An Exploration into the Factors Impacting on the Mental Health and Wellbeing of Highland Youth:
Part 1

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Foreword

Across the UK, there are numerous services and grassroots projects aimed at supporting young people to improve their life chances as they traverse the tumultuous landscape of adolescence. Such services are aimed at helping with personal and social development, mental and physical wellbeing, as well as helping young people develop skills for life and future work. Yet, evidence suggests a mental health crisis for young people that is getting worse (YoungMinds, 2022). Additionally, investment in youth services has fallen despite the needs of young people increasing. In terms of rural areas, some warn of a potentially slower revival from COVID-19, due to little co-ordinated provision to tackle inequalities and put young people at the heart of recovery work (National Youth Agency, 2021).

In Scotland, children and young people's mental health is a key priority for the government, with the emphasis on early intervention and prevention[1]. However, despite this focus, the system remains complex, fragmented, and focused on specialist care and responding to crisis; making it difficult for children and young people to get the support they need (Audit Scotland, 2018). Furthermore, mental health services for children and young people are under significant pressure; between 2013/14 and 2017/18 referrals increased by 22 per cent (and rejected referrals also increased), whilst 26 per cent waited over 18 weeks to start treatment (Audit Scotland, 2018). The shortage of educational psychologists has been noted as leaving young people in distress and at serious risk (BBC, 2017). Evidence also shows an increasing concern regarding suicide rates.   In the first nationally representative population-based study of suicide attempts and non-suicidal self-harm (NSSH), it was found that one in nine young people across the UK have attempted suicide and one in six have engaged in NSSH (O'Connor *et al.*, 2018). In Scotland, recent evidence shows one in five deaths to suicide was by someone under the age of 30 (National Records of Scotland, 2021). Yet, young people are under-heard, not listened to and often disbelieved due to their age; this important omission is due to a perceived lack of life experience to pass comment on important topics affecting their life (National Suicide Prevention Leadership Group, 2022).

Whilst many of the issues affecting young people are common to both urban and rural contexts, there are differences. In one recent study, it was found that young people from rural areas have poorer mental health and wellbeing than those living in urban areas, suggesting that urban-rural differences in adult mental health may begin in adolescence (Levin, 2014). Additionally, rural young people are identified as a vulnerable group in relation to risk of poverty and/or disadvantage. Furthermore, challenges related to specialist support services, infrastructure, careers advice, and heightened visibility within the local community, may be less common concerns for urban youth (Glass, 2022). Indeed, using a rural lens, such dimensions of social life and the meanings ascribed to them, take on a different tone with rather different implications and consequences for rural youth in the context of mental health and wellbeing.

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[1] There is no separate strategy for children and young people's mental health, this is incorporated into the main Mental Health Strategy (2017-2027).

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In recognition of this context, our survey aimed to gather information from young people living in the Highlands of Scotland, to gain a better understanding about how different dimensions identified as important in the wider literature, impact or influence their mental health and wellbeing. Given the many issues currently facing young people in rural areas, it is our hope that we can add to the knowledge base on rural youth mental health and encourage an ongoing dialogue as to how best to go forward, one that recognises young people as 'experts by experience'.

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Executive Summary

Challenges to youth mental health is a growing issue, but also one gaining traction as a topic open for discussion. Outside of major population centres such as Inverness, the Scottish Highlands is dotted with small communities that remain somewhat isolated. As a result, young people within these communities may experience a number of issues, not least deprivation of services, not experienced by the populace of cities such as Edinburgh. Consequently, such limitations may have impacts on mental health and wellbeing not immediately visible or obvious.

In order to develop a greater understanding of these challenges, a survey was designed and made available online or sent to 173 participants aged between 13 and 25 years old. Comprising five different areas, the survey was designed to gain an insight into what young people consider to be determining factors in relation to their mental health and wellbeing via usage of both rating-scale and open-ended questions.

This report is the result of analysis of survey results. The analysis concludes that there is an overarching theme of deprivation and/or limitation with regards to rural communities in the Highlands. This paucity spans crucial areas including appropriate mental health support, the provision of transport, job opportunities, and recreational activities: all of which impact on the mental health and wellbeing of young people in the Highlands.

In addition to the serious detriment to the wellbeing of participants, as evinced by a large majority reporting experiences with mental health issues (particularly anxiety), the recent COVID pandemic has further highlighted structural weaknesses in the provision of care and support, with many respondents reporting that they felt unable to access adequate and appropriate services. The unavailability and/or inaccessibility of support services exposed during the pandemic, taken in conjunction with the broader theme of deprivation and/or limitation, necessitates the development of long-term strategic initiatives targeted specifically at improving the wellbeing and mental health of young people across the Highlands.

1.

Introduction

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1. Introduction

Although discourse on mental health and wellbeing is increasingly gaining in acceptance, much of the research conducted thus far has revolved around urban experiences, with limitations to be found in studies involving rural life (Daly, 2022). Furthermore, the experiences of deprivation differ between urban and rural areas as their residents face different challenges; to further add to the opacity, the Scottish Index of Multiple Deprivation (SIMD), as an official tool to measure deprivation in Scotland, has a notable urban bias (Thomson, 2016). Compounding the issue is the stereotype of rural settings as possessing an idyllic and wholesome quality. This positivistic (in the non-philosophical sense) view can obfuscate investigations into the challenges faced by rural residents, *vis-à-vis* mental wellbeing (Nicholson, 2008).

In what might be termed a case of double discrimination, children and young people in rural communities can face difficulties in having impacts upon their mental health and wellbeing understood; firstly, because of their rurality (and the consequent issues mentioned above), and secondly, because they can often be 'invisible' behind the screen of the rural idyll (Glass *et al.*, 2020). In a study on young people transitioning to adulthood in rural Scotland, Pavis *et al.* (2000) highlight the vulnerability of young people with mental health challenges who face not only the limitations imposed by the mental health challenges themselves, but also stigmatisation. The latter is exacerbated by the social proximity of rural life wherein smaller, more tightly knit communities can make concealment of such issues difficult (Daly, 2022). The uncertainty of such a predicament is captured by Pavis *et al.* (2000):

> "We do not know what the future will hold for our most vulnerable respondents (those who experience mental health problems or have other special needs), what opportunities will be open to them and how these will differ from people with similar needs who live in urban areas".

This paints a challenging and somewhat complex picture, emphasising the need for a better understanding of the various factors that can impact the mental health and wellbeing of young people in rural communities.

It is with that issue in mind, that this study was developed. It attempts to understand more closely what rural young people in Highland consider to be important to their wellbeing and mental health by specifically designing the research to capture their input, giving them room to express their opinions. Other evidence (see Glass, 2022) highlights four areas which aligned accurately with the results of this study: specialist support services, access to transport, careers advice, leisure.

