MOSAIC:
Mental health inequalities and young people

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Acknowledgements

The MOSAIC project research team were:

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Contents

Background

Mental health inequalities and young people

Mental health is a major public health priority for the UK. There is widespread evidence demonstrating inequalities in mental health outcomes such as anxiety and depression [1, 2] What we mean by mental health inequalities is that we can all experience mental health problems or illness at points in our life, whatever our background and circumstances, but these risks are not equally distributed [3].

To put this another way those who face the greatest disadvantages in life also face the greatest risk to mental health [3]. For example, young people from marginalised and minoritised groups (e.g., racially minoritised groups, disabled people, members of the LGBTQI+ community, socioeconomically disadvantaged individuals) are more likely to experience mental health problems. The likelihood of developing a mental health problem is influenced by our biological makeup, and by the circumstances in which we are born, grow and age [3, 4]. Where you live, go to school, if you experience discrimination and if you have access to resources and opportunities are all important factors that contribute to mental health inequalities. Therefore, as the Mental Health Foundation states, "if mental health problems are to be prevented, then the social, economic and health environment in which they arise needs to be addressed" [3].

Young people are a key population to consider when we think about mental health. The proportion of young people (aged 16-24) in England with a common mental health condition rose from 18.9% in 2014 to more than a quarter (25.8%) in 2023 [5]. There is growing concern over this sharp rise in mental health conditions among adolescents [6, 7]. Preventing mental ill health earlier in life, by improving the conditions in which young people live and by reducing inequalities, is likely to be a more successful and cost-effective strategy than treating mental health problems when they occur [3, 8]. Reducing inequalities early in life is also expected to have a range of positive health and social impacts into adulthood [9].

But mental health inequalities are complex and there is a lack of research that takes this complexity into account [10]. For example, available data show the impact of deprivation on health inequalities experienced by 10–25-year-olds (AYPH, 2022) [11]. However, less is known about the relationship between other factors and mental health for young people, such as ethnicity and religion. Gender is also complex when it comes to mental health inequalities. It is well-established that girls are three times more likely to report a common mental health disorder like anxiety and depression [11], yet young men more commonly experience conditions such as psychosis [12] as well as related outcomes including substance use disorders and death by suicide [13]. Crucially, how all of these factors interact with each other and wider social determinants remains an underexplored area. There has also been limited research asking young people about their views and experiences of mental health inequalities.

This report is the first phase of a 5-year research programme. The aim of this first project is to better understand mental health inequalities among young people in order to recommend policy improvements to prevent mental ill health and reduce inequalities among young people.

Intersectionality

As part of our project, we used an approach called **intersectionality** to help us understand mental health inequalities in young people. Intersectionality is a concept (sometimes defined as a theory, framework or lens) that comes from Black Feminism, including academics like Kimberlee Crenshaw [14] and Patricia Hill Collins [15]. It is a term used to understand how race, gender, class and other characteristics "intersect" or overlap. This

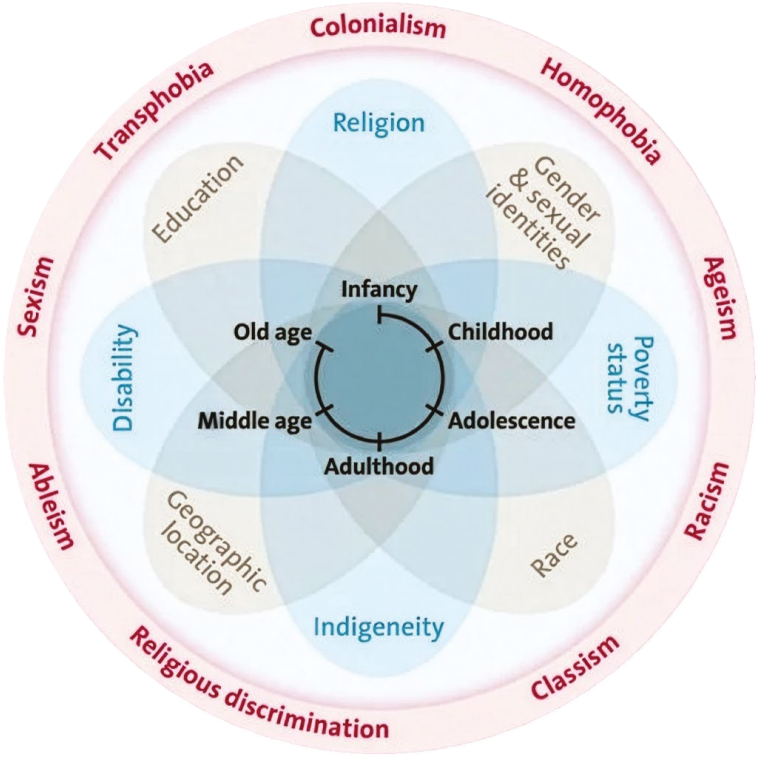
could include the nine protected characteristics defined in the Equality Act 2010 [16], and other characteristics that can shape the lived experiences of people affected by marginalisation [17].

Intersectionality encourages us to think less about one factor such as race or gender and recognise that all of us have more than one characteristic which may cause us to face discrimination. Intersectionality also shows us the power of social factors and that existing structures such as patriarchy, ableism, colonialism, imperialism, homophobia and racism create inequalities [17].

As an example, a woman might experience sexism, but a young black woman from a working-class background might experience sexism, ageism, racism and classism; and it would be almost impossible to understand all those experiences separately. That same young person will also have certain privileges and opportunities that might help her mental health (e.g., a strong community, supportive family, access to healthcare, living in a diverse city). Like a puzzle (or MOSAIC), all these pieces of identity and circumstances fit together to help us understand how inequalities are patterned across the population.

