

While social media can have some positive benefits for mental health, it also enables 24/7 cyber bullying; provides material encouraging eating disorders, self-harm and suicide; increases the risk of loneliness; facilitates over-protecting parenting ('the longest umbilical cord in history'); and often now romanticises mental health conditions.

The more often negative feelings and emotions are described as mental health problems, rather than a normal part of life, and the more there is talk of a mental health crisis, the more young people's brains are being cued to create the very crisis we are presumably seeking to avoid.

CONCLUSION: Tackling deprivation should be the number one priority if we wish to reduce the risk of serious mental ill-health – while over-protective parenting and schooling, the pathologising of everyday worries, and social media are the main risk factors fuelling young people's mental distress.

The impact of deprivation on young people's mental health

As reported earlier, deprivation increased the risk of mental health problems during the Covid pandemic. However, this was not new. The impact of deprivation on young people's mental health has been reported in a range of research, as seen in systematic reviews of published research.

> *In the majority of the included studies, growing up in a deprived neighbourhood was associated with negative mental health and well-being outcomes in young people. These findings occurred irrespective of the country in which the study was conducted.*[80]
>
> **Visser K, Bolt G, Finkenauer C et al. Neighbourhood deprivation effects on young people's mental health and well-being: A systematic review of the literature. *Social Science & Medicine.* 2021.**

> *We found socioeconomic disadvantage, family instability and parental distress are cited as key contributing factors to mental distress.*[81]
>
> **Fledderjohann J, Erlam J, Knowles B et al. Mental health and care needs of British children and young people aged 6–17, *Children and Youth Services Review*, 2021**

Similarly, a review of published data by the Health Foundation reported, 'a stark contrast between areas of differing socioeconomic deprivation'. For example:

- In the 20% most deprived areas, compared to the 20% least deprived, crisis referrals were 60% higher among children and young people in touch with services in Leeds
- There were twice as many prescriptions and 1.7 times as many referrals in Grampian
- There were close to twice as many crisis presentations to acute services in Wales[82]

As research for the Welsh Parliament has identified, the determinants of mental health and wellbeing are largely about the society we live in, rather than purely medical. The research identified the constant, high levels of stress families in poverty can face, for example when struggling to make ends meet, in overcrowded or unsafe housing, with fear of crime, and comparatively poor physical health. It further identified that poverty is clearly linked with a number of health problems, including schizophrenia, depression and anxiety, and substance misuse.[83]

This is an important point. To rely on a purely medical approach, as the government has tended to do (i.e. relying on health care professionals to make an early diagnosis and arrange early intervention) is well-intentioned but is a limited, one-dimensional approach which doesn't address:

- The need to address the underlying socio-economic factors fuelling mental health problems
- The shortage of mental health professionals, relative to demand
- The importance of primary prevention (including the holistic approach we will describe later) in reducing the number of young people needing specialist mental health support

Programmes intended to protect young people's mental health which don't address these factors are likely to have limited impact.

Furthermore, deprivation is arguably a bigger challenge in the UK than in many other European countries. For example:

- There's a shortage of affordable housing in the UK. In 2018 the European Federation of National Organisations Working with the Homeless (Feantsa) reported that the cost of a home for the lowest earners has risen faster in Britain than anywhere in western Europe.[84]
- The Food Foundation reports that across much of mainland Europe, the healthy choice is often the cheaper one, meaning the UK is unusual in unhealthy choices (which increase mental health risks) often being cheaper.[85]
- The High Pay Centre reports that in 2022 top UK chiefs were paid 118 times more than the average worker.[86] While Statista reports that the gap in CEO versus employee pay is higher in the UK than in most other countries, including Germany, Canada and the Netherlands.[87]

This means the odds are stacked against the lowest paid in the UK, compared with many other European countries – meaning that tackling deprivation will be a significant challenge.

Biological Factors – including genetic risk

> *Scientists believe that many mental disorders result from the complex interplay of multiple genes with diverse environmental factors. Family studies, often with identical twins who share the same genes, have provided evidence of genetic contributions to depression, bipolar disorder, schizophrenia, autism, and other mental disorders. Even for those with genetic risk, however, environmental factors can play a significant role in whether or not a person develops a disorder, or the severity of an illness.*[88]
>
> **US Centers for Disease Control and Prevention**

Our focus in this report is on primary prevention i.e. what can be done to reduce the incidence of mental ill health. Where mental ill health has genetic origins this suggests the value of:

- Secondary intervention i.e. early diagnosis and treatment by mental health professionals where you are at increased genetic risk, for instance where there is a family history of mental ill health (although, for schizophrenia, for example, unless both your biological parents or your identical twin have the condition, the chances of your developing the condition are relatively small e.g. 6 in 100 if only one biological parent has the condition).[89]

- Primary intervention (given the evidence of the impact of deprivation) to reduce the risk of environmental factors triggering mental ill health or increasing the severity of the mental ill health.[90]

Gender, Ethnicity and Sexual Orientation

Gender

There are well-established gender differences in either the prevalence of mental health conditions or how they manifest themselves. For example:

Bipolar UK reports that bipolar disorder affects men and women in roughly equal numbers, but that there are gender differences in the ways that the illness manifests itself – and suggests this may be due to abnormal thyroid levels as such imbalances are more common in women, with hormones also suspected of playing a role in bipolar disorder in women.[91]

As regards schizophrenia, a review of published research noted, 'The most consistently reported gender difference is the higher age at onset in women'.[92]

As the Royal College of Paediatrics and Child Health reports, young men are three times as likely to take their own life as their female peers.[93]

Conversely, women are more likely than men to experience eating disorders, which were described in a 2022 study as historically, 'among the most gendered of psychiatric illnesses'.[94]

There is a more variable situation as regards self-harm. An NHS Health Research Authority study reports this is more common in young women than men but that as people get older this changes so that there are roughly equal numbers of adult men and women who self-harm.[95] Part of the reason for the gender gap in adolescence has been suggested as being due to the increased levels of distress in girls and young women.[96]

Overall, it has been suggested that women are more likely to experience internalising disorders (anxiety and depression) while men are more likely to experience externalising disorders (violence and substance abuse). This is supported by information from the Mental Health Foundation, which reports that young women are more likely to experience anxiety-related conditions than any other group, while men are nearly three times as likely as women to report frequent drug use.[97]

As with other perspectives on mental health there may well here be an interplay between socio-economic status, biology and cultural factors.

Ethnicity

A 2022 study reported that people from ethnic minority groups in the UK have poorer mental health compared to the majority white British group, and that this inequality has been reported for over 50 years.[98]

The fact that rates of mental illness among ethnic minority groups in the UK are not necessarily reflective of their prevalence in their countries of ethnic origin suggests that genetic factors are a less likely explanation than socio-economic and cultural factors, from deprivation (which is often more common in some ethnic minority communities) to racism.[99]

However, most studies have focused on adults from ethnic minorities. In contrast, several studies have reported that ethnic minority adolescents enjoy better mental health than their white counterparts. For example, a 2015 study concluded, 'Ethnic minority adolescents reported better mental health than White British, despite more adversity (e.g. economic disadvantage, racism). It is unclear what explains this resilience but findings support a role for cultural factors. Racism was an adverse influence on mental health, while family care and connectedness, religious involvement and ethnic diversity of friendships were protective'.[100]

A more recent perspective was suggested in a 2021 study, which intriguingly reports that one reason for ethnic minority adolescents tending to enjoy better mental health is that they follow different developmental trajectories of internalizing and externalizing problems than white children.[101]

Given the diversity of ethnic minority communities in the UK, we should probably also be wary of over-generalising and stereotyping. For example, a study of the mental health experiences of ethnic minorities in the UK during the Coronavirus pandemic, highlighted the diversity in the pandemic mental health experiences of ethnic minorities.[102]

Overall, the evidence for ethnic minority adolescents (as opposed to ethnic minority adults) appears to be that their ethnicity is not in itself a significant risk factor for their mental health and may even provide a degree of protection.

Sexual Orientation

The position here is concisely summarised by the Mental Health Foundation, which reports: 'Mental health problems such as depression, self-harm, alcohol and drug abuse and suicidal thoughts can affect anyone, but they're more common among people who are LGBTIQ+. Being LGBTIQ+ doesn't cause these problems. But some things LGBTIQ+ people go through can affect their mental health, such as discrimination, homophobia or transphobia, social isolation, rejection, and difficult experiences of coming out'.[103]

Although progress has not always been as rapid and uniform as sometimes assumed, there have been significant developments in the way both the legal system and society treats people who are LGBTQ+ over time, for example moving from homosexuality being illegal for much of the 20th century to discrimination on the grounds of sexual orientation being illegal in the 21st. In principle this might be expected to reduce the risk to mental health. However, as regards young people, there may be issues, from bullying at school to recognising and responding to their sexuality and difficult experiences of 'coming out' which are likely to be more pronounced in adolescence than in adulthood.

For instance, research conducted by Cambridge University for the charity Stonewall and published in 2017 found:

- Nearly half of lesbian, gay, bi and trans pupils (45 per cent) – including 64 per cent of trans pupils – are bullied for being LGBT at school
- Almost half of LGBT pupils (45 per cent) who are bullied for being LGBT never tell anyone about the bullying.[104]

Being LGBTQ+ therefore continues to increase mental health risks for young people.

Over-protection – a risk factor for mental health problems?

We know that those children who are most vulnerable, for instance due to abuse or growing up in a dysfunctional family, need support and protection, and that this is beneficial for their mental health. However, research suggests that providing more support and protection for those not at serious risk potentially increases their vulnerability, by reducing opportunities to develop resilience.

As the children's charity Barnardo's reported as early as 2002, the more western countries have sought to protect children from harm, the less resilient and prone to psycho social ill health they have become.[105] Since 2002 the pressure to protect children and young people from risk has continued to grow, seen in ever-more protective parenting, an increased focus on safeguarding in schools, the recent use of trigger warnings and the development of 'safe spaces'. Yet since 2002 there has been a record increase in young people reporting mental health problems. Is it now time for a fresh approach?

Coping skills are developed by experiencing and overcoming challenges. So, if those challenges are removed then coping skills are presumably also reduced. Where parents and schools are a constant buffer between children and the outside world, children have less opportunity to experience cause and effect and to take on responsibility. They are also less likely to believe that anything might be their fault. Conversely, if they have never been allowed to experience and learn from failure, they may find the prospect of failure particularly stressful – which may help explain why girls in the UK rank so high in the world for fear of failure.

When you see a toddler learning to walk, they will naturally pick themselves up after a tumble, using the nearest item of furniture to carefully but determinedly find their feet again. They learn for themselves that they are not helpless, that it is within their ability literally to keep on going. So we know children instinctively understand what it is to work something out, to struggle until a goal is met and to rely on their own strength to do so.

It stands to reason, then, that when we remove obstacles from children's paths at the first sign of struggle or distress, when we over-medicalise or put into a therapeutic context what could well be simply an expression of sadness or anger, and when we move in to solve problems for young people rather than asking them how they wish to approach an issue for themselves, we are encouraging learned helplessness, removing from them slowly but surely the ability to cope and navigate as they head off into the world, without us acting as stabilisers.

Our intentions are wholly good, and the outcome a potential disaster. Resilience must be developed by the individual themselves, not handed out as a gift.

Fionulla Kennedy, Head, Wimbledon Girls High School

This is a point recognised by Ofsted's Chief Inspector. In 2017 she warned against, 'good intentions creating an unnecessarily risk-averse culture which does nothing for children's development and learning' and went on to say, 'over the years an over-cautious culture has developed in our schools, one that too often tries to wrap children in cotton wool....It is, I am sad to say, a culture that deprives children of rewarding experiences, of the opportunity to develop resilience and grit, and which makes it hard for them to learn to cope with normal everyday risk'.[106]

The growth of a safeguarding culture in the UK is clearly well intentioned. However, is it exacerbating the problem? Is it also leading to social pressure on UK parents to protect their children from all possible risks?

A Tale of Two Cities

When I moved to Amsterdam ten years ago, I was astonished by the number of unaccompanied minors tearing about the place, mostly on bikes. Weren't parents worried that their kids would end up face-down in one of the many unfenced canals? In response, they'd look at me with a facial expression I now know to be reserved for panicky Brexpats, and point out that the thing Dutch parents really fear is the idea of raising a child who's fretful and dependent (subtext: someone like you).

Mark Smith, The Times March 2019

When I let my two children, aged eight and nine, walk together to the local shop, some of my friends called me 'feckless.'

A London Head Teacher, interviewed during our research

Is over-protective parenting a risk factor?

Parents naturally want the best for their children and will usually do what they can to achieve this. Sometimes though, they may go too far - for example through catchment area cheating (claiming to live near a popular school when they don't, to get their children into the school of their choice). For example, an investigation by the Local Government Association found that, of 31 councils surveyed, 77 per cent reported an increase in the numbers of parents found to be lying on school admissions application forms.[107]

Another example is what Hirsch and Goldberger define as 'helicopter parenting' i.e. parents "who 'hover' over their children to shelter them from stress, resolve their problems, and offer unwavering, on-the-spot support and affirmation".[108]

Most peer reviewed studies of helicopter parenting have taken place in the US. Some have suggested positive outcomes, including children's perception of emotional support from their parents and adult child reports of life satisfaction (perhaps understandable if parents have smoothed the way to their child's success, removing any obstacles for them). We should also beware of simply blaming parents for trying to do the best they can for the children.[109]

However, most studies of helicopter parenting report a range of adverse effects for children's mental health. These include increased levels of anxiety, stress and depression; decreased perceptions of wellbeing; increased emotional problems; neuroticism; dependency; sense of entitlement (the extent to which young adults believe others should solve their problems); low self-efficacy; and poorer coping skills.[110]

> *Safeguarding children from disappointment, removing all obstacles in their way, and providing external incentives–in other words, shielding and controlling–is a short-term strategy. A parent doing so may protect the bodies of their progeny and even win (or buy) admission to a school like Stanford, but the approach can deprive kids of the chance to develop the resilience, resourcefulness, and inner compass necessary to navigate life independently. Not being equipped to problem-solve, not feeling competent, and not having faith that one can stumble and recover, leaves the children of helicopter parents more vulnerable, anxious, and self-conscious.*
>
> **Julie Lythcott-Haims – who spent a decade as Stanford University's Dean of Freshmen before writing her 2015 book, 'How to raise an adult.'**

There has been less research on this conducted in the UK. However, there is clear evidence of increasingly protective parenting. For example, the British Children's Play Survey found the average age for children today to play outside alone is nearly 11, an increase of more than two years compared to their parents, with a reduction in the amount of 'adventurous' play. While the reasons for this are complex, this has a potentially negative impact on mental and physical health.[111]

Technological advances and the rise of digital technology in education may have also facilitated this. The growing use of digital tools in the classroom such as Class Dojo, which became more prominent during the pandemic, give parents access even during the school day.[112]

Since the pandemic, teachers have noted a change in expectations and dynamic, with one teacher reporting at the NASUWT conference that "parents of students now feel they can access teachers 24 hours a day, seven days a week". Teachers also reported parents asking for help on homework and expecting instant responses.

One Head Teacher we spoke with commented, 'I've really noticed a change in parenting in recent years...They can be unwilling to let their children grow up.' While a Healthy University Project Coordinator in Scotland noted, 'reliance on parents until they leave home, for even the most basic things.'

> *It's parents who swoop in and want to save their children from failure, getting down in the trenches with them, seeking to resolve their friendship issues, explain away the late or undone homework or blame poor teaching for their child's lack of focus or success.*
>
> *The result? Children who are so over-parented that they struggle to individuate at all. These teens have no skill in forming their own narratives, in finding and using their own voices, in coping with their own disappointments, in making their own plans or devising their own dreams. This extends way beyond school.*
>
> **Jane Lunnon, Head Teacher, writing in the Times Educational Supplement, April 2019**

At the same time, we should probably beware of accepting uncritically the importance of helicopter parenting. As one former Head Teacher observed, adolescents can be quite good at 'playing' their parents and may be more susceptible to peer pressure, in particular now through social media. This suggests it is one of a number of different factors potentially influencing children's mental health.

Spoon-feeding – another risk factor?

Both schools and colleges have been reported to be teaching students in a way that fails to encourage independent learning. Instead, they are being taught in a way that generates the grades required by the current exam system (an approach sometimes described as spoon-feeding or teaching to the test) rather than allowing teachers the freedom to teach in a way that encourages critical thinking and independent learning. As one study identifies, "In the context of assessment, spoon-feeding may involve explicitly telling students what they need to do for an assignment, and how to meet the assessment criteria, without leaving it up to them to ascertain this for themselves".[113]

This is similar to 'surface learning' – described in the University Mental Health Charter as skipping over the surface of a subject with minimum effort to remember what is needed to pass the test[114]

It is the opposite of 'deep learning', where students seek to link new learning with old learning and build up a thorough understanding of a subject. Interestingly, evidence suggests deep learning (unlike surface learning) is associated with higher levels of wellbeing among students – meaning 'spoonfed' students are being deprived of a potential source of wellbeing.[115]

Spoon-feeding also leaves young people vulnerable in a fast-changing world. If they already find the transition from school to university challenging, how will they cope with changes such as the Fourth Industrial Revolution, the impact of AI, climate change and further potential pandemics?