As will be shown in this study, limited services and opportunities have impacted negatively in numerous ways for our survey participants. The results also show how the availability of service in itself is insufficient; accessibility and visibility play important roles in service effectiveness (Glass, 2022; Nicholson, 2008). Again, this important nuance will become apparent as we examine participant opinions on public amenities and services. By unpacking these aspects of young people's lives in rural communities, it is hoped the findings can help to inform the development of actionable strategies that lead to an improvement in their mental health and wellbeing.

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2.

Methods

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2.   Methods

2.1   Survey Design

Data was collected via use of a mixed-methods survey distributed to a sample population (n-173) across the Highlands of Scotland; distribution was conducted online through the use of Google Forms. In order to promote the survey, several avenues of approach were identified. Firstly, a register of secondary schools was obtained from the Highland Council in order to identify sources of potential participants. All schools were then contacted and provided with information that could be disseminated to interested students. In addition, promotion of the study was done by attending the Highland Youth Summer Conference, and presenting to school representatives to provide information and context. Extensive use of social media was also used as a means to raise awareness of the study; advertisements and invitations were posted on several social media platforms, namely, Facebook, Instagram, LinkedIn, and Twitter. And lastly, relying on extant networks, staff at Centred reached out to contacts both at the Highland Council and the University of the Highlands and Islands (UHI) to further publicise the study and its objectives to potential participants.

Because the study was centred on the lives and experiences of rural young people, as well as impediments to their mental health and wellbeing, it was deemed necessary to incorporate a large qualitative element into the survey (explored more fully in Part 2). These took the form of standalone questions, or follow-up queries appended to rating-scale questions (see Figure 1).

Figure 1: Survey Question Relating to Social Connections

By incorporating open-ended questions, researchers were able to gain better insight into the needs of participants, which would not have been possible were the survey to rely solely on quantitative data.

Thematically, the survey was divided into five main sections (excluding demographic, participant information) under the following headings:

- COVID-19
- Social Connections
- Rurality
- Schools
- Media

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These categories were selected as, after research of the evidence base, they were acknowledged to be representative of the various aspects of life for rural young people. While drafting questions for the survey, researchers were cognizant that they needed to show how these questions could be used to discern impacts in relation to mental health and wellbeing. A query, therefore, about the participant's assessment on the quality of public transport in their community might seem superficially to have little relation to wellbeing. However, dissatisfaction with the availability of service can be linked to a wider theme of deprivation and/or limitation which, in turn, played a role in the mental wellbeing of the participant.

Transport service inadequacy	→	Theme: Accessibility	→	Impact: Wellbeing
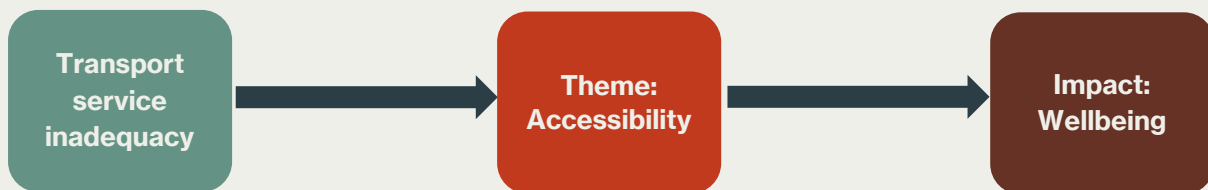
2.2 Sample Population

Being a study revolving around young people, the sample of 173 participants was chosen to reflect the wider population. In order to obtain a fair representation, the only inclusion criterion was that participants fall within the 13–25-year-old age bracket, with the majority of participants (67%) between 14 and 16 years old (see Figure 2).

Figure 2: Survey Participant Ages

| Age	Count
>25	1
25	2
24	5
23	6
22	3
21	5
20	8
19	5
18	7
17	4
16	32
15	37
14	46
13	11
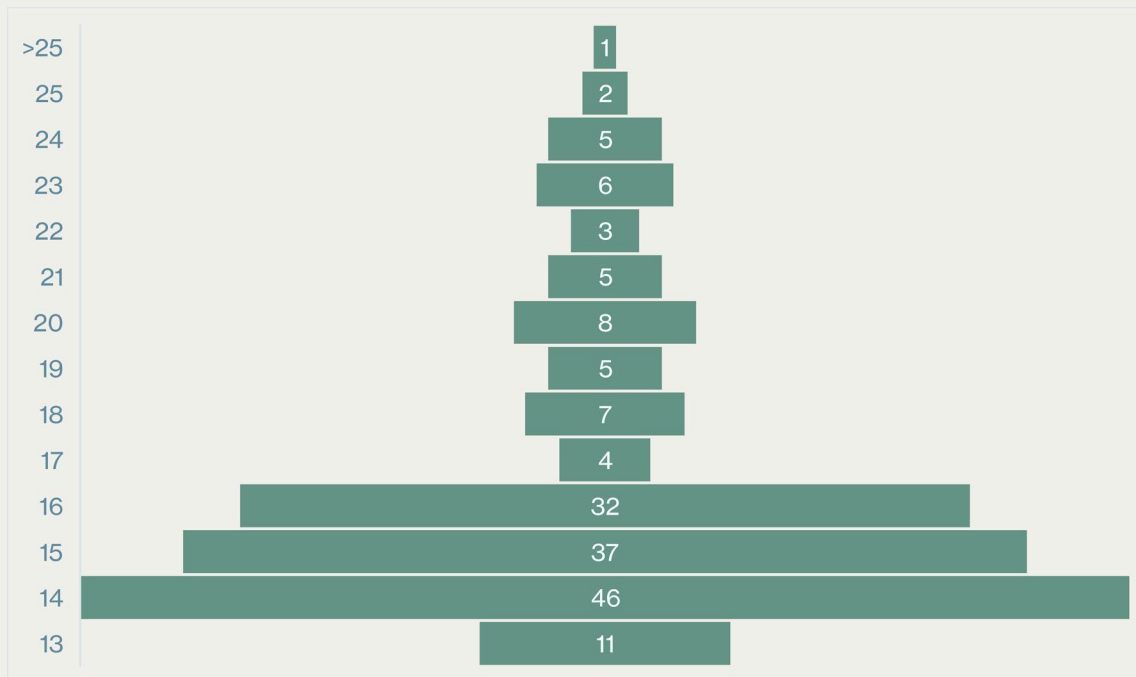
Although invited to provide other demographic information, such as gender or household income, these were to provide census data and context, and did not exclude potential participants from the study.

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The majority of participants were from Caithness, Inverness, and Argyll (see Figure 2), with Caithness alone being responsible for more than half of the total responses; the considerable weightage given to these areas reflects their relatively higher population and population density.

