

SPARKING JOY: CREATING ENVIRONMENTS FOR YOUNG PEOPLE TO THRIVE

A review of the evidence-base and need to create the conditions for young people to spark joy and thrive.

Commissioned by



Ferdinando &
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Foundation

PLATF **FORM**

For mental health and social change
Dros iechyd meddwl a newid cymdeithasol

ABSTRACT

Right now, children and young people in the UK are the unhappiest they've been for over 10 years. They are struggling in school, at home, with social media, and with the climate crisis and global wars. And at the same time, we now live in a world where everyone has access to our young people – their worlds have exponentially grown.

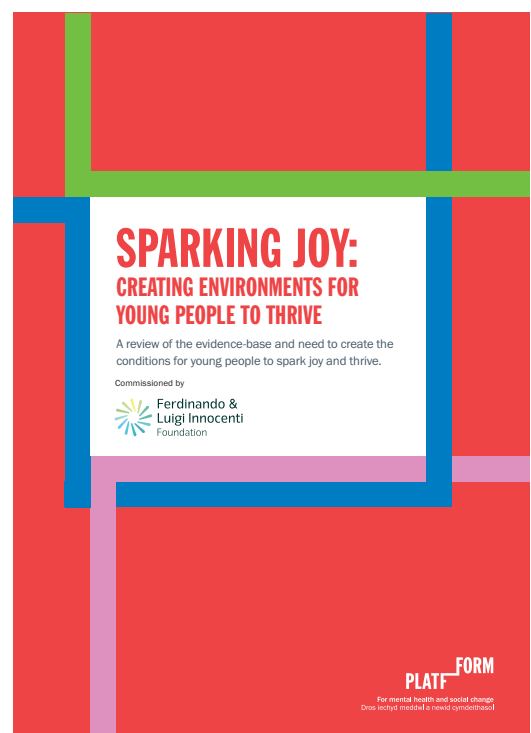
But there is now substantial evidence that we need to take a wellness approach to wellbeing and focus on creating the conditions for everyone to thrive. Every young person deserves to have fun and experience joy. Young people know best what they need and, importantly, what interests them and what they like. Therefore, we need an approach that shares power and puts the rights of children and young people first.

This paper summarises evidence for taking a young people-led approach to creating opportunities that will help them to learn key skills and experiences that will not only support their healthy development but lead to healthy adult lives too. Key evidence-based policy recommendations are formed to address these concerns.

Key Words:

Children's mental health, wellness, social determinants of mental health, strengths based, youth-led.

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ABOUT PLATFFORM

We are a charity for mental health and social change. We work with people experiencing challenges with their mental health, and with communities who want to create a greater sense of connection, ownership and wellbeing in the places they grow, live and work.

Our vision of sustainable wellbeing for all means ending all forms of injustice and discrimination and creating a society where everyone has equity of opportunity. Platfform advocates for a holistic and social justice approach to mental health – one that acknowledges the social determinants of mental health and the impact of poverty and inequality. We use a trauma-informed, relational and systemic approach to supporting ourselves and others, which is evidence-based and psychology-led.

We are passionate about strengths-based approaches and the power of early support that nurtures positive feelings and connection with others, avoids children and young people's distress becoming medicalised and enables them to thrive. We see our role as helping young people realise their skills, learn how to overcome distressing feelings and shift from hopelessness to hopefulness.

Our purpose -

We exist and work passionately in pursuit of two things:

- 1** To evolve the narrative around mental health by making space for a psychosocial understanding of distress that brings into focus the role that trauma, life experiences and socio-economic circumstances have on our mental health and ability to heal. We work to change public perceptions and transform how people ask for and receive help while experiencing distress.
- 2** To make society's 'helping systems' such as mental health, homelessness, and children and young people's services, work better for people having the toughest times – ensuring compassionate, non-judgemental, human responses to distress.

Our experience

We have been running community-based mental health services for 35yrs, supporting over 13000 people a year (including 4000+ children and young people) through a portfolio of over 140 projects. We also campaign, research, consult, advocate and influence policy to build on the existing evidence base and make the case for change. We use knowledge, stories and experiences of working within and alongside communities, public service systems and leaders to inform our thinking and speak from a place of authenticity. Our projects and experience span hospital and residential settings, secondary and primary mental health, social care, housing and homelessness, schools and youth services, community projects and businesses.

We have run children and young people's projects since 2015 for those aged 5 to 25. Our projects offer evidence-based early mental health support, wellbeing programmes, peer support groups, drop-in hubs, counselling, training and social activities. Across our services, young people are given the opportunity to explore what mental health and wellbeing means to them in safe, non-clinical community spaces with others sharing similar experiences. Interventions are tailored to individual/group needs but are based on normalising distress as a response to challenging situations, giving young people a greater understanding of their emotions and strategies to overcome difficult feelings. We help young people train to become peer mentors and support others, creating goals for the future and increased skills. Having fun, being creative and connecting with others is also a big part of what we do. We know young people's lives are often stressful, so we focus on creating space for joy as a core part of our intervention.

1 INTRODUCTION

Overall life satisfaction for young people has dropped across OECD countries in the last few years (Piacentini, 2024), with young people in England reporting significantly lower levels of life satisfaction than the OECD average (Ingram et al., 2023).

Given the recent decline in happiness among British young people and its psychological impact, we propose a national initiative that prioritises expanding opportunities, enhancing wellbeing, and fostering hope, rather than focusing solely on a pathological and deficit-based approach to our mental health. Our children have had their worlds turned upside down. Some have only ever known the world this way. Right now, children and young people in the UK are the unhappiest they have been for over 10 years (The Children's Society, 2024). They are struggling in school, at home, with social media, and with the climate crisis and global wars. And at the same time, we now live in a world where everyone has access to our young people through social media; their worlds have exponentially grown in whom they compare their lives to. There is always someone more beautiful, smarter, richer or more talented. As the gap in equality continues to grow, our children have become some of the most anxious in the world (The Children's Society, 2024).

Life was pretty low before COVID (NHS England, 2021). Fast forward to today and things have only gotten worse with the cost-of-living crisis. Currently, more than 500 children and young people a day in England are being referred to NHS mental health services (NHS England, 2021). This is more than double the rate before the COVID-19 pandemic began. In 2011 an estimated one in eight 10 to 15-year-olds had a probable mental health problem. Now that's one in five. It is children racialised as black as well as others who experience exclusion and discrimination based on who they are that are impacted the most.

Section 2 gives an overview of current thinking around mental health and wellbeing. The role of poverty in low wellbeing and mental ill-health is discussed in section 3. Problematic approaches to mental health and wellbeing, such as taking a deficit-based approach (section 4) and over focussing on an academic attainment approach in education (section 5) are discussed. Finally, concise, evidence-based policy recommendations are furthered (section 6).

2 MENTAL HEALTH AND WELLBEING

Children and young people's needs and worlds have changed. The current UK government has begun to recognise this and has committed to reviewing how best to support the young people of today to get back to having thriving lives (Department of Culture, Media and Sport, 2024), but we need more.

We need an evolution in approach and understanding of the problems and therefore the solutions to the challenges we face (Plattform, 2023). The answers to helping our children find happiness are not in mental health services. Increasing access and reducing waiting times for children and young people's mental health services is important, but it will not turn the tide on our national joylessness.

When we're able to see the bigger picture, something becomes very clear: mental health difficulties don't occur equally across the population according to 'personal resilience' or biology. The truth is that mental health difficulties disproportionately affect people in poverty, or who live in communities that have been left behind (Shim & Compton, 2020). Our mental health is largely determined by our circumstances and our relational health (WHO, 2014). This means it requires a holistic approach; mind, body, soul, circumstances and connection (WHO & UN, 2023).

People in the poorest parts of the UK are living in a constant state of crisis, struggling on incomes that don't cover the bills, living in damp and dilapidated homes, having to raise children in poor circumstances, and dying younger. This constant worry puts a strain on mental and physical health and the result is that people in more adversely affected communities experience a level of trauma and distress far higher than the rest of the population. Moncrieff et al. (2023) found that 80-90% of us believe depression is caused by a chemical imbalance in our brains. But this is not true. There is no science to support this urban myth which is so prevalent that if you go to your GP today with feelings of overwhelm and sadness you are likely to be told it and given anti-depressants to 'fix it'. It is equally not true that specific genes cause any of the diagnosis of mental illness

(Mate, 2022; Joseph, 2022). We have been told for a long time that our mental health is the result of our biology or a chemical imbalance, or it is downplayed as "something we all struggle with at times". But we don't all face the same struggles, and we don't all have the same responses to traumatic experiences. For us to think differently about these problems we need a new conversation about mental health. We need to look at the root causes of distress and how we can create the conditions and communities where we can all thrive.

For too long we have focused on seeing people as 'abnormal' and in need of correcting or 'fixing.' We have been seeing the (Western) concept of mental illness through a medical lens, rather than one of social justice. Mental health services put labels on people and suggest treatments that are disconnected of context and the importance of relationships. This approach is frequently ineffective and perpetuates the power imbalance that often led to the distress in the first place – it causes mistrust, and exacerbates stigma and discrimination (Clare, 2024). It has made many fearful of seeking help from mental health services.

The current approach is problem and deficit focused, saying "there is something wrong with you". But we know we need to think about the things that keep us well. It's about the adults and others around us providing safe, secure and nurturing relationships. Not having our relational health needs met causes us harm. We now know it is not simply the levels of adversity we are exposed to that will determine our health and outcomes but the quality of our relationships both in the present and the past (Perry & Winfrey, 2022). So, we need to shift our focus to creating opportunities for young people to thrive and environments that support that.

Poor wellbeing, a lack of social cohesion or connection, and high rates of loneliness are big problems in Britain today (Herts, 2021). We know that children and young people are struggling. They feel the tension and stress in their bodies and are trying to make sense of these feelings, trying to make sense of the world around them. Sometimes this means children behave in distressed or distressing ways. Sometimes it means children stop doing the things they like and feel really sad. Sometimes it means they act out in an angry way. Often, adversity, distress and trauma can look like neurodevelopmental difficulties, such as the diagnosis of autism or the diagnosis of ADHD. It can be hard for parents, schools and clinicians to tell the difference between those whose difficulties are related to exposure to toxic stress and trauma, and neurodevelopmental issues (ADHD/autism). It can mean parents and children worry too that there is something wrong with them when perhaps their difficulties can't be helped.

Stress, trauma, poverty and violence experienced during the first 1000 days of a baby's life can have lifelong adverse effects on health and wellbeing (Wing & McNaughton, 2022). This is because the first 1000 days are when a child's brain undergoes accelerated growth and development, and when the foundations for their lifelong health are built. How well or how poorly mothers and children are nourished and cared for during this time has a profound impact on a child's ability to grow, learn and thrive. As people's situations have worsened, anti-depressant prescription rates have increased. It's a steady climb that has been happening in Wales, for example, over the past 20 years and includes a 30% rise in anti-depressant use with children (Woodrow, 2013; Pollock, 2021).

The solutions here are not in labels, though labels will allow access to resources in a system gatekept by diagnosis. But when so many children and young people are struggling, it makes no sense to keep people waiting, diagnosing them one at a time and providing isolated packages of support when the interventions on offer would benefit everyone, including teaching staff (Timimi, 2010). The key to healing from distress and trauma is in creating the right conditions for children to heal as well as reducing the stress that teachers and parents are feeling, so they can be emotionally available to help children learn

how to re-regulate and relax their bodies. This means creating trauma and relationally informed workplaces and systems (Treisman, 2021).

What we have all been exposed to in recent years, is unprecedented societal toxic distress which we can call 'adverse societal experience'. This is similar to adverse childhood experiences – which are highly stressful – and potentially traumatic things that happen to us when we are children. They can be a one-off experience or ones lasting for a sustained period, (*go on for a long time*), like the pandemic. They can have an effect on our mental and physical health as we grow, and also in the future as adults. The difference today and now is the scale of this experience, and the interconnectedness of the world. It is not just at a family level, all of society is impacted. The pandemic, global environmental crisis, a war on the borders of Europe, economic turbulence, the impacts of austerity, loss of social connections and economic downturns – they have all contributed to a growing sense of overwhelm and limited opportunities for social mobility. This generation of young people are the first who are more likely to be less well off than their parents' generations.

3 THE ROLE OF POVERTY IN LOW WELLBEING AND MENTAL ILL HEALTH

Research into childhood adversity brings the link between adult mental health outcomes and early years toxic stress into sharp focus (Addis, et al., 2021; Welsh Government, 2021).

The well-meaning ‘one in four people will experience a mental health problem of some kind’ mantra used by awareness raising campaigns suggests an indiscriminate distribution according to the fate of our biology or personal resilience, but this is not true. Our mental health is fundamentally about our social health and is largely shaped by the social, economic, and physical environments in which people are born, live, work, and play (WHO, 2014).

Therefore, there is a growing need to get it right for children, young people and their families by addressing the social determinants of mental health. The broad range of social and environmental conditions that affect our physical and mental health, such as access to safe housing and healthy foods; employment and educational opportunities; healthcare services; non-toxic air and water; and neighbourhoods where families can live without fear of violence or discrimination (WHO, 2014). The social determinants of mental health don’t just mean good housing, access to education, having enough money and good childcare. It is about our relational needs too. Having safe and supportive relationships for emotionally healthy development with our family, friends, communities, and ourselves is key. It’s about experiencing joy, being creative and having fun by ourselves and with our friends and family too.

Growing up in poverty is a powerful determinant of our mental health because it can affect children’s access to many health-promoting circumstances. The chronic stress of living in impoverished and unhealthy conditions can overwhelm a child’s stress response systems, causing toxic stress (Garner et al., 2012). Toxic stress affects a child’s brain development and increases the risk of developing poor physical,

behavioural, socio-emotional, cognitive, and mental health (Shonkoff & Garner, 2012). A large majority of our brain development happens in the early years with 75% of relational health problems starting before adulthood (Centre on the Developing Child, 2007; Kim-Cohen et al., 2003). It can also lead to a range of chronic illnesses in adulthood, including heart disease, substance abuse, and depression (American Academy of Paediatrics, 2018). However, families and other trusted adults can be powerful buffers of toxic stress. Research has shown that access to consistent, caring adults who are loving, positive, fun, nurturing, and responsive, can protect children from the harmful health effects of toxic stress (Willis, Johnson & Paradis, 2024).

Poverty is as much a cause of poor mental health as it is a consequence of poor mental health (Ridley, et al., 2020). Being in a constant state of threat or overwhelm can impact parents’ ability to be emotionally available to their children and it can also impact their own mental health. Our ability to make decisions, and our behaviours, also play a vital role in helping people to avoid and escape poverty. A Joseph Rowntree Foundation systematic review of evidence on the relationship between socioeconomic status and the psychological, social, and cultural processes which underpin decision-making confirms this impact (Sheehy-Skeffington & Rea, 2017). They found that experiencing or growing up in poverty affects people’s lifelong decision-making. People living in poverty make decisions focused on coping with present stressful circumstances, often at the expense of future goals. This means we need both a poverty-informed approach to mental health and trauma as much as a mental health and trauma-informed approach to poverty.

4 THE PROBLEM WITH TAKING A DEFICIT APPROACH

It's helpful to understand that psychiatric diagnosis is primarily a classification system (Batstra & Timimi, 2024). They are not based on identifiable bio-makers, chemical imbalances or specific genes identified with medical tests (Moncreiff et al., 2023).

The lack of specificity in the definitions means that there is a lot of overlap between categories but also that two people within one category can have very different presenting problems. Human emotions and behaviours are far too complex, socially situated, and changeable according to the context. The traditional diagnostic system typified by the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Classification of Diseases (ICD) is not sophisticated enough to cope (Davies, 2021; Mate, 2022).

It's also important to know that there is growing evidence that a DSM disorder diagnosis may be doing more harm than good. The Longitudinal Study of Australian Children included a comparison of 400 children diagnosed with ADHD, matched to a group who had similar levels of hyperactivity/inattention but no ADHD diagnosis. By 15 years of age, those with the diagnosis were doing worse on several variables, including self-harm, feeling that they could succeed academically, a sense of self-efficacy, and demonstrating negative social behaviours (Kazda, et al., 2022). Labelling children as 'abnormal' or 'disordered' with DSM diagnostic categories perhaps helps services gatekeep resources but it appears to provide little benefit to the children themselves. This is known as a pathogenesis approach. It starts with the understanding that the issue under discussion is caused by a disease. But mental health issues are not diseases, per say. These findings suggest we need an approach that recognises needs through a strengths-based lens that celebrates difference and focuses on inclusion.

Instead, it is therefore more helpful to take a salutogenesis approach to mental health. Salutogenesis is a health promotion approach that focuses on the factors that contribute to a good life and wellbeing, rather than the causes of disease (Bhattacharya et al, 2020). This approach is often used to manage chronic illnesses, support people with a learning disability or when we get older – but the evidence base also suggests it is the approach we should be taking to mental health and supporting babies, children and young people to thrive too. It is increasingly recognised that resilient, healthy children develop best in resilient, healthy families and communities. Therefore, a focus should be put on creating the conditions and circumstances that foster things like agency, security, connection, meaning, trust and joy (Daffin, Thomas and Parry, 2022).

5 THE PROBLEM WITH FOCUSING ON ATTAINMENT IN EDUCATION

The UK government in comparison to the Welsh and Scottish governments continues to focus heavily on academic attainment. In a changing world, we need to change too, to ensure that our children can become productive and fulfilled citizens.

The Gregson Family Foundation has argued that for policy decisions to be informed, they should be made based on how our nation's children, and their teachers, are feeling and what they are experiencing. In collaboration with Anna Freud and the University of Manchester, they have set up #BeeWell, a programme delivering surveys in schools to drive action across society and improve young people's wellbeing by making it everybody's business. #BeeWell argues that only by putting the welfare of the nation's children, and their teachers, at the heart of education and decision making can we have any chance of reversing these trends. We would add that we need to put the whole family and community, including children and their teachers, at the forefront of policy decisions for the best possible chance of reversing these trends (Daffin, Thomas & Parry, 2022).

It has been reported widely – and we can see it in mental health services as well in as the rapid rise in numbers of school exclusions – that our children and young people's behaviour is out of control. But we know that behaviour is communication. If we listened, what is it that they are telling us? We know they would say they are unhappy but what would they say they need? Babies, children and young people need to feel loved, safe and secure, have nurturing adults around them to help them make sense of their own emotions and the world around them. They need friends, a life with purpose and something to do too. Victor Frankl said “He who has a why to live for can bear with almost any how”.

The 2022 PISA (Ingram et al., 2023) study identified that young people in the UK have the lowest wellbeing across Europe, with 25%, one in every four children, reporting they had low life satisfaction. Whilst young people in the

UK are reporting lower wellbeing, there is also an average trend downwards across the world. Globally, the figure of those reporting they were not satisfied was 18% (Piacentini, 2024), a rise from 16% in 2018. Further, those that were “very satisfied” had fallen from 33% to 26%. On every level against the OECD average, the UK consistently underperforms when considering life satisfaction. The figures tell a striking story of a generation of young people in the UK who feel less satisfied than their global counterparts.

Whilst there are recognised challenges when it comes to PISA statistics, and it is important to consider the wider data available, this growing dissatisfaction and lower wellbeing amongst young people is one seen across mental health services and in education settings across the UK. How we address these challenges is the question that those of us in the UK must consider carefully.

It won't be calming apps, online talking therapy or access to specialist mental health experts that will ultimately improve the lives of the tens of millions of babies, children and young people impacted. It will take all of us to create an eco-system for mental health. This is also called taking a whole system approach. In Wales, the Welsh Government is seeking to apply this approach to schools via the Framework on embedding a whole-school approach to emotional and mental wellbeing (Welsh Government, 2021). A whole-school approach recognises that every aspect of the life of the school can impact on our health and wellbeing and all of those within the school community, students, teachers and support staff. A whole-school approach acknowledges that the environment and ethos of a school is just as important as the curriculum and policies.

It involves working across the curriculum and extra-curricular activities. It should involve learners, parents and carers, staff and governors, all working together as a school community to improve wellbeing based on a shared understanding of the needs of the school community.

It considers all aspects of need from universal approaches to promoting good health and preventing ill health, to more targeted approaches for those individuals at greater risk, and specific support for those individuals with identified needs, with a focus on early intervention. A whole-school approach successfully delivered will involve developing effective working partnerships between the school and all of the agencies in the wider system that can provide specialist advice and support (Public Health Wales, 2022). Building on a supportive foundation offered by approaches such as 'whole schools', will help young people thrive no matter what society throws at them. Whether that is climate anxiety, exam-related stress, body image, family breakdown, or any of the big issues that young people grapple with every day – shifting our system to be able to provide holistic support at a pivotal point in their life is key.

6 CONCLUSION

Every young person deserves to have fun and experience joy. Creating opportunities for young people to build on their strengths and to connect with the things they care about will support the creation of circumstances that support wellness and wellbeing.

Key Policy Recommendations: A new way forward

- We need an approach that focuses on the social determinants of mental health, the things that contribute to a good life and wellbeing - keeping a focus on equality, social justice, inclusion, living conditions and so on, means fewer people will need to rely on mental health services.
- We need to shift our focus from external academic attainment as our marker of being a successful and thriving human, to concentrating on what helps us get to know who we are and what we like and sharing those passions and interests with others as well as sharing in theirs too.
- We need to take a wellness approach to wellbeing (*salutogenesis; a focus on the factors that create wellbeing*) and place emphasis on creating the conditions for everyone, including young people, to thrive.
- We need to take a relational rather than a behavioural approach; specialised support is important but without a strong foundation of connections and relationships we are at risk of mental health problems.
- We must prioritise opportunities for play, flow and creativity; every young person deserves to have fun and experience joy. We need to create a world where every young person has the opportunity to discover new passions, have fun, find purpose in life, and experience the joy of leading their own personal growth.

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PLATF **FORM**

For mental health and social change
Dros iechyd meddwl a newid cymdeithasol