Is 'spoon-feeding' on the rise?

School league tables, Ofsted inspections and pressure from parents have probably all combined to incentivize schools to 'spoon-feed' to get good grades.

Concerns about spoon-feeding in independent schools were flagged up by inspectors as early as 2002[116]. By 2013 the Paired Peers Project in Bristol was reporting that across the whole sample of student participants, from both the independent and state sectors, 'The school/college experience was persistently described as 'spoonfeeding'.[117] And by 2015 Oxford University researchers were reporting that UK schools were among world's worst for 'teaching to the test'.[118]

Some university students are reporting that having to take responsibility for their own learning is 'stressful' and academic pressure is consistently being reported as having a negative impact on mental health. Psychologist Dr Julie Hulme has suggested that students are often arriving at university with little development of the academic skills they are going to need.[119] While 'spoon-feeding' may be useful for A Level exam preparation, it does little to develop the independent learning skills needed at university and in adult life.

This may make the transition to independent learning at university more challenging and thereby also increase the risk of mental distress.

Building Resilience

Studies suggest that resilience reduces the risk of student mental health problems. However, this can be a controversial issue, with some seeing a focus on young people's resilience as an abdication of responsibility by educational institutions and others seeing it as victim blaming.

To avoid these concerns, we focus here on external factors that potentially influence resilience. These are potentially more modifiable than internal factors such as personality and also avoid the temptation, visible in some media coverage, to see today's young people as a 'snowflake' generation.

In the table below we have therefore focused on external factors potentially influencing children and young people's resilience.

Factors potentially increasing resilience	Factors potentially decreasing resilience
Stable and protective childhood/high family cohesion/ parental support[1,2,3,4]	Multiple adverse childhood experiences[2,5] – including abuse and neglect
Social relationships/peer support/valued social roles (e.g. a job, volunteering, care of siblings)[6,7,8]	
Opportunities to exert agency[9] (i.e. to act independently and make their own free choices) and to experience life away from over protective schools and parents e.g. through being a Guide/Scout[10] or Outdoor adventure programmes[11]	Overprotective parenting/Helicopter parenting[12,13,14,15,16,17]
Resilience-focused mental health promotion programs in primary schools[18]	
Opportunities to learn and adapt e.g. 'productive failure'[19]	Overindulgent parenting[20]

References for the resilience table

1. Crouch E, Radcliff E, Strompolis M et al. Safe, Stable, and Nurtured: Protective Factors against Poor Physical and Mental Health Outcomes Following Exposure to Adverse Childhood Experiences (ACEs). *Journal of Child & Adolescent Trauma*. 2019. https://doi.org/10.1007/s40653-018-0217-9

2. Buchanan A. Risk and Protective Factors in Child Development and the Development of Resilience *Open Journal of Social Sciences* 2014. http://dx.doi.org/10.4236/jss.2014.2402

3. Fritz J, et al. A Systematic Review of Amenable Resilience Factors That Moderate and/or Mediate the Relationship Between Childhood Adversity and Mental Health in Young People. *Front Psychiatry*. 2018. https://doi.org/10.3389/fpsyt.2018.00230

4. Bellis et al. National household survey of adverse childhood experiences and their relationship with resilience to health-harming behaviours in England. *BMC Medicine.* 2024. https://doi.org/10.1186/1741-7015-12-72

5. Hughes K, Bellis MA, Hardcastle KA et al. The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis. *The Lancet*. 2017. https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(17)30118-4/fulltext

6. McIntosh E, Shaw J. *Exploring the positive case for resilience*. Unite Students.2017. http://www.unite-group.co.uk/sites/default/files/2017-05/student-resilience.pdf

7. Graber R, Turner R, Madill A. Best friends and better coping: Facilitating psychological resilience through boys' and girls' closest friendships. *British Journal of Psychology*. 2015. https://doi.org/10.1111/bjop.12135

8. Newman T, Blackburn S. *Transitions in the Lives of Children and Young People: Resilience Factors* Scottish Executive Education Department. 2002. https://www2.gov.scot/Resource/Doc/46997/0024005.pdf

9. Berridge D. The education of children in care: Agency and resilience. *Children and Youth Services Review*. 2017. https://doi.org/10.1016/j.childyouth.2017.04.004

10. Dibben, C et al. Be(ing) prepared: Guide and Scout participation, childhood social position and mental health at age 50–a prospective birth cohort study. *J Epidemiol Community Health*. 2017. https://doi.org/10.1136/jech-2016-207898

11. Allan JF, McKenna J. Outdoor Adventure Builds Resilient Learners for Higher Education: A Quantitative Analysis of the Active Components of Positive Change. *Sports* (Basel). 2019. https://doi.org/10.3390/sports7050122

12. Locke JY, Campbell MA, Kavanagh D. Can a Parent Do Too Much for Their Child? An Examination By Parenting Professionals of the Concept of Overparenting. *Australian Journal of Guidance and Counselling*. 2012. https://www.cambridge.org/core/journals/journal-of-psychologists-and-counsellors-in-schools/article/can-a-parent-do-too-much-for-their-child-an-examination-by-parenting-professionals-of-the-concept-of-overparenting/3E190E449B5F74EBCA43DECF7BD0470A

13. Padilla- Walker LM, Nelson J. Black hawk down?: Establishing helicopter parenting as a distinct construct from other forms of parental control during emerging adulthood. *Journal of Adolescence*. 2012. https://doi.org/10.1016/j.adolescence.2012.03.007

14. Odenweller KG, Booth-Butterfield M, Weber K. Investigating Helicopter Parenting, Family Environments, and Relational Outcomes for Millennials. *Communication Studies*. 2014. https://www.tandfonline.com/doi/abs/10.1080/10510974.2013.811434

15. van Ingen D J, Freiheit S R, Steinfeldt JA et al. Helicopter Parenting: The Effect of an Overbearing Caregiving Style on Peer Attachment and Self-Efficacy. *Journal of College Counselling*. 2015. https://doi.org/10.1002/j.2161-1882.2015.00065.x

16. Reed K, Duncan JM, Lucier-Greer M et al. Helicopter Parenting and Emerging Adult Self-Efficacy: Implications for Mental and Physical Health. *J Child Fam Stud*. 2016. https://doi.org/10.1007/s10826-016-0466-x

17. Cui M, Janhonen-Abruquah H, Darling CA. Helicopter Parenting and Young Adults' Well-Being: A Comparison Between United States and Finland. *Cross-Cultural Research*. 2018. https://doi.org/10.1177/1069397118802253

18. Fenwick-Smith A, Dahlberg EE, Thompson SC. Systematic review of resilience-enhancing, primary school-based mental health promotion program. *BMC psychology*. 2018. https://bmcpsychology.biomedcentral.com/articles/10.1186/s40359-018-0242-3

19. Times Higher Education Supplement. *Innovating Pedagogy 2016: Exploring new forms of teaching, learning and assessment, to guide educators and policy makers.* https://www.timeshighereducation.com/news/prepare-students-fail-so-they-can-learn-report-suggests

20. McLafferty M et al. Coping, stress, and negative childhood experiences: The link to psychopathology, self-harm, and suicidal behaviour. *Psych*. 2019. https://doi.org/10.1002/pchj.301

This analysis suggests that parents have a key role to play in helping (or preventing) their children develop resilience. Traditionally researchers focused on factors such as abuse, neglect or growing up in dysfunctional families (e.g. with alcoholic, drug addicted or criminal parents) in explaining increased risk of mental illness. These remain significant risk factors for some young people but are probably not the norm, with children usually growing up in generally caring, supportive families.

In fact, as explained earlier, the risk for some young people now appears to be **overprotective** parents. For example, in a recent survey we found that 24% of university students had parents who had intervened on their behalf at school – a recent phenomenon historically. Teachers at schools in middle class areas now report an unprecedented level of parental intervention, not least putting pressure on teachers to award their children higher grades or to intervene in relationship issues.

Whilst well-intentioned this has had the unintended consequence of reducing opportunities for young people to learn from their own experiences, including learning from failure. This (alongside spoon-feeding in schools) is leading some university staff to describe today's students as arriving at university 'failure deprived' – and resulting in record levels of fear of failure, despite academic success rates being unprecedently high.

Conversely, research suggests that opportunities to experience life away from over protective schools and parents increases resilience and long-term mental health. One study found that being a Guide or Scout was associated with better mental health and narrower mental health inequalities even decades later in life.[201] While a one-week Outdoor Adventure programme for prospective first year university students resulted in heightened sub-domains of resilience, such as the capacity to make friends, solve problems and take control.

If young people's resilience is reducing, as some suggest, perhaps we need to focus on the parents and schools rather than the students. We also need to consider a possible u-curve effect when it comes to parental support – with both too little and too much having a potentially adverse effect on young people's mental health.

Pathologising everyday worries

A recent trend historically

For centuries negative feelings and emotions in the adolescent years have been a staple of literature, without being seen as mental health problems. Loneliness, for instance, was an issue for fictional characters from Jane Eyre ('The trouble is not that I am single and likely to stay single but that I am lonely and likely to stay lonely.') to Huckleberry Finn ('I felt so lonesome I most wished I was dead.')

The same has been true of popular music. For example, Elvis Presley released Heartbreak Hotel in 1956. His song of youthful heartbreak went on to sell over a million records. The first verse is:

Well, since my baby left me
Well, I found a new place to dwell
Well, it's down at the end of Lonely Street
At Heartbreak Hotel
Where I'll be, I'll be so lonely, baby
Well, I'm so lonely
I'll be so lonely, I could die

The song records teenage heartbreak following a relationship breakup, loneliness, and possible suicidal ideation. Today all could probably be seen by some as mental health problems. Yet in the 1950's this was seen differently, as the lyrics of a pop song with emotional resonance, reflecting the reality that many young people experience following relationship breakups. There is no evidence of anyone at the time perceiving Elvis to be describing mental health problems.

It is only relatively recently that negative feelings and emotions have been interpreted and reported as 'mental health problems' or 'mental distress.'

The way everyday language has evolved, is a factor here. For instance, performers used to talk about stage fright without this being seen as a mental health issue. Today, celebrity performers tend to talk instead about having an anxiety disorder and explicitly refer to it as a mental health issue. Again, for centuries it was seen as normal for people to feel sad or to grieve following a bereavement. Now, feeling sad and grieving following a bereavement may be diagnosed as symptoms of depression.

Even the term 'mental health' has been subject to a 180-degree change in meaning in some young people's minds. Whereas physical health (as opposed to illness) is still seen as a positive, some young people now talk about 'mental health' meaning mental **ill**-health.

> *Children have become socialised into interpreting their experience through the language of mental health deficits. That is why, unlike children who went to school 30 to 40 years ago, today's pupils readily communicate their problems through a psychological vocabulary and use words like "stress", "trauma" or "depression" to describe their feelings. Through medicalising children's normal emotional upheavals, young people are trained to regard the challenges integral to growing up as a source of psychological distress.*
>
> **Professor Frank Furedi. Times Educational Supplement (TES). 2016**

The risk is heightened where young people dramatize for effect, for example seeing it, as Professor Kathryn Ecclestone describes it, 'as a badge of pride, a form of competitive identity, to say you are more stressed and anxious than anyone else.'

Young people today are not living in a uniquely challenging world

It has been argued that young people today are living in a uniquely challenging world, for example with the existential threat of global warming, economic and employment uncertainty, a Covid pandemic, and a cost-of- living crisis – and that this helps explain the reported mental health crisis. However, reports of a children's mental health crisis preceded both Covid and the cost-of-living crisis – while a brief historical review shows the 21st century is far from unique in the challenges faced by young people.

For example, in the 20th century children lived (and sometimes died) through two world wars, the Great Depression, a Spanish Flu pandemic (in which more young people died than would later die from Covid) and the threat of nuclear annihilation during the Cold War. We can, for example, compare the mental health of children and young people during the Second World War with their mental health during the 21st century (both prior to and then during Covid-19).

> *The Second World War was a time of major upheaval for children in Britain. Over a million were evacuated from towns and cities and had to adjust to separation from family and friends. Many of those who stayed endured bombing raids and were injured or made homeless. All had to deal with the threat of gas attack, air raid precautions, rationing, changes at school and in their daily life.*
>
> **Imperial War Museum**

There is evidence of greater mental health problems in adult life for those children evacuated while they were very young or who received poor foster care.

However, there is less evidence of increased mental health problems for children and young people overall during the Second World War. This may, in part, be due to issues of under-reporting in a period with less sophisticated diagnostic methods. It is probably, though, also due to higher levels of resilience among children at that time.[120]

In comparison with the Second World War the challenges faced by children and young people today, even during the Covid pandemic, have been real but overall of a lower order of magnitude than were experienced in six years of world war. This suggests that today's children should, in general, be less vulnerable to mental health problems than their wartime equivalents. However, the reverse seems to be the case, with report after report describing rising levels of mental health problems.

Normal human development?

Our brains are still developing until we're in our mid-twenties. As we go through adolescence and seek to develop our own individual identities we face a range of challenges (biological, social and psychological) in making a successful transition to adulthood. And there's usually a fair amount of trial and error along the way. This is a normal developmental process for us as human beings. However, a combination of the pressure this places on adolescents and the increasing tendency to medicalise normal feelings and emotions may lead this normal developmental process to be interpreted as experiencing mental health problems.

Normal and abnormal feelings

The symptoms often now being described as mental health problems include feeling anxious, stressed, unhappy, having trouble sleeping, panic and mood swings. However, these are typically described by the NHS as 'normal' feelings and emotions. As the NHS explains, for instance, 'Everyone has feelings of anxiety at some point in their life. For example, you may feel worried and anxious about sitting an exam or having a medical test or job interview. During times like these, feeling anxious can be perfectly normal'.[121]

Unfortunately, short term negative feelings and clinically diagnosed mental health conditions are increasingly being conflated and wrapped up together under all-purpose labels such as 'mental health problems,' 'mental health issues' or 'mental health difficulties.'

For example, in our research with a sample of first year students at three universities, 90% perceived anxiety to be a mental health problem, 75% perceived stress to be a mental health problem and 71.5% perceived feeling unhappy/down to be a mental health problem.[122]

> *She said everyone in her year group – more than a hundred (third year psychology) students – self-identified as having depression or an anxiety disorder or both... It's nigh on impossible that every one of them had a diagnosable mental disorder. The far more likely explanation is that some of them are liberally applying the psychiatric terminology that is now commonplace in our culture to more transient or low-level unhappiness or worry.*
>
> **Lucy Foulkes. *Losing Our Minds – What mental illness is and what it isn't.* 2021**

Negative feelings and emotions may sometimes be symptoms of a mental health condition but only when they become abnormal – for example if they have been going on for weeks, with a significant detrimental impact on daily life, and no obvious or proportionate cause.

The pathologizing of everyday worries

Campaigns to de-stigmatise mental illness have achieved positive results in changing public perceptions but may also have had the unfortunate unintended consequence of helping medicalise normal negative feelings and emotions. For example, until recently one leading mental health charity had this statement prominently displayed on the home page of its website: 'Mental health problems range from the worries we all experience as part of everyday life to serious long-term conditions.'

This interpretation of everyday worries as mental health problems increases the risk of a nocebo effect (where people subconsciously expect a negative health outcome and then experience a negative health outcome, unconnected with any pre-existing medical state).[123]

For example, a 2023 study with US university students concluded, 'positive judgments of positive emotions were uniquely associated with better psychological health and negative judgments of negative emotions were uniquely associated with worse psychological health concurrently and prospectively, above and beyond the other types of emotion judgments, and above and beyond conceptually related constructs and broader traits'.[124]

The more often negative feelings and emotions are described as mental health problems, rather than a normal part of life, and the more there is talk of a mental health crisis, the more young people's brains are being cued to create the very crisis we are presumably trying to avoid.