UN Women created an intersectionality wheel, shown below, which can help to visualise some of the different aspects of who someone is that might impact their experiences.

Intersectionality Wheel



The original design is adapted from The Equality Institute's version of the intersectionality wheel.

Why and how are we using intersectionality in this project?

Intersectionality is an increasingly popular term within health research and there are many different approaches to it. We used intersectionality in this project because mental health inequalities are complex and we believe this way of thinking helps us understand young people's experiences, particularly those affected by marginalisation in the UK. We incorporated intersectionality into our ways of thinking about mental health inequalities and also as an applied tool to make decisions about our research [18]. Intersectionality is a *"critical transformative tool to advance health equity and social justice action"* [18]. Therefore, we embraced it not only in our methods but in our inclusion of young people and community collaborators and in our commitment to advancing health equity [18].

We used intersectionality to:

- Ensure we recruited a diverse group of young people across the UK and that we were prioritising young people particularly affected by marginalisation
- Talk about mental health inequalities with participants, showing them videos and using creative activities to help them think about how intersectionality might be at play in their lives and experiences
- Empower young people to highlight what their priorities for research and policy are
- Consider how different locations and contexts across the UK (London, Bradford, Glasgow) might be relevant to young people's experience of mental health inequalities
- Establish collaborative relationships with community organisations and young people to support design and analysis of this project as well as future policy engagement and 'strategies for action' [18] for young people's mental health inequalities
- Analyse what young people said (considering different factors and experiences as connected and overlapping) collaboratively with our Youth Ambassadors, participants and community partners
- Think about our own positionality as researchers – i.e., how our privileges and disadvantages may have shaped how we understood the data
- Generate policy recommendations to advance social justice and health equity

There is vast amount of literature, empirical research and policy that adopts intersectionality in different ways that readers can access to explore these issues in more depth.

About the MOSAIC project

This research project gathered the views of 39 young people aged 16-25 years old, across three UK sites in summer 2025. We ran workshops in **London, Bradford** and **Glasgow** where young people engaged in creative activities and group discussion to help us understand how they view and experience mental health inequalities. We also asked what we should prioritise in the next phases of the project. What came out of these workshops will inform the next stage of our research and specifically help us decide what to analyse in three UK birth cohort studies. In addition, key findings and quotes from young people highlight how mental health inequalities are experienced in their everyday lives. Based on these findings we have developed some recommendations with young people and our community collaborators for improving young people's mental health and reducing inequalities.

Given our focus on social inequalities and prevention instead of treatment, we do not refer to specific mental health disorders, and we recruited participants from community populations rather than from health services. This approach meant we asked young people about their lives, circumstances and what might impact on their mental health generally, not about particular mental health conditions or differences between psychological distress and diagnosed disorders. The findings reflect these decisions as young people speak about inequalities and how their social circumstances shape their mental health, rarely with reference to access to treatment or specific mental health disorders. This approach was intentional and in keeping with a social determinants approach to mental health [3, 19].

Aims

The aims of this research were to:

1. Understand what impacts young people's mental health. We had a particular focus on different characteristics (e.g., gender, ethnicity, disability), circumstances and contexts (e.g., where they live, area deprivation, labour market) as well as discriminations such as racism, sexism and ableism.

2. Engage with young people about intersectionality to think about how these different characteristics and circumstances 'go together' so that we could uncover potentially hidden experiences and provide policy recommendations relevant to young people's lives.

3. Prioritise the factors and inequalities we analyse in the next phase of the project, which will involve statistical research in three UK Birth Cohort studies: Born in Bradford: Age of Wonder, Growing Up In Scotland and the Millenium Cohort Study. The workshops were intended to determine what young people see as the most critical inequalities in mental health to inform what we investigate quantitatively.

Who was involved

The project team was made up of a researcher from University of Bristol and participation experts from **The Association for Young People's Health** and **The Young Women's Movement**. Together we organised and delivered the workshops and analysed the conversations and discussions had by the young people involved. We also gave our reflections on the project and the findings in this report. Throughout the delivery, we had the support and involvement of the AYPH Young Ambassadors, a group of young people from across the UK. They co-created and tested elements of the workshop and provided initial guidance on how we talk about the project. They also provided reflections on the messages from young people in the workshops, to help us better understand and present the findings.

The young people included in this project as participants had a diverse range of ethnicities and religions and included those with and without disabilities. The London workshop included male participants only, in Bradford we had a mix of genders and in Glasgow the session involved those identifying as women or non-binary. London participants were recruited and supported to participate through our partners at **Voyage**, a social justice charity focused on racial imbalance. Bradford participants were part of the **Born in Bradford: Age of Wonder** cohort, and the Glasgow participants were recruited through **The Young Women's Movement**, an organisation focused on the rights of women and girls in Scotland. As the focus of this research is mental health inequalities and the prevention of ill health (not mental health treatment or experiences of having a mental health disorder) we did not ask participants to disclose their experience of mental health problems.

What did the workshops involve?

All three workshops had core elements to them, but we adapted activities slightly based on the physical setting, the size and make-up of the group and also from learning about what was and was not working. Each workshop lasted approximately four hours, with London and Glasgow having full day sessions and Bradford having two evening sessions. We began the sessions with ice breaker activities to get to know each other.

We then ran the following activities:

- In small groups participants created a character (a young person living in the area). They brought them to life through answering questions about their characteristics, their circumstances and surroundings.
- A video and presentation slides about intersectionality.
- We thought about the different characteristics of the created young person and each group took two or three that 'go together' or 'intersect' and stuck them on the wall. Everyone discussed their choices and what was happening for their character.
- There were voting sessions with stickers and cards on the wall to prioritise the different intersections highlighted in the characters and also to identify different variables we can measure in large UK datasets.
- There were small group discussions that were based on the question: What impacts your mental health and the mental health of young people in your area? We facilitated feedback sessions and larger group discussion.
- Again, in small groups, participants used journey mapping with the characters to think about the different resources, structures and policies that could improve or maintain good mental health over a year.

We used a combination of character work, creative arts, discussion and movement using the voting on the wall to build trust with and between our participants and to understand complex and sensitive concepts. We used audio recorders to record the discussions. We combined the transcripts of what young people discussed with the creative outputs (i.e., the wall voting, the characters) to create our findings.

The participants were sent the preliminary findings and invited to give feedback. A few participants took part in a one-to-one phone conversation to fill in any gaps or add clarification. We intentionally built this approach in so that young people were active partners in the interpretation of their experiences.

Key findings and recommendations

Belonging and fitting in

Young people described "belonging" as central to their mental wellbeing. Feeling accepted at school, work, or in their communities supports positive mental health, while exclusion or pressure to conform — often linked to ethnicity, religion, gender, or immigration status — creates stress and confusion. Navigating multiple identities and expectations can leave young people unsure of where they fit in.

Place

Where young people live strongly shapes their mental health. Safety concerns, access to services, green spaces and opportunities, and experiences of racism all vary by place and can affect how supported or at-risk young people feel. Feeling unsafe or stigmatised in their local area undermines wellbeing, while inclusive youth-focused spaces promote connection and confidence.

Community and culture

Community provides a vital sense of connection, support, and safety for young people but can also carry pressures and expectations, especially around gender roles, education, and career choices. For some, faith and culture are protective sources of meaning and identity, while for others they contribute to stigma or conflict. Differences within communities can create both belonging and isolation.

Money and jobs

Financial insecurity was a major source of stress across all groups. Many young people feel limited by lack of money and opportunities, and racial and disability discrimination in employment further compounds these challenges. Economic pressures shape how hopeful young people feel about their futures and directly impact their ability to engage in activities that support good mental health.

Social media

Social media has a powerful, double-edged influence on young people's mental health. Constant exposure to global crises fosters feelings of helplessness, while unrealistic beauty and lifestyle standards intensify comparison and self-doubt. Although it can offer connection, most participants felt its negative effects often outweigh the positives.

Responsibilities

Many young people take on caring roles or adult responsibilities at a young age, the young people we spoke to highlighted the additional familial responsibilities and expectations that came with belonging to larger family, being an older sibling or having a certain cultural background. While this can build maturity and pride, it can also create stress, limit social life, and add to academic pressure. Expectations to "act like an adult" before feeling ready can contribute to anxiety and burnout.

Policy Recommendations

Based on what young people told us at the workshops, we generated the following policy recommendations:

1. Embed mandatory intersectional inequalities reporting across youth mental health services

Current mental health strategies emphasise equity in principle but often lack systematic monitoring of inequalities in service access, experience and outcomes for young people. Strengthen Mental Health Strategies across the UK nations to include routine intersectional monitoring and public reporting. This monitoring will ensure inequalities are systematically identified and addressed.

Integrated Care Boards (ICBs), Health Boards, local authorities, NHS services and youth service commissioners should:

- Collect and publish disaggregated data on youth mental health service access, waiting times, treatment completion and outcomes by age, race, gender, socioeconomic status, religion, disability and area level deprivation;
- Publish annual action plans to reduce identified inequalities within existing planning and accountability frameworks, including Joint Strategic Needs Assessments (JSNAs), Joint Health and Wellbeing Strategies (JHWS) and Integrated Care Strategies; and
- Commission at least one targeted, culturally responsive programme for groups experiencing the greatest access barriers and poorest outcomes locally informed by local population and inequality data.

2. Require ring-fenced, multi-year funding for youth and community safe spaces with mental health and equity impact measures

Well-resourced youth spaces provide trusted adults and a sense of belonging — protective factors repeatedly highlighted by young people. Current investment through the UK Government's Youth Matters Strategy focuses primarily on youth facilities, activities and pilot programmes, with relatively limited long-term revenue funding for local youth services. The strategy prioritises infrastructure and participation opportunities but does not consistently require evaluation of mental health or wellbeing outcomes.

To strengthen this approach, Government should:

- Convert existing youth service funding into multi-year grants.
- Require reporting from youth services against mental health, safety and belonging outcomes such as wellbeing, trusted adult relationships and help-seeking, co-produced with young people.
- Expand youth services to ensure equitable coverage and further embed prevention-based interventions. For example, scaling the Young Futures Hubs beyond 50 to a minimum of one per local authority, prioritising high-deprivation, rural and high-crime areas and embedding evaluation of mental health outcomes and equity impacts.

3. Involve young people as partners in safety policy across the UK

Young people linked fear of crime, gang pressure, stop and search, xenophobia and harassment to anxiety and restricted freedom. Involving them in safety policy strengthens agency, trust and inclusion in public life and aligns with existing violence reduction and safeguarding partnership governance structures.

- Local Safer Streets partnerships, Community Safety Partnerships and violence reduction units should include structured youth participation, funded advisory panels, youth-led safety audits, and formal representation of young people's views on boards. Participation mechanisms should include paid roles, structured feedback loops and clear routes for young people's recommendations to influence decision-making. Best practice guidance can be found on the **NIHR website**.
- National strategies, such as the Safer Streets Mission, must frame young people as partners, not risks.

4. Invest in young people's financial security as a public mental health priority

As young people transition to adulthood there are many costs and barriers they face – from transport and food costs to balancing their education, social life and caring responsibilities. Strengthening the welfare system would have a direct impact on this.

Government initiatives that tackle these barriers directly are likely to be beneficial for young people's mental health, for example:

- Free public transport for young people
- Employment support within schools and youth services
- Targeted financial and employment support for young carers, unemployed young people and those shouldering the cost-of-living crisis

5. Tackle youth employment discrimination and strengthen economic inclusion

Young people report job insecurity, discrimination and limited opportunity increase anxiety and hopelessness. Current strategies focus on skills supply but not structural barriers. Fair access to employment signals that young people are valued members of society — a key foundation for mental wellbeing. Monitoring requirements could be incorporated into public procurement and apprenticeship funding conditions.

- The Government should require employers receiving public contracts or apprenticeship funding to publish anonymised recruitment outcomes by age, race and gender, linked to anti-discrimination action plans.

Detailed findings

Belonging and fitting in

The groups discussed notions of belonging as being crucial to positive experiences with mental health, and impactful on their wellbeing. Young people spoke about this in relation to school, college, university as well as workplaces and generally in public. It was particularly discussed in relation to ethnicity and cultural background.

> **"Being part of a certain ethnic group, you realise there are certain things that make things different for you"** (Glasgow)

Several young people noted how being different from their peers due to their immigration status, ethnicity, religion and/or cultural background causes feelings of confusion and being split between two identities. They described the *"pressure"* they felt to conform to traditional expectations set by their family and fit in with their friends.

> **"It puts pressure on people's mental health as you don't know where you stand – I don't know what side to stand on. I feel bad for not following what certain family members might follow. You want to fit in with your friends"** (Glasgow)

> **"And I think that really impacts mental health because you just don't feel comfortable to be yourself really, I think because you feel like you're getting a lot of judgement, especially in an all-girls school. You're getting judgement on what you wear, how you act and, yeah, I think religion"** (Bradford)

During adolescence, all young people navigate who they are and try to find their place in the world. The young people we spoke to provided insight into how different inequalities can affect how they navigate this stage of life. For example, socioeconomic disadvantage during adolescence was seen to restrict that sense of belonging and potentially result in poor mental health if young people do not have the financial means to *"fit in"*.

> **"And I feel like that's the pressure of growing up and being a teenager. Like, you want what everybody else has got. That can really affect them, things like bullying and meeting social expectations"** (Bradford)

> **"People may bully you for what you wear, because there are a lot of cases where your parents might not be able to afford clothes that everyone else thinks is style"** (London)

Several young people spoke about how immigration status and language can interact with race and religion. One participant reflected on how when she was new to Bradford, she was able to *"fit in"* to some extent because she had a more favourable accent:

> **"I moved here two years ago, to Bradford, and then I was treated differently than the other immigrant students were treated. I had a really thick American accent, but I'm not American, and it's like, "Oh, look, it's a new American girl." But then the girls that came straight from Pakistan or Afghanistan, nobody came out and talked to them, they were like: "Don't talk to her. She can't even speak English properly," so they just mocked her accent and stuff. I felt really bad because they were alone"** (Bradford)

Some participants talked about their experiences of going to schools with mostly White students when being from a minoritised ethnic background as well as the impact of going to single sex schools. Religion also was seen as

central for some participants to fitting in and belonging. Religious faith can offer young people a framework for their life that has a positive effect on their mental wellbeing, through fostering a sense of belonging and providing motivation to live their lives in certain ways:

> **"I think, for a lot of people, having a belief is really helpful, because it comes with, like, morals, and that kind of thing, so it gives you, kind of, like, a path for your life, so like a sense of purpose, almost"** (Glasgow)

On the other hand, young people who follow a religion may experience discrimination and judgement (both within and outside of their religious community) that can impact their mental health. Young people shared that they may be treated differently when people find out about their religious identity. At times it was difficult to separate experiences of racism from experiences of religious discrimination, and at other times not, with participants at all sites highlighting the distinct experience of Islamophobia:

> **"I've been to quite a few Black events where people go from actually wanting to socialise, to just tolerating me because I'm a Muslim, and not everyone likes Islam"** (London)

> **"The media rhetoric around Muslims and anti-migration and the far-right and the race riots have made it much more difficult"** (Bradford)

> **"If you're already seen in a certain way, it's difficult to kind of just… not be seen as normal, but like, just be treated the same, in a way"** (Glasgow)

Several participants highlighted judgements and expectations around behaviour and modesty that may be more visible for young Muslim women. Young women who choose to wear the hijab, for example, may feel more at risk of discrimination in public. While those who chose not to wear the hijab felt that there may be judgement from within their religious community:

> **"Obviously, not to say that men don't feel it, but things like modesty or being out there, I think it can really affect you. Because you feel really judged, even though you're not. And I think it does link to culture"** (Bradford)

> **"I've seen it more with my friends who wear the hijab, and I understand the differences, whereas, I've been discriminated on my race, but not as much Islamophobia, until I tell people I'm Muslim…then there's a switch going on. It's like, "Okay, so you don't drink, or you don't do this,"** (Glasgow)

Young people gave different examples of trying to find a sense of belonging that could positively influence their mental health. Young people who were more likely to experience discrimination and bullying, felt at greater risk of having poor mental health due to being isolated and not connecting with other young people.

Place

While young people across the three sites expressed similar accounts relating to mental health inequalities, the importance of context and place was also highlighted.

Not feeling safe was highlighted by participants as a potential strain on young people's mental health. This was particularly apparent in the London group and was partially related to gang culture and general crime rates in an area. This could lead to a fear of being attacked for walking in certain areas and was thought to be a common concern for young men:

> **"I never thought I'd say that in this day and age, gangs and stuff, which area you're in kind of defines how people rate you"** (London)

> **"I'd say a negative could be the area because [area in London], it's very, very dangerous over there, so that could impact mental health"** (London)

The participants in the London group also spoke of the worry that a lot of young men feel they have little option but to become involved in a gang:

> **"So at that age, being young, peer pressure is probably at the highest, so that's why a lot of males in that area get into gangs a lot"** (London)

Safety for young women was also a concern in terms of walking around at night in certain spaces, although this was thought to be a reality for young women wherever they lived in the UK. Being able to go for a walk or access green spaces, which several young people suggested was something that supported their mental health, was limited depending on who you are and where you live:

> **"It's dark at four o'clock in the winter, the areas don't feel safe to be walking in"** (Bradford)

Living in a place with fewer services and amenities can also have tangible impacts on young people's lives, with several Bradford participants stating that they had to travel out of the city to access services or look for employment. For young people from Bradford, this sentiment meant that while they valued the strong sense of community within Bradford, there was an assumption you would be judged by people not from the city due to stereotypes associated with Bradford as a place:

> **"I don't tell people I'm from Bradford, I would say Leeds"** (Bradford)

Rurality was also considered to be an important factor for young people living in Scotland. Participants spoke of remote areas and islands that at times can be quite *"conservative"* with established gender norms, making it hard for some young people to *"be yourself and express yourself fully"* due to fear of discrimination. There is also limited access to services and opportunities that may support mental health for young people, such as healthcare, employment, education and places to socialise that are appropriate for young people. This understanding was balanced with the view that living rurally brings certain benefits such as access to nature.

Participants across sites highlighted how everyday racism and discrimination, which is often place and context specific, is a potential strain on mental health. We found that the impact of policing and surveillance was especially relevant for London participants, and deeply connected to place, safety and identity. Young men in London specifically detailed how the anticipation and experience of 'stop and search' by police can also increase anxiety and

negatively impact mental health. For young people born in other countries with different accents and young Muslim women there was a continual assessment of levels of safety:

> **"Being a Black male, in my experience, it's not nice when I've been, sometimes, followed around in shops"** (London)

> **"Especially, if it's a Black or mixed-race male, they're more likely to be arrested, or at least stopped and searched by police, rather than if it were a Black female"** (London)

> **"So now a lot of my peers who have just finished their GCSEs, going out to different colleges to see their options, a lot of them have turned up and said, 'I went to this place, I liked it, but the people were off or there were less hijabs around me,' "** (Bradford)

> **"Where I live is not the safest place, I've had so many issues, especially with xenophobes who are like, 'Oh, go back to your own country' and that makes me very anxious"** (Glasgow)

> **"I think that young people would maybe utilise green spaces a little bit more if they felt safe to do so"** (Bradford)

Finally, participants talked about the importance of safe spaces to socialise, learn skills, access green space, build community, join in different activities and generally be off the streets and how this was an important factor for their mental health. We interpreted these testimonies to reflect the important work done by youth services and community groups, that provide young people (particularly those affected most by marginalisation) with trusted adults and access to resources that they may not receive or feel comfortable with elsewhere:

> **"For young, Black males, it's a safe space for them to make some friends and for ones that don't particularly want to be on the streets and they don't want to just be at home, stuck at home either, they want to make some friends, they'll go to youth clubs… And they provide a safe space. They'll provide them with food. They'll provide them with activities and shelter"** (London)

Where you live matters for young people's mental health. Feeling safe is a central element, which is experienced differently depending on a young person's intersectional position (e.g., their gender and race) and whether it is a high crime or gang-related area. Young people told us that having access to youth services and opportunities to engage in activities, socialising and green space with trusted adults who understand the challenges in young people's lives is beneficial for mental health.

Community and culture

Young people emphasised the importance of community in tackling feelings of isolation, fear and stigmatisation. The young women in the Glasgow group highlighted how this sense of community might be easier to come by for young women than for young men, due to stigma around men talking about their feelings. Young men in the other groups echoed this sentiment:

> **"I feel like one of our strengths as women is that we are very open with our feelings, we can give each other support and expect support back, and that's one of our strengths, I think, that men don't have as much"** (Glasgow)

> **"It's just been disregarded really, and that's why more men kill themselves, because they feel that they can't have an emotional support system, they can't express their feelings verbally, or do anything, so they just have to suppress it because they have no choice to"** (London)

Connection with and support from community helps young people feel safe, valued and able to explore their identities. Community helps with feelings of belonging that have an impact on mental wellbeing.

> **"Yeah, in order to feel safe, you need to have that connection to your community. Do you know what I mean?"** (Glasgow)

On the other hand, the young people across the workshops commented on how differences within communities could create challenges and tensions. This related to the general consensus that some religious and cultural communities had expectations of young people's careers and education as well as gender norms that they grappled with in relation to their personal identities. Thus, while community is important to young people for a sense of safety and to tackle feelings of loneliness, it can also be a source of loneliness and stigmatisation in itself, presenting its own challenges and impact on mental health.

> **"So to be in a community that might, like, disregard part of your identity can be quite a challenge to overcome"** (Glasgow)

> **"And religion is something that's so close to your heart that you love so much. And it kind of gets you through your mental health struggles but, at the same time, it can be the cause of it. And not the religion in itself, but more the culture side of it"** (Bradford)

> **"Culture is often confused with religion, and I think it's more that it's harder for women. Because, like, Islam teaches- well, women have quite a high ranking in Islam, but then when it comes to culture, women are kind of put down a lot in my experience"** (Glasgow)

Pressures within the South Asian community were mostly mentioned in relation to career and education pathways, with some young people speaking of an understanding that the family were relying on them to succeed and *"break the cycle"* of financial hardship:

> **"But just having those pressures of, "Okay, I need to be that change and I need to financially support my family, be a role model for my younger siblings," things like that, that's not a personal experience, but definitely my mother's experiences and my father's and really having that pressure to do well and just break that cycle, and I feel like a lot of people could relate to that"** (Bradford)

There was a discussion about gender norms within society but also how those interacted with culture. Some young men spoke of the expectation to be *"masculine and not scared"* as well as "*looking to buy a house at aged 20"*. Several young women in the Bradford workshop referenced that young men face their own and different difficulties, but within the South Asian community, doing well in education and getting a good job had become a stronger expectation for young women:

> **"I think, from Pakistani and Indian background, I think that young women will most likely have more pressure put on them than the male would. That's just personal"** (Bradford)

An additional challenge highlighted in the session related to a sense that in older generations there could be a lack of *"belief in mental health"* (Bradford):

> **"Mental health and stuff, and disability, for example, just doesn't exist in certain communities"** (Glasgow)

This made it harder to talk about if a young person was struggling. Young people highlighted that these generational differences within their community were rarely spoken about outside the community – the workshop was the first time many had had a space to discuss it. For some participants not feeling supported by people in their family or cultural community presented the greatest strain on their mental health. This finding is particularly relevant when attempting to understand racial trends in reporting mental health problems [20] and also highlights the importance of examining challenges *within* groups of young people as well as differences between groups.

Community can be understood in many different ways. Some young people are part of a community because of their cultural or religious heritage and others have sought community with peers and others they can relate to. Being part of a community can bring huge benefits in terms of solidarity and combatting isolation and discrimination. However, several young people highlighted how cultural and community expectations sometimes create pressure or are in conflict with how they want to live.

Money and jobs

Not having enough money was at the centre of a lot of mental health struggles for young people as well as for their lives more broadly. Young people highlighted material disadvantage and poverty (not being able to buy basics) and the stress that comes with that but also the potential for social isolation if they do not have the funds to spend on enjoying themselves. There was an awareness that lack of money prevented access to seemingly free services due to associated costs:

> **"We live in a country where a lot of things are free for us, and it's amazing that we've got free education and free healthcare. But if you don't have that money to get a bus to get to your doctor's appointment, or you don't have that money to fund a trip that you want to go on…It's, like, things are free, but they're not really free"** (Bradford)

> **"Me, personally, I'm sad when I'm poor. Yeah, zero GBP in the bank account. It's dark. (Laughter) You can't buy any clothes. You can't buy any food. If you have a partner, you can't take her out on a date"** (London)

> **"So there's a lot of stress on you, and then you don't feel like you have enough money to spend time and enjoy yourself. And then you also feel like you don't have enough money to buy the things you actually need, so that can make living life a lot harder"** (Bradford)

This experience appeared to be relevant to young people's age and stage of life. As they become adults and seek independence, they found it frustrating to still rely on parents, as well as being unsure about how to manage money:

> **"Some of us are 17, some are 18, you've got to know when to spend your money, how much to save, how much you can spend when you earn money, stuff like that. I'm okay with money. But I think most of my money just gets splashed on, just, food, or on the train. It gets splashed on the train"** (London)

> **"Any why money's such a big impact, because, we haven't got jobs, we have to rely on our parents to give us money or through something else"** (London)

There was an understanding that having money offered a sense of security but also opened doors for young people and enabled them to engage more broadly in society. Many of the young people talked about how hard it can be to find a job, in the current economic climate:

> **"Now, I'm more aware of how hard it is to make money and how it's hard to handle everything. So, it's a struggle"** (Bradford)

> **"Getting a job in this world isn't as easy, especially for someone my age"** (London)

The process of trying to get a job and explore career paths was also expressed as impacting on mental health, with the fear of failing being particularly difficult and affecting confidence and self-esteem. This was spoken about in relation to discrimination people may face in terms of race and religion when seeking employment, but also intersections of classism, sexism and ableism:

> **"I think you're seen as loud, ghetto, rude, a bit of a troublemaker, in a sense. It's a big barrier in getting a job, being a Black male or a Black woman"** (London)

"Being Black, you can get negatively perceived by employers, because if they see that you're Black you're more likely to be less employed, and that's why Black people, they typically given their children White names, to make sure that their employability chances are higher, because of discrimination and that, systematic racism within the workplace" (London)

"There's this big stereotype around being in Bradford and what you're meant to talk like and what you're meant to act like. I think it's a bit prejudiced, like she was saying there, people form an opinion because they likely haven't properly met you" (Bradford)

"Personally, I have quite a lot of health issues, and when I go to the doctor's, I'm always just told it's my anxiety and depression, rather than getting down to the root of the issue, which means that I have been mostly out of work, so income, disability and gender are connected for me" (Glasgow)

Young people are affected by the current economic climate and job market and many feel bleak about their future. There are clear inequalities embedded within this, with certain groups of young people being explicit about their job prospects. Without equitable career and education support and tackling employment discrimination, mental health inequalities will likely continue to follow similar patterns.

Social media

Young people noted how the prevalent use of social media causes anxiety on two main scales: firstly, it creates a constant exposure to global injustices and suffering, including war, genocide and famine. Young people we spoke to feel like exposure to these injustices feels inescapable and witnessing them on social media creates a general feeling of despair and hopelessness as they are unable to do anything about them. This hopelessness extends to their feelings towards political leaders, who they consider as failing them by not addressing atrocities:

> **"When we're witnessing all these horrific tragedies on our phones, and we're scrolling through them, and there's no, like, switch off from that, but then also knowing that folk who are supposed to represent us, or who have that power, aren't doing anything can be quite a frustrating process, and can impact our mental health quite a lot, like, that feeling of helplessness"** (Glasgow)

Secondly, social media facilitates constant comparison to others and spreads harmful beauty standards that impact particularly on the wellbeing of young women. Several young people discussed how easy it is to compare themselves to people online, and how pressures to look a certain way impact on mental health both overtly and subconsciously. This partly related to the previously mentioned idea of belonging, with social media offering a heightened pressure to fit in – which relates to economic disadvantage particularly if young people are unable to "wear the latest thing" that influencers are wearing (Bradford). Young people felt this was detrimental to their mental health as these pressures that we once only experienced at school, were now constant:

> **"I have a terrible tendency to compare myself to other people on social media, like, whether it's by looks, whether it's by what they've done"** (Glasgow)

> **"Which, while that's been propelled by social media, that's always existed"** (Glasgow)

> **"Snapchat is where you know, add random people and just tell them that this is my lifestyle"** (Bradford)

In both of these scenarios, young people commented on how social media has the ability to isolate and trouble them. They noted how *"It's so hard to avoid, though, when it's all around you, right?"* Just as global injustices exist outside of the world of social media, so too do beauty standards. However, the prevalence of social media can cause these things to become all-consuming. As one young person comments, *"it's in my room, and I can't do anything."*

The experience of social media was seen as different by gender. It was only young women who spoke about social media (we did not ask directly about social media so young men may have reflections we were unable to capture). However, several young women mentioned the desire to be popular on social media being more prevalent:

> **"And especially young girls growing up, I feel like they have it a lot harder because obviously everything's about likes and adding people. Yeah. So they want to be popular"** (Bradford)

One young woman mentioned that getting involved in gangs through social media was

a concern for young men, particularly young South Asian men who are already stereotyped as being involved in crime. There is a further risk to mental health here as young men may feel that social media presents a more constant pressure to be involved in gangs that they may not be able to recognise as dangerous initially:

> **"See that they don't actually know what they've got themselves into. They just, you know, accept it. And then, yeah, as a reality when it's too late. I have heard about drug deals and other things on Snapchat"** (Bradford)

We were unable to explore social media in the same depth as the other themes and there was little interpretation of intersectionality. There was also limited mention of online discrimination, bullying and harassment (e.g., misogyny, racism, homophobia, misogynoir) but there is now a wealth of evidence that indicates these are other mechanisms through which social media is shaping mental health inequalities [21, 22] and these are almost certainly intersectional.

Young people commented on how social media has the ability to isolate and trouble them. They noted how *"It's so hard to avoid, though, when it's all around you, right?"* Just as global injustices exist outside of the world of social media, so too do pressures to buy products, harmful beauty standards and gang presence. However, the prevalence of social media can cause these things to become all-consuming. As one young person comments, *"it's in my room, and I can't do anything."*

Responsibilities

One challenge young people spoke about in relation to mental health, was their caring responsibilities for younger siblings. This included doing school drop off and pick up, cooking for them and watching them while their parents worked. This was seen as a big responsibility with the potential to impact on mental health:

> **"You have a lot of assignments, and then when you've had a long day, we finish at 5pm today… You have a long day, go home, you know when you go home there's going to be more stuff for you to do, more people to look after, if you have to buy food, you have to buy food, you have to cook"** (London)

> **"I can't go to certain places because I have to look after siblings, I'm not even an adult yet. And I'm out here changing nappies"** (London)

Some of the participants reflected on how culture and race influenced caring responsibilities, partly due to differing expectations but also family sizes:

> **"As a woman in my culture, I'm expected to also fit that homemaker role. I think it's really hard when you have responsibilities, so you've got that dual burden of having to provide for your family and then also get an education at the same time"** (Bradford)

> **"As an older sibling, it's like you're expected to be a third parent"** (London)

> **"I guess you can say that the race is linked to caring responsibilities because in certain ethnic minorities it's, kind of like, expected for, for example, women to have a lot of children. For example, the average White, British family, the average household is two to three kids"** (London)

Participants also mentioned the positive aspect of being an older sibling, including gaining respect. Many of them saw it as their duty to take care of their family, but this was balanced with the real challenges of it being tiring and affecting their schoolwork and social lives at times. The youth organisations we worked with recognised the caring responsibilities taken on by some of their young people and mentioned policies to support them that more schools and colleges were adopting (e.g., allowing them to take phone calls, to go and do the school run, extra revision support). One of our collaborators noted that many young people take on these responsibilities at home quietly and often with a sense of shame. Enabling young people to be open about their caring responsibilities so they can be supported (and celebrated) may be one avenue to reduce inequalities. Taking on additional work at this age shows early signs of leadership, resilience and emotional intelligence and therefore the stigma some young people feel about caring for their family members should be challenged.

Young people also spoke of expectations of "being an adult" which came with responsibilities of pursuing a career, buying a house and generally knowing about the world. Young people across the workshops felt that society has changed a lot, yet these expectations had remained and were often unrealistic and outdated:

"I'm 17, so they're expecting you to have a job or expecting you to earn money, and a lot of money, so that you can help support yourself" (London)

"I'm 18, which means that because I'm just- I literally just passed the adult level, meaning all of a sudden people are treating me like, all of a sudden, I've lived 30 years, I've got experience in life, (Laughter) failing to understand how I literally don't know what's going on" (London)

"But there are a lot of external pressures, being female, so many expectations of how we look and present ourselves, and help our friends and family, and everything, on top of having a job as well" (Glasgow)

It is particularly relevant here how gendered and racial inequalities intersect. For example, there may be socialised gender roles when it comes to maturing, with several South Asian young women noting the expectation on them to continue with education while also helping at home. The young men of Black African heritage we engaged with also focused a lot of their discussion around mental health on these expectations and treatment by others as if they are adults. Our collaborators working with young people in London interpreted these testimonies as reflecting the adultification of Black children that is frequently seen and echoed by the prominent example of Child Q [21]. This adultification may have mental health consequences resulting from treatment, punitive responses, and inappropriate expectations. Mental health policy and research must strongly consider intersectionality, as universal strategies that fail to account for these lived experiences are likely to increase, not reduce, inequalities among young people.

Researcher and Young Ambassador reflections

Dr Laura Tinner, University of Bristol: These findings highlight the challenges young people across the UK face and bring into sharp focus how intersectional inequalities in mental health are generated. This work has provided fresh insights into the complexity of young people's lives and underscores the importance of working to address social determinants such as poverty, racism, sexism and discrimination as public health priorities. Here we present a clear call to action for: 1) greater investment in adolescent public health and 2) upstream, prevention approaches to tackle the mental health crisis.

It was a pleasure to lead this project and work with the partners and young people. There was a real buzz at all the workshops, with young people eager to contribute to policy, practice and research about them. Being a White woman with a university education meant there were inherent power imbalances within this work. Collaborating with the participants and our community partners in interpretation and crafting of policy recommendations was therefore central to this research. The approach was something new for me, but it has been incredibly enriching for the findings and only enhances my motivation to co-produce research outputs and work together towards social justice.

Emma Rigby, Association for Young People's Health: I worked on the MOSAIC project closely with my colleague Nick Morgan. At AYPH we are focused on understanding and reducing the health inequalities young people face and these important findings support this work. To enable young people to safely discuss such complex issues requires sessions that are designed well to avoid conversations that are deterministic or extractive. Central to this approach are skilled participation workers and a close working relationship with all partners. All of these key elements were in place in this work. I am excited to continue to work on the MOSAIC project supporting the Young Ambassadors to have an ongoing role in ensuring the research is developed with young people and reflects their experiences.

Lauren Galligan, Researcher from The Young Women's Movement: I worked on the MOSAIC project as part of my role as Research and Participation Worker at The Young Women's Movement, co-facilitating and collecting data from the Glasgow workshop. Seeing the level of interest we had from young women in Scotland during the recruitment stage and on the day was a testament to how important research into the mental wellbeing of young people is. There were some conversations on the day that we have had with young women many times before, including the need for better healthcare experiences, the impact of poverty and political neglect, and the effect of systemic misogyny on mental wellbeing. The findings from this workshop offered an even wider perspective on how young women's racial, socioeconomic and gendered identities interplay with the environments they grow up in, and how important solidarity and community is to young people. Overall, they demonstrated how young women in Scotland, regardless of background or circumstance, want to feel like they belong, have a sense of community and safety, and can access the support, resources and services they need to thrive.

Young Ambassador Group: We have been involved from the early stages of the MOSAIC project helping to create the workshops for other young people and reflecting on the themes coming out of the sessions. When reviewing the findings we weren't surprised by a lot of them and welcomed the fact that they set out young people's needs.

> **"I think the findings are good because they show what young people need"**
> (Young Ambassador)

We were really interested in how living in different areas affects mental health, including issues like loneliness, peer pressure, access to green spaces, and the cost of living. The findings on place affect everyone but will affect different young people differently. Understanding more about the different issues for young people in urban and rural areas would be good to think about more.

When thinking about the recommendations the ones about keeping young people safe and financial security stood out to us. Financial security often comes up but we don't think it's always taken seriously in relation to mental health and safety is just important for everyone.

> **"I especially like the bit about making sure young people feel safe"**
> (Young Ambassador)

Moving forward we need to measure what happens as a result of the recommendations so we know what's changed for young people on these important issues.

End notes

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Next steps for this research

What the young people told us at the workshops has informed what we will do next. We will be mapping out these mental health inequalities using statistical methods in three UK longitudinal datasets. This will allow us to examine young people's mental health inequalities on a bigger scale and explore further what young people in the workshops told us.

We will also continue to investigate cross-cutting themes. For example, how race and gender interact for young people and their experience of mental health. We could also investigate the complexities and challenges young people are facing within their communities and how this can affect mental health could also be investigated more fully.

Finally, it is clear from what young people have told us that where you live matters for your experience and so we are motivated to quantitatively analyse what these intersectional inequalities in mental health mean in different places in the UK.

Watch this space!

For more information

The Association for Young People's Health works to understand and meet the particular health and wellbeing needs of 10-25 year olds.

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