

[Transcript] The News Agents / What is behind our mental health pandemic?

Hi there, just a note to say that this episode contains some content people might find triggering, including mentions of suicide and struggles with mental health. This is a Global Player original podcast.

It's such a difficult area for me to talk from because I am the definition of silver spoon.

Like, I am the definition of privileged. Like, I cannot tell you. I had every hug that a son could get from their mum and dad. My parents are still together.

I grew up. I went to private schools. I got every present, every, you know, birthday, Christmas, anything I ever wanted. And yet, there I was in a position where I felt like pointless me being here. I didn't want to be here anymore.

And it wasn't for me. Life wasn't really for me.

That was Roman Kemp. He's the host of The Capital Breakfast Show.

Celebrity, a presenter. And as he describes, one of the most privileged people alive.

He's a man who seems, when you meet him, totally happy in his own skin.

He's articulate. He's loved. He's sociable. But those words he uses at the end, life wasn't really for me. Kind of punch you in the stomach. It's him describing

what depression would feel like. And today we're going to hear from Roman, who's called on the government to do more to support mental health services in our schools.

And we've been hearing from you, our listeners, who've got in touch with their own experiences of what deep depression does to a life.

I'm a 17-year-old who struggles with symptoms of OCD and anxiety.

I've been on a waiting list for several months to receive support for this and haven't heard back at all since the initial consultation.

I'm 25 and I've been struggling with anxiety, depression and unstable mood since I was 13.

I am currently on a waiting list for a waiting list. So once I have this assessment that I've been waiting a year for, I have to wait another year and then I'll get the actual therapy that I'm waiting for. So on today's episode, we're asking what's behind our mental health pandemic and where's the help? Welcome to The News Agents.

The News Agents

It's Emily and it's Emily and it's Emily. In fact, it's just me today. The boys have headed off somewhere and that's all well and good because actually on the show today I wanted to tackle a subject that has, if I'm honest, kind of found me over the past few years and months and that is the state of our mental health service in this country, particularly with regards to the young. And when I say found me, I guess it's worth me explaining that I mean it one remove.

I have friends who've lost their teenage children to suicide and I have friends whose children have tied to take their own lives and I have friends whose children are, as I speak, dropping out of school because they have recurring suicidal thoughts. And whilst each of these cases is unique and is clearly about an individual child or a family that cannot be templated or copied, what I've come to realise is that their experiences are being mirrored in so many other people's lives right now, including many of yours, which I think is testament to the number of responses we've had to our appeal. This is just one message from a friend who got in touch with me.

And she writes, every case is different. In our case, our 17 year old son went from being at school to being on suicide watch within weeks. Our world was turned upside down. It was like flicking a switch and that was six months ago. Panic attacks, ambulances, depersonalisation, self-harm, all new words and conditions we didn't understand, horrid for both our son and for us as parents. We found

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ourselves catapulted in a world of the unknown, a frightening place. Friends suggested everything and anything. We became so confused with what to do and where to turn. There was no coordinated medical help. And I think it's natural to try and seek logical explanations for what is happening right now. And we know it's often called a mental health pandemic and we have tried to look at some of the figures and we'll be talking about those later. But when you try and find a reason, sometimes it's helpful and sometimes it can be quite reductive. There are people who feel very strongly that it is screen time or it is social media or it is a result of post-COVID or lockdown.

You might say it's those struggling within homes that face the extra pressure of the cost of living right now. And there are those who say it's particularly affecting young women, girls who are under pressure like never before to create a sense of physical perfection to the outside world. And I think these are all quite helpful in making us think of the background causes.

But it probably won't get us to the full answer of why the numbers are so stubbornly high. And we're going to hear a few offers from professionals and from people we talk to of what their understanding

is. But I think there's also questions about the system itself and in those first early voices you heard that reflected. We seem to be talking endlessly about mental health whether it's awareness or its campaigns or it's the royal priority of our future king. But when it comes to services bluntly to funding, bluntly to having the staff and the people, we do not have the expertise, the resources and the commitment to be putting our money where our mouths are.

