

Listening to Youth Voice to better intersectional mental health support

Policy brief

About this policy brief

In this document we present some of the recommendations about intersectional mental health proposed by young people between 16 and 29 years old through three processes: Mindset Revolution held in Manchester, Foro Joven and CoActuem per la Salut Mental with young people in Barcelona.

Listening to the affected people, especially youth, centering their needs is one of the priorities that we need to place in the forefront in a Europe where there is a debate between openness and rejection to plurality.

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Executive Summary

Half of adulthood mental health challenges begin by the age of 14, and 75% of health issues are established by the age of 24, making the need for youth focus clear. Emotional disorders, particularly anxiety and depression, among young people are on the rise, also as a result of the long-term impact of the pandemic, which led to increased isolation and stress. In the UK, rates of probable mental health disorders increased from 11.6% to 17.4% between 2017 and 2021 for six to 16-year-olds. Among 17 to 19-year-olds, rates increased from 10.1% to 17.4%. In Spain, 59.3% of Spanish young people between 15 and 29 years old acknowledge suffering from mental health problems, according to the FAD and there was a 47% increase in mental health disorders in minors after the pandemic according to the Spanish Association of Pediatrics.

Data shows that the existence and development of mental disorders occurs in bigger proportions in certain groups based in gender, socioeconomic and immigration status, identities, among others.

People who lie at intersections of the most affected groups are the ones who tend to face most mental health challenges.

Half of adulthood mental health challenges begin by the age of 14, and 75% of health issues are established by the age of 24, making the need for youth focus clear.

For example, evidence that children and young people are more likely to have poor mental health if they experience living in poverty; parental separation, financial crisis or parents with poor mental health. In Spain, people with the means to meet their material needs who suffer from mental health disorders represent 53%, while people that live in precarious conditions represent 68%. When talking about gender, among young people, men with mental disorders represent 52%, while women represent 67%. In the UK, women are three times more likely than men to experience common mental health problems. Also, young people who identify as LGBTQ+ are also more likely to suffer from a mental health condition, which are exacerbated by inequalities in accessing appropriate support.



Labor variables also play a role, since people in Spain who are unemployed stand out in the percentage of frequent mental health problems (23.3%). In fact, 19.7% of young Spanish people from the upper or upper middle class go to medical services many times a year, compared to around 10% in the case of the rest of young people according to the middle and lower class. The main reason why young people say they do not seek professional help to alleviate their mental health problems is economic issues (37.8%).

In their recent report 'A Mentally Healthier Nation', The Centre For Mental Health reflects that the rising prevalence of mental health issues should come as no surprise as over the last 15 years the social determinants for many people have worsened significantly. Additionally, structural racism and discrimination along class, gender, or sexuality often cause and/or exacerbate poor mental health. An intersectional lens that could help understand the impact of intersectional oppression on youth mental health is often missing from research and policy.

Regarding the mental health system, in the UK there is chronic underfunding, which means that around 75 per cent of young people experiencing a mental health problem are forced to wait so long their condition gets worse, or they are unable to access any treatment at all. According to UK doctors, funding and staffing levels are not sufficient to provide appropriate mental health support. Additionally increased pressures across the mental health system have a direct effect on staff wellbeing and morale. In 2023 the Public Accounts Committee reported that pressures on NHS mental health staff are causing a vicious cycle of staff shortages.

In 2021/22 17,000 (12%) staff left the NHS mental health workforce which is up significantly from pre-pandemic levels. It was reported that mental health problems are one of the biggest drivers of staff sickness.

We are also not creating safe environments for our young people. In Spain, among those who have shared their psychological problems with their environment, the most common thing is to turn to friends (28.3%) or family (17.2%), to a lesser extent to other people (8.8%) and practically residual to teachers (0.6%). A phenomenon that also affects health professionals. The fact that almost 4 out of every 10 young people in Spain (36.4%) acknowledge having felt loneliness at some time and that the proportion of young people who have experienced it with some or very frequency amounts to 45.3% may be a reflection of this lack of safe spaces.



Young people are too often studied rather than actively and meaningfully engaged in policymaking that affects them directly and where their lived experience can shed light on policy and research gaps. This is particularly important on mental health, which has long term repercussions on all parts of their current and future lives.

Policy Recommendations

We worked with groups of diverse young people (16-25) across Greater Manchester and Barcelona, as part of three complementary participatory projects on youth mental health. By engaging in participatory processes and participatory research, young people co produced policy recommendations for intersectionality inclusive mental health support:

1 Promote cultural sensitivity training in schools and mental health services.

Participatory processes such as youth-led legislative theatre and participatory research could enable young people from marginalised groups to represent and share their experience to inform policy and culture change. In addition, carry out actions to involve the family in prevention and mental health issues in relation to their children from primary and secondary educational centers.

4 Promote Diversity Experience Days for mental health professionals

and cultural competency training for all mental health professionals to strengthen cultural sensitivity, with a social, cultural, gender and class perspective, since mental and emotional health is related to structural violence. This training should be shaped by young people from marginalised groups.

2 Involve diverse young people with mental health challenges

In co-developing training for service providers with the intention of guaranteeing the humanization of care (skills and attitudes) and the structural elements of social support networks, the integration of services in the community and the necessary support time.

5 Establish a Cultural Competency Quality Assessment Framework

to be developed alongside relevant communities and organisations to establish formal standards and guidelines for working with various diverse backgrounds (culture, gender, class, etc.) and give organisations a stamp to demonstrate their competency.

3 Increase insufficient formal and informal social support networks

that are inclusive, accessible, stable and dynamic, as well as increase levels of support to help young people navigate the complex landscape of mental health through mediators who understand the background of the young.

6 Youth Mental Health Spaces should be designed by a diverse group of young people

Youth Mental Health Spaces in educational and NHS settings should be designed by young people from different backgrounds, with an accountability process that ensures the end design of these spaces accurately reflects input from young people.

There should be a process for young people to grade mental health spaces and audit how welcoming and accessible they are, as a way of raising awareness that environment influences mental health.

7 Shift the focus of the education system to mental health

and wellbeing to reflect and respect the lived experience of people living with mental health issues. There should be a compulsory requirement for every member of staff in schools, colleges and universities to be trained in mental health awareness, in order to identify issues towards early intervention, having at all times a resource kit (physical or digital) on mental health.

8 More co-production with young people at the forefront

Bring all the stakeholders in young people's mental health services around the same table. School staff members, medical and support service providers, parents, young people, and charities should be able to collaborate in a positive way to support young people seeking mental health support. A range of participatory processes could be used that put young people's lived experience at the centre, such as legislative theatre and participatory research.

About the research

Between 2022 and 2024, we worked and researched with young people (16-25) in Greater Manchester and Barcelona through a series of participatory research and participatory democracy projects on youth mental health. We used Legislative Theatre, digital participation and participatory research methods to rethink mental health from the perspective of young people, diverse along class, ethnic background, and gender lines. With young people at the forefront of this work we have developed ideas that can help change the way society thinks about mental health and the way mental health services, schools and colleges support young people experiencing mental health challenges. Legislative Theatre is about creating a performance based on people's lived experience to develop new policies and practices. Young people created two plays representing their experience of trying to access mental health support, which highlighted the intersectional oppressions they often experience.

In both Manchester and Barcelona, young people worked with an audience of community members and policymakers and through a performance they challenged the rules that prevent them from getting the support they need and deserve, and they co-created policy proposals that can make a difference to their wellbeing.

The young people also designed a participatory process online to map problems surrounding mental health that young people want to talk about and gather ideas to address these problems. In the case of Barcelona, the Youth Forum, an assembly

took place made up of 99 young people between 16 and 29 years old, who met to make a series of recommendations to Barcelona City Council on what youth policies, answering a question initial question that was formulated: as a young person living in Barcelona, what would you need to carry out your lifelong project?

In the case of Manchester, participants facilitated two online dialogues to discuss and develop these ideas with other young people and policymakers. This process of youth-led democracy translated into a Manifesto for change in youth mental health.

Partners also carried out participatory research with youth in Greater Manchester 42nd Street (CYP Mental Health Charity) have led a participatory peer research study 'You're helping me just by listening' into the experiences and needs of young adults accessing support for their mental health and wellbeing, with the aim of understanding how we can ensure current services better meet their needs. And in Spain, where youth raised similar issues around the need for a stronger intersectional perspective to respond to the mental health epidemics of an increasingly diverse youth population.

Intersecting identities. Mental health and how we cope with mental health challenges are inevitably affected by gender, class, race, ethnicity, age, religion, culture, spoken language, sexuality, and immigration status, among many other identities. In our work we found that young people experience multiple intersectional discriminations as they navigate mental health support in the health system as in educational settings.

Intersectional exclusion emerged strongly throughout all our different participatory activities and research. The young people we worked with were very diverse along gender, ethnic, socio-economic and cultural backgrounds. Many of them came from first or second-generation immigrant families. In our youth-led legislative theatre play Mask to Break, the main character struggles to get a diagnosis of ADHD and is labelled as lazy at school by teachers that do not have the time and resources to engage with all their pupils' problems.

An intersectional lens needs to underpin mental health policy and practice

While there is much literature on (growing) health inequalities, there is still limited attention to ways of embedding an intersectional approach to mental health care. Mental health is complex and often depends on experiences, stressors, and socio-economic dynamics, and how these interacts with a person's multiple and

Working class, ethnic minority parents working two jobs to manage rising living costs feel humiliated by the school who accuses them of neglecting their responsibilities as parents. Isolated at school and at home, the main character is passed around different services, each placing a new label on the character, who is more and more exhausted. The protagonist keeps going in circles from the GP to children services, to A&E, back to the GP, only to be told eventually, “Oh well, you’re going to be 18 next month, Happy Birthday! Now you have to go through adult services, but the waiting list is even longer...”.



Following the play, actors and spect-actors improvise within the scenes to identify problems and explore and co-create solutions. As part of our work, we also enabled young people to self-evaluate their own experience of participation and perceived social impact.

This process recognises the importance of lived experience to shape policies and understand their impact. It also helps shift the focus from people’s behaviours and weaknesses to processes and practices, challenging models of care that frame people as victims, rather than active participants. Young people benefitted on multiple levels, as they built confidence and democratic skills in the process, which can also positively impact their mental wellbeing.

Young people need to be at the forefront of policy making on youth mental health

Legislative Theatre plays are not stories of helpless people. Participatory work is about agency. The characters of an LT play work to challenge the oppressions they face and seek allies. During the LT performance, an audience of community members and policymakers plays the crucial role of spect-actors.

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