Figure 3: Geographical Distribution of Survey Participants
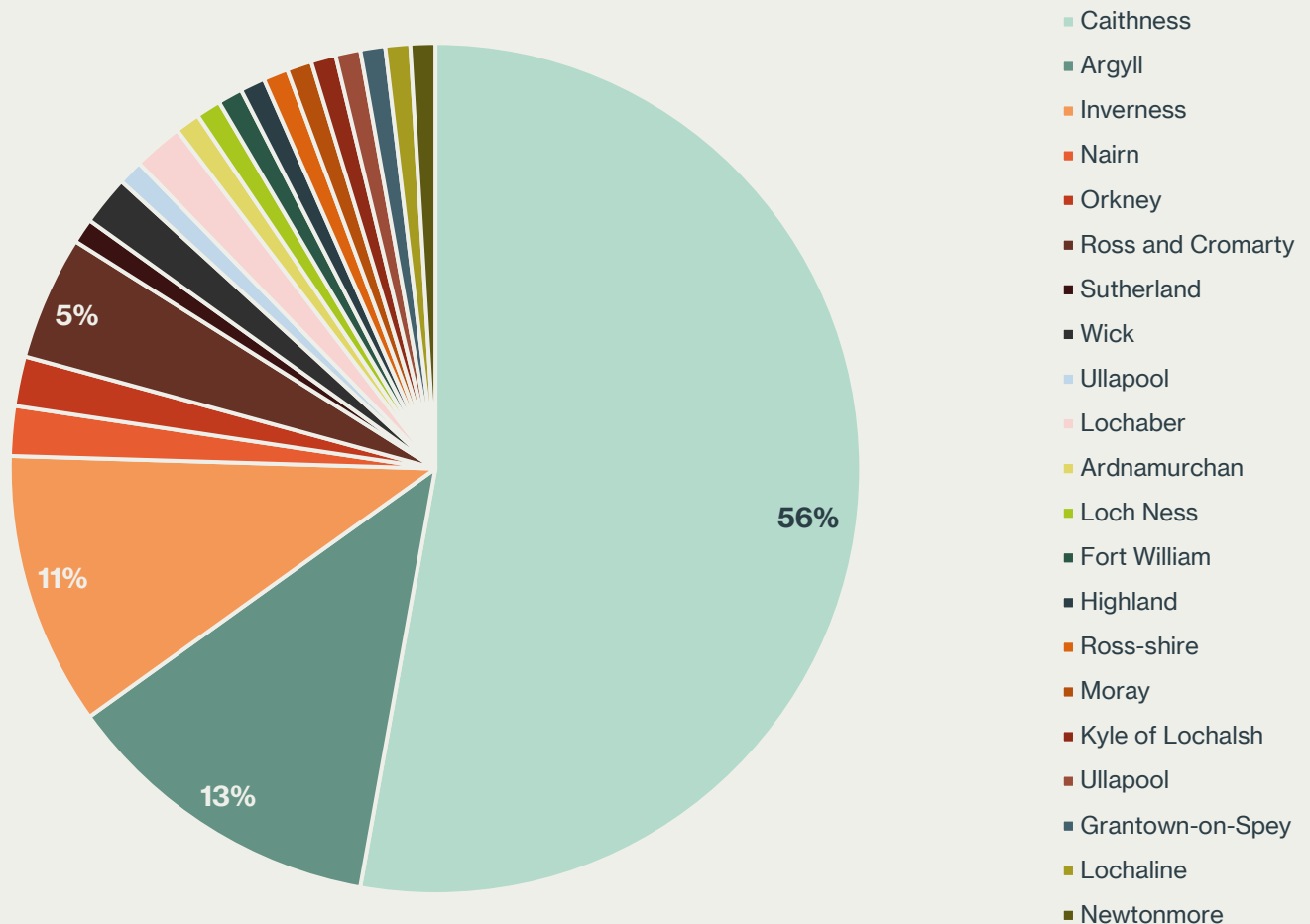
2.3   Limitations

The survey faces two *possible* limitations which may serve as an impediment to an understanding of impacts on the mental health and wellbeing of young people in the Scottish Highlands: 1) the unclear delineation of socio-economic backgrounds between participants 2) the absence of ethnic particulars. However, as noted earlier, the principal goal of this survey was to achieve an understanding of impacts upon young residents of the Highlands in general, rather than to focus on specific subpopulations of the target demographic. Nonetheless, these deserve some attention to assist in the provision of context and are recommended for further research.

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2.3.1 Socio-economic backgrounds

Although, as previously stated, participants were invited to submit their annual household income, this was neither a requirement, nor an integral part of the study. The study therefore cannot ascertain whether individuals from a wealthier background face a different set of challenges to their mental health and wellbeing compared to those with less economic stability. The former, for example, may find financial stability less of a source of stress than the latter (but may identify other forms of stress as important and compounding).

2.3.2 Ethnicity

The study did not make enquiries into the ethnic origins of its participants. It therefore cannot determine whether minority ethnicities face specific challenges and impacts upon their mental health and wellbeing that an ethnic majority may not, or indeed, conversely whether an ethnic majority may face challenges which go unseen *because* they are a majority. Possible issues of discrimination faced by sub-groups within the target population and their impact on mental health and wellbeing are thus omitted from the study (but are flagged as important for future empirical research in this area).

2.3.3 Participant occupation status

Referring to Figure 2, as well as the primary sites from which the survey was distributed, we may reasonably surmise that the majority of participants (67%) are engaged in upper school (i.e. the last 2-3 years of Secondary School). However, it is undetermined as to whether they are also employed, or seeking employment, on a part-time basis. Furthermore, the occupational status of the remaining 33% cannot accurately be discerned. We do not, for example, know how many may be engaged in higher education, employment, or a combination of both. It is possible that an exploration into their current status may provide another facet in understanding impacts in Highland life upon the mental health and wellbeing of young people.

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3.

Findings

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3.   Findings

3.1   COVID-19

Unsurprisingly, the pandemic has had a largely detrimental impact on young people's lives. Questioned about the effects upon their mental health in areas such as productivity and self-worth, a median average of 32% of participants responded that they felt these emotions either rarely or not at all. Furthermore, 58% of participants felt that their studies were most affected by the lockdown, with comments expressing difficulty in adjusting to online classes (see Figure 4). The second highest category was 'Friendships' (43%).

It is also worth noting that, questioned about aspects of their lives which they felt were most important after their experiences with the pandemic, the categories of 'Family' and 'Friendships' scored the highest averages, with 60% and 55% respectively giving a rating of between 8 – 10 (with 10 being the highest importance). This weightage can be compared with the third highest scoring category of 'Mental wellbeing' with 40% of participants ranking the category between 8 – 10.