> *It is commonplace to hear students describe assignments, lectures, material or content not seen as relevant to assessment and even lecturers as "really bad for my mental health". This is combined with talk of being "totally stressed out", traumatised, "needing a safe space", and experiencing something as triggering or psychologically harmful. Beth Guilding, an academic at Goldsmith's, University of London, thinks mental health and well-being are increasingly coming to "mean everything and nothing".*
>
> **Extract from a 2020 article in The Times Higher Educational Supplement, by Kathryn Eccleston**

Perceptions can have mental health consequences. For example, a large-scale study in the US found the perception that stress affects health is independently associated with an increased likelihood of worse mental health outcomes.[125]

Reframing how negative feelings are seen

Interestingly, the expectation that our lives should always be happy may lead us to exaggerate the small worries and upsets we regularly encounter in life. Accepting that negative feelings and emotions are a normal part of life, something to live with, appears to have mental health benefits. For example, a 2018 study concluded, 'Overall, these results suggest that individuals who accept rather than judge their mental experiences may attain better psychological health, in part because acceptance helps them experience less negative emotion in response to stressors'.[126]

If we see negative feelings in a more positive light, our minds and bodies tend to react accordingly. For instance, people who see anxiety as a source of energy are much less likely to suffer from emotional exhaustion than those who see it as a threat or a sign of weakness.[127]

The key point is to recognise that (unless these are having a significant effect on our life for a prolonged period) these will usually be normal feelings and emotions. If we burden young people with the idea that each time they are unhappy they have a mental health problem this may, as we've seen, become a self-fulfilling prophecy and end up actually harming their mental health. We also risk devaluing the seriousness and significance of mental illness if we conflate it with normal everyday worries and concerns under a catch-all 'mental health problem' label.

The impact of social media

An integral part of children's lives

We see children swiping their way through tablets before they can properly walk, on the latest social media sites throughout school and, at university, likely to sleep with their smart phones under their pillow or by their bed. With social media now so all-pervasive it's reasonable to assume it must be having some influence, whether for good or ill.

Positive effects

A 2017 report by the Royal Society of Public Health reported that social media can improve young people's access to other people's experiences of health and expert health information; and that those who use social media report being more emotionally supported through their contacts.[128]

A systematic review of qualitative research, in which adolescents shared their experiences of using social media noted, 'Striking too, were how adolescents seemed motivated to use social media in relation to aspects of eudaimonic well-being, such as to construct aspects of their identity, learn, and build social connections'.[129]

And a 2022 study reported, 'We found that youth engaged in a wide range of activities on social media from connecting with family and friends to participating in global movements, and these served as avenues for building positive mental health.[130]

Negative effects

However, there can be a range of negative effects, including:

Cyberbullying: A systematic review of research, published in 2018, concluded that victims of cyberbullying are at a greater risk than non-victims, of both self-harm and suicidal behaviors.[131] While the RSPH report mentioned in the previous section reported that cyber bullying is a growing problem, with 7 in 10 young people saying they have experienced it.

Material encouraging eating disorders, self-harm and suicide: This has been the subject of much concern, as seen in the Coroner's Report on the death of Molly Russell.

> *Molly appeared a normal healthy girl who was flourishing at school, having settled well into secondary school life and displayed an enthusiastic interest in the Performing Arts. However, Molly had become depressed, a common condition affecting children of this age. This then worsened into a depressive illness.*
>
> *Molly subscribed to a number of online sites. At the time that these sites were viewed by Molly some of these sites were not safe as they allowed access to adult content that should not have been available for a 14-year-old child to see.*
>
> *The way that the platforms operated meant that Molly had access to images, video clips and text concerning or concerned with self-harm, suicide or that were otherwise negative or depressing in nature. The platform operated in such a way using algorithms as to result, in some circumstances, of binge periods of images, video clips and text some of which were selected and provided without Molly requesting them. These binge periods, if involving this content are likely to have had a negative effect on Molly.*

Some of this content romanticised acts of self- harm by young people on themselves. Other content sought to isolate and discourage discussion with those who may have been able to help. In some cases, the content was particularly graphic, tending to portray self-harm and suicide as an inevitable consequence of a condition that could not be recovered from.

The sites normalised her condition focusing on a limited and irrational view without any counterbalance of normality. It is likely that the above material viewed by Molly, already suffering with a depressive illness and vulnerable due to her age, affected her mental health in a negative way and contributed to her death in a more than minimal way.

Extracts from the Coroner's 2022 report on the death of Molly Russell

Loneliness: In a pilot study we conducted with a sample of first year students, in partnership with three universities, young people who had spent most time online for non-study purposes during their A Level/BTEC National years were more likely to report feeling anxious/stressed while at university – and three times more likely to often/always feel lonely at university.[122]

Facilitating over-protective parenting (creating what has been described as 'the longest umbilical cord in history'). We see this even after young people have left school and progressed to university. In research we conducted with a sample of first year students at three universities, 66% of the students who responded who were living away from home were in touch with their parents by smartphone either daily or multiple times per week, with the parents contacting them rather than vice versa in a majority of cases.[122]

Romanticising mental health conditions: Recent years have seen a shift on social media from stigmatising people with mental illness to romanticising them. Examples include:

- Glorification of anorexia e.g. 'She is a weight loss guru' and 'how I became a skinny legend.'
- Poetic language (e.g. on one post 'These days giving up looks more like paradise').
- Evocative photography (including blades presented artistically in self-harm posts).

- Romantic music, cute animals or amusing cartoon characters used on social media posts relating to mental health conditions, making them appear more attractive.
- Linking anxiety with a loving relationship, suggesting it makes you more 'cute' and 'loveable.'
- Depression presented as normal, in/fashionable, misunderstood, or 'hopelessly romantic.'
- Links to the idea of freedom e.g. for self-harm - "You're free of it now.... All your troubles" e.g. suggestions that Robin William's suicide meant he was now 'free'.
- No consideration of the causes or any indication of the downsides to having a mental health condition.
- Not recognising the potential seriousness of a mental health condition - making light of it.[132]

What people working with young people tell us

We have interviewed people working with young people at both school and university. Their observations suggest particular social media related challenges for girls, including:

For girls, even if they are really balanced, the way they curate their appearance online, seeing their image as absolutely critical to their identity and sense of self, is quite recent historically and not helpful. By the age of 15 - 16 they can get exhausted, not so much with GCSEs but with keeping up the pretence - the face they present to the world versus the real them.

(Head of an independent girls' school)

Social media encourages a false sense of what everyone else is doing - for instance, "all my friends are happy," when you know some of their friends are also seeking help.

(Clinical Psychologist, Student Services)

*It presents an unrealistic visual picture of what it is like to be a young woman that can be damaging, especially because for girls it is usually primarily **social** media, whereas for boys it tends to be social **media**.*

(Former Head of an Inner London comprehensive)

An issue that tends to affect female students more is body image and eating disorders, including negative social media and also online bullying and harassment.

(Head of Counselling, a London university)

Thanks to social media, adolescents now know how to hide eating disorders more effectively. Also, social media is a powerful source of peer pressure, now available 24/7 so you can never really get away from it, and peer pressure has always been an important influence on adolescents.

(Secondary School Head)

TACKLING THE UNDERLYING CAUSES

Key Points

Ending the cycle of deprivation is a priority, as deprivation is associated with much of the more serious mental health conditions. This will require action across fields including:

- Education (e.g. with targeted support from the first 1000 days of their lives for children in deprived areas)
- Housing (in particular the provision of more good quality, energy efficient, affordable rental accommodation – so children in deprived areas can grow up in a home environment more conducive to good mental and physical health);
- Employment (including action to protect workers on the minimum wage and/or zero hours contracts).

Research is needed into how best to respond to gendered mental health responses (internalizing for young women and externalising for young men).

Action to tackle homophobic bullying and language by pupils is one practical step to reduce mental health risks for young people who are LGBTQ+.

Encouraging autonomy supporting parenting and schooling can help young people develop resilience while also helping achieve academic success.

The government's Online Harms Bill should improve protection for children and young people – provided it is approved and fully implemented.

Digital literacy initiatives, including those which make use of peer support, can help children manage their time online rather than being managed (and damaged) by it.

Helping children reframe how they perceive negative feelings and emotions is important to avoid a potential nocebo effect.

Parents and teachers should encourage a growth mindset and work to ensure young people leave school with a more balanced view of failure.

CONCLUSIONS: Tackling deprivation is the single most important thing that can be done to reduce the most serious mental health conditions. Tackling homophobic bullying in schools and researching how best to address gendered mental health responses are also potentially useful. And helping young people reframe (how they perceive negative feelings and emotions, how they perceive failure, and how they use social media); alongside a greater focus on opportunities for children to develop resilience by both parents and schools, is important if we wish to reduce the incidence of mental distress.

Ending the cycle of deprivation

The early years of life, from conception onwards, can have a long-term influence on both physical and mental health. For example, children who have been abused or neglected as children or who have grown up in dysfunctional families (for example where drug or alcohol abuse or criminality are common) are more likely to experience diagnosed mental health conditions as they get older. This is also true of children from deprived backgrounds more generally.

There is probably no quick fix but the following are all likely to help end the cycle of deprivation, from one generation to the next.

Educational success can help children progress in life and break the cycle of deprivation. However, people from disadvantaged backgrounds face particular obstacles when it comes to education.

Poor children typically start school already behind their more privileged peers because they have been exposed to a narrower range of language and educational experiences.

At school, if lack of money leaves them skipping breakfast or reliant on junk food, this reduces their cognitive and academic performance.[133]

This disadvantage is compounded during their years at school because they are unable to afford the parental interventions open to wealthier families, including arranging private education or tuition.

Education funding in the UK is heavily focused on provision for young people, through schools and universities, with minimal funding for lifelong learning – thereby limiting opportunities for people from disadvantaged backgrounds to catch up when they become adults.

Young people from better-off families do better at all levels of the education system. They start out ahead and they end up being more qualified as adults. Instead of being an engine for social mobility, the UK's education system allows inequalities at home to turn into differences in school achievement. This means that all too often, today's education inequalities become tomorrow's income inequalities.[134]

Farquharson C, McNally S, Tahir I. Education Inequalities. IFS Deaton Review of Inequalities.2022.

To help break the cycle of educational disadvantage, which perpetuates the cycle of socio-economic deprivation, there therefore needs to be:

- More support for disadvantaged families in the first 1000 days of their children's lives – with interventions such as parenting programmes, visits by community nurses and programmes which encourage children's language development likely to prove particularly cost-effective.[135]
- Ensure children start the school day with a nutritious breakfast, so they are not cognitively disadvantaged.
- Provide additional, targeted support for those who are struggling at primary school, to enable them to be able to take advantage of educational opportunities from secondary school onwards.
- Government investment in lifelong learning – to allow students held back from educational progress by their background a second chance, as adults, to achieve more of their potential and experience more of the mental and physical health benefits.

NB The physical and mental health benefits of education are usually life long, including helping delay the onset of dementia and extending life expectancy.[136]

Housing Policy: After years of prioritising home ownership, the priority for government housing policy should now be the provision of more good quality, energy-efficient, affordable rental housing – so children can grow up in a home environment more conducive to good mental health. To achieve this, creative solutions should be pursued, including an expansion of factory-bult houses – both as a source of employment and to enable most construction to be undertaken without being affected by adverse weather.

This follows the loss of over 2 million Council owned rental properties, since the 'right to buy' legislation in 1980, with a much smaller number of new Council owned properties built since then and the accompanying rise of private renters (up from 11.9% in 1980 to 19.1% in 2022).[137,138]

Whilst some private landlords provide good quality accommodation, others do not, increasing the risks for deprived households.

An analysis by London City Hall has revealed that landlords are collecting £9bn a year in rent for 'non-decent' privately rented homes

'Non-decent' is an official government designation for homes that pose a risk to residents' health or life, are in a bad state of repair, are cold or lack modern facilities.

Inside Housing Stephen Delahunty 2023

Good Jobs: Children and young people from deprived backgrounds are more likely to find themselves leaving education at the earliest opportunity and working in insecure, low paid employment – perpetuating the cycle of deprivation.

> *Recent years have seen atypical employment arrangements such as zero hours contracts and gig economy jobs proliferate. For some workers these arrangements provide much needed flexibility, enabling them to fit their jobs more easily around their lives and other responsibilities, such as caring. Yet far too often the flexibility offered is 'one-sided' with employers seeking to transfer risk onto the shoulders of workers in ways that make their lives much more insecure. These employment arrangements have added a new layer of insecurity onto a labour market already reeling from low wages, stagnant productivity and rising in-work poverty.*[139]
>
> **A Blueprint for good work. RSA. 2020**

The RSA report also suggests that the decline in trade union strength over the years has shifted the balance of power to employers, often leaving workers vulnerable – as in well-publicised cases such as people working in the retail warehouses that have sprung up to meet demand from online shoppers.[140]

A top-down, bottom-up approach is probably needed here, including legislation to ensure:

The right to trade union support for workers for large employers who are on the minimum wage and/or zero hours contracts (applying to all workers, including sub-contracted workers unless they are genuinely self-employed).

That in large employers at least one third of the members of the remuneration committee (which determines senior executive pay) are worker representatives.

Avoiding helicopter parenting – an autonomy supporting approach

Parenting isn't easy and we shouldn't make parents feel even guiltier. However, the more parents can see that helicoptering may help in the short term but could be storing up problems for their children longer term, then hopefully the more they will be open to scaling back their interventions.

Our research suggests that autonomy supporting parenting is one way forward[141].

This includes consciously avoiding doing everything for your children (including their homework) – helping them to work out how to do things for themselves, including encouraging them to come up with creative solutions. It also includes letting your children take responsibility for their actions, where appropriate, so they can learn from their experience.

Autonomy-supporting parenting is one of the factors reportedly helping explain why children in the Netherlands are repeatedly identified as the happiest in the world.

An Italian study published in 2023 found that autonomy-supporting parenting was not only linked with lower feelings of anxiety, depression and stress in their children but also played a significant role in fostering young adolescents' motivation to defend victims of bullying (which in turn might help protect others' mental health).[142]

And these positive benefits for children's mental health appear to be achieved without jeopardising their academic success. For example, autonomy supporting parenting has been found to predict better social and academic adjustment, reading achievement, and interest-focused academic engagement.[143]

> *A meta-analysis of 36 studies examining the relations between parent autonomy support (PAS) and child outcomes indicated that PAS was related to greater academic achievement and indicators of adaptive psychosocial functioning, including autonomous motivation, psychological health, perceived competence, engagement, and positive attitudes toward school, among other outcomes.*[144]
>
> **Vasquez A C, Patall E A, Fong C J et al. Parent autonomy support, academic achievement, and psychosocial functioning: A meta-analysis of research. *Educational Psychology Review*. 2016.**

As the name suggests, autonomy supportive parenting aims to help children develop in ways that support their autonomy and ability to function independently, helping them develop a sense of agency. This is important to help children feel they have some control over their lives and have confidence to feel they can handle different tasks and situations – in turn helping them maintain psychological stability.

It is the opposite of helicopter parenting, which may achieve success in the short term, but leave young people both dependent on their parents well into adult life and psychologically vulnerable when faced with change.

> *The problem is the more controlling we are with our children, the more out of control they feel. When our children feel out of control, problems big and small follow - from more tantrums in thwarted toddlers to a higher risk of drug and alcohol use in adolescence.*
>
> *Decades of research have shown that children of autonomy-supportive parents have stronger social skills, greater academic success, higher life satisfaction and better psychological health overall.*
>
> **Emily Edlynn PhD, author of Autonomy-supportive parenting. (Familius 2023).**

What can be done to reduce spoon-feeding?

Suggestions we have found during our research include:

- Review whether GCSE's are still needed and/or how they can be updated to encourage more independent learning. Current GCSE's are arguably no longer fit for purpose, as they appear designed for information regurgitation and so encourage spoon-feeding. There have been calls for GCSE's to be scrapped, with the rise to education participation age to 18 having effectively rendering them redundant.

> *Existing qualifications are not fulfilling the role required of them currently and are even less likely to equip children for future lives and workplaces.... GCSEs are no longer fit for purpose.*[145]
>
> **The Future Generations Report, Future Generations Commissioner for Wales**

- Rethink A Levels. A study conducted by the Social Research Institute explored the views of 71 teaching staff in HEIs across England and Wales. The consensus of most of the interviewees was that A levels failed to provide first year undergraduate students with the independent learning skills that a successful undergraduate requires.[146]

- Develop 'scaffolding' as a way of ensuring a smoother transition for students from college to university i.e. the gradual transfer of responsibility from the teacher to the student step by step, the teacher responding flexibly to students' responses rather than following a predetermined teaching path.[147] For this to be successfully implemented, there needs to be clear communication between schools, colleges, and universities on what part they each play in this transition, and where they need to pick up from in terms of student learning needs.

There is research that suggests some schools and colleges have developed their curriculum and specific learning activities around independent learning, but that this is predominantly in the independent sector. For example, both Swanmore College and Wellington College have different resources and specific independent learning tasks in place that are aimed to learn, embed, and practice these skills, as well as the involvement of parents and previous students as peer support.

Conversely state schools appear to have increasingly adapted their teaching approach to 'spoon feeding' to achieve the exam grades they require. This may help explain the increase in national A Level pass rates over the years (from 68.2% in 1982 to 97.6% in 2023) - but potentially at the expense of independent learning opportunities.

Making available case studies of schools who have successfully encouraged independent learning may also be helpful to reverse spoon-feeding.

How is this affecting students in the long term?

A 2018 study looked at first year university students and their experiences on entering university and the challenges they were facing. The study was conducted with 126 students-as-researchers from 16 institutes in the U.K.

The study was led by the students and had no overarching theme to begin with. Findings from the study suggested that students were not being challenged enough in their prior learning, which was affecting their ability to adapt to the next stage of learning when entering their first year at university. It was therefore recommended that appropriately challenging and interesting tasks need to be integrated into teaching so that students spend more time engaging in high quality independent learning, which would also be enhanced by some form of peer support.[148]

Reframing how negative emotions are perceived

The Mental Health Foundation provides helpful information on its website, including this statement: Having good mental health does not mean feeling good all the time. We all have our downs and ups.

However, as evidence in this report identifies, young people are sometimes now interpreting these downs and ups as evidence that they have mental health problems – which, as we also explain, can have a potentially harmful nocebo effect.

Conversely, as we show, sometimes a bit of stress and anxiety can be good for our mental health, helping build our resilience and leaving us less vulnerable.[149]

This suggests the value of helping young people reframe their understanding of normal negative feelings and emotions (while making clear that if these feelings go on for an unusually long time, with a particularly harmful effect on our daily lives, and possibly no obvious cause, then medical help should be sought – as the symptoms will have moved from being normal to being abnormal).

This is important to avoid a nocebo effect but is likely to pose a significant challenge, as many young people have been led to interpret normal negative feelings and emotions as mental health problems. Fortunately, the plasticity of young people's brains means that reframing is particularly feasible at this age.

> *To reframe, then, means to change the conceptual and/or emotional setting or viewpoint in relation to which a situation is experienced and to place it in another frame which fits the 'facts' of the same concrete situation equally well or even better, and thereby changing its entire meaning.*
>
> **Watzlawick, Weakland and Fisch 1974**

As we identified earlier in the report, the one approach to school-based mental health interventions for which there was robust research evidence (albeit not in every case) was Cognitive Behavioural Therapy (CBT). CBT helps people reframe how they interpret situations, in ways that help protect their mental health.

The Royal College of Psychiatrists provides an example:

> *You've had a bad day and feel fed up, so you go out shopping. As you walk down the road, someone you know walks by and seems to ignore you. You can react to this situation with helpful or unhelpful thoughts. Depending on how you react, the following things might happen:*
>
> *Unhelpful interpretation - They ignored me - they don't like me*
>
> - *Emotional feelings - low, sad and rejected*
> - *Actions - go home and avoid them*
>
> *Helpful interpretation - They look preoccupied - I wonder if there's something wrong?*
>
> - *Emotional feelings - Concern for the other person*
> - *Actions - Get in touch to make sure they're OK.*[150]

In this example, the situation is the same. What has changed is how the situation is interpreted, with a knock-on effect for mental health. This can clearly be helpful and is an example of positive reappraisal.

The value of positive reappraisal was evidenced during the COVID pandemic. For example, in one study 21,644 participants from 87 countries and regions were randomly assigned to one of two brief reappraisal interventions (reconstrual or repurposing) or one of two control conditions (active or passive). Both reappraisal interventions (versus both control conditions) consistently reduced negative emotions and increased positive emotions across different measures.[151]

However, CBT and positive reappraisal don't necessarily always address how emotions (as opposed to situations) are perceived, for example by helping young people recognise that some negative feelings and emotions are normal (not evidence of a mental health problem) and that some negative feelings (such as feeling stressed or anxious) can, at times, be helpful for our mental health.

This suggests the value of positive reframing, which studies suggest is protective of mental health.

> *In our early observational studies, positive reappraisal was one of the coping strategies that kept coming up among people who were able to experience positive emotions in the midst of significant life stress. Consequent studies have shown that positive reappraisal is related to:*
>
> - *Increased positive emotion.*
> - *Reduced distress.*
> - *Psychological adjustment to stressful life events.*
> - *Resilience.*
> - *Adaptive coping styles.*
> - *Post-traumatic growth.*
>
> **Reframe Stress – Insights into positive reappraisal. Marianna Pogosyan. *Psychology Today*. 2020.**

For example, one study researched how experienced programme leaders responded when overwhelming pressures during youth projects created intense anxiety for participants. It concluded: 'Leaders' most frequent response was *reframing*—providing youth new cognitive frames to understand anxiety-eliciting situations, reduce anxiety, and restore motivation. We identified three types of reframing strategies. First, *reframing youth's understanding of their abilities* entailed providing youth new perspectives for enhancing their conceptions of their competencies in the work. Second, *reframing youth's understanding of challenge* involved suggesting new frameworks for youth to assess and control work challenges. Third, *reframing emotion* involved helping youth understand anxiety as normal and as a tool for problem-solving. The findings also suggest these strategies help youth learn skills for managing situations that create anxiety in future work'.[152]

> *Individuals who report greater amounts of well-being and daily positive emotion report using [reframing] more frequently than people who report daily negative emotion.*
>
> **Professor Kateri McRae**

Even subtle reframing can have positive results, as a US study with first year College students illustrated. The night before their first exam, students received an e-mail with information about the first mid-term exam for their introductory psychology course. One set of emails included a paragraph designed to lead them to interpret exam anxiety as beneficial or at least neutral, the other set didn't. The students who received the positive reappraisal message showed decreased worry and increased performance in the exam the next day as well as increased performance in the course overall.[153]

Taken together these examples suggest that helping young people reframe how they perceive situations and/or negative emotions is likely to help protect their mental health.

Mental health literacy initiatives (ideally co-produced with young people, health professionals and educators) can help this reframing, for example helping young people understand:

- What is and isn't a mental health problem
- That time is a great healer and emotions that seem so raw and overwhelming in the moment will usually soon fade.
- The potential benefits for mental health and wellbeing of experiencing some stress from time to time
- How to avoid becoming 'failure deprived' – helping young people to experience and learn from failure, whether in their academic work or in their relationships.

In this context it may be useful to help young people reframe how they perceive stress.

Stress revisited – a U curve effect

As is well-known, chronic stress is potentially harmful to both physical and mental health. This has led to the mistaken assumption that all stress is harmful and that young people should therefore be protected from stress. In fact, research distinguishes between three different types of stress:

- Distress (excessive, harmful stress)
- Eustress (good stress)
- Sustress (too little stress)

For example, research indicates that some, time limited stress can help provide what is effectively psychological immunisation - with low to moderate levels of stress potentially helping individuals develop resilience, thereby helping them cope with future stressful events, and reducing the risk of mental health disorders like depression.[154] This has led to the concept of hormesis i.e. that low to moderate levels of stress are associated with more adaptive outcomes.[155]

Conversely, without exposure to stress, people lose their ability to cope with adversity and become less resilient. Essentially there appears to be a U curve effect when it comes to stress. Too much, and our bodies and brains become overwhelmed. Too little, and we're denied opportunities to develop resilience, leaving us vulnerable. The sweet spot, for our mental health and probably for success in our studies and work, is somewhere in the middle, through the hormesis effect.

Insufficient Stress (Sustress)	Healthy/ Optimal Stress (Esustress)	Unhealthy Stress (Distress)
Laid back, bored, unmotivated	Motivated, engaged, productive	If chronic - exhausted, overwhelmed, burnt out

Even when there are more extreme, one-off examples of stress, for most people the adverse effects are temporary. For instance, two trauma researchers, writing in *The Lancet*, advised, 'Decades of trauma research has shown that, for most people, negative life events such as bereavement or disaster exposure are typically followed by resilience (minimal effect on symptoms of anxiety, or depression, or both) or recovery (initial short-term increase in symptoms of anxiety, or depression, or both, followed by recovery)'.[156]

This suggests significant potential for reframing in the school years (both post-COVID and more generally) to reduce the risk of mental distress at both school and university.

Students with varied experience of meeting and learning from change and challenge are likely to find it easier to adapt in a changing world. Those constantly protected from change and challenge are likely to fare less well and be more predisposed to mental distress.

Productive failure?

A handful of UK schools have run 'failure weeks' where pupils have been challenged to rethink how they perceive failure, through activities which encourage failure, workshops on how to overcome failure, and presentations from teachers on how they overcame failure. Wimbledon High School's 'failure week' was a top story on BBC News back in 2012.[157]

Similarly, a girls' school in Australia is normalising and embracing failure.[158] During the school's "Failure Week", teachers display examples of their own failures. "We want our students to recognise that failure, and making mistakes, is a really crucial part of learning," says head of counselling, Bridget McPherson. "In the past, teachers used positive reinforcement to boost students' self-esteem. Unfortunately, this didn't have the desired effects, instead offering a "false sense" of how well students were doing".

The fact that these events do make headlines suggests that they are the exception rather than the norm – and they typically take place in independent schools rather than in state schools. This appears to be an approach which should be adopted more widely.

Growth mindset

A growth mindset is another factor potentially reducing young people's fear of failure.

Stanford University psychologist and *Mindset* author Carol Dweck suggests that individuals who believe their talents can be developed (e.g. through hard work, good strategies and input from others) have a growth mindset – and that they tend to achieve more than those with a more fixed mindset (who believe their talents are innate and don't see the potential for development).

> *After seven experiments with hundreds of children, we had some of the clearest findings I've ever seen: Praising children's intelligence harms their motivation and it harms their performance. How can that be? Don't children love to be praised? Yes, children love praise. And they especially love to be praised for their intelligence and talent. It really does give them a boost, a special glow—but only for the moment. The minute they hit a snag, their confidence goes out the window and their motivation hits rock bottom. If success means they're smart, then failure means they're dumb. That's the fixed mindset.*
>
> *If parents want to give their children a gift, the best thing they can do is to teach their children to love challenges, be intrigued by mistakes, enjoy effort, and keep on learning. That way, their children don't have to be slaves of praise. They will have a lifelong way to build and repair their own confidence.*
>
> **Carol S. Dweck**

A study of participants in the 2018 Programme for International Student Assessment found that students who lacked a growth mindset reported higher fear of failure.[159] Similarly, a pilot study of nursing students found a correlation between a growth mindset perspective and a lower fear of failure.[160] This study suggested that mindset training could increase student success and retention.

Another study that investigated the relationship between mindset and impostor phenomenon, via the role of fear of failure, found that cultivating environments that promote a growth mindset, alongside the safety to fail, could lessen the negative effects of having a fixed mindset and reduce fear of failure.[161]

Similarly, research into how praise influences performance in students found that praising effort rather than achievement may motivate students with a high fear of a failure.[162]

The impact of parent and teacher expectations

There are also clear links between high parental expectations and fear of failure. A 2020 study of 1,792 undergraduate students found that when they reported experiencing more psychological control from their parents, they also reported more fear of failure.[163] As children get older and move toward adulthood, parents and children therefore need to establish a new relationship dynamic that enables the emerging adults to feel independent but supported. In a separate study, a team specifically examined the relationship between teachers' interpersonal styles and fear of failure in physical education students. Higher autonomy support was associated with lower student fear of failure. Conversely, a controlling teaching style was associated with student fear of failure.[164]

Parents can help their children navigate societal pressures in a healthy way by teaching them that failure, or imperfection, is a normal part of life. As one researcher notes, "Focusing on learning and development, not test scores or social media, helps children develop healthy self-esteem which doesn't depend on others' validation or external metrics". If parents and teachers only praise children for their achievements (such as high grades), they may come to believe that they can only make others proud when they succeed. Instead, praise should be given for the hard work and effort put in, as this encourages a growth mindset and reduces fear of failure.

A lesson from Finland?

Finland has a National Day of Failure where public figures speak about their own setbacks, residents are encouraged to try new things and people are encouraged to share their non-successes via social media. It is interesting that Finland's schools are rated among the best in the world.

We should perhaps be changing the language and perceptions around failure, and providing environments which allow children to fail but to see this as a positive learning experience and to reward and encourage strategic risk taking.

Productive Failure

Back in the classroom we note that in its 2016 assessment of innovative pedagogy, the Open University rated the 'productive failure' approach as having high potential impact. This is a method of teaching that gives students complex problems to solve and attempt to form their own solutions before receiving direct instruction. Students may lack confidence at first but the experience can help them become more creative and resilient.[165]

Help young people manage their time online, rather than being managed (and damaged) by it

As we reported earlier, social media has a range of potentially negative effects on mental health – including through cyber bullying; material encouraging eating disorders and suicide; increased risk of loneliness; facilitating over-parenting; and romanticising mental health conditions.

Given the potential damage to young people from social media, various measures have been proposed to block access. For instance:

- UNESCO has called for a global ban on smartphones in schools.[166]
- The campaign group UsforThem has called for smartphones to be banned for under 16's in the UK.[167]
- Parents in a town in Ireland have agreed to launch a town-wide no-smartphone rule that means their children will only be able to get a handset once they reach secondary school at around the age of 13.[168]

It should be noted that a no smartphone rule wouldn't rule out the use of simple mobile phones with no internet connection, for children to use to keep in touch with their parents and friends.

While these may well have mental health benefits, achieving this in practice is likely to prove difficult. As we have identified, children are online from an early age and a combination of its addictive qualities and powerful commercial interests mean it is likely to be with us for years to come. A more realistic alternative approach is probably therefore to take a twin-track approach i.e.

- Government legislation to limit potentially harmful content published on social media sites.
- Digital literacy programmes to help young people manage their time online in ways more conducive to mental health.

Legislation

There is clearly a role for government here and the Online Safety Bill is a step in the right direction. The government states:

> *The Bill will make social media companies legally responsible for keeping children and young people safe online.*
>
> *It will protect children by making social media platforms:*
>
> - *remove illegal content quickly or prevent it from appearing in the first place. This includes removing content promoting self-harm*
> - *prevent children from accessing harmful and age-inappropriate content*
> - *enforce age limits and age-checking measures*
> - *ensure the risks and dangers posed to children on the largest social media platforms are more transparent, including by publishing risk assessments*
> - *provide parents and children with clear and accessible ways to report problems online when they do arise*
>
> **A Guide to the Online Safety Bill. Department for Science, Innovation and Technology and Department for Digital, Culture, Media and Sport. 2022.**

Examples of material that social media platforms will need to remove include promoting self-harm and promoting or facilitating suicide; while social media platforms will also be required to prevent children from accessing online abuse, cyberbullying or online harassment, as well as content which promotes or glorifies suicide, self-harm or eating disorders.[169]

This is a welcome development, although only time will tell how effective the proposed legislation will prove, including how robustly it will be enforced.

However, legislation has its limitations, for example when it comes to how long young people spend online, how long parents spend online monitoring their children, and how young people interpret and respond to what they find online.

For instance, some research suggests that the way young people interact with social media (irrespective of its content) has mental health implications, with active use associated with better mental health and passive use with worse mental health. This hypothesis is the subject of debate, with a critical scoping review published in 2022 concluding that most studies did not support the hypothesized associations with well-/ill-being and suggesting time spent in active and passive use may be too coarse to lead to meaningful associations with well-/ill-being. The study concluded that future studies should take characteristics of the content of social media (e.g. the valence), its senders (e.g. preexisting mood), and receivers (e.g. differential susceptibility) into account.[170]

However, research is emerging which suggests a more sophisticated distinction between active and passive use may be useful. For example, a study with young adults in the UK, published in 2023, focused on three different styles of engagement with social media i.e.

- active social - posting their own content and interacting with other users' posts
- active non-social - users who post their own content but do not have direct engagement with other users
- passive - users who exclusively browse content by other users

The findings suggested that increased passive social media use was linked to elevated levels of anxiety, depression and stress. However, creating and sharing content without interacting directly with others online (active non-social) had a positive impact on stress. One suggested explanation for the value of active non-social use was that it allowed users to receive some feedback, such as likes and positive comments – but without the potentially mentally exhausting additional pressures from constantly participating in or initiating conversations with people online.[171]

In addition, our own research, with a sample of first year students at three different universities, found that time online was in itself a factor, with those who spent most time online for non-study purposes in the Sixth Form being three times as likely to report feeling often or always lonely at university.[122]

This correlates with other published research, including a 2023 systematic review of published research findings, which concluded that excessive screen time in adolescents seems associated with mental health problems, including a higher risk of depression in girls.[172]

Helping young people manage their time online, rather than being managed (and damaged) by it

Taken together this suggests the value of digital literacy programmes, including through appropriate peer support, to seek to ensure that children and young people are better placed to managed their time online rather than being managed (and damaged) by it.

