

Emerging Minds:

Children, young people and families' research priorities for mental health promotion, prevention and early intervention.

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1. Introduction

Prevalence data suggests that almost 1 in 8 (12.8%) 5-19 year olds in England have a diagnosable mental health condition, and this represents an increase from 10.1% of 5-15 year olds in 2004 to 11.2% in 2017ⁱ. Since the publication of *Future in Mind*ⁱⁱ, the profile of children's and young people's mental health has continued to grow, with initiatives (such as The Royal Foundation's Heads Together campaignⁱⁱⁱ) spurring public interest and appetite for improving support. The Government has responded with increased investment in NHS and schools based infrastructure through the new Green Paper^{iv} and Long Term Plan for the NHS in England^v. These policies notes the urgent need for further reform in provision and practice to ensure that emerging mental health need is identified early, children and young people receive timely support, and are give the resources and skills they need to prevent or manage a condition, or a mental health crisis.

YoungMinds is part of the 'Emerging Minds: Action for Child Mental Health' Network, one of eight new Mental Health Networks funded up by UK Research and Innovation (UKRI)^{vi}. Emerging Minds hopes to establish the best ways of ensuring that children and young people benefit from mental health research. Our overall vision for the Network is to halve the number of children and young people who experience ongoing mental health problems, through an explicit focus on promotion, prevention and early intervention.

This paper lists research questions generated from three workshops facilitated by the Evidence and Participation teams at YoungMinds. The workshops aimed to identify the priority research questions that need to be answered in order to strengthen the implementation of mental health promotion, prevention and early intervention in the short to mid-term. These questions are based on the insight, lived experience and creativity of children, young people, parents and carers. The findings were used to shape the research themes, focus and wider questions for the Emerging Minds Network to consider, and provided stimulus for the workshop with policy makers, professionals and academics in the Spring of 2019.

An initial list of thematic areas were generated from previous participation and insight reports produced by YoungMinds for NHS England, the Department of Health and Social Care, Addressing Adversity (in conjunction with Health Education England and Public Health England)^{vii}, and the recent reports of the University of Birmingham Mental Health Policy Commission^{viii}, and McPin Foundation^{ix}. These thematic areas were further tested, expanded and refined through workshops with children, young people, parents and carers. and families. The iterated thematic areas framed the workshops, and have provided a structure for this paper. The consolidated four thematic areas are:

1. **INDIVIDUALS:** emotional literacy, mental health education and life skills
2. **CONNECTIONS:** family, peer and community relationships
3. **SITUATIONS:** adverse experiences
4. **SYSTEMS:** mental health-informed environments, services and workforces

In this paper we provide a short introduction in to each of the themes, followed by a list of questions generated from each group. The lists are sorted into prioritised and wider research questions. The prioritised questions should be read as a set of priorities not a ranking of priorities 1-5 according to each of the groups. We prioritised the questions based on the following criteria:

- a. do they answer a promotive, preventative, or early intervention need?
- b. do they relate to an evidenced need or concern?
- c. can they be answered by a short to mid-term research programme?

Wider research questions have also been included as workshop participants felt that condensing the list to five questions would lose the richness of the insight being drawn upon and possible emerging areas of concern that were not yet a priority area.

2. Defining terms

Within the Emerging Minds project, we have agreed a shared set of definitions for mental health promotion, prevention, education and early intervention. These are based on a domestic translation of the definitions used by the World Health Organisation (WHO), and other organisations working in the field. The definitions we used within the workshops include:

- **Public mental health:** improving mental health and wellbeing, and preventing mental illness, through the organised efforts and informed choices of society, organisations, public and private, communities and individuals (*based on the Faculty of Public Health definition^x*)
- **Mental Health promotion:** is the process of enabling people to increase their understanding and management of emotional and mental distress through social and environmental programmes aiming to actively change behaviours and attitudes (*based on the WHO definition^{xi}*)
- **Mental Health Prevention:** of mental ill health describes *primary* interventions aiming to prevent the onset of a diagnosable mental health condition (focusing in particular on pre and sub-clinical levels of need), and *secondary* and *tertiary* interventions aiming to detect mental ill health early, prevent the escalation of need, or the experience of mental health crisis. This is aimed both a collective and individual level, identifying risk and protective factors and seeking to reduce or mitigate them (*based on the WHO definition^{xii}*).
- **Mental Health education:** involves deliberately constructed opportunities for learning about emotional and mental distress, and involves communications and acquisition of skills to build mental health literacy, capability and self-management (*based on the WHO definition^{xiii}*).
- **Early intervention** means identifying and providing effective early support to children and young people who are at risk of poor [mental health] outcomes. Early intervention works to reduce the risk factors, and increase the protective factors in a child's life. This can include effective, accessible and early treatment or support for emerging mental health problems (*based on the Early Intervention Foundation definition^{xiv}*).

Whilst we recognise that there is an overlap within these terms, we wanted to present the framework in which these workshops took place, and the priorities for research questions emerged.

3. INDIVIDUALS: emotional literacy, mental health education and life skills

Whilst the Children and Young People's Mental Health Survey^{xv} found that around 1 in 8 children and young people (aged 5-19) have a diagnosable mental health condition, we know that many more experience emotional distress that does not meet the clinical threshold^{xvi}. This is an important factor when considering that emotional health in childhood was shown, through an analysis of the British Cohort study, to be the most important indicator of life satisfaction, and more broadly personal outcomes as an adult^{xvii}. All young people experience emotional distress at some point in their childhood or adolescence as a normal part of their life, which is why it is essential that they are taught the knowledge and skills to recognise and respond to their mental health.

To assist with this, many interventions have aimed to improve children and young people's emotional literacy^{xviii}, resilience, wellbeing and self-management of their distress or conditions. Previous research has found that mental health literacy in adolescents is associated with mental health status; with lower levels of literacy being associated with depression^{xix}. But importantly a lack of mental health literacy has been linked to a delay in help-seeking from young people with symptoms of emotional distress^{xx xxi xxii}. Schools have been a popular setting for intervention because they are a convenient point to access young people, however the questions go beyond this to consider the settings, professionals, and method of improving young people's mental health education and life skills across different stages of their development.

Children and young people

Priority Research Questions:

1. How can young people be supported to improve social and emotional wellbeing in moments of transition?
2. How effective are the different formats for how schools teach Relationships and Sex Education (RSE) in developing life skills, and social and emotional wellbeing?
3. Do young people living in rural areas have fewer opportunities to develop life skills compared to children and young people in urban communities? If so, what can be done to develop positive mental health for children and young people who live in rural areas?
4. Where is the most effective place to intervene early (e.g., schools, youth clubs, health services, community settings etc.)?
5. What are the most important things that influence wellbeing (i.e. exams stress, school work, friendships and relationships, exercise, etc.)?

Wider Research Questions:

6. How do we raise a generation of young people that accept difference?
7. What do young people feel brings them the most joy / difficulty in their lives?

8. What are the best techniques for encouraging self-help and mental health resilience (i.e. Apps, social media, books, lessons at school, activity outside school)? If Apps, how effective are applications for mindfulness and video games that positively promote good mental health, and social and emotional wellbeing?

9. At what age is it appropriate to develop resilience and self-esteem in children and young people, and what is the impact of developing resilience and self-esteem at an early age (age 5) on mental health outcomes in later life?

Parents and carers

Priority Research Questions:

10. How can we help young people identify symptoms of mental illness from an early age? Is there a best age to introduce mental health education? If so, what is the age?

11. What are the drivers in the rise of emotional disorders (such as anxiety)? How can we help young people to manage these more effectively when they first begin to experience symptoms of poor mental health?

12. How can we build resilience in young people to manage the societal expectations (e.g., pressures to get good GCSEs, to go to University or get a job)?

13. What is the impact of social isolation and loneliness on the development of mental health conditions in children and young people? And what is the impact of the social isolation and loneliness of the children and young people on their family?

14. How can we best incorporate the lived experiences of families to promote good mental health?

Wider Research Questions:

15. How can we communicate findings and evidence about effective mental health prevention practices to young people?

16. To what extent can we identify children and young people at risk of social exclusion? Could this be utilised for targeted prevention and early intervention for mental health?