Figure 4: Areas of Daily Life Affected by COVID-19
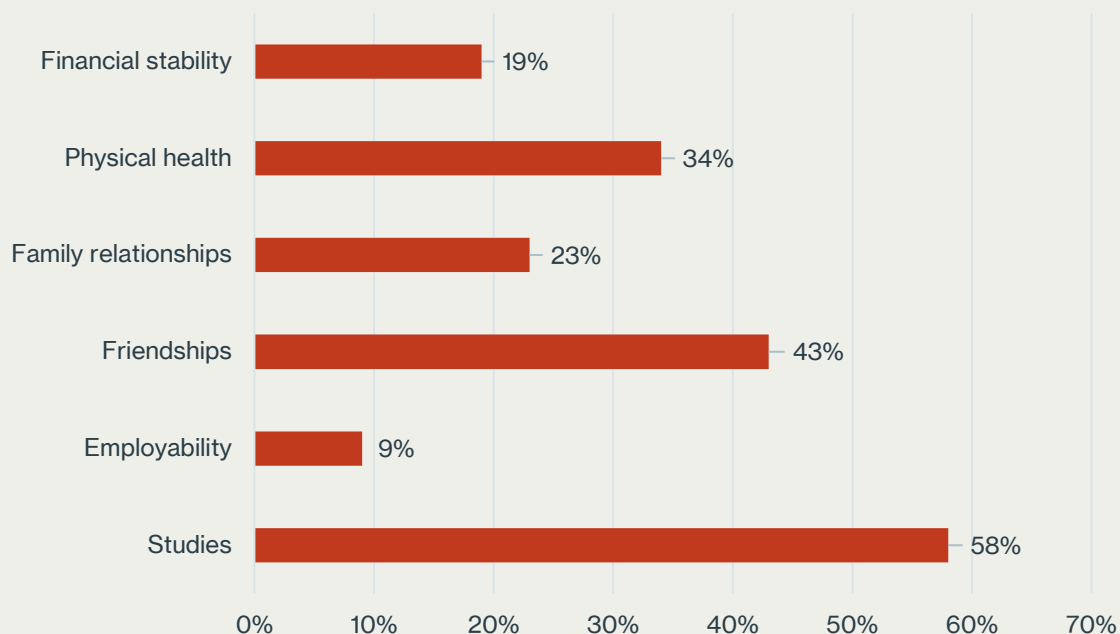
3.1.1   Isolation

It may be surmised that, unable to go to school, the participants were deprived of a significant area in which they could experience face-to-face interaction with their friends and peers. This isolation has had wider ramifications, as evinced by the following statement:

> "I couldn't complete studies due to mental health issues cause by isolation. When I was particularly bad, i shut many friends out of my life. Family relationships becam tense when none of us could get enough space from

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each other. My physical health has taken a turn for the worst because of poor mental health which leads to sick days off work which are often unpaid."

Given the comments about difficulties coping with online lessons, it may be extrapolated that online interactions, whether with friends or at school, were not sufficient in staving off feelings of isolation.

Where respondents affirmed that they felt COVID-19 had changed them (63%), many of the responses were centred around a decrease in mental wellbeing, with participants noting that they experienced more anxiety in social situations, and a deep sense of isolation. In sum, assimilating back into society has been challenging. Conversely, there have also been some comments, albeit a minority, which expressed the lockdown as a chance for self-discovery and personal growth, in which participants felt that they had matured and learned to appreciate their surroundings and circumstances more than before the pandemic.

3.1.2   Family and Friends (i)

Though it may seem self-evident, 'Family' and 'Friends' played a large role in the lives of participants, evinced by the wide margin by which these categories surpassed others (refer to Appendix A for a comparison). It may be deduced that participants perceived more value in social interaction as a practical matter, rather than thinking of mental wellbeing as an abstract concept. This is worth highlighting as the value placed upon 'Family' and 'Friends' features prominently in other categories of this study and may provide avenues of opportunity when determining strategies aimed at improving the mental health and wellbeing of rural youth.

3.1.3 Summary Point

Isolation was the primary impact upon mental health and wellbeing amongst survey respondents during the lockdown. Although other issues such as employability and financial stability featured, the erosion of relationships through prolonged separation had the largest influence on mental wellbeing. As will be shown in following sections, these have long-term ramifications, with some participants reporting that post-lockdown, they still experience feelings of isolation, having lost contact with friends and family, and anxiety, particularly with regards to being in social situations.

3.2   Social Connections

Asked about the frequency of contact currently with friends and/or family (excluding those sharing the same household), a large majority responded that they had contact in-person (54%) or via text (61%) at least once a day. This indicates that post-pandemic, participants have gone some way in re-establishing previous connections that may have deteriorated due to the lockdown, further highlighted by the next query in which 65% of respondents reported a score of 6 or more (on a rating of 1 – 10, with 10 being excellent)

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regarding how they felt about their social lives. However, this still leaves 35% of participants who ranked their social life as 5 or below.

A majority of participants (56%) indicated that they were currently facing stress, with comments indicating a preponderance towards academic performance, but also mental health issues and finances. However, 86% of respondents indicated that they had at least one person who they felt would listen to them talk about their issues. It is of some concern that 24 of the participants selected the option that they had no one at all who they felt would be willing to listen to them. Even if this accounts for 14% of total participants, it is still a significant amount without recourse or support.

The results showed that 96 out of 173 participants had some form of disorder, with anxiety making up the largest proportion (58%), followed by depression (21%), as Figure 5 shows. Of this sub-group of participants (who had experienced a disorder), 56% chose 'No' when asked whether they had been able to receive help in a timely manner. This could be indicative of a paucity of mental health services, although one might think further on why this is so, asking, for example, whether it is a question of accessibility, lack of awareness of available services, or simply not seeking help in time.

Figure 5: Proportion of Disorders Participants had Experienced
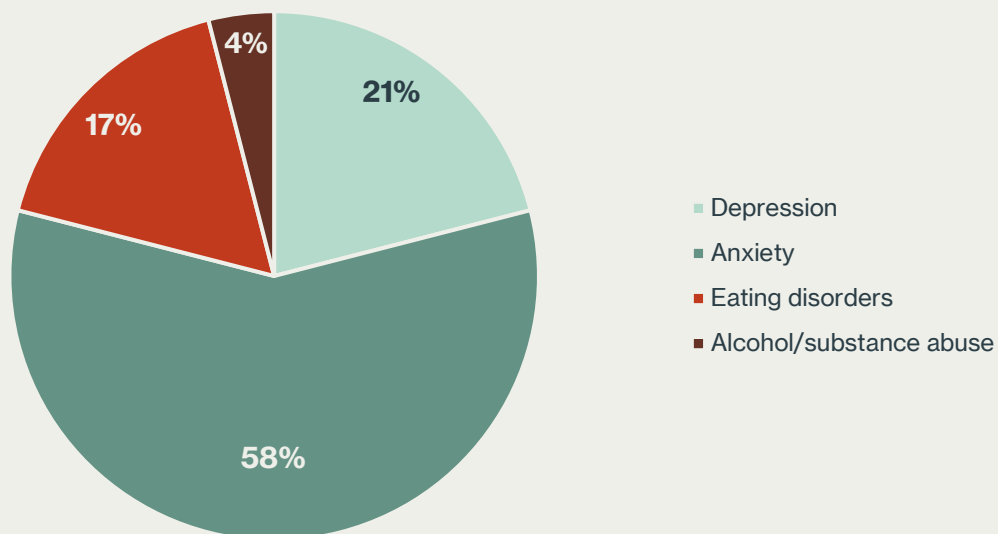
3.2.1 Social Anxieties

As can be seen in Figure 5, anxiety accounts for a large proportion of mental health challenges facing the sample population. Parsing through the comments, many participants face the greatest challenges in public settings, with regards to anxiety issues. Although there may be a temptation to consider some of the stated sources of anxiety and stress 'mundane' (for example, 'i have no money after the weekends', 'school, myself,

family'), it would be injudicious not to highlight the fact that some respondents are in a state of isolation brought about by anxiety, not necessarily by choice, and seemingly without recourse:

> 'As stated I've lost basically all social skills leaving me lost when navigating social situations and often causing damage to those relationships requirin social skills.'