> *Many researchers, educators and policymakers are optimistic that digital literacy interventions can help young people build online resilience against harmful outcomes and hence safeguard their wellbeing on the internet. Indeed, some studies have shown that young people who possess the skills and knowledge necessary to safely and effectively use digital technologies to their advantage are better able to cope with online risk experiences and hence to reduce any negative outcomes linked to such risk experiences.*[173]
>
> **Joyce Vissenberg, Professor Leen d'Haenens, Professor Sonia Livingstone**

In this evidence review, the researchers concluded that being more digitally literate is positively linked to wellbeing, because it brings beneficial outcomes while also shielding young people from harm when they encounter online risk, by giving them the chance to develop ways of coping with a negative online experience to reduce the risk of future online harm.[173]

However, they also recognise that the systematic review only uncovered weak associations between digital literacy and online resilience – so suggest further research into the different dimensions of digital literacy.

In a separate blog Professor Livingstone and two of her colleagues suggest that just teaching or promoting technical digital skills is not enough – and may be linked to more online risks and reduced civic participation among young people. Whereas teaching and promoting information skills (the ability to find, select and critically evaluate digital sources of information) tends to be associated with more civic participation, online opportunities, higher academic grades, reduced online risks and more privacy-protective behaviour online.[174]

Peer Support

A range of research suggests the importance of peer influence during adolescence, in helping shape young people's behaviour.[175]

It is often also the case that young people will be more familiar with the social media channels most frequently used by their peers than will adults such as parents or teachers.

This suggests that peer support could be particularly well-placed to help young people manage their time online rather than being managed by it.

There are already examples of informal peer support, in practice, for instance where people with serious mental illness have increasingly turned to social media to share their illness experiences or to seek advice from others with similar health conditions. One study concluded that, despite risks such as exposure to misleading information, the benefits of online peer-to-peer support appear to outweigh the potential risks.[176]

Peer support can include approaches which are peer-run (essentially self-help groups), peer-mentored (where someone more experienced or advanced guides someone less experienced) or involve peer-assisted learning (PAL) e.g. under the guidance of trained students, called PAL leaders, from the year above.

An interesting example is the Positive Peers scheme run by KCLSU.

> *We are the Positive Peers, students trained to help our fellow students thrive by creating student-only events and spaces at King's.*
>
> *Whether you're looking to explore new ways to boost your wellbeing, meet new people or are finding things a bit tough at university, we have something for you!*
>
> **The Positive Peers scheme at King's College London Students Union.**

This is currently the subject of PhD research by Julia Haas at King's College: University peer support: Can non-professional interventions improve student mental health and wellbeing?[177]

THE CASE FOR A MORE HOLISTIC APPROACH TO CHILDREN'S MENTAL HEALTH

Key Points

Perhaps paradoxically, what research tells us is that to improve young people's mental health we may also need to consider approaches which, at first sight, have no obvious connection with mental health. Examples include:

Active Play, with minimal adult supervision, which provides opportunities to develop agency, adaptability and resilience (and which one study indicated proved particularly beneficial to the mental health of young people from lower income families during the COVID pandemic).

A Healthy Diet, which isn't just good for children's physical health. Studies show it is associated with less depression, whereas junk food increases the risk of anxiety and depression.

Physical Activity (either aerobic or resistance based) which is associated with a significant reduction in depression, anxiety, psychological distress and emotional disturbance – leading to the suggestion that it is as beneficial for mental health as cognitive behavioural therapy.

Given current junk food consumption and increasingly sedentary lifestyles there is a particular need to improve children's diet and exercise in the UK, to enhance both their physical and mental health.

The Creative and Performing Arts have potential therapeutic value according to a number of studies – suggesting the value of a higher role in the curriculum, as recognized by the independent schools which are adopting a STEAM curriculum, rather than the narrower STEM curriculum favoured by the government.

Being a Scout or Guide or doing the Duke of Edinburgh's Award all seem to benefit young people's mental health, with longitudinal studies suggesting that being a Guide or Scout is associated with above average mental and physical health decades later, at age 50.

CONCLUSIONS: The Roman poet Juvenal seems to have been right when he wrote, 'Mens sana in corpore sano' – a healthy mind in a healthy body.

A healthy diet and physical activity should be viewed as key elements in a holistic approach to protecting young people's physical and mental health.

The mental health benefits of active play, the creative and performing arts, and being a Guide or Scout suggest the value of experiences which provide opportunities for young people to develop outside schools' narrowly-focused STEM curriculum.

As we have seen, apart from some of the CBT-based interventions, there is a lack of robust evidence that the mental health interventions being taken in school are effective – and some evidence that they may actually increase risk for some children.

Fortunately, our review of published research findings suggests there are a range of interventions which are protective of young people's mental health. Interestingly, what most of them have in common is that there is no explicit link with mental health. This may explain why their value is sometimes overlooked. Interestingly also, some of them are interventions normally seen as important for physical health – meaning they have double value for young people, helping protect both their physical and mental health.

For example, a systematic review and meta-analysis of Randomised Control Trials (the 'gold standard' when it comes to research methodology) on the effectiveness of interventions for common mental health difficulties was published in 2018. It found that recreational interventions including exercise, art and peer support were effective treatments for depression and anxiety. Furthermore, although the review found that both CBT and MBIs were found to be effective, interventions such as art, exercise, and peer support showed larger effects for both depression and generalized anxiety disorder.[178]

Active Play

As has been noted earlier, over recent generations there has been a societal move from 'free-range' parenting to 'helicopter' parenting – resulting in fewer opportunities for children to engage in active, unstructured, unsupervised play. 'I was free to 'play out' without my parents or other adults around, from mid-primary school onwards,' explains one baby-boomer we interviewed. 'The only instructions from my mother were that I should be back in time to eat and not cause any trouble.'

This reduction in opportunities for active play may help explain the reported rise in mental health problems. For example, Science Daily reports on a study published in the Journal of Paediatrics, which suggests the rise in mental health disorders is attributable to a long-term decline in opportunities for children and young people to play, roam and engage in activities without direct oversight and control by adults. The research suggests that, although well intended, adults' drive to guide and protect children and teens has deprived them of the independence they need for positive mental health, and contributed to record levels of reported anxiety and depression among young people.[179]

Conversely, a systematic review of research into unstructured play, published in 2020, concluded that all the studies reviewed reported positive impacts on children's physical activity level, social engagement and emotional wellbeing.[180]

A 2022 study, which compared time children spent playing unadventurously and time spent playing outdoor, reported, 'children who spend more time playing adventurously had fewer internalising problems and more positive affect during the Covid-19 lockdown..... these associations were stronger for children from lower income families than for children from higher income families'.[181]

These studies suggest that reviving active play would be a useful part of any strategy to protect children and young people's mental health.

> *Parents today are regularly subject to messages about the dangers that might befall unsupervised children and the value of high achievement in school. But they hear little of the countervailing messages that if children are to grow up well-adjusted, they need ever-increasing opportunities for independent activity, including self-directed play and meaningful contributions to family and community life, which are signs that they are trusted, responsible, and capable. They need to feel they can deal effectively with the real world, not just the world of school.*
>
> **Professor David F. Bjorklund – co-author of Decline in Independent Activity as a Cause of Decline in Children's Mental Wellbeing: Summary of the Evidence**

What is good for physical health is often good for mental health

The Roman poet Juvenal wrote, 'Mens sana in corpore sano' – a healthy mind in a healthy body. This suggests that action to improve our physical health could also help our mental health – for example through a healthy diet and through exercise/physical activity. Modern research confirms this.

A healthy diet

A systematic review of published research, in 2017, reported significant associations between a healthier diet – broadly defined as positive eating behaviours, consumption of fruit and vegetables, and avoiding typically 'unhealthy foods' - and lower depression.[182]

Similarly, all the studies in the review found significant associations between 'unhealthy diets' and depression, with one study in particular reporting an unhealthy diet can predict the occurrence of depression two years later. In addition, junk food and snacking between meals was found to be associated with increased odds of mental health problems. The negative implications of following an unhealthy dietary pattern (like excessive junk food) on depression and anxiety is frequently reported, including in a 2021 study which reported, 'a significant positive association between the junk food component and depression'.[183]

These findings are in line with previous research that indicates a healthy regular eating pattern may play a protective role in the overall mental health of young adults –and even just one aspect can have a significant protective effect. For example, one study compared skipping breakfast entirely to a breakfast comprising foods such as high fibre cereal and fruit with orange juice and/or milk. The research concluded that a good-quality breakfast is associated with better mental health in adolescence.[184]

Physical activity/exercise

A range of evidence also links physical activity and exercise with improvements in mental health. One study found that with increased levels of physical activity significant reductions in depression, anxiety, psychological distress, and emotional disturbance in children was evident, with a combination of aerobic and resistance type exercise having the greatest effect.[185]

Conversely, a systematic review of published research concluded that less physically demanding activities like yoga seemingly have little impact on mental health symptoms.[186]

Meanwhile, data from 1.2 million adults in the US, aged 18 or over, indicated that individuals who exercised between 30 and 60 mins, 3-5 times per week had around 43% fewer days of poor mental health per month compared to individuals who did not exercise.[187] Popular team sports, cycling and aerobic and gym activities provided the greatest benefit.

The impact of exercise on mental health has even been suggested as being similar to that of cognitive behavioural therapy and emotion regulation[188]. Exercise may improve an individual's ability to tolerate negative effect or high levels of arousal, as during exercise individuals experience these sensations in a non-threatening context. This has potential to improve the ability to tolerate and cope with these sensations - similar to those experienced with anxiety and forms of psychological distress.[189]

A range of research therefore highlights how physical activity and exercise can positively influence mental health.

Ways that exercise can benefit our mental health

- The levels of chemicals in the brain, such as serotonin, stress hormones and endorphins, change when you exercise.
- Regular exercise can help you sleep better. And good sleep helps you manage your mood.
- Exercise can improve your sense of control, coping ability and self-esteem. People who exercise regularly often report how good achieving a goal makes them feel.
- Exercise can distract you from negative thoughts and provide opportunities to try new experiences.
- It offers an opportunity to socialise and get social support if you exercise with others.
- Exercise increases your energy levels.
- Physical activity can be an outlet for your frustrations.
- Exercise can reduce skeletal muscle tension, which helps you feel more relaxed.

Better Health Channel (Australia)

Room for improvement

Whilst reducing the risk of poor mental health among young adults and children is no simple task, evidence suggests there is room for progress from both a nutritional and physical activity/exercise perspective. For example, a study with over 10,000 young adults aged 12-16 years, concluded, 'A worrying proportion of secondary school children report unhealthy eating behaviours, particularly daily consumption of junk food, which may be associated with poorer mental and physical health.' – suggesting significant scope for improvement.[190]

The scale of the problem (and therefore the potential for improvement) is indicated by National Diet and Nutrition Survey (NDNS) data from the UK, which highlights that mean consumption of fruit, vegetables and fibre intake was significantly below the recommendations, with as little as 4% of children aged 11-18 years meeting the guidelines for fibre intake.[191]

Initiatives to prevent sedentary behaviours and encourage more physical activity are also needed. For example, a systematic review published in 2016 researched children using screens (TV, media entertainment, and computers) for leisure purposes – a generally sedentary activity. Poorer mental health was found among adolescents using screen time during leisure time for more than 2-3 hours per day.[192]

Research therefore suggests that a healthy diet and physical activity should be viewed as key elements in a holistic approach to protecting young people's physical and mental health.

We neglect what are the best forms of prevention–i.e., promoting exercise, proper diet, moderation in alcohol use, abstention from tobacco and drugs. These extremely useful and remarkably cheap prevention measures aren't profitable for the medical-industrial complex and therefore lack its powerful and well-financed sponsorship.

Professor Allen Frances

The creative and performing arts (providing potentially therapeutic activity)

The creative and performing arts (music, dance, drama, art and crafts) have been perceived as having therapeutic value for many years, in both health and education settings, and across the age spectrum (from helping young people who are struggling, to elderly people with dementia). The range of studies of their effectiveness over the years have often employed different approaches, been applied in different settings, and been of varying quality, meaning we should probably approach their findings with a degree of caution. However, overall they suggest that such interventions have therapeutic value, as in the three examples below:

1. A 2020 systematic review considered the findings from three interventions in music therapy, two in art therapy, and two in dance movement therapy. The findings overall were positive, with children reporting significant improvements from attending arts therapies on self-esteem, self-confidence, self-expression, mood, communication, understanding, resilience, learning, and aggressive behaviour, and small changes in the outcomes of depression, anxiety, attention problems, and withdrawn behaviours.[193]

2. A systematic review published in 2021 concluded, 'the results tentatively suggest that creative arts-based interventions may be effective in reducing symptoms of trauma and negative mood'.[194]

3. A rapid literature review found that participating in arts activities can have a positive effect on self-confidence, self-esteem, relationship building and a sense of belonging, qualities which have been associated with resilience and mental wellbeing.[195]

It seems we can be cautiously optimistic that participating in the creative and performing arts is generally good for young people's mental health. Unfortunately, the government's focus on STEM subjects (Science, Technology, English and Maths) means that the creative and performing arts have tended to get squeezed out of the curriculum in some state schools, with potentially harmful effects on students' mental health.

For example, in a 2018 survey of 1,200 secondary schools by the BBC, nine in every ten said they had cut back on lesson time, staff or facilities in at least one creative arts subject.[196] And by 2022 the Cultural Learning Alliance was reporting a 40% reduction in the number of students taking Arts GCSEs since 2010.[197]

Interestingly independent schools are increasingly recognising the value of the creative and performing arts, leading them to often champion a STEAM curriculum i.e. including Arts. For example, the Independent Schools Association (ISA) has launched its ISA STEAM Competition at its members' schools.[198]

The failure of Michael Gove (and his successors as education secretary) to require a creative art to be among the core subjects of the English Baccalaureate has neither created a balanced curriculum nor protected children's wellbeing, so for the foreseeable future our job will be to buy as much space as possible for the arts in the crevices of our timetables.

Dr Joe Spence. Master of Dulwich College, Sunday Times Education blog May 2017

Being a Guide or Scout or doing the Duke of Edinburgh's Award

The Mental Health Foundation states that good mental health is characterised by a person's ability to fulfil a number of key functions and activities, including:

- The ability to learn
- The ability to feel, express and manage a range of positive and negative emotions
- The ability to form and maintain good relationships with others
- The ability to cope with and manage change and uncertainty[199]

Being a Scout or Guide or doing the Duke of Edinburgh's Award all seem to help here. For example, research for the Duke of Edinburgh's Award noted, 'The themes of confidence and self-esteem were common in the survey responses, particularly in relation to the Volunteering section. Resilience was also highlighted by respondents who believe that the DofE has taught them to bounce back in tough circumstances'.[200]

Meanwhile longitudinal research, among a sample of people born in 1958, suggests long-term benefits for mental health from being a Scout or Guide.

Participation in Guides or Scouts was associated with better mental health and narrower mental health inequalities, at age 50. This suggests that youth programmes that support resilience and social mobility through developing the potential for continued progressive self-education, 'soft' non-cognitive skills, self-reliance, collaboration and activities in natural environments may be protective of mental health in adulthood.[201]

Dibben C, Playford C, Mitchell R. Be(ing) prepared: Guide and Scout participation, childhood social position and mental health at age 50—a prospective birth cohort study. *J Epidemiol Community Health.* 2017.

There is a caveat here. Some 250 men have been convicted of child sex offences while in the Scout movement since the 1950s (that's an average of three to four men per year) and there may have been cases that weren't reported or didn't go to trial. The figure of 250 includes those who abused scouts and also those who didn't but were found guilty of other sex offences such as viewing indecent images of children while in the Scout movement. This is 250 cases too many and indicates that the Scout movement needs to take safeguarding very seriously. In comparison, we have found one case involving a Duke of Edinburgh's Award instructor (who touched two teenage girls inappropriately) but no media reports of similar cases relating to women while in the Girlguiding movement.

From a public health perspective, the many millions of young people who have been Scouts and Guides over the decades are likely to have not only enjoyed better mental health in middle age but also better physical health. Research by Edinburgh University, among 1,333 people born between 1950 and 1956, from the Aberdeen Children of the 1950's study, found those who had been Guides or Scouts had about a 35% higher probability of excellent general health in adulthood, compared with those who attended other types of clubs, including youth clubs, choirs or sports clubs.[202]

Provided proper safeguarding measures are in place being a Scout or Guide therefore appears to be beneficial for both physical and mental health longer-term.

This suggests that one cost-effective approach would be for the government to pump-prime the development of new Scout or Guide groups and new Duke of Edinburgh's Award programmes in deprived areas (where levels of mental health conditions among children are significantly higher). As these initiatives are volunteer-led, the long-term cost would be minimal, relative to the potential mental health benefit for those most at risk.

Can we learn from the Netherlands?

A study found no evidence of an increase in university student mental health problems in the Netherlands over a recent ten-year period.[203] This probably isn't surprising as, since the World Happiness report started in 2012, the Netherlands has never finished outside the top seven, whereas the UK has never come higher than 15th.[204] So, is there anything we might learn from the Dutch?

Should we burst the student bubble in the UK?

A quarter of UK students report suffering from loneliness most or all of the time, according to 2022 research by the Higher Education Policy Institute - even though there are many clubs and societies available.[205] Dutch universities offer fewer clubs and societies but students tend to get more involved in life in their local town or city by joining local sports clubs or choirs for example.[206]

Perhaps being involved in activities outside the 'university bubble' can help students maintain a sense of balance and build friendships and connections outside the sometimes insular nature of university campus life.

Could constant comparison be a factor?

Dominique Thompson, a former university GP who has heard from thousands of students about mental difficulties, says it is crucial for students to stop viewing everything in life as a competition.[207] According to her, comparing ourselves to others all the time only leads to a toxic form of perfectionism which leads to being terrified of failing at anything at all. This tendency to compare though is far less prevalent in Dutch culture. One of the key reasons attributed to happiness amongst Dutch teens is the tendency to not constantly compare oneself to others academically or socially.[208]

A different parenting style could be the first step

As reported earlier, US studies suggest helicopter parenting increases the risk of student mental distress – perhaps because, in seeking to protect their children from risk, parents are reducing their opportunities to develop resilience and coping skills. Over-protective parenting may also make the transition to living independently at university more of a challenge. It seems however that the Dutch style of parenting is different, meaning there is less of a sudden 'cliff-edge' change when young people leave home to go to university.

Dutch parenting is very pragmatic and parents' main concern is raising their children to be independent and to learn from their own experiences. They are not afraid to openly discuss issues such as drugs and alcohol, but they do not 'lecture' their children. Perhaps a more collaborative parent-child approach to parenting that recognises the realities of growing up could foster more autonomy and self-confidence among young people, including better preparing them for living away from home for the first time.[209]

References

1. Diseases & Conditions. Anorexia nervosa. Mayo Clinic. 2018. Available online at: https://www.mayoclinic.org/diseases-conditions/anorexia-nervosa/symptoms-causes/syc-20353591

2. Eating disorders. How common is it? NICE (National Institute for Health and Care Excellence). 2019. Available online at: https://cks.nice.org.uk/topics/eating-disorders/background-information/prevalence/

3. Overview. Bipolar disorder. 2023. NHS. Available online at: https://www.nhs.uk/mental-health/conditions/bipolar-disorder/overview/

4. bipolar uk mood scale. bipolar uk. Available online at: https://www.bipolaruk.org/FAQs/track-your-mood-scale

5. Mental illnesses and mental health problems. Schizophrenia. Royal College of Psychiatrists. 2015. Available online at: https://www.rcpsych.ac.uk/mental-health/mental-illnesses-and-mental-health-problems/schizophrenia

6. A guide for young people – Schizophrenia. Young Minds, Available online at: https://www.youngminds.org.uk/young-person/mental-health-conditions/schizophrenia/#Thesymptomsofschizophrenia

7. Depression Statistics. Priory. Available online at: https://www.priorygroup.com/mental-health/depression-treatment/depression-statistics

8. Depression in children and young people. NHS. 2023. Available online at: https://www.nhs.uk/mental-health/children-and-young-adults/advice-for-parents/children-depressed-signs/

9. Generalized anxiety disorder. How common is it? NICE (National Institute for Health and Care Excellence). 2023. Available online at: https://cks.nice.org.uk/topics/generalized-anxiety-disorder/background-information/prevalence/

10. Anxiety disorders in children. NHS Inform. 2023. Available online at: https://www.nhsinform.scot/illnesses-and-conditions/mental-health/anxiety-disorders-in-

11. Prevalence of mental health conditions. Royal College of Paediatrics and Child Health. 2021. Available online at: https://stateofchildhealth.rcpch.ac.uk/evidence/mental-health/prevalence/

12. Poverty:Statistics. Mental Health Foundation. Available online at: https://www.mentalhealth.org.uk/explore-mental-health/statistics/poverty-statistics

13. Boysen GA, Ebersole A. Expansion of the Concept of Mental Disorder in the DSM-5. *The Journal of Mind and Behaviour*. 2014. https://psycnet.apa.org/record/2015-24889-003

14. Controversy over DSM-5: new mental health guide. Nursing Times. 2013. Available online at: https://www.nursingtimes.net/news/behind-the-headlines/controversy-over-dsm-5-new-mental-health-guide-24-08-2013/

15. Fabiano F, Haslam N. Diagnostic inflation in the DSM: A meta-analysis of changes in the stringency of psychiatric diagnosis from DSM-III to DSM-5. *Clin Psychol Rev.* 2020 https://pubmed.ncbi.nlm.nih.gov/32736153/

16. Overview – Generalized anxiety disorder in adults. NHS. 2022. Available online at: https://www.nhs.uk/mental-health/conditions/generalised-anxiety-disorder/overview/

17. NUS Connect. Mental Health Poll 2015. Available online at https://www.nusconnect.org.uk/nus-insight/nus-and-nus-insight-reports/welfare

18. Hilton E. Mental illness is becoming a 'trend' among teenagers. Counselling Directory. 2022. Available online at: https://www.counselling-directory.org.uk/blog/2011/01/06/mental-illness-is-becoming-a-trend-among-teenagers#:~:text=A%20huge%2034%20per%20cent,9%20per%20cent%20lying%20about

19. Doyle L Social media portrayals of anxiety and depression Health Action Research Group 2023. Available online at: https://www.healthactionresearch.org.uk/selected-blogs/social-media-portrayals-of-anx/

20. Estimating suicide among higher education students, England and Wales. Experimental Statistics. 2017 to 2020. ONS 2022. Available online at: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/estimatingsuicideamonghighereducationstudentsenglandandwalesexperimentalstatistics/2017to2020

21. Change in the standard of proof used by coroners and the impact on suicide death registrations data in England and Wales ONS 2020.Available online at: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/changeinthestandardofproofusedbycoronersandtheimpactonsuicidedeathregistrationsdatainenglandandwales/2020-12-08

22. Mitchell PB. Bipolar Disorder: The Shift to Overdiagnosis *CanJPsychiatry* 2012 https://journals.sagepub.com/doi/pdf/10.1177/070674371205701103

23. Trafford LM, Carr MJ, Ashcroft DM et al. Temporal trends in eating disorders and self-harm incidence rates among adolescents and young adults in the UK in the 2 years since onset of the COVID-19 pandemic: a population-based study. *The Lancet Child and Adolescent Health*. 2023. https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(23)00126-8/fulltext

24. Poverty:Statistics. Mental Health Foundation. Available online at: https://www.mentalhealth.org.uk/explore-mental-health/statistics/poverty-statistics

25. Pattinson E, McDermott E, Eastham R. et al. Tackling LGBTQ+ youth mental health inequality: Mapping mental health support across the UK. *British Student Doctor Journal*. 2021. https://pure.manchester.ac.uk/ws/portalfiles/portal/206530040/289_2286_1_PB.pdf

26. Vizard T, Sadler K, Ford T et al. Mental Health of Children and Young People in England. NHS Digital. , 2020. https://files.digital.nhs.uk/CB/C41981/mhcyp_2020_rep.pdf

27. Widnall E, Winstone L, Mars B et al. Young People's Mental Health during the COVID-19 Pandemic Initial findings from a secondary school survey study in South West England. School for Public Health Research. 2020 https://sphr.nihr.ac.uk/wp-content/uploads/2020/08/Young-Peoples-Mental-Health-during-the-COVID-19-Pandemic-Report-Final.pdf

28. Paton LW, Tiffin PA, Barkham M, et al. Mental health trajectories in university students across the COVID-19 pandemic: findings from the Student Wellbeing at Northern England Universities prospective cohort study *Frontiers in Public Health* 2023 https://www.frontiersin.org/articles/10.3389/fpubh.2023.1188690/full

29. Soneson E, Puntis S, Chapman N. et al. Happier during lockdown: a descriptive analysis of self-reported wellbeing in 17,000 UK school students during Covid-19 lockdown. *Eur Child Adolesc Psychiatry* 2022. https://link.springer.com/article/10.1007/s00787-021-01934-z

30. Hu Y, Quian Y. COVID-19 and Adolescent Mental Health in the United Kingdom *Journal of Adolescent Health* 2021 https://www.sciencedirect.com/science/article/pii/S1054139X21001981

31. Knowles G, Gayer-Anderson C, Turner A et al Covid-19, social restrictions, and mental distress among young people: a UK longitudinal, population-based study. *J Child Psychol Psychiatry*. 2022 https://acamh.onlinelibrary.wiley.com/doi/full/10.1111/jcpp.13586 2022

32. Tracking the Psychological and Social Consequences of the COVID-19 Pandemic across the UK Population. UCL. 2022. Available online at: https://www.covidsocialstudy.org/_files/ugd/064c8b_fa25a87fd1ba4e99b7d069e7af76c64a.pdf

33. Daly M, Robinson E. Depression and anxiety during COVID-19. The Lancet 2022 https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)00187-8/fulltext?dgcid=raven_jbs_etoc_email

34. Promoting children and young people's mental health and wellbeing A whole school or college approach. HM Government and Children and Young People's Mental Health Alliance. Available online at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1020249/Promoting_children_and_young_people_s_mental_health_and_wellbeing.pdf

35. Procter T, Roberts L, Macdonald I et al. Best Practice Review of Whole School Approach (WSA) within MHSTs in the South-East and East of England Evaluation Report. NIHR Applied Research Collaboration Kent, Surrey and Sussex et al. Available online at: https://arc-kss.nihr.ac.uk/document-download/158-best-practice-review-of-whole-school-approach-wsa-within-mhsts-in-the-south-east-and-east-of-england-evaluation-report/file

36. Mental health support in schools and colleges. NHS England. Available online at: https://www.england.nhs.uk/mental-health/cyp/trailblazers/

37. Guidance. Senior mental health lead training. Department for Education 2021. Available online at: https://www.gov.uk/guidance/senior-mental-health-lead-training

38. Teaching about mental wellbeing Department for Education 2020. Available online at: https://www.gov.uk/guidance/teaching-about-mental-wellbeing

39. Education Inspection Framework. 2019. Available online at: https://www.gov.uk/government/publications/education-inspection-framework

40. Bisal N, Miller JG, Cox C .Feasibility of a secondary school-based mental health intervention: Reprezents' On The Level. *Child and Adolescent Psychiatry and Mental Health*. 2022. https://uploads-ssl.webflow.com/61c38c957f4aa90bc501b585/63d00fd13eddbe50a55dd0eb_Bisal_et_al-2022-Child_and_Adolescent_Psychiatry_and_Mental_Health.pdf

41. Worsley JD, Pennington A, Corcoran R. Supporting mental health and wellbeing of university and college students: A systematic review of review-level evidence of interventions. *PLoS One*. 2022 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9337666/

42. MiSP. Case Study: Poverest Primary Clarion Project. Available online at: https://mindfulnessinschools.org/case-study-poverest-primary-clarion-project/

43. Wellington College. Wellington College's Wellbeing Lessons. Available online at: https://cypmhc.org.uk/wp-content/uploads/2021/03/WELLINGTON_COLLEGE.pdf

44. Challen A, Noden P, West A, Machin S. UK Resilience Programme Evaluation: Final Report. 2011. https://eprints.lse.ac.uk/51617/1/West_etal_UK-resilience-programme-evaluation-final-report_2011.pdf

45. Mackenzie K, Williams C. Universal, school-based interventions to promote mental and emotional wellbeing: What is being done in the UK and does it work? A systematic review. *BMJ Open*. 2018 https://bmjopen.bmj.com/content/8/9/e022560

46. A national evaluation of the impact of the secondary social and emotional aspects of learning (SEAL) programme. 2012. Available online at: https://research.manchester.ac.uk/en/publications/a-national-evaluation-of-the-impact-of-the-secondary-social-and-e

47. Smith P, Scott R, Eshkevari E, et al. Computerised CBT for depressed adolescents: Randomised controlled trial. *Behaviour Research and Therapy*. 2015 https://doi.org/10.1016/j.brat.2015.07.009

48. Stallard P, Skryabina E, Taylor G, et al. Classroom-based cognitive behaviour therapy (FRIENDS): A cluster randomised controlled trial to Prevent Anxiety in Children through Education in Schools (PACES). *The Lancet Psychiatry*. 2014 https://doi.org/10.1016/S2215-0366(14)70244-5

49. Collins S, Woolfson LM, Durkin K. Effects on coping skills and anxiety of a universal school-based mental health intervention delivered in Scottish primary schools. *Sch Psychol Int*. 2014. https://doi.org/10.1177/0143034312469157

50. Challen AR, Machin SJ, Gillham JE. The UK Resilience Programme: A school-based universal nonrandomized pragmatic controlled trial. *Journal of Consulting and Clinical Psychology*. 2014 https://doi.org/10.1037/a0034854

51. Stallard P, Phillips R, Montgomery AA, et al. A cluster randomised controlled trial to determine the clinical effectiveness and cost-effectiveness of classroom-based cognitive-behavioural therapy (CBT) in reducing symptoms of depression in high-risk adolescents. *Health Technology Assessment*. 2013 https://doi.org/10.3310/hta17470

52. Wigelsworth M, Humphrey N, Lendrum A. A national evaluation of the impact of the secondary social and emotional aspects of learning (SEAL) programme. *Educational Psychology*. 2012. https://research.manchester.ac.uk/en/publications/a-national-evaluation-of-the-impact-of-the-secondary-social-and-e

53. Boniwell I, Osin EN, Martinez C. Teaching happiness at school: Non-randomised controlled mixed-methods feasibility study on the effectiveness of Personal Well-Being Lessons. *Journal of Positive Psychology*. 2016. https://www.positran.fr/wp-content/uploads/2019/04/Boniwell-Osin-Martinez-2015.pdf

54. Montero-Marin J, Allwood M, Ball S et al. School-based mindfulness training in early adolescence: what works, for whom and how in the MYRIAD trial? *Evid Based Ment Health*. 2022. https://doi.org/10.1136/ebmental-2022-300439

55. Foulkes L, Stringaris A. Do no harm: can school mental health interventions cause iatrogenic harm? *BJPsych Bulletin.* 2023. https://www.cambridge.org/core/journals/bjpsych-bulletin/article/do-no-harm-can-school-mental-health-interventions-cause-iatrogenic-harm/9F00E6568F642ECFA559815915F77B8C

56. Universities UK. Whole University Approach. Available online at: https://www.universitiesuk.ac.uk/what-we-do/policy-and-research/publications/features/stepchange-mentally-healthy-universities/whole-university-approach

57. Irie T, Yokomitsu K, Sakano Y. Relationship between cognitive behavioral variables and mental health status among university students: A meta-analysis. *PLoS One*. 2019. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6764683/

58. Dickson JM, Gullo MJ. The role of brief CBT in the treatment of anxiety and depression for young adults at a UK university: A pilot prospective audit study. *The Cognitive Behaviour Therapist. 2015*. https://www.semanticscholar.org/paper/The-role-of-brief-CBT-in-the-treatment-of-anxiety-a-Dickson-Gullo/c5cbe2e114e04c64d82410354cfc12a3ddd0d7dc

59. Stallman HM, Kavanagh DJ, Arklay A. et al. Randomised control trial of a low-intensity cognitive-behaviour therapy intervention to improve mental health in university students. *Australian Psychologist*. 2016. https://eprints.qut.edu.au/221242/

60. Byrom N. An evaluation of a peer support intervention for student mental health. *Journal of Mental Health*. 2018. https://www.tandfonline.com/doi/abs/10.1080/09638237.2018.1437605

61. Bettis AH, Coiro MJ, England J, et al. Comparison of two approaches to prevention of mental health problems in college students: Enhancing coping and executive function skills. *J Am Coll Health*. 2017. https://pubmed.ncbi.nlm.nih.gov/28358274/

62. Conley CS, Durlak JA, Dickson DA. An evaluative review of outcome research on universal mental health promotion and prevention programs for higher education students. *J Am Coll Health*. 2013. https://pubmed.ncbi.nlm.nih.gov/23768226/

63. Worsley J, Pennington A, Corcoran R. What interventions improve college and university students' mental health and wellbeing? A review of review-level evidence. What works Centre for Wellbeing. 2020. https://whatworkswellbeing.org/wp-content/uploads/2020/03/Student-mental-health-full-review.pdf