So I think today is about two things. It's hearing from those who've been at the call face of their own struggle with mental health and their family struggles and trying to understand those triggers, those underlying causes. But it's also talking to mental health professionals who tell us where the system is letting our kids down. On Friday I put out a tweet asking people to get in touch. Hundreds did. Thank you all. And these are just a few of your stories.

I've been dealing with severe depression and PTSD and you know, unashamedly I decided to seek help from the NHS. I'm now on a waiting list for counselling but I've been told that it will be four to six months before I can be seen.

I ended up with PTSD and post-natal depression. When I sought help, the waiting lists were 10 months. Now fortunately I knew what to do because I'd received therapy in the past but what about all the people that don't? What about the people still on waiting lists? I have no doubt that lives are being lost because of this situation that we're currently in.

I'm a 17-year-old who struggles with symptoms of OCD and anxiety. When initially asked by my doctors to see if my school could support me, we have one counsellor in the school as far as I'm aware and the school has just under 2,000 students. There's about 34 hours in the school week so that's

enough for say 60 half hour appointments a week which would mean over 1,940 students logistically can't receive support. That's 97% of us. I am sick of young people being told to reach out and try and get help when you go to your GP and you're told to try exercise. When you reach that stage of wanting to get help and feeling ready, you're faced with waiting lists and calls from withheld numbers and emails that I'm not responded to. It's so demoralising. The stories are compelling and they're personal but the data, the statistics back up what is really going on here and I think it's important to remember that back in 2019 a key manifesto commitment was to reform the Mental Health Act. So far what are we now four years on? Nothing has happened but Mind is one mental health charity organization we're going to be hearing from their Chief Executive later and they

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have told us that one quarter of young people have informed them that they try to take their own lives whilst waiting for mental health support and the Office of National Statistics again this is just raw data has shown us that since 2019 the number of economically inactive workers who have depression, stress or anxiety has risen by 40%. That's now at 1.35 million. These are people whose mental health means they are literally taken out of the system of work and I think it's also worth bearing in mind that whilst we often think of suicide related areas being predominantly that of young men, women, females age 24 or below have actually been seeing the largest increase since ONS records began in 1981 and we have seen an increase just shy of 50% now. It is the worst kind of catching up we ever want to see but that's just some of the numbers to give you a sense of why we think it's important to be talking about this now. We heard at the very top from Roman Kemp

and as I said he's a presenter, he's a DJ, he's been very open about his own struggles because he lost his best friend Joe who took his own life, his producer, his buddy and he sent out a letter last week calling on the government to put mental health team support in all our schools.

Roman, let's start with where you started just before the weekend which is the letter that you wrote to Rishi Sunak. What were you asking for? Just lay up what you're asking for and what responses

have you had from government? So firstly, over the last kind of three years I've done a lot of time spending talking about mental health, talking about suicide, talking about how to help the situation that we have, help the growing numbers that we've got and it is so hard and confusing to pinpoint where are the problems within the system. I went through times of saying to myself, is this something that I need to try and get people to start talking about? Maybe a lesson that goes into classes. Is this a thing about the NHS being able to have a whole different sector? Is this a problem with CAMHS, the children and adults mental health services? Where does that problem

kind of lie? The reason being as well is because it's so easy to get passed on to someone else. If you try and speak to the health secretary about something, it then gets passed on to the education secretary and then it all moves around. So figuring out what were the main points that are really helping drive down those numbers? What are really helping kids in crisis? There were two things. One of which was youth clubs and I'll be totally honest with you. When I first thought about it and when I first visited youth clubs and stuff, I had this image of a youth club being like kids just go there to stay out of trouble on the streets and you go there and play pool with your mates. I didn't realise the impact that these youth workers and the youth clubs have in terms of dealing with so many issues that children are having within their home that they don't feel that they can talk about or within school that they don't think they can talk about. That was one place. The second thing where I realised that numbers were really helping in terms of children presenting themselves to A&E and that was mental health support teams within schools. A mental health support team within a school, some people have them, some people don't, a mental health support team will be trained professionals that can go in and not only help the child in crisis at some point, they will be able to go in there because a lot of teachers will say we can't do a lesson because we don't know what to do, we're not trained. These mental health support teams, they go in, they support not only the child, they support the teachers and they also support the parents. They're incredible teams and especially given the fact that post-COVID, the amount of people that are affected by that, this is all based around trauma. I said it in the letter,