> 'I have horrific social anxiety and feel as if everyone in school hates me I hardly have friends I am EXTREMELY unhappy with my social ability'

With respondents who made these comments, it is arguable that it represents a deep-seated and potentially very serious issue. These are instances wherein the commenter indicates an inability to break this isolation. That they are also not reporting any possible or ongoing courses of treatment is further cause for concern, as they imply the commenter has not accessed support services which can assist in overcoming the issue. This does not necessarily equate to an absence of such services; obstacles may include accessibility, visibility, and/or immediacy. An investigation into the reasons why participants experiencing severe anxiety leading to isolation are unable to receive mental health support is a necessary first step in developing plans to address this challenge.

3.2.2 Family and Friendships (ii)

Perhaps foreshadowed by some of the COVID-19 section results, participants deemed 'Family' and 'Friendships' the most important tools to maintaining mental wellbeing, followed by financial stability. What is interesting is that mental health services and workplace/academic support services were ranked lower in importance (see Appendix B for ranked importance of factors contributing to mental wellbeing). This might very well be a natural response as there is no substitute for deeply personal relationships that cannot be replicated in a professional medical setting. However, one should also take this as an impetus to explore potential issues with mental health services, and why they did not rank higher in participant perspectives, particularly in light of statements such as the following:

> 'Have more open, free and accessible walk-ins for young people. Places you don't have to phone in advance, places you can just walk into and just ask for help'

And indeed:

> 'Access to a mental health team a helpful one and not just panned of with anti-depression medication'

As indicated in the COVID-19 section, it is possible that family, friends, and financial stability represent more tangible and immediate impacts upon wellbeing, e.g., adequate finances can go a long way in reducing stress, or the ease of access to friends and/or family in times of distress may surpass that of access to available mental health services. When considering comments such as the two above, one sees a picture beginning to form that participants may not necessarily feel comfortable availing themselves of their local mental health services, or feel such services are too inconvenient to reliably access.

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3.2.3 Summary Point

Friends and family are viewed as a high priority to participants in terms of maintaining wellbeing and good mental health. However, results also indicate a high proportion of some form of mental stress/disorder, and that more than half of the participants who had experienced same felt mental health services did not serve their needs in a timely manner; responses indicate that they rely instead on family and friends.

3.3. Rurality

Generally, participants responded that community services were average in their performance, with education being the highest scorer with 58% of participants giving a grade of 8 or higher (Appendix C demonstrates the participants' rankings of community services). Policing appears to be regarded as one of the most inadequate services (relatively speaking), with only 21% of participants giving a grade of 8 or higher. A question specifically about the quality of public transport delivered a result indicating that 50% of respondents found it to be adequate to excellent, while 50% considered the service inadequate to terrible. Upon closer examination of the reasons given for a negative grading, the three most agreed upon answers were 'Not high enough frequency', 'Lack of a night service', and 'Lack of, or inconsistent schedule'. In sum, what these three causes denote is an inadequacy in service, whether it be frequency or consistency.

Continuing this theme of inadequacy, 43% of respondents felt that their communities did not have adequate access to primary or secondary mental health services. Although those who answered in the positive made up the majority, those respondents who felt under-served still made up a sizeable proportion; in human terms, 75 out of 173 participants. Whilst primary and secondary services are available to rural populations, the responses here require further exploration in order to understand why participants felt this way, i.e., is it related to a lack of knowledge on types of support and how to get referred. Furthermore, 52% of respondents affirmed that they felt that their communities faced systemic issues. Of these, alcohol/substance abuse ranked highest at 49%, with assault and theft being runners-up at 27% and 24% respectively. One might attempt to draw a link between the prevalence of assault and theft with the aforementioned perceived lack of adequate policing. With regards to the high rate of alcohol/substance abuse, there is a need for further research here given its historical legacy in Scotland (Daly, 2022). Specifically, exploratory work is needed to understand more in terms of links to poverty, cultural norms (i.e. stoicism), limited opportunities, boredom, visibility, and accessibility. Participants also indicated that their communities were lacking in recreational amenities. Out of a total pool of 80 participants, 79 indicated a lack of restaurants, 63 of gyms, 64 of playgrounds, and 54 of recreational centres.

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3.3.1 Deprivation, Prospects, and Opportunity

Evidence of deprivation and/or limiation may further be found in participant attitudes towards leaving their community, with 58% indicating that they would indeed do so if the opportunity arose (see Figure 6), with many of the comments explaining a general lack of opportunity (whether for academic or professional purposes), a dislike of local culture ('the adults are all bitches', 'don't like small town drama'), or isolation and boredom. Similarly, when posed with the question of what could be done to improve the wellbeing of young people in rural communities, comments were focused on the provision of better services (health, support, transport, recreation).

The following comment encapsulates many of the comments about the desire to leave rural settings for a more urban one:

> 'I would leave Caithness as soon as possible. There is no job opportunities, lack of retail shops, dirty and unlooked after streets, cold weather, no decent cafe's or restaurants, we have to travel to Inverness for basic health and dental care and the community as a whole is bad.'

We can see from such statements that a lack of career opportunities alone does not completely account for the desire to leave rural, or smaller urban settings, although it does account for a significant proportion of it. Respondents were disheartened further by an overall lack of amenities, services and recreation:

> 'I feel that there isn't enough activities for 16-20 year olds on the Black Isle, most things to do are catered for children, like the playground or for the elderly. It's especially difficult for those without a car/driving license and who live in the parts of the Black Isle where there isn't enough bus stops'

Conversely, those whose comments indicated a desire to remain indicated that they felt their communities were more tightly knit and consequently provided a greater sense of security than what they perceived could be found at major population centres:

> 'I would not like to leave my community because I know everyone in it and most of them are really nice. I feel safe in my community.'
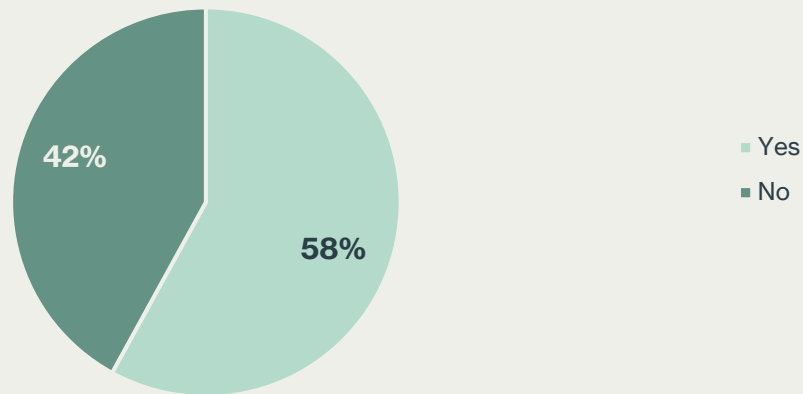
And

> 'The people around me are kind, friendly and welcoming, and I feel safe in my community.'

Worth noting is that none of the comments by participants indicating they would remain in their communities, even if given the chance to leave, expressed any satisfaction with amenities, services, or other tangible facilities. This indicates to us that satisfaction with rural or smaller urban areas does not necessarily equate to a satisfaction with the provision of services in such domain, but rather a fondness for community culture and familiarity.

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Figure 6: Responses to the Question "Given The Opportunity, Would You Leave Your Community?"

3.3.2 Summary Point 1

Deprivation and/or limitation appears to be a common theme amongst responses to rural life. This can be further broken down into constituent parts; primarily opportunity, public amenities, and health. This must further be considered alongside earlier indications that mental health and wellbeing services were deemed to be either unavailable or inaccessible. The prevalence of substance abuse is likely to be indicative of underlying issues, although further investigation is necessary to determine these root causes.

3.3.3. Summary Point 2

The high number of participants who indicated that they would leave their communities if given the opportunity can be attributed in large part to a perceived lack of opportunities, and to a lesser extent, a general boredom within the community; the latter of which can, in turn, be tied back to a lack of activities.

3.4   Schools

When asked whether they felt that their schools provided a safe and welcoming environment, 57% of participants answered in the affirmative, with 13% in the negative. However, 30% indicated that they were unsure. In the following question, a further 47% answered that they were unsure whether they agreed with the statement that 'student support services provided by my school are open, easily accessible, and suited to my needs', with 41% indicating that they agreed with the statement, and the rest disagreeing. In both these questions, what is of some interest is the high rate of respondents unsure of the environment and/or support services offered by their schools. This could be indicative of a necessity for further outreach and engagement being made on the part of school authorities, i.e., addressing mental health in a more targeted way, or further training provided to teachers. Further supporting this is the fact that 51% of students indicated that they would not feel comfortable seeking advice on personal issues from school staff.

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3.4.1 Pastoral Support

Many commenters explained that they would feel more comfortable seeking advice from their parents, however some were indeed happy to seek advice or guidance from teachers. Nevertheless, there were also responses indicating that a lack of trust towards their teachers: *'[...] gossip about the personal issues they talk about', 'they don't actually care they just doing they job', 'there all snitches who tell our parents'*. Although these comments are in the minority, they do indicate that some effort could be devoted to the building of trust in overcoming these issues given how important mental health and wellbeing is in relation to young people. There are also comments indicating that survey participants had made an effort to seek advice or assistance from their school staff, but felt rebuffed:

> 'Yes I struggle with school and don't retain information and not getting the help/support from school. They say they help to my mum but don't'

And

> 'More counselling in school and actually listen and do something about it. Instead of listening and then told no funding for to have help with my education'

Without understanding the context of these statements and the circumstances which prompted them, an evaluation of the schools' responses to student issues might be premature. However, what can be ascertained is that there have been students who were dissatisfied with the pastoral support they received.

While there is a plethora of reasons why students may not feel comfortable seeking guidance from school staff, the nature of the comments provided should be taken into account alongside the above statistics on student confidence in the safe environment provided by their schools and the high percentage of those who felt unsure.

3.4.2 Mental Health Engagement

There seems furthermore, to be a lack of dialogue regarding mental health at participants' schools (see Figure 7). When queried as to the benefits to mental health of extra-curricular, school-organised events, 47% agreed, and only 9% disagreed, but 45% were unsure. Additionally, asked whether their schools had made an effort to engage with the issue of mental health, 35% agreed, and 19% disagreed, with the remaining 46% being unsure if this was the case. What is of particular interest is the large proportion of students who were unsure in both instances. Could mental health awareness and support be made more accessible at schools? How can school administrators make greater efforts to engage their students with the issues of mental health and wellbeing? A source of further concern is the 19% of students who disagreed that their schools made an active effort to promote this engagement.

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Figure 7. Participant responses to question "Do you feel that your school makes an active effort to engage with the issue of mental health?"
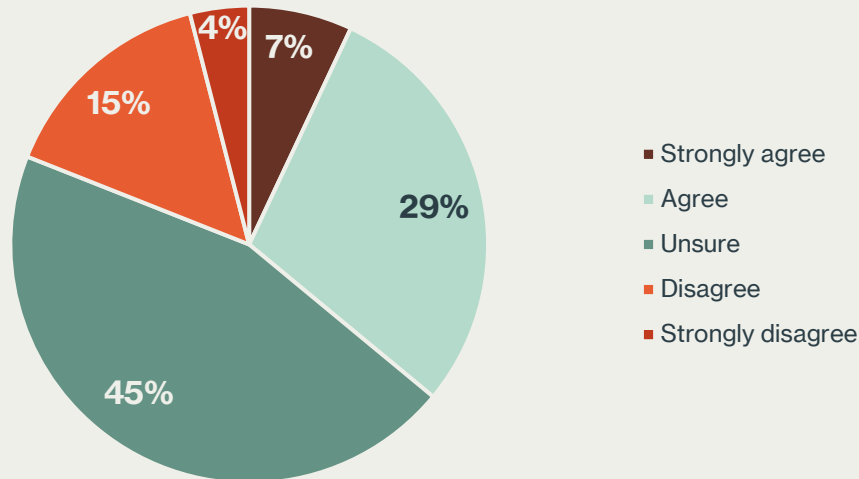
3.4.3   Summary Point 1

Half the survey participants indicated that they were uncomfortable seeking advice or guidance with their teachers, citing reasons of trust or that they were more comfortable with their parents. While the latter rationale is perhaps natural, the former is concerning. Nonetheless, it should be remembered that many commenters did indeed feel comfortable enough with their teachers to discuss personal issues.

3.4.4   Summary Point 2

Many students were unsure of mental health services offered by their schools or felt unsure as to whether their schools had made an effort to engage them with such a topical issue. A further investigation into the root causes of this could be beneficial in understanding why participants feel this way. Is it an issue of schools needing to increase visibility of their efforts in a more focused and streamlined way in order to engage their students, a dearth of mental health awareness, or some other reason?

3.5   Media

The effects of the media upon young people's mental health can be difficult to measure. To begin with, 54% of participants believed that the media had affected their understanding of mental health. Overall, most participants seemed to feel that social media had not had a detrimental effect upon their wellbeing, with 31% placing no importance on 'likes' to their posts, and a large degree of comments denoting ambivalence towards received criticism of same. It is interesting to note that, despite the large number

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of participants who indicated that they placed little to no value in the importance of 'likes' (see Figure 8), in response to the statement 'More friends/followers are a measure of success and popularity on social media', answers were relatively evenly split, 32% agreeing, 31% disagreeing, and 37% undecided. Furthermore, 47% of participants agreed that social media interactions gave them a feeling of happiness/enjoyment, with 40% undecided, and 13% disagreeing. While interesting, it is possible that these statistics may lead to false conclusions, as the different social media platforms afford different sorts of interaction and validation.

Figure 7: Value Placed by Participants on 'Likes' for Their Social Media Posts
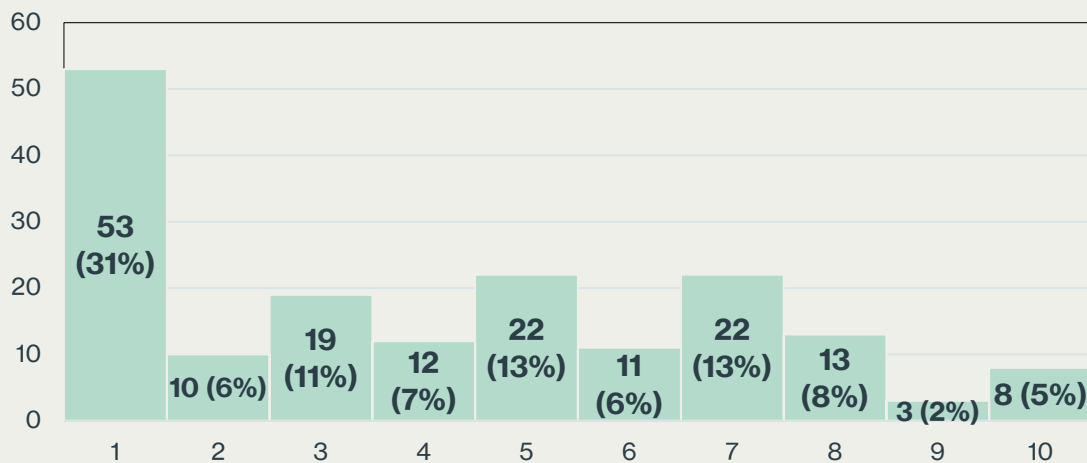
3.5.1 Media Engagement of Mental Health Awareness

Regarding the depiction of mental health in the media, comments and elaboration were mixed. Some were positive in nature, explaining how media had taught them about issues like mental illness, helping to overcome and destigmatise it, as well as providing a font of ready information and resources, and raising awareness:

> 'The media has helped me understand mental health issues and how extreme they can be much more than my school. Due to meeting new people online and sharing past experiences with them, research and things like that it's really helped me understand what myself and other people around me feel.'

Such comments indicate the participant has gained an understanding of the pervasiveness of mental health challenges in society. It is interesting to note that this particular commenter mentioned the lack of education on the topic by their school. This might be worth bearing in mind in light of the findings in the 'School' section. Additionally, comments such as

> 'The media has shown me how people suffer from different mental health issues such as tik tok has shown me how to help a person if they are having a panic attack and how others are treated differently and affected in daily life because of their mental health'

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Arguably, this demonstrates how media platforms such as the aforementioned 'tik tok' can be used as an educational resource on how to provide assistance in certain circumstances which do not necessarily require, or can be ameliorated without, medical intervention (i.e. lower-level intervention).

However, though they were in the minority, other comments such as '*The media like to dramatise/stereotype every mental illness into something it is not*' indicate that some participants felt that mental health had been romanticised and stereotyped by tropes. On the whole, most opinions dwelled on the importance of the media in raising awareness of mental health.

3.5.2   Boundaries on Social Media

There seemed to be general awareness of when criticisms crossed over into bullying, as evinced by the answers in response to the question 'When can such criticisms become hurtful?'; participants pointed out that it related to when it crossed personal boundaries such as appearance or orientation, '*when they start body shaming or making fun of having something they can't get rid of*'. Nonetheless, there was still a significant percentage of participants who felt uncomfortable or unsafe while using social media (39%). Comments left by these participants indicated cyberbullying as the primary cause of discomfort. Additionally, participants noted that social media could have a detrimental effect on mental health, citing a wide variety of reasons such as overreliance on social media validation, and unrealistic physical expectations and comparison with 'stars' who have had various augmentations and 'filters' applied to their media:

> 'Social media can be unhealthy with people's comparative nature. Apps like tiktok showing such a range of content from around the world is often skewed to show a successful minority of people which can be negative for many people to constantly view and engage with.'

From the comments received, the sample population appeared to be relatively social media savvy, perhaps a result of having come of age in a period where social media has become a ubiquitous part of everyday life. This is not to say that they are immune to the perils of cyberbullying, predatory behaviour, or other dangers one might associate with online usage, but rather that they are aware of them, and the effects they could have on their lives.

3.5.3   Summary Point 1

The effects of media upon mental health can be difficult to accurately pin down. While some respondents felt that it could be informative and a useful tool to destigmatise mental travails, others identified it as creating a false narrative by romanticising and stereotyping mental health issues.

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3.5.4   Summary Point 2

Participants seem to have a developed sense of awareness regarding personal boundaries and social media. A large majority were able to identify areas which could make them uncomfortable and which they identify as bullying rather than criticism, such as personal attacks, and criticisms of factors over which they have no control, e.g., orientation. They also present an awareness of the detrimental effects social media can have on mental health.

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4.

Conclusion

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4.   Conclusion

As discussions around youth mental health continue to grow in prominence, an understanding of the role general wellbeing plays in it becomes an increasingly crucial aspect. This study has attempted to show the interplay between different aspects of participants' lives, and how these can have varying impacts on their mental health and wellbeing. The low population density of the Scottish Highlands in comparison to the rest of the nation necessitates that attention be paid to the provision of adequate services in order to maintain, or improve, quality of life amongst its population (i.e. promotion and prevention).

The five categories which form the basis of this survey were designed, as previously stated, to encapsulate as far as possible the everyday lives and experiences of young people in the Highlands. In so doing, it has made inroads in identifying the values held by the target population regarding what they consider to be important aspects for determining the quality of their mental health and overall wellbeing.

4.1   Key Issues

- The perception of deprivation and/or limitation was a constant feature across all areas of the study. Respondents felt that their rural communities were lacking, chiefly, in access to appropriate mental health support, public amenities, and future prospects.
- Although many participants felt they were satisfied with the current status of their social lives, there were still others who felt isolated and had difficulty acclimating to society because of the anxieties they had developed during the lockdown. Some comments indicated that participants had little recourse to address their anxieties.
- Friends and family were deemed to be the most important contributors to good mental wellbeing, even more so than dedicated mental health support services. This might be due to the easy accessibility of the former, or lack of awareness, availability, or accessibility of the latter.
- Considerable room for schools to provide greater pastoral support to students; a more focused effort to engage with issues of mental health, and the fostering of trust amongst students to school staff are two particular areas which could be improved upon.

4.2   Areas for future research

- Accurately adjudge the provision of mental health services in rural communities. Family and friendships ranked as considerably more important than mental health services in maintaining good mental wellbeing. While in itself, this may seem innocuous, it has to be taken into account alongside other relevant statistics, such as the fact that 56% of participants

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who identified as having suffered a mental disorder felt that they were unable to receive treatment in a timely manner.

- Understand the underlying causes of the high rate of alcohol/substance abuse, particularly in relation to other systemic issues faced by communities. Can its frequency be traced to mental health issues, boredom, or other underlying causes? Is it possible to identify in which age groups alcohol/substance abuse is most prevalent? Identifying this may allow for a greater understanding of the challenges to mental wellbeing.
- Addressing the large proportion of participants who are unaware of any mental health services or engagement provided by their schools. It is necessary to discover whether this ratio is because schools lack such engagement, or whether their programs of outreach are inaccessible or not visible enough.
- On a related note, understand why 51% of participants have indicated they would not feel comfortable seeking personal guidance from school staff, and 43% of participants are either unsure or do not feel that their school provides a safe and welcoming environment. What are the reasons for this reticence, and can a strategy be developed moving forward to reduce these figures?
- Better mental health services alone will likely not be enough to improve general wellbeing as it is only one area in the broader context of deprivation. If the issue of deprivation and/or limitation is to be resolved, what would be the best way to approach it? Should there be the development of a wider strategic vision for young people which addresses all areas, and is such a plan feasible?
- More research is needed to fully understand the long-term impact of COVID-19 and lockdown, with a view to contributing to efforts at effective and sustainable interventions to reduce anxiety.
- More research is needed to explore socio-economic dimensions, specifically the interplay of rural poverty in relation to young people's mental health and wellbeing.
- Further research is needed to understand the experiences of rural ethnic minority youth, with the aim of identifying points of convergence and divergence in relation to the majority population. Such knowledge is crucial to ensure lived experience is prioritised and that the findings can contribute to the knowledge base and formation of effective strategies of support that are the most useful to those young people.

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Appendices

Appendix A. Value Placed on Different Aspects of Life, Post-Pandemic

Reflecting on Your Experiences During The Pandemic, Could you
Grade how Important These Things Feel to you now on a Scale of 1 to
10 (With 1 Being the Lowest and 10 Being the Highest)?
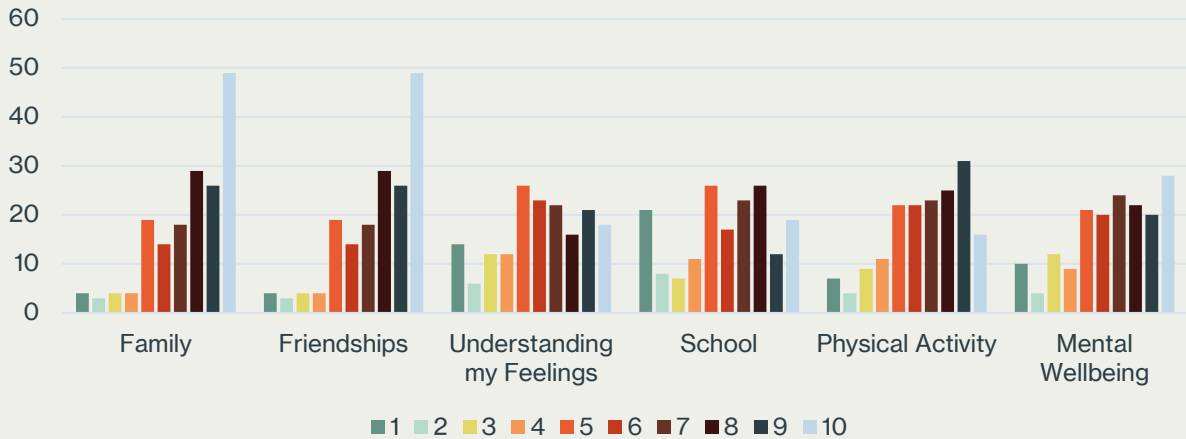
Appendix B. Value Placed on Different Aspects of Life, Post-Pandemic

On A Scale of 1 to 10 (With 1 Being Unimportant and 10 Being Very
Important), how Important do you Feel the Following are to Maintaining
Good Mental Wellbeing?

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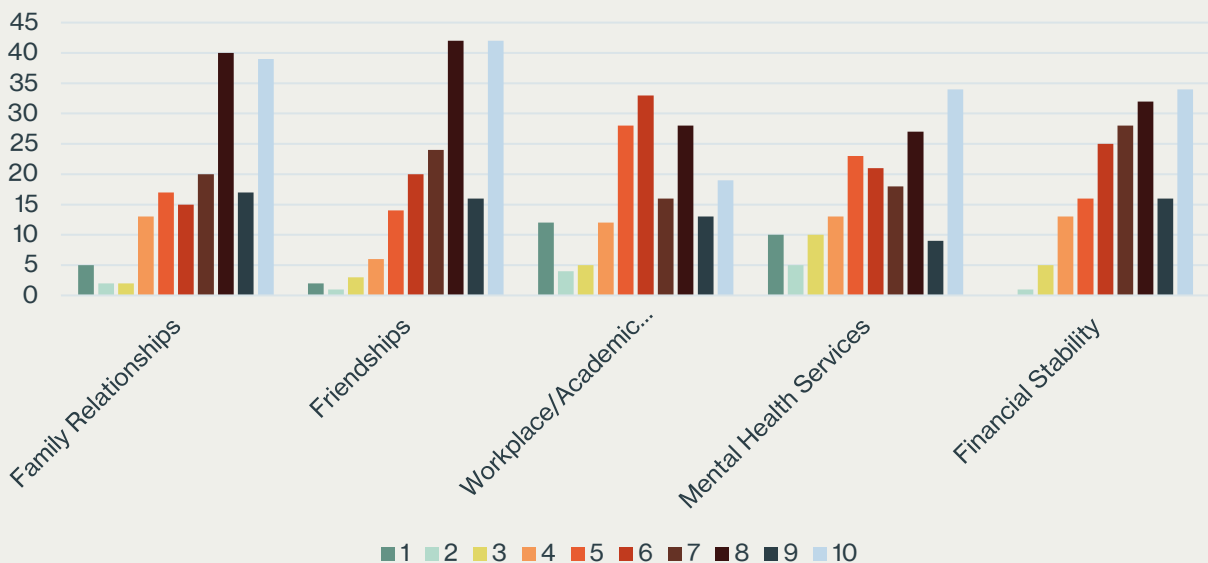
Appendix C. Participant Rating of Services in the Community

On a Scale of 1 to 10 (With 1 Being Unimportant and 10 Being Very
Important), Could you Assess how Effective the Following Services are
in Your Community?

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