17. What role does social exclusion play in the Relationships and Sex Education curriculum?

18. What are the best ways to reduce the stigma surrounding mental ill health? How can we instil these from an early age?

19. What are the necessary skills that young people need to build resilience when using social media?

20. How can we best encourage young people to spend time offline? How can young people be encouraged to 'take time out'?

21. What support or interventions are available to help children and young people living in poverty build resilience? What support would be most effective?

22. How do we ensure young people have access to 'safe spaces' where they can express themselves and 'have a voice' that is heard by decision makers?

YoungMinds insight

Priority Research Questions:

23. Is there evidence that social and emotional literacy interventions prevent the onset of, or reduced the severity of, mental health problems? If so, which interventions are most effective at supporting social and emotional literacy in young people?

24. Who is most effective at educating children and young people about their own mental health, and how to manage and make sense of it (e.g., teachers, parents, other young people etc.)?

25. What are the core assets, resources, skills and competencies that young people need to respond to the impact of social media, cyberbullying and the online/digital/web-enabled gaming world? Within this at what age should the intervention be delivered, and how do you adapt the intervention for different age groups/ranges?

26. What impact does media portrayal of children and young people's mental health and associated phenomena (including depictions of self-harm and suicide) have on children, young people, parents, carers and professional's understandings of mental health and where the emphasis of intervention should be placed?

27. What can we learn from other health promotive and preventative models of intervention with respect to condition awareness and self-management (e.g., diabetes / HIV / vaccinations / urgent care / smoking cessation), and/or the experiences of specific groups of children and young people (e.g., children in care and care leavers)? Within this, what is the role of children and young people themselves?

Wider Research Questions:

28. What can we learn from other health-based models of intervention aimed at reducing stigma and how might they apply to addressing children and young people's mental health (e.g., HIV prevention and un-detectability / early/teenage pregnancy)?

29. What are adults' assumptions of children's use of social media and the online world, and how do these differ from younger generations (Millennial and Generation Z), and vary by locality (urban and rural communities) and by individual characteristics (e.g. gender, socio-economic status, ethnic background, etc.)? What is it like to grow up in a digitally enabled world?

30. At what stage in the development of a mental health condition is it best to intervene to prevent mental health problems (beyond normative mental and emotional distress)? And within this, is there a new form teenage or adolescent rebellion, how does this fit within existing theories and practices of child and adolescent development, and how can we take a mental health-informed approach to supporting young people to safely take risks and experiment with identity and relationally?

31. What is the efficacy and impact of adopting individual interventions (directly with children and young people) over indirect community or system level ones, and which result in the greatest mid-term benefit to children and young people's mental health?

32. How effective are diagnostic/pathologising models of youth mental health, in comparison to adopting non-diagnostic/non-pathologising (and/or trans-diagnostic) models? Do condition-led models lead to better mental health outcomes for children and young people?

33. What international comparators are there for promotive, preventative and early intervention approaches in children and young people's mental health?

34. What are the evidenced-based principles of early intervention, promotion and prevention of children and young people's mental health, and should these vary according to the characteristics of a child or young person, the environment they are in, and/or the circumstances they have faced?

35. How do you encourage and support young people to build a practice in self-care, self-soothing and self-regulation?

36. To what extent are the skills for life changes and transitions (e.g., for specific moments in transition such as primary to secondary education) the same as life skills that promote mental health and wellbeing? Within this, to what extent should the intervention be curriculum or manualised?

4. CONNECTIONS: family, peer and community relationships

During adolescence, young people are making sense of physical and cognitive changes, as well as simultaneously navigating new social and emotion experiences. These might include increased peer pressure, greater independence and transitions in their lives or relationships. These experiences are situated within a complex web of family, peer, community, societal and cultural influences, which affect their current and future health and wellbeing^{xxiii}^{xxiv}.

Young people's mental health can both affect, and be affected by, relationships with their parents and carers^{xxv}^{xxvi}, their siblings^{xxvii}, their peers^{xxviii}, and their community^{xxix}. Research has shown that having secure relationships in early childhood is predictive of positive wellbeing in adulthood^{xxx} and can help people cope with stress^{xxxi}, and respond more positively to life's difficulties^{xxxii}. Programmes targeting parenting are the leading early intervention strategies, however these tend to focus on the early childhood years^{xxxiii}. The questions generated for this section are wide ranging, including interventions to help parents, peers and the community to promote good mental health, and also identify and prevent mental illness, or respond to young people with emotional difficulties.