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suicide is about hope and there's been a lot of people over the last few years that have lost all hope entirely or someone's family has lost hope and a child is growing up in a hopeless home. They've got nowhere else to really turn to and it was really tough because I went through a stage of, I'd probably say about eight months ago where I was like, what's the point in me trying to chat about mental health? What's the point in me trying to talk about why am I going up to people and saying, oh, ask are you okay twice? Do that because when they're asking, there's nowhere for them to go and also I was watching them saying, I was watching these numbers go up and up and up and up and up and up and I was like, is what I'm doing wrong? Why are these numbers going higher? Is me talking about suicide? Is that making more people see that as a suggestion, as a way out? Did you really think it was? Well, do you know what it was? I did at that point but then I was like, I'm looking at this the wrong way and I almost had to take that picture and turn it upside down and what I was realizing and it brought tears to my eye genuinely made me really upset because I was realizing that, oh my God, this whole thing of what everyone is doing right now, us as the general public, making more campaigns about talking more, being more open about mental health, we are doing the right thing and people are coming forward. They're having that

bravery to step forward and say, you know what, I'm not all right and that's all I was asking of them but the problem now is that the people in power aren't upholding their side of the bargain and giving us a way out. It's like telling you, by the way, go and figure out if you've got this disease but I'm not going to have a cure for you. Have you had a response? Have you had a response from the letter? No, which is interesting. No, I've had, because I know the Labour Party had had a part of their manifesto where they said that, you know, they would want to put 100% of schools, 100% of mental health support teams, 100% of schools having mental health support teams but I haven't had a letter from anyone that's in any power right now which is interesting.

To be totally honest with you, when I first tried to reach out and speak to the current mental health secretary, I was rejected and I wasn't allowed to speak to them which is fine, you know, that does happen, they're busy people but seeing as I haven't got any response, I'm starting to wonder, oh is this a conversation they're wanting to avoid but I just think, you know, all I'm asking for here as well, sorry, circling back to it, currently the government have agreed to say our target, keeping in mind that's a target, not not we will do this, it's a target. The target is 36% of schools in the UK having a mental health support team. Now in my own opinion, right, I wasn't

very good at school but if I went into an exam and my teacher said to me, what are you aiming for and I

said 36%, I'm pretty sure I would have been told that's not good enough. And you would have failed. So all I'm asking for is that target to change from 36% to 100%. I'm also not asking for, you know, I'm not asking for a date that this has to be done by, I'm just asking for a promise, you know, a formal promise and so far as I say, I haven't got any response.

I want to come back to that at the end but maybe we should bring people into why it became so important to you because you've come to this subject as the best buddy of a guy who killed himself, a very young man, producer, bud, as you call him, and a guy who seemed outwardly delighted with life and surrounded by friends. Yeah, yeah, it was insane but that's what suicide looks like. Suicide, it became a point where afterwards you have to then again turn the picture upside down and realise that the people, the ones that are taking their own lives