64. Shapiro S L, Brown K W, Astin J. Toward the integration of meditation into higher education: A review of research evidence. *Teachers College Record*. 2011. https://doi.org/10.1177/016146811111300306

65. Howell AJ, Passmore H-I. Acceptance and Commitment Training (ACT) as a Positive Psychological Intervention: A Systematic Review and Initial Meta-analysis Regarding ACT's Role in Well-Being Promotion Among University Students. *Journal of Happiness Studies* 2019 https://ideas.repec.org/a/spr/jhappi/v20y2019i6d10.1007_s10902-018-0027-7.html

66. Education for Mental Health Toolkit. University of Derby, King's College London, Aston University, Student Minds and Advance HE. https://www.advance-he.ac.uk/teaching-and-learning/curricula-development/education-mental-health-toolkit

67. Kuyken W, Ball S, Crane C et al. Effectiveness and cost-effectiveness of universal school-based mindfulness training compared with normal school provision in reducing risk of mental health problems and promoting well-being in adolescence: the MYRIAD cluster randomised controlled trial. *BMJ Ment Health*. 2022. https://mentalhealth.bmj.com/content/25/3/99

68. Finning K, White J, Toth K at al. Longer-term effects of school-based counselling in UK primary schools. *Eur Child Adolesc Psychiatry*. 2022. https://link.springer.com/article/10.1007/s00787-021-01802-w#citeas

69. Impact Report 2021. Young Minds. Available online at: https://www.youngminds.org.uk/about-us/reports-and-impact/impact-report-2021/

70. Lordan GL, McGuire A. Healthy Minds: Health Outcomes. LSE. 2019. https://d2tic4wvo1iusb.cloudfront.net/documents/projects/Healthy_Minds.pdf?v=1630926107

71. Driving Positive Change for Young People: The Mix 2021-22 Impact Summary. The Mix. 2022. https://cdn.themix.org.uk/uploads/2022/12/The-Mix-Impact-Report-Summary-2021-22.pdf

72. Rickwood D, Paraskakis M, Quin D, Hobbs N, Ryall V, Trethowan J, McGorry P. Australia's innovation in youth mental health care: The headspace centre model. *Early Interv Psychiatry*. 2019 https://onlinelibrary.wiley.com/doi/10.1111/eip.12740

73. An Independent Evaluation of the Peer Education Project 2020 – 2022. Available online at: https://www.mentalhealth.org.uk/sites/default/files/2022-08/MHF_PEP_Exec_Summary_Report_FINAL_Ruth_Simmonds_1.pdf

74. Johnson J, Panagioti M, Bass J et al. Resilience to emotional distress in response to failure, error or mistakes: A systematic review. Clin Psychol Rev. 2017 https://pubmed.ncbi.nlm.nih.gov/27918887/

75. McInerney L. British girls have finally made the global top table...for fear of failure. How terrifying. The Guardian. 2019. Available online at: https://www.theguardian.com/education/2019/dec/17/british-girls-fear-of-failure-pisa-ranking

76. The 2021 Good Childhood Report. The Children's Society. 2021. Available online at: https://www.childrenssociety.org.uk/sites/default/files/2021-08/GCR_2021_Full_Report.pdf

77. Fear of Failure. New York Times. 2017. Available online at: https://www.nytimes.com/2017/06/24/fashion/fear-of-failure.html

78. The School Teaching Students That it's OK to Fail. Success Integrated. 2017. https://successintegrated.com/blog/the-school-teaching-students-that-its-ok-to-fail/

79. Bergland C. Low-to-Moderate Doses of Stress May Fortify Resilience. *Psychology Today*. 2022. https://www.psychologytoday.com/gb/blog/the-athletes-way/202208/low-moderate-doses-stress-may-fortify-resilience

80. Visser K, Bolt G, Finkenauer C et al. Neighbourhood deprivation effects on young people's mental health and well-being: A systematic review of the literature, *Social Science & Medicine*, 2021 https://www.sciencedirect.com/science/article/pii/S0277953620307619

81. Fledderjohann J, Erlam J, Knowles B et al. Mental health and care needs of British children and young people aged 6-17, *Children and Youth Services Review*, 2021 https://www.sciencedirect.com/science/article/pii/S0190740921001122

82. Grimm F, Alcock B, Butler JE. Briefing: Improving children and young people's mental health services The Health Foundation Briefing July 2022 https://www.health.org.uk/sites/default/files/upload/publications/2022/CYPMHbriefing_Web_Final.pdf

83. Watkins P. Poverty and mental health: it's a two-way street. Senedd Research, Welsh Parliament 2022 Available online at: https://research.senedd.wales/research-articles/poverty-and-mental-health-it-s-a-two-way-street/

84. The Third Overview of Housing Exclusion in Europe. Feantsa. 2018. Available online at: https://www.feantsa.org/en/report/2018/03/21/the-second-overview-of-housing-exclusion-in-europe-2017

85. The Broken Plate. The Food Foundation. 2021. Available online at: https://foodfoundation.org.uk/sites/default/files/2021-10/The-Broken-Plate.pdf

86. Neville R, Speke A, Hildyard L. Analysis of UK CEO Pay in 2022. High Pay Centre. 2023. https://highpaycentre.org/wp-content/uploads/2023/08/Copy-of-CEO-pay-report-2023-1-1.pdf

87. Ratio between CEO and average worker pay in 2018, by country. Statista 2019. Available online at: https://www.statista.com/statistics/424159/pay-gap-between-ceos-and-average-workers-in-world-by-country/

88. Mental Health Awareness. CDC (Centers for Disease Control and Prevention). Available online at: https://www.cdc.gov/genomics/resources/diseases/mental.htm

89. Does mental illness run in families? Rethink Mental Illness. Available online at: https://www.rethink.org/advice-and-information/carers-hub/does-mental-illness-run-in-families/

90. Compton MT, Shim RS. Mental Illness Prevention and Mental Health Promotion: When, Who, and How. *Psychiatry Online*. 2022. https://ps.psychiatryonline.org/doi/10.1176/appi.ps.201900374

91. Does bipolar affect women differently. Bipolar UK. Available online at: https://www.bipolaruk.org/faqs/does-bipolar-affect-women-differently

92. Sommer IE, Tiihonen J, van Mourik A. et al. The clinical course of schizophrenia in women and men—a nation-wide cohort study. *npj Schizophr*. 2020. https://www.nature.com/articles/s41537-020-0102-z#citeas

93. State of Child Health. Royal College of Paediatrics and Child Health. 2021. Available online at: https://stateofchildhealth.rcpch.ac.uk/evidence/mental-health/suicide/

94. Riva A, Pigni M, Albanese ND et al. Eating Disorders in Children and Adolescent Males: A Peculiar Psychopathological Profile *Int J Environ Res Public Health*. 2022. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9517020/

95. Gender differences in self harm in young people. NHS Health Research Authority. 2017. Available online at: https://www.hra.nhs.uk/planning-and-improving-research/application-summaries/research-summaries/gender-differences-in-self-harm-in-young-people/

96. Wilkinson PO, Qiu T, Jesmont S et al. Age and gender effects on non-suicidal self-injury, and their interplay with psychological distress. *Journal of Affective Disorders*. 2022. https://www.sciencedirect.com/science/article/pii/S0165032722002609

97. Men and Women: Statistics. Mental Health Foundation. Available online at: https://www.mentalhealth.org.uk/explore-mental-health/statistics/men-women-statistics

98. Bansal N, Karlsen S, Sashidharan SP et al. Understanding ethnic inequalities in mental healthcare in the UK: A meta-ethnography. *PLoS Med*. 2022. https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1004139

99. Bamford J, Klabbers G, Curran E. et al. Social Capital and Mental Health Among Black and Minority Ethnic Groups in the UK. *J Immigrant Minority Health*. 2021. https://link.springer.com/article/10.1007/s10903-020-01043-0#citeas

100. Harding S, Read UM, Molaodi OR et al. The Determinants of young Adult Social well-being and Health (DASH) study: diversity, psychosocial determinants and health. *Soc Psychiatry Psychiatr Epidemiol*. 2015. https://pubmed.ncbi.nlm.nih.gov/25861790/

101. Bains S, Gutman LM. Mental Health in Ethnic Minority Populations in the UK: Developmental Trajectories from Early Childhood to Mid Adolescence. *J Youth Adolesc*. 2021. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8505297/

102. Van Bortel T, Lombardo C, Guo L, et al. The mental health experiences of ethnic minorities in the UK during the Coronavirus pandemic: A qualitative exploration. *Front Public Health*. 2022. https://pubmed.ncbi.nlm.nih.gov/36276403/

103. LGBTQ+ people: Statistics. Mental Health Foundation. Available online at: https://www.mentalhealth.org.uk/explore-mental-health/statistics/lgbtiq-people-statistics

104. Bradlow J, Bartram F, Guasp A. SCHOOL REPORT The experiences of lesbian, gay, bi and trans young people in Britain's schools in 2017. Stonewall Dr Vasanti Jadva Centre for Family Research, University of Cambridge. 2017. https://www.stonewall.org.uk/system/files/the_school_report_2017.pdf

105. Newman T. Promoting Resilience: A Review of Effective Strategies for Child Care Services – Summary. Prepared for the Centre for Evidence-Based Social Services, University of Exeter. 2022. https://nursingacademy.com/wp-content/uploads/2020/01/promotingresiliencenewman.pdf

106. Spielman A. Ofsted's Chief Inspector writes about safety culture in schools. Ofsted. 2017. Available online at: https://www.gov.uk/government/speeches/ofsteds-chief-inspector-writes-about-safety-culture-in-schools

107. Catchment area cheats. The Good Schools Guide. Available online at: https://www.goodschoolsguide.co.uk/choosing-a-school/the-school-catchment-area-cheat

108. Hirsch D, Goldberger E. Hovering Practices in and outside the Classroom. *ERIC*. 2010. https://eric.ed.gov/?id=EJ877505

109. Padilla-Walker LM, Nelson LJ. Black Hawk down? Establishing helicopter parenting as a distinct construct from other forms of parental control during emerging adulthood. *J Adolesc.* 2012. https://pubmed.ncbi.nlm.nih.gov/22503075/

110. Spraggin C. How Does Helicopter Parenting Affect Children? See the Research. *Research Addict*. 2018. https://researchaddict.com/helicopter-parent-research/

111. Dodd H F, FitzGibbon L, Watson B E et al. Children's Play and Independent Mobility in 2020: Results from the British Children's Play Survey. *Int. J. Environ. Res. Public Health* 2021. https://doi.org/10.3390/ijerph18084334

112. Bryan A. Why has parenting become so intensive, demanding and expensive?. RTE Brainstorm. 2022. Available online at https://www.rte.ie/brainstorm/2022/0524/1300901-over-parenting-concerted-cultivation/

113. Balloo K, Evans C, Hughes A et al. Transparency isn't Spoon-Feeding: How a Transformative Approach to the Use of Explicit Assessment Criteria Can Support Student Self-Regulation. *Frontiers in Education*. 2018. https://www.frontiersin.org/articles/10.3389/feduc.2018.00069/full

114. Hughes G, Spanner, L. The University Mental Health Charter. Leeds: Student Minds. 2019. https://www.studentminds.org.uk/uploads/3/7/8/4/3784584/191208_umhc_artwork.pdf

115. Postareff L, Mattsson M. Lindblom-Ylänne S et al. The complex relationship between emotions, approaches to learning, study success and study progress during the transition to university. *Higher Education*. 2016. https://link.springer.com/article/10.1007/s10734-016-0096-7

116. BBC News *Public schools spoon-feed children*. 2002. Available online at: http://news.bbc.co.uk/1/hi/education/1844620.stm

117. Bradley H, Waller R, Abrahams J. et al. *The Paired Peers project report*. Bristol University. 2013. https://uwe-repository.worktribe.com/output/937153

118. Vaughan R. UK among world's worst for 'teaching to the test', research finds. *Times Educational Supplement*. 2015. Available online at: https://www.tes.com/news/uk-among-worlds-worst-teaching-test-research-finds

119. Bridging the gap between school and university science The British Psychological Society. 2018. Available online at: https://www.bps.org.uk/news-and-policy/bridging-gap-between-school-and-university-science

120. Rusby JSM, Tasker F. Long-term effects of the British evacuation of children during World War 2 on their adult mental health. *Aging Ment Health*. 2009. https://pubmed.ncbi.nlm.nih.gov/19484603/#:~:text=were%20examined%20by%20univariate%20and,high%20levels%20of%20self%2Dcriticism

121. Anxiety. NHS Inform. Available online at: https://www.nhsinform.scot/illnesses-and-conditions/mental-health/anxiety#:~:text=Everyone%20has%20feelings%20of%20anxiety,hard%20to%20control%20their%20worries

122. Baber M, Haas J, Ji E et al. The Student Mental Health Crisis, a Fresh Perspective. Health Action Campaign, King's College London, Ulster University, Greenwich University. 2022. https://www.healthactioncampaign.org.uk/assets/documents/student-mental-health-a-fres

123. Wartolowska K. The nocebo effect as a source of bias in the assessment of treatment effects. *F1000Res*. 2019. https://pubmed.ncbi.nlm.nih.gov/31354941/

124. Willroth EC, Young G, Tamir M, et al. Judging emotions as good or bad: Individual differences and associations with psychological health. *Emotion*. 2023. https://pubmed.ncbi.nlm.nih.gov/36913276/

125. Keller A, Litzelman K, Wisk LE et al. Does the perception that stress affects health matter? The association with health and mortality. *Health Psychol.* 2012. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3374921/

126. Ford BQ, Lam P, John OP et al. The psychological health benefits of accepting negative emotions and thoughts: Laboratory, diary, and longitudinal evidence. *J Pers Soc Psychol.* 2018. https://pubmed.ncbi.nlm.nih.gov/28703602/

127. #StatusOfMind – social media and young people's mental health and wellbeing. Royal Society for Public Health. 2017. https://www.rsph.org.uk/static/uploaded/d125b27c-0b62-41c5-a2c0155a8887cd01.pdf

128. Strack J, Lopes PN, Esteves F. Will you thrive under pressure or burn out? Linking anxiety motivation and emotional exhaustion. *Cogn Emot*. 2015. https://pubmed.ncbi.nlm.nih.gov/24889219/

129. Shankleman M, Hammond L, Jones FW. Adolescent Social Media Use and WellBeing: A Systematic Review and Thematic Meta-synthesis. *Adolescent Res Rev*. 2021. https://repository.canterbury.ac.uk/download/a5cd0661855dea160dce734c1ecb5397ca1afe75a6809da43ba631d81da39b71/561994/Shankleman_Et_Al_2021_for_repository.pdf

130. Vaingankar JA, van Dam RM, Samari E et al. Social Media-Driven Routes to Positive Mental Health Among Youth: Qualitative Enquiry and Concept Mapping Study. *JMIR Pediatr Parent*. 2022. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8933808/

131. John A, Glendenning AC, Marchant A et al. Self-Harm, Suicidal Behaviours, and Cyberbullying in Children and Young People: Systematic Review. J Med Internet Res. 2018. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5934539/

132. Doyle L. Social Media Portrayals of Anxiety and Depression. Health Action Research Group. 2023. Available online at: https://www.healthactionresearch.org.uk/selected-blogs/social-media-portrayals-of-anx/

133. Adolphus K, Lawton CL, Champ CL, Dye L. The Effects of Breakfast and Breakfast Composition on Cognition in Children and Adolescents: A Systematic Review. *Adv Nutr.* 2016. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4863264/

134. Farquharson C, McNally S, Tahir I. Education Inequalities. IFS Deaton Review of Inequalities, 2022. https://ifs.org.uk/inequality/education-inequalities/

135. Harkness J. How poverty affects children's language skills. The Borgen Project. 2015. Available online at: https://borgenproject.org/poverty-affects-childrens-language-skills/

136. Matyas N, Aschenberger FK, Wagner G et al. Continuing education for the prevention of mild cognitive impairment and Alzheimer's-type dementia: a systematic review and overview of systematic reviews. *BMJ Open*. 2018. https://bmjopen.bmj.com/content/9/7/e027719

137. Right to buy, past, present and future. House of Lords. 2022. https://lordslibrary.parliament.uk/right-to-buy-past-present-and-future/#heading-13

138. Distribution of property tenure in the United Kingdom (UK) from 1980 to 2022. Statista. 2023. Available online at: https://www.statista.com/statistics/804446/property-tenure-distribution-in-the-united-kingdom/

139. A Blueprint for good work. RSA. 2020. https://www.thersa.org/globalassets/reports/2020/a-new-blueprint-for-good-work.pdf

140. Stewart S. 'The job is not human': UK retail warehouse staff describe gruelling work. The Guardian. 2023. Available online at: https://www.theguardian.com/business/2023/jan/25/the-job-is-not-human-uk-retail-warehouse-staff-describe-gruelling-work

141. Reed K, Duncan JM, Lucier-Greer M. et al. Helicopter Parenting and Emerging Adult Self-Efficacy: Implications for Mental and Physical Health. *J Child Fam Stud*. 2016. https://link.springer.com/article/10.1007/s10826-016-0466-x

142. Iotti NO, Menin D, Longobardi C. Investigating the effects of autonomy-supportive parenting practices on Italian young adolescent students' motivation to defend victims of bullying: findings on the mediating roles of reactance, depression, anxiety, and stress. *Front. Psychol*. 2023. https://www.frontiersin.org/articles/10.3389/fpsyg.2023.1156807/full

143. Laurin JC, Joussemet M. Parental autonomy-supportive practices and toddlers' rule internalization: A prospective observational study *Motiv. Emot.* 2017 https://selfdeterminationtheory.org/wp-content/uploads/2017/08/2017_LaurinJoussemet_MOEM.pdf

144. Vasquez AC, Patall EA, Fong CJ et al. Parent autonomy support, academic achievement, and psychosocial functioning: A meta-analysis of research. *Educational Psychology Review*. 2016. https://link.springer.com/article/10.1007/s10648-015-9329-z

145. The Future Generations Report. Future Generations Commissioner for Wales. 2020. https://www.futuregenerations.wales/wp-content/uploads/2020/06/Chap-5-Skills-for-the-Future.pdf

146. Higton et al. Fit for Purpose? The view of the higher education sector, teachers and employers on the suitability of A levels. Ipsos MORI Social Research Institute. 2012. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/605406/2012-04-03-fit-for-purpose-a-levels.pdf

147. What Is Scaffolding in Education? Grand Canyon University. Available online at: https://www.gcu.edu/blog/teaching-school-administration/what-scaffolding-education

148. Hockings C, Thomas L, Ottaway J. et al. 'Independent learning – what we do when you're not there', *Teaching in Higher Education.* 2017. https://www.tandfonline.com/doi/full/10.1080/13562517.2017.1332031

149. Rudland JR, Golding C, Wilkinson TJ. The stress paradox: how stress can be good for learning. *Medical Education*. 2019. https://doi.org/10.1111/medu.13830

150. Cognitive behavioural therapy (CBT). Royal College of Psychiatrists. Available online at: https://www.rcpsych.ac.uk/mental-health/treatments-and-wellbeing/cognitive-behavioural-therapy-(cbt)

151. Wang K, Goldenberg A, Dorison CA et al. A multi-country test of brief reappraisal interventions on emotions during the COVID-19 pandemic. *Nat Hum Behav*. 2021. https://doi.org/10.1038/s41562-021-01173-x

152. Orson CN, Larson RW. Helping Teens Overcome Anxiety Episodes in Project Work: *The Power of Reframing. Journal of Adolescent Research.* 2020. https://doi.org/10.1177/0743558420913480

153. Brady ST, Hard BM, Gross J J. Reappraising test anxiety increases academic performance of first-year college students. *Journal of Educational Psychology*. 2018. https://psycnet.apa.org/record/2017-57283-001

154. Seery MD, Holman EA, Silver RC. Whatever does not kill us: Cumulative lifetime adversity, vulnerability, and resilience. *Journal of Personality and Social Psychology*. 2010. https://psycnet.apa.org/record/2010-21218-001

155. Oshri A, Cui Z, Carvalho C et al. Is perceived stress linked to enhanced cognitive functioning and reduced risk for psychopathology? Testing the hormesis hypothesis. *Psychiatry Research*. 2022. https://www.sciencedirect.com/science/article/abs/pii/S016517812200244X

156. Daly M, Robinson E. Depression and anxiety during COVID-19. *The Lancet.* 2022. https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)00187-8/fulltext?dgcid=raven_jbs_etoc_email

157. Burns J. 'Failure Week' at top girls' school to build resilience. BBC. 2012. Available online at: https://www.bbc.co.uk/news/education-16879336

158. Basford S. Melbourne School Celebrates Failure This Week to Build Resilience. Student Edge. 2017. Available online at: https://studentedge.org/article/melbourne-school-celebrates-failure-all-week-to-build-resilience

159. Schleiker A. PISA 2018 Insights and Interpretations. OECD. 2019. https://www.oecd.org/pisa/PISA%202018%20Insights%20and%20Interpretations%20FINAL%20PDF.pdf

160. Lewis L S, Williams C A, Dawson S D. Growth Mindset Training and Effective Learning Strategies in Community College Registered Nursing Students. *Teaching and Learning in Nursing*. 2020. https://www.sciencedirect.com/science/article/abs/pii/S1557308720300081?via%3Dihub

161. Noskeau R, Santos A, Wang W. Connecting the dots between Mindset and Imposter Phenomenon, via Fear of Failure and Goal Orientation in Working Adults. *Front. Psychol.* 2021. https://www.frontiersin.org/articles/10.3389/fpsyg.2021.588438/full

162. Vaughn KE, Srivatsa N, Graf AS. Effort Praise Improves Resilience for College Students With High Fear of Failure. *Journal of College Student Retention: Research, Theory & Practice*, 2023. https://doi.org/10.1177/1521025120986517

163. Deneault AA, Gareau A, Bureau JF et al. Fear of Failure Mediates the Relation Between Parental Psychological Control and Academic Outcomes: A Latent Mediated-Moderation Model of Parents' and Children's Genders. *J Youth Adolescence.* 2020. https://doi.org/10.1007/s10964-020-01209-x

164. Hernández EH, Moreno-Murcia JA, Espín J. Teachers' interpersonal styles and fear of failure from the perspective of physical education students. *PLoS One*. 2020. https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0235011

165. Sharples M, de Rook R, Ferguson R et al. Innovative Pedagogy Report 5. Open University. 2016. https://ou-iet.cdn.prismic.io/ou-iet/bfb6639f-3132-402f-8a14-db38c206f316_innovating_pedagogy_2016.pdf

166. Global education monitoring report, 2023: technology in education: a tool on whose terms? UNESCO. 2023. https://unesdoc.unesco.org/ark:/48223/pf0000385723

167. Shaw N. Call for phones to have health warning and be banned for under 16s. Wales Online 2023. Available online at: https://www.walesonline.co.uk/news/uk-news/call-phones-health-warning-banned-26678485

168. Carroll R. 'Much easier to say no': Irish town unites in smartphone ban for young children. The Guardian. 2023. Available online at: https://www.theguardian.com/technology/2023/jun/03/much-easier-to-say-no-irish-town-unites-in-smartphone-ban-for-young-children

169. A Guide to the Online Safety Bill. Department for Science, Innovation and Technology and Department for Digital, Culture, Media and Sport. 2022. https://www.gov.uk/guidance/a-guide-to-the-online-safety-bill

170. Valkenburg PM, van Driel I, Bayens I. The associations of active and passive social media use with well-being: A critical scoping review. *New Media and Society*. 2022. https://journals.sagepub.com/doi/10.1177/14614448211065425

171. Taylor Z, Yankouskaya A, Panourgia C. Social media use, loneliness and psychological distress in emerging adults. *Behaviour and Information Technology*. 2023. https://www.tandfonline.com/doi/full/10.1080/0144929X.2023.2209797

172. Santos RMS, Mendes CG, Sen Bressani G et al. The associations between screen time and mental health in adolescents: a systematic review. *BMC Psychol*. 2023. https://doi.org/10.1186/s40359-023-01166-7

173. Vissenberg J, d'Haenens L, Livingstone S. What do we know about the roles of digital literacy and online resilience in fostering young people's wellbeing. LSE. 2022. https://blogs.lse.ac.uk/medialse/2022/04/26/what-do-we-know-about-the-roles-of-digital-literacy-and-online-resilience-in-fostering-young-peoples-wellbeing/

174. Livingstone S, Mascheroni G, Stoilova M. All digital skills are not created equal, and teaching technical skills alone is problematic. Youth Skills 2021. Available online at: https://yskills.eu/all-digital-skills-are-not-all-created-equal-and-teaching-technical-skills-alone-is-problematic/

175. Laursen B, Veenstra R. Toward understanding the functions of peer influence: A summary and synthesis of recent empirical research. *Journal of Research on Adolescence*. 2021. https://psycnet.apa.org/record/2022-09390-003

176. Naslund JA, Aschbrenner KA, Marsh LA et al. The future of mental health care: peer-to-peer support and social media. Cambridge University Press. 2016. https://www.cambridge.org/core/journals/epidemiology-and-psychiatric-sciences/article/future-of-mental-health-care-peertopeer-support-and-social-media/DC0FB362B67DF2A48D42D487ED07C783

177. Haas J. Can non-professional interventions improve student mental health and wellbeing? King's College, London https://liss-dtp.ac.uk/students/julia-haas/

178. Huang J, Nigatu YT, Smail-Crevier R et al. Interventions for common mental health problems among university and college students: A systematic review and meta-analysis of randomized controlled trials. *Journal of Psychiatric Research*. 2018. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9337666/#pone.0266725.ref026

179. Gray P, Lancy DF, Bjorklund DF. Decline in Independent Activity as a Cause of Decline in Children's Mental Wellbeing: Summary of the Evidence *J Paediatr*. 2023. https://pubmed.ncbi.nlm.nih.gov/36841510/

180. Lane S, Brown G. Leung C et al. Systematic review of the impact of unstructured play interventions to improve young children's physical, social, and emotional wellbeing. *Nursing and Health Sciences*. 2022. https://onlinelibrary.wiley.com/doi/abs/10.1111/nhs.12732

181. Dodd HF, Nesbit RJ, FitzGibbon L. Child's Play: Examining the Association Between Time Spent Playing and Child Mental Health. *Child Psychiatry Hum Dev.* 2022. https://doi.org/10.1007/s10578-022-01363-2

182. Khalid S, Williams CM, Reynolds SA. Is there an association between diet and depression in children and adolescents? A systematic review. *British Journal of Nutrition*. 2017. https://www.cambridge.org/core/journals/british-journal-of-nutrition/article/is-there-an-association-between-diet-and-depression-in-children-and-adolescents-a-systematic-review/D7CCDB619E786B8B34940D87E344C179

183. Rossa-Roccor V, Richardson CG, Murphy RA et al. The association between diet and mental health and wellbeing in young adults within a biopsychosocial framework. *PLOS ONE*. 2021. https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0252358

184. O'Sullivan TA, Robinson M, Kendall GE et al. A good-quality breakfast is associated with better mental health in adolescence. *Public Health Nutrition*. 2008. https://www.cambridge.org/core/journals/public-health-nutrition/article/goodquality-breakfast-is-associated-with-better-mental-health-in-adolescence/BC73699BE949DC70BB1727831CC58CC2

185. Ahm S, Fedewa AL. A Meta-analysis of the Relationship Between Children's Physical Activity and Mental Health. *Journal of Pediatric Psychology*. 2010. https://academic.oup.com/jpepsy/article/36/4/385/926480?login=false

186. Wang X, Cai Z-D, Jiang W-T et al. Systematic review and meta-analysis of the effects of exercise on depression in adolescents. *Child and Adolescent Psychiatry and Mental Health*. 2022. https://capmh.biomedcentral.com/articles/10.1186/s13034-022-00453-2

187. Chekroud SR, Gueorguieva R, Zheutlin AB. Association between physical exercise and mental health in 1·2 million individuals in the USA between 2011 and 2015: a cross-sectional study. *Lancet Psychiatry*. 2018. https://www.sciencedirect.com/science/article/abs/pii/S221503661830227X

188. Exercise and Mental Health. Better Health Channel (Australia). Available online at: https://www.betterhealth.vic.gov.au/health/healthyliving/exercise-and-mental-health

189. Smith PJ, Merwin RM. The Role of Exercise in Management of Mental Health Disorders: An Integrative Review. *Annu Rev Med.* 2021. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8020774/

190. Zahra J, Ford T, Jodrell D. Cross-sectional survey of daily junk food consumption, irregular eating, mental and physical health and parenting style of British secondary school children, *Child: care, health and development*. 2013. https://onlinelibrary.wiley.com/doi/abs/10.1111/cch.12068

191. National Diet and Nutrition Survey Rolling programme Years 9 to 11 (2016/2017 to 2018/2019). Public Health England and Food Standards Agency. Available online at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/943114/NDNS_UK_Y9-11_report.pdf

192. Hoare E, Milton K, Foster C et al. The associations between sedentary behaviour and mental health among adolescents: a systematic review. *International Journal of Behavioral Nutrition*. 2016. https://ijbnpa.biomedcentral.com/articles/10.1186/s12966-016-0432-

193. Moula Z, Aithal S, Karkou V et al. A systematic review of child-focused outcomes and assessments of arts therapies delivered in primary mainstream schools. *Children and Youth Services Review*. 2020. https://www.sciencedirect.com/science/article/abs/pii/S0190740919313040

194. Morison L, Simonds L, Stewart S-JF. Effectiveness of creative arts-based interventions for treating children and adolescents exposed to traumatic events: a systematic review of the quantitative evidence and meta-analysis. *Arts & Health.* 2022. https://www.tandfonline.com/doi/full/10.1080/17533015.2021.2009529

195. Zarobe L, Bungay H. The role of arts activities in developing resilience and mental wellbeing in children and young people a rapid review of the literature. *Perspectives in Public Health*. 2017. https://journals.sagepub.com/doi/abs/10.1177/1757913917712283

196. Jeffrys B. Creative subjects being squeezed, schools tell BBC. BBC. 2018. Available online at: https://www.bbc.co.uk/news/education-42862996

197. Jowett P. Entries to GCSE arts exams hit new low. Arts Professional. 2023.Available online at: https://www.artsprofessional.co.uk/news/entries-gcse-arts-exams-hit-new-low

198. STEAM. Independent Schools Association. Available online at: https://www.isaschools.org.uk/arts/steam.html

199. Definition of Mental Health. Imperial College, Student Counselling and Mental Health Advice Service. Available online at: https://www.imperial.ac.uk/counselling/mental-health-guidelines/definition/

200. A Brighter Future The impact of the DofE on young people's mental health and wellbeing. 2020. https://www.dofe.org/wp-content/uploads/2020/10/JC0209-DofE_Mental_Wellbeing_Rep-DIGITAL-SPREADS-LR.pdf

201. Dibben C, Playford C, Mitchell R. Be(ing) prepared: Guide and Scout participation, childhood social position and mental health at age 50—a prospective birth cohort study. *J Epidemiol Community Health*. 2017. https://jech.bmj.com/content/71/3/275

202. L Berrie and others. Youth organizations, social mobility and health in middle age: evidence from a Scottish 1950s prospective cohort study. *European Journal of Public Health*. 2023. https://doi.org/10.1093/eurpu

203. van der Velden PG, Das M, Muffels R .The stability and latent profiles of mental health problems among Dutch young adults in the past decade: a comparison of three cohorts from a national sample. *Psychiatry Research.* 2019. https://www.sciencedirect.com/science/article/abs/pii/S0165178119302409

204. The Netherlands remains in 5th on World Happiness Report.NL Times. 2023. Available online at: https://nltimes.nl/2023/03/20/netherlands-remains-5th-world-happiness-report#:~:text=The%20Netherlands%20is%20the%20fifth,for%20the%20sixth%20year%20running

205. Jeffrys B, Clarke V. University students are far lonelier than other adults – study. BBC. 2022. Available online at: https://www.bbc.co.uk/news/education-61735272

206. Dodds P. Six ways the Dutch are nailing student life. The Guardian 2015. Available online at: https://www.theguardian.com/education/2015/apr/01/six-ways-the-dutch-are-nailing-student-life

207. Thompson D. Growing a grown up. The Wellbeing 5 Project. Available online at: https://peacefulsoul.co/the-mind/mental-wellbeing-5-interviews/dr-dominique-thompson/

208. Smith M. Why Dutch youngsters are the world's happiest teenagers. The Times. 2019. Available online at: https://www.thetimes.co.uk/article/why-dutch-youngsters-are-the-worlds-happiest-teenagers-lf2h37qd0

209. Boztas N. Why Dutch teenagers are among the happiest in the world. The Guardian. 2018. Available online at: https://www.theguardian.com/world/2018/jun/17/why-dutch-bring-up-worlds-happiest-teenagers

HEALTH ACTION
RESEARCH GROUP

because prevention is better than cure

CONTACT

Health Action Research Group
Dalton House
60 Windsor Avenue
London
SW19 2RR

www.healthactionresearch.org.uk

info@healthactionresearch.org.uk

Design by Ilona Szczepanczyk
www.ilonaszczepanczyk.com

HEALTH ACTION RESEARCH GROUP

because prevention is better than cure