Children and young people

Priority Research Questions:

37. How can we help families intervene early to prevent the onset of mental health problems, and how can they identify and respond to emerging signs of a mental health crisis?

38. What support structures can be put in place for young people who don't have a family support network? Within this, does poor contact with family members have an affect on the development of a mental ill health, and if so, how else can we create a sense of a 'substitute family' for young people?

39. Who are the people in a child or young person's life and environment ('significant others') who are best placed to intervene early? Within this, who are the adults young people 'trust', and what is it about them and the relationship that builds and maintains this trust?

40. Are there any community groups or services that are proven to develop good mental health for children and young people?

41. Do positive peer-to-peer relationships help to prevent and/or promote mental health problems?

Wider Research Questions:

42. Where is the best place to reach parents, and where do parents reach out for information, advice and help?

43. What role can siblings play to prevent mental illness, and promoting good mental health? Within this what support is available for a sibling of a young person with a mental health condition or is experiencing crisis, and what support do siblings need?

44. What role can digital technology, online, social media play to support children and young people to develop connections in rural areas?

45. How can we train adults to understand children's use of social media and online relationships?

46. Do parents, carers, siblings, other family members and care givers feel disempowered if they are unable to provide appropriate support to children experiencing mental health problems? If so, what can be done to empower families, and would this help prevent mental ill health?

47. How can families best prevent self-harm, and what mental health education is needed for family members?

48. Does the size of a young person's social network have an impact on a child or adolescent's mental health?

49. What is the impact of a negative relationship with parents on a child or young person's mental health, and their desire to seek support?

50. Do young people compare themselves with peers and other social groups online? If so, does this have a negative effect to self-esteem and mental wellbeing?

Parents and carers

Priority Research Questions:

51. What levels of connection with peers are useful when a young person is in the early stages of developing a mental health condition?

52. How can young people with mental health conditions maintain effective relationships with their peers (i.e if they are excluded from school)?

53. What evidence is there of intergenerational interaction and connections producing positive mental health outcomes for children and young people?

54. What support is given to family members when young people begin to show signs of mental ill health, and can this be used to help to promote positive mental health?

55. What information can a parent or carer provide to a young person to help them to identify with, and better manage, their emotions?

Wider Research Questions:

56. How can we help the family if there is a breakdown in communication between a young person with an emerging mental health condition?

57. How can families reach out to young people that are isolating themselves and what support is available for them to do this?

58. Do young people talk to their friends about their mental health concerns, and how can young people effectively communicate how they are feeling to their friends?

59. What are the dominant perceptions of 'normal' interactions for young people, and should parents actively encourage these?

60. How can young people and families' communication online help prevent mental illness and promote good mental health?

61. Does managing a mental health charities effect how you are able to respond to your child's mental health concerns?

62. How can families recognise mental health problems and behaviour changes of children and young people, and what early knowledge or support can be provided to help with this? Within this, what is the most effective way of communicating information about mental health to families?

63. What impact does social isolation and loneliness have on the families of young people and their mental health?

YoungMinds insight

Priority Research Questions:

64. To what extent can different communities, adults and peers recognise and acknowledge mental health distress and emerging conditions? Within this, how can children and young people's experiences and voices be seen and heard, what acts as a preventative or exacerbating factor, and what is the most effective and attuned response?

65. How can parents and carers' communication and relational skills be developed to better support children and young people's mental health, and to what extent does this need to be clinically-informed?

66. What evidence is there for the effectiveness of different models of peer support (e.g., mentoring, support, advocacy, befriending etc.) and what has the greatest benefit in the prevention and early intervention of mental and emotional distress, and condition management? How do these compare to non-peer based models of support?

67. What is the more effective balance between promoting parental responsibility and paternalism with individual responsibility of the child and young person within promotive and preventative interventions for mental health?

68. To what extent do the experiences of belonging and loneliness contribute to mental and emotional distress, what contributes to these feelings, and what is the most impactful preventative intervention to address this? Within in this, is there a substantive difference between experiences of social exclusion, isolation, withdrawal (from peers and others) and social capital?

Wider Research Questions:

69. How do changing patterns of screen time, communication styles, and social relationships affect and child, young person and the wider familial (or equivalent) mental health?

70. What role could siblings and other near-relatives (beyond parents and carers) play in the prevention of mental health problems and the management of emotional distress?

71. What role could siblings and other near-relatives (beyond parents and carers) play in the prevention of mental health problems and the management of emotional distress?

72. What are the most impactful ways for non-mental health professionals (e.g., social workers, teachers, youth workers etc.) to identify and respond to disclosures of emotional and mental distress?

73. What are the critical conditions or components of a high-quality, caring and reciprocal relationships between young people and their wider social connections (parents, family, peers etc.), which enables them to best make sense of their mental health and access support when required? Within this is the quality or quantity of relationship more important in preventing the onset and mitigation of mental and emotional distress amongst children and young people?

74. What is the role of collective resilience models in preventing the onset of mental health problems amongst children and young people (e.g., intra-relationship resilience)? How can we better understand and integrate different cultural histories and models of mental health?

75. Are children becoming increasingly isolated because of parental fears of youth violence in urban communities? If so, what is the impact of being isolated at home due to gang violence in urban areas (e.g., parents who are risk adverse or protecting)?

5. SITUATIONS: adverse experiences

Research shows that almost one in two young people will experience adversity in childhood, which can have an impact on the development of children's mental health conditions^{xxxiv}. Many children and young people do find a way of overcoming the adversity they have faced. However, research suggests that at least 1 in 3 diagnosed mental health conditions in adulthood directly relate to Adverse Childhood Experiences (ACEs) that have subsequently impacted on their psychological development and wellbeing^{xxxv}. Furthermore, childhood adversity is accompanied by lower levels of mental wellbeing and life satisfaction in adolescence and adulthood^{xxxvi}, as well as an increased risk of enduring mental health problems (including experiencing psychosis)^{xxxvii}.

When considering the prevention and early intervention of mental health disorders in young people, it is therefore crucial to consider their experiences or 'situations' and the impact that this may have had on their mental health. The questions consider adverse experiences such as bullying, poverty and discrimination but also differences in interventions aimed at reducing negative outcomes for young people.

Children and young people

Priority Research Questions:

76. Should we be treating symptoms (i.e. depression) or root causes (i.e. childhood trauma) of mental ill health?
77. What is the impact of specific adversities on young people's mental health, and what are the situations or adversities which commonly trigger mental ill health? Within this, which of these are preventable situations that commonly cause mental ill health?
78. Is there a correlation between bullying and mental health? If so, how do you prevent bullying and cyberbullying?
79. What is the relationship between physical health and mental health, and do they influence one another?
80. Why do different groups of children and young people have different levels of resilience, and what is the relationship between individual personal resilience and collective resilience?

Wider Research Questions:

81. Do young people use social media responsibly, and can responsible use enable young people to lead cultural change around social media use globally?
82. What is the impact of having no money in the home on children and young people's mental health?
83. What are the potential benefits of social prescribing for combating loneliness and isolation due to mental health problems?
84. Are assumptions made about a child young person by professionals when accessing services? If so, what are the effects of this and does it deter young people from accessing support, the treatment they get, and progress they make?
85. What is the relationship between the LGBTQ+ community and mental ill health (especially transgender youth), and how can we improve the prevention of mental ill health for young LGBTQ+ communities? Within this what are the positive effects of medical transition on young people's mental health and wellbeing?
86. Is there a link between austerity, poverty and a rise in mental health problems in young people?
87. Why is there such a high prevalence of mental health problems for young people on the autism spectrum?

Parents and carers

Priority Research Questions:

88. What alternative therapies are effective for young people that have experienced adversity and trauma (i.e. arts based therapy, writing, animal therapy, sports etc.) and how widely available are these?

89. Are there people that have 'come out of the other side of mental ill health', and how can these experiences help young people with mental health problems to feel hope, and feed into the design of early interventions?

90. What does it feel like to be excluded from education if you are a young person that is experiencing mental health problems?

91. Does adversity affect the family as well the young person (i.e. divorce or bereavement)? If so, would using a trauma-informed approach improve how families can respond to adversity, and what would this look like in practice?

Wider Research Questions:

92. What is the impact of social isolation in school on a young person, and their mental health?

93. What are the short and long-term effects of different forms of adversity on young people and their mental health?

94. What is the effect of adversity on children that have a 'genetic pre-disposition' to mental health problems (i.e. schizophrenia or bipolar)?

95. How can we best support children and young people with autism and a mental health conditions?

YoungMinds insight

Priority Research Questions:

96. What first response and early interventions show positive short and mid-term outcomes in supporting children and young people who are finding it difficult to adjust to a new life situation following an adversity (e.g. familial breakdown, parental divorce or separation)?

97. What are the protective factors that mitigate and reduce negative mental health outcomes when children and young people experience adversity and trauma in their lives (e.g. relationships to parents, pets, etc.)?

98. What is the additional impact of racism, sexism, homophobia and transphobia on children and young people's experiences of emotional distress and mental ill health, and what interventions positive tackle both prejudice and mental health problems?

99. Is there an association or correlation between patterns and trends in social, economic and health inequalities and the growth of emotional distress, mental health problems and psychiatric diagnosis? Within this, to what extent should all mental health interventions be designed to address wider social and structural inequalities, and vice versa?

100. What is the profile of those most at risk of being formally excluded (permanent or fixed period, formally or informally) in schools and statutory settings, and what interventions work in challenging interpretations of behaviour and adverse outcomes?

Wider Research Questions:

101. Is there a substantive difference in the forms and incidence of adversity and trauma children and young people face in rural and urban communities? And how do we best meet their needs taking into account their rurality / urbanity?

102. What are the most impactful promotive and preventative mental health interventions for those subject to harm-inducing cultural practices (e.g. FGM, scarification, forced marriage etc.)

103. What is the impact of psycho-social interventions that aim to educate a child or young person about the adversity and/or trauma they have experienced, and does this help or hinder the growth of positive mental health, and individual empowerment? Is there an optimum age at which this should be done?

104. What are the best interventions to mitigate and migrate children and young people away from adverse and paradoxical forms of attachments and belonging (e.g., gang membership, youth relationship violence, trauma bonds, etc.)?

105. What impact do media, familial and peer portrayals of traumatic incidents (e.g., knife crime, terrorism, environmental disaster, etc.) negate or perpetuate feelings of mental health and wellbeing?

106. What is the evidence-base for intervening in intergenerational trauma and cycles of violence, and what can be done to promote, prevent and end additional emotional and mental distress amongst children and young people?

6. SYSTEMS: mental health-informed environments and services

Children and young people interact with many different kinds of services and environments throughout the lives. This might include schools and college, primary care, the justice system, voluntary youth or special interest groups, as well as more specialist children and young people's mental health services. Research has found that the services^{xxxviii}, and for some lack of access to these services, can impact children and young people's mental health, and that receiving poor care can exacerbate the distress or crisis they are facing^{xxxix}.

Young people have also been found to be less likely than any other age group to access mental health services due to continued stigma, reduced mental health literacy, poor access to appropriate services and inadequate health structures^{xl}. Without early support, the issues faced by young people have the potential to escalate, meaning that clinical support is required for their mental health needs. The questions consider how services, their culture and the people within them can most effectively operate to promote the mental health of young people. Further, they consider how systems and environments respond to emerging needs, including how young people can best participate in the design of services.

Children and young people

Priority Research Questions:

107. Why are young people in the UK consistently found to have comparatively low levels of wellbeing, and what can learn from international contexts, communities or their cultural approaches?

108. Are there education systems (in other countries) that create less pressure on young people, and how do they impact or promote mental health?

109. How much do waiting times affect the experience of young people with emerging mental health needs?

110. What is the impact of after-school, and other youth activities, on children and young people's on mental health?

111. How does the use of language (including diagnoses and stigmatising terms) by clinicians and wider society affect the care children and young people receive?

Wider Research Questions:

112. What can we put in place to build trust between young people and different services, and does trust link to better outcomes for young people and their mental health?

113. How do you make mental health services 'less scary' and accessible for young people?

114. Is there a relationship between mental health, wellbeing and educational attainment?

115. Are there examples of good practice in prevention and early intervention for other health conditions, which could be applied to mental health (i.e. social prescribing)?

Parents and carers

Priority Research Questions:

116. What are the barriers of sharing data between services? (e.g. schools police, mental health services, social services), and how can they communicate more effectively?

117. What impact does a school environment have on children and young people's mental health? Within this; What support can be given to children and young people who can't attend school? What support can be given to young people to help them go to school during the onset of mental illness? Does disruption in children and young people's education because of their mental health have an impact on long-term outcomes? What information is available about alternative education routes for young people that are not able to stay in mainstream education?

118. How can services be more personalised to the needs of the young people?

119. To what extent are parenting courses effective in the prevention or promotion of children and young people's mental health?

120. What evidence is there for the effectiveness of long-term professional support (e.g. a 'key-worker for life') on children and young people's mid to long-term mental health outcomes, and are there any international comparisons?

Wider Research Questions:

121. What 'safe spaces' exist for young people with early and emerging conditions, and how do young people learn about them and access them?

122. What is the evidence base for using alternative therapies (e.g. arts, animal, sports) for young people with emerging mental health conditions?

123. How can we reduce the stigma around mental illness? What role do schools play in reducing the stigma around mental illness?
124. What research has been conducted on the provision of medication when young people first present with mental health conditions? What are the review processes to ensure that medication given to young people at the beginning of their treatment remains appropriate?
125. What role does coproduction play in the promotion, prevention and early intervention of mental health?
126. How can child deaths/ serious case review recommendations be translated into changes at the local level and in services?
127. How can schools effectively respond to bullying?
128. What is the evidence base for community-level interventions for young people with mental health conditions?
129. How effective are community groups (that are non-statutory and not necessarily aimed at mental health e.g. social groups) for the prevention of mental illness?
130. How can outreach from GPs be used to support families that have members with emerging mental health problems?
131. How can best practice for the prevention and early intervention of children and young people's mental health be effectively shared across the country?
132. How can we ensure that schools and colleges are equipped to identify and support young people with emerging mental health conditions?
133. Who are the people that cross the boundaries between institutions and agencies, and what makes them effective?
134. What training is needed by professionals (e.g. teachers, GPs, social workers) to help build young people's resilience when using social media?
135. Is consistency of staff a positive factor in outcomes, and what effect changing a lead professional mid-treatment has on young people and families? Within this, does this factor contribute detrimentally to their experiences, and if so, how could this be addressed within the current service model?
136. How can schools, talk to, and support parents whose child is at risk of experiencing mental health problems?

YoungMinds insight

Priority Research Questions:

137. What is best time and way to involve young people in the design and delivery of mental health promotive and preventative interventions? Within this, is there a substantive difference in outcomes and impact of those interventions design by/with young people, compared to those design and delivered for them? Further, is there a point when participation and co-production and participation in services become less meaningful?

138. What is the value of lived experience when supporting a child or young person with a mental health condition, and does direct lived experience enhance promotive and preventative interventions and build a sense of commonality?

139. What is the indirect contribution to prevention and promotion of mental health of generic youth activities (youth clubs, memberships, social action) that are not explicitly designed for mental health interventions?

140. How do you translate the language of mental health, emotional distress and preventative literacy for different audiences or cultures, especially where there is alternative understanding of mental health phenomena (i.e. hearing voices, talking to self-soothe, etc.)?

141. What can we learn from international youth participation and co-production models and interventions that could work for the promotion and prevention of children and young people's mental health in the UK?

Wider Research Questions:

142. What would a more culturally-sensitive and aware formulation of mental and emotional distress look like, and what models of care and service interventions would emerge from this?

143. What are the evidence-based features of a mentally healthy ecology or environment, which focus on the promotion of children and young people's mental health?

144. What the effectiveness of community leadership and development in preventing emotional and mental distress amongst children and young people? Within this are their variations and differences between the impact or approaches of faith-based or non-faith based community leadership?

145. What is best time and way to involve parents and carers in the design and delivery of mental health promotive and preventative interventions, and does this have better outcomes than initiatives that involve child and young people directly?

146. How do you actively encourage children and young people to invest in preventative self-care, self-regulation and self-soothing activities and movement or breathing practices when there is a perceived conflict or non-alignment with their cultural identity or practices?

147. Is there a significant difference in the mental health and other wellbeing outcomes achieved through adopting a whole school or curriculum approach in schools?

148. What types, styles and forms of school and colleges leadership and governance enable staff to best support children and young people's mental health?

149. What is the viability and effectiveness of youth and citizen-led models of practice and delivery to manage mental health?

150. What features of an organisational culture enable professionals to step into preventative or promotion roles when required to support children and young people's emotional and mental health, and intervene in crisis?

151. What presentation pathways are available to children and young people experiencing emotional distress and mental ill health and what is the impact and consequences of different trajectories and lack of access?

152. What is the value and availability of social prescribing for emerging mental health problems in children and young people, and to what extent does this need to be a formal or informal referral and care plan to be successful?

153. Which models of parental / carer support result in the best promotive and preventative action when children and young people experience emotional and mental distress and a mental health crisis?

154. Does investment in high quality navigation of services and information provision (for children, young people and families) result in better access and outcomes for children and young people?

156. What are the strengths and weaknesses of outreach in contrast to housed models of provision, comparing across different forms of intervention, communities and needs?

157. What permission is there for staff to be flexible and youth centric (e.g., fidelity and flexibility in provision)?

158. Can the failure demand and cost of mental ill health onto other areas of public expenditure (and vice versa) be quantified?

159. What are the features (i.e. knowledge and diversity) of frontline workforces that best promote mental health and prevent escalations of crisis and distress?

160. What are the drivers and barriers to DNAs (Did Not Attend), and how can we use this insight to reduce and prevent DNAs and does this suggest any changes to models of early intervention and mental health support (e.g., flexibility of provision, different service models and staff roles)?

161. Does the duration, quantity and quality of contact with mental health professionals (compared to non-specialist or generic workforces) affect mental health outcomes? What factors disrupt the quality of contact (i.e. temporary staff, low level of MH training, etc.)?

162. What effect does a professional's sense of organisational and/or professional belonging have on the quality of interventions in children and young people's mental health?

163. What level of generalist mental health and child development knowledge and understanding is required in order for professionals to act in preventative and promotive ways?

164. To what extent do professionals need to be situated and/or familiar with the wider environment of the child or young person to provide impactful preventative and early intervention support?

7. Discussion

We understand that generating questions in this way is problematic as it inevitably contains bias. The questions set out in the sections above draw on the rich, lived experiences, ideas and creativity of the young people, parents and carers we more frequently engage with. We hoped to balance this biases by drawing on the significant qualitative published and unpublished insights we have gained by working with people outside of our primary participations networks through commissioned projects for statutory bodies (including NHS England and the Care Quality Commission), the Government (including the Department for Health and Social Care), and local commissioners and providers.

The final list of questions is a good reflection of the wide range of concerns and suggestions proposed across the children, young people's and parents and carers groups. By the nature of the process, some of the questions have micro-focuses on identification or interpersonal relationships, whereas other imply larger research focuses on systemic and structure change.

We worked with a smaller group subsequently to refine the questions to ensure they could be responded to by the research community. The aim across all the groups was to identify questions where new research could contribute to knowledge and ultimately timely interventions in the short- to mid-terms; as per the remit of the research network. Where possible to remove duplication within the groups. That said, we have presented the questions by the group generating them in order to expose, for the reader, the similarities and difference between the groups.

The list of questions will inform workshops run by the Centre for Mental Health with professionals, commissioners and policy makers. Together all generated questions will be analysed by the Emerging Minds research leads and used to create a set of research challenges that individual academics and researcher can respond to. These 164 questions are very much the beginnings of a process, rather than a finished product. In publishing them, we hope that this will stimulate further inquiry, investigation and innovation in mental health research for children and young people. Important we hope that this focus on promotion, prevention and early intervention, will encourage and foster a close working, practice-focused relationship between those who explore the challenges, the wider research community, those advocating for mental health reform, and those working within mental health services.

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