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are the people that you least expect. So when do the people that you least expect becomes the ones that you most expect? Do you know what I mean? Yeah. By someone presenting themselves to A&E, by someone going to therapy, by someone, you know, wanting to take antidepressants or something like that, going to a doctor, searching for help, they already put themselves in a far lower percentage of people that are the ones that take their own lives. His death left all of you stunned as friends. If he had told you, if he had opened up, do you think it would have been different? I mean, it's a terrible game to play this. He'd be here. 100%. I don't doubt it. I have no doubt. No doubt. Because I wouldn't have let it happen. I wouldn't have let it happen. So your mantra is asked twice. Don't just go, how are you doing? Go back and go, how are you really doing? But if he had then said, I'm feeling suicidal, I'm having very dark thoughts, what is that next step for all of you? Well, the thing is, I mean, listen, you know, I'm in a very privileged position, you know, like for me, for him, he would have been able to, you know, I would have made sure that he sought that private help that some people can afford. But the scary part is for those people in the UK, which is the big majority of the UK, that now have nowhere to go, nowhere to go. And it is that thing, if you look at waiting this now, and this is what parents again, like, one of the reasons again, why I wanted to put that number out there is because I don't think people understand how bad it actually is. And especially, you know, people go, oh, you shouldn't really scare parents with it. It's like, no, actually, I want to, like, and I want parents to know that if your child comes up to you and says, I don't want to be here anymore, and I'm genuinely thinking about killing myself. If you take your child to a doctor, you more than likely will be on a waiting list that is over eight months. The only way your child can get seen currently in current in current situation is if they have already attempted, you will be asked that have they attempted to take their own life. And if they are over that threshold, then they'll be seen. But for a lot of parents, as they horrifically know, that's too late. So that system doesn't work for me. And that's why I'm also pushing this thing of we have to come to a realization that for people like myself, and for people like you, Emily, and unfortunately, for a lot of young people that are out there right now, the system has already failed us. Like it is too late for us. We are part of that waiting list generation. This next step is the only way that we can help alleviate those waiting lists. You are on antidepressants. You are on antidepressants. You've been on them since 15, right? And do you think that that has stopped you? I mean, or do you think you have an amazing relationship with your parents? You talk to your mum. I mean, when you sort of think you got very close. Yeah, really close. Do you know what? I don't really know what stopped me if it was luck or tablets or whatever. It's such a difficult area for me to talk from, because I am the definition of Silver Spoon. I am the definition of privileged. I cannot tell you. I had every hug that a son could get from their mum and dad. My parents are still together. I grew up. I went to private schools. I got every present, every birthday, Christmas, anything I ever wanted. And yet there I was in a position where I felt like pointless me being here. I didn't want to be here anymore. And it wasn't for me. Life wasn't really for me. Do you think it's chemical? 100%. I think there are aspects that are chemical. And from that aspect, in that instance, you look at someone, I'll give you an example. My sister is the happiest person you can ever meet. She is the most happy, go lucky person. She has this side to her that is beautiful. Her soul is unbelievable. Whereas me, and I've said this

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to my family, I feel like I don't fit in sometimes. I feel like I'm this person that when I go home, my mum will say this. My mum goes, when you're here, it feels like you don't want to be here. It's not because I don't like hanging out with them. It's because I worry that I bring the mood down because of how I am. And I'm not as sociable as people think I am. I'm quite quiet in normal life. But I think it's because of how I am chemically, how my hormones work. And it does have an effect. And when I don't take these tablets, I do see regression in my mental health. Do you think you'll be on medication for life? I don't care. It's my honest answer. If it makes me happy, I don't care. If a doctor came in now and told me, Roman, you've been taking a placebo for 15 years, great. I'll carry on. Why do I care? It makes me feel good. And that's why, again, for some people, depression is one thing and for others, it's another. I think that idea of a depressed person or a suicidal person, taking all these tablets and sitting on a long leather chair, talking to some shrink, isn't reality. So if you had, let's go back to Joe. If you had said I'm feeling suicidal, what would you have done then? What are the words you would have used? Because this is something that a lot of people are trying to go, I have friends who have children with very strong suicidal tendencies, thoughts. And they're constantly, one of the hardest things they tell me is that they're taking advice at the moment from anyone, from anything that, oh, have you done this? And have you tried that? And have you changed the diet? And have you got them onto this? And have you stopped them doing that? And actually, half the time, they're bombarded by kind of, we don't know. We don't actually know what works. Sorry, I do. I think there was a narrative that I didn't like when it came to suicide. And again, it's one of them that like, it may offend people whereby they feel like it's still the wrong thing to say. But when Joe died, when Joe took his own life, my friend, I don't think I've hated anyone more in my life. Like to the point where I would literally wake up, and the first thing I'd say would be a swear word and say it towards him. And it would be the last thing I'd do when I go to sleep. There's a real anger. Oh, my God, like, horrendous. Like, and that's where I think that a lot of people don't realize that side of grief when it comes to suicide, that there is so much anger attached to it. And the narrative that I was talking about was this thing of, you can't call suicide a selfish act. That person has done it. It is their choice. It is their decision. It is this. And you have to respect it. And you know what? I don't, I really don't. I don't respect it at all. I think I'm not calling it selfish. But I think, you know, when I spoke to Joe's mum about it, and Joe's mum probably sums up best, you know, in terms of what would I say to someone. And she did it in the best way possible. And she teetered on that line of calling it selfish. But in such a perfect way, she said, she said, I'd look at that person and say, whatever pain it is that you are feeling in this instance, and whatever pain you think will go away from taking your own life, you are not getting rid of that pain. You are giving that pain to every single person that you love and people around them times 10. And I think sometimes people need to know that that reality, because there will be there, there will be people that are listening to this. And, you know, it makes me so feel sick when I think about, you know, I went through a stage of planning out what I would do. And it makes me feel sick that I even had that thought because of thinking what now knowing what it would do to my mum, and what it would do to my dad and my sister and my friends. I mean, it destroys everything. Oh, it even destroys the way you loved somebody. For sure. And I've got 100% it does. And that's why. But, you know, the sad thing about it is that

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and it's getting into someone's psyche before they're at that point. Because the problem is, is that a lot of the time with suicide, people think, oh, I finally got control of my life.

I can decide if I can end it. You know, there's almost like this weird euphoria attached to it.

But you need to get in there before and let that person know if you dare think of that.

Just this is what this is what you're going to do.

So we're back to the numbers, which is, yeah, ask for help. But then if somebody turns around and goes, help's coming, but it's going to take a year. Yeah, that's that goes back to what I said.

Suicide is about hope. And you are destroying someone's hope. You're saying to them, wait.

And people, we don't have time for that. Like, and, and I'd love to be able to,

when my kids are growing up, I'd love to them to not be able to even get into, you know,

the whole point isn't about freeing up waiting lists. It's about making sure the next generation of human beings don't get to a point where they even need a waiting list, you know,

where you can implement, you know, when I go back to so many people when they talk about, when they're in that state of I'm going to do it, or when they're in that state of

suicidal ideation, and when they're at their lowest.

This is like having the imagining, sort of what planning out what you would do the ideation.

Planning out. Yeah. Yeah. When you're in that state, people go, what is it? What does it feel

like? Or what's it like? How do you explain like a panic attack? Or how do you explain,

you know, heavy depression? The anyway I've ever described it is like going into a fight with Mike

Tyson, and no one's taught you any boxing lessons. And that's what it's doing to your brain. He is

just doing, your brain is doing absolute rounds with the logical side of you. And you have no

idea what is going on. You are getting punches from left, right center, you are getting told

you're worthless. You are getting told you give up now. There's you got nothing else to live for.

And what these mental health support teams in kids growing up, what they do is they arm them.

They teach them. And that's what needs to happen. You know, what do you do when you have a panic

attack? What does that mean? How is your brain working? How do I alleviate that pressure?

That's what these amazing people can do. We have heard now from the government.

They've talked about suicide awareness strategy today. And they've said that by March 2025,

they will have people in schools, units in schools to help mental health. They're saying tens of

millions of children in schools will have access by March 2025. Yeah. I mean, does that sound like

an answer indirectly to what you're asking for? In terms of percent, I'd love to know I just want

to know the percentage. Like if tens of millions adds up to a much higher percentage in terms of

what we're saying. And if that access is, you know, that access is actual mental health support

teams within a school, then brilliant. You know, as I say, like for me, I'm not. And what was so

strange is I'm the furthest thing from a campaigner, you know, and I've made a point of it. A lot of

the time people say, people are like, why is this kid who's in football shorts and a backwards hat

talking about, you know, government issue, but I'm almost slightly making the point of it.

Because it's like, it shouldn't be like this at all. It shouldn't be. That's why I think it's

slightly pathetic that some so-called celebrity will have to highlight an issue for it to change.

But that's the society that we live in. You've called it a pandemic. It is. Of course it is.

Like I was shocked in itself that, but it's almost like this, this silent pandemic. And that's what

my last film, what we did it about, it was a silent emergency. It was this thing that

wasn't in the news. I still go back to it during COVID. I was so astounded that we were watching

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nonstop adverts on TV or notices from the government that would come in. And not one of them said, here's a number you can call if you're lonely. Here's something you can do if you're experiencing severe anxiety or depression. I get that we had to see adverts about masks and distances, but not one. Like that was the biggest thing that's come out of it. And it's a trauma. An impossible question, perhaps. But do you get, you've clearly thought about this a lot. Do you understand why it's becoming a pandemic? I mean, not just that we haven't got the resources to tackle

it, but why do you think it is becoming more prolific? I think it was all, but this goes back to what I was saying. It was always there. And I'm actually really proud of the general public in terms of, I think more and more people are reaching out. And that is such a strong thing to be able to do. And I'm proud that they're doing that. But now it's time for there to actually be physical help. And these people, if they don't get it, you're going to lose them. And that's what people need to understand. It's all well and good doing these campaigns, you know, government attaching themselves to campaigns of like, talk more and, you know, ask if people are okay. That's fine. But you have to provide something for them. You have to give them a place to go. And that I think is, you know, when it comes to the numbers, I'm happy these numbers are going because it means that the awareness is there. And that's what people were asking for for so long. You know, those people, they've always been there, but they weren't showing their cards. And that's like Joe, you know, like exactly that. And the more of those people that you can get to show their cards, they are in a lower percentage of people that are going to take their own life, for instance. But you still got to help them. Thank you. Thank you so much. After the break, we'll be looking at the way the brain is wired. What happens to it during bouts of depression? And maybe we can use that as a way of understanding how to change it. We'll also be looking at why this might be happening to more and more of us.

One of the hardest things for friends and families often is to understand what is happening inside the head of the sufferer of their loved one. How can you begin to say the right thing if you don't know how to access their pain? And to get close to that, you have to maybe try and understand brain chemistry, what's literally going on neurologically. But we're going to hear from Ben Freynam. He's a psychotherapist, a counsellor, and he's also set up the leading residential trauma clinic Chiron in the UK. And this is his way of explaining it. Mental health is an idea. And it can mean so many different things. And the way I like to suggest people think about it is a kind of three-axis problem. And I would say that the three axes are the condition you have, the severity of the condition, which changes the intervention that's required, when it's required, how frequent it's required, and what it is. But then there's also the actual resources that any person has in their life in the background of this problem. So if you have an identical problem and you live in a very loving middle class home with many resources, you have a totally different problem to have the same clinical problem, but you're homeless and you live on the street. So until you combine all three elements, you don't really know what problem you're trying to solve. But I think one of the problems with the policy debate is people talk about mental health as if there's like a problem to solve in society, or in medicine, or in academia, or in clinical work. And unfortunately, it's just much, much more complex than that. We were speaking to Roman Kemp, who was very honest

and said, look, I'm literally the definition of silver spoon upbringing. I've had everything I could possibly want, warm, loving environment, parents still together, you know, money for holidays

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and birthdays and all the rest of it, and still talks very openly about depression that led to his suicidal tendencies. And I guess that is something that we should say that clearly poverty and particularly the stresses now of extra cost of living pressures is going to make whatever condition you have a lot, lot worse. But this affects, this affects kids from all sorts of backgrounds, right? I mean, this is not something that is just related to one thing or another. I mean, would you say there is any connecting force? Is it kids from a traumatic background? Is it kids from, you know, an impoverished background? Is it kids who haven't been able to talk at home? I mean, you look across, you say, actually, there are all sorts of kids that go through this. So let's talk about what resources really mean. I think you identify one very obvious resource, which is money. So if you have lots of money, you can shop around for treatment, or you can go places and speak to more people. That's really helpful. But actually, when you talk about mental health, one of the things that we don't, again, we don't deconstruct enough is a lot of mental health is in the body. It's in the neurobiology. It's in the anatomy. We can't autopsy the mental. We don't really have a health of the mental. What we have is a whole lot of things going on in the body. And one of the things that happens in the body that's most interesting is our response to threat and safety. So biologically, as mammals, we've developed over hundreds of millions of years to have different responses to threat and safety, because that's actually how you survive. You know, your skill at responding to threat. How you respond to predation results in how many of the species there are on the planet. And one of the problems humans have, I mean, I can illustrate this as a small story if you're interested. So let's say you have, you're walking down the street and you see a man walking down the other side of the street, slightly bare-chested, slightly crazed look, looking around screaming, maybe he hasn't got any shoes on. What do you think of this person? You probably think he's a bit nuts, right? And you want to avoid him. Then you see coming around the corner of the street, a fully grown adult lion chasing him. Suddenly he doesn't seem nuts anymore. Now that's just the difference of context. So one of the things that we don't really appreciate about mental health is a lot of what we think of as mental health problems is actually a dislocation of context of threat and safety. And that's what we often call trauma. So when the body hasn't finished responding to an earlier threat, we don't see the threat anymore, but the body's still responding. So a classic response. It's like the engine is still wearing down. Yes, exactly. It's like, so fight and flight is a normal response to a threat. But when you can't see the threat in the room, you say you're anxious. But if you could see the threat in the room, you would just say you're responding to the threat, like the guy with the lion. So the problem we have in many common mental health problems is actually it's a threat response. You're either over responding to threat, which is anxious, or you go beyond that and you shut down, which is depression. So a normal response to being confronted by four lions, say in a corner in a room like this, would be to just go completely like a deer in the headlight. You don't move at all. You and I may look at the same set of circumstances differently. I may feel like it's threatening. You may feel like it brings you safety. Relationships are a great example of this. Some people find romantic relationships, for example, to be hugely nourishing. Some people find them to be terrifying and run away from them. But it's the same issue. It's the same input for the different output. And what's in the middle is so much of our subjective ideas about what was safe in the past, what was safe when we were

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children, what was threatening recently, what's threatening today. And so money is just a small part of the constellation of that. It's like a kaleidoscope of what can make you feel safe and what can make you feel threatened. And this is the problem with resources. So yes, you say to someone,

look, you've got a house. You've got an income. You've got a partner. Your kids are okay. What more do you want? Why are you upset? And the answer could be because they just don't feel close to anyone. They don't feel safe with anyone. They don't feel nurtured by anything. And young people these days are suffering from that more and more and more. And I don't think it's any great surprise why. I mean, we all know it's because of social media, which has exaggerated all the non-relational aspects of relationship at the expense of actually people connecting and talking and being in a room together. It all goes back to the anatomy of regulation, which for human mammals is hugely mediated by face-to-face contact and intimacy and emotional connection. So as you strip away layers of that, you reduce resilience and you create vulnerability to all the normal other things that happen in life, like you lose your job or someone's angry with you or you get dumped or you crash your car. Anything can happen. We're familiar with this idea of resilience. And resilience is like a muscle. You work on it. So one of the things that happened in the pandemic is we all became less resilient because we all had less face-to-face social connection. I don't know if you remember, but when we came out of that, I certainly found socializing more exhausting than before, right? And I think most people notice that and it's a surprise. You think, well, now I'm back and it's a lunch party and I'm having a nice time. The muscles have wasted a bit. The muscles have wasted, yeah. We're talking about running. I mean, if you don't go running for six months, you can't just go out the door and run a marathon. So if we can notice that and we're fairly experienced at doing that, imagine you're 15 and the two years when you were 13 to 15, you spent not doing that. These are the years when you do that more than anything, any other time in your life. And teenage is so social because they're learning. They're playing to learn, to manage social connection, which they do in order to mediate the sympathetic nervous system, which they need for extreme threat, but they need to learn to manage to dampen in order to live in society and to live in times of safety. I mean, learning to live in times of safety has become much harder for children and adolescents and young people than learning to deal with threat. So they become, it's like they're looking for threat responses. They're looking for threats. I mean, this idea of the invisible lion is that you end up looking for the invisible lion because your body is saying, there's a lion chasing me down the street. Nobody can see it, so they call you nuts, but it is really there. It's just it happened earlier and you haven't got the resilience to cope with it. So those are thoughts about how it might be affecting the individual, the head of the individual. But what is it doing? Or how is it impacting us more widely as a society?

Well, I'm joined now by Sarah Hughes. She's the CEO of Mind. It's an organisation of charity on the front line. We quite often hear this phrase that it's becoming a pandemic now. Do you recognise that it is something that is affecting more young people now, or is it just something that we're better at talking about?

I think there's no doubt we are seeing a huge uptake in the numbers of people needing support. The prevalence is increasing, the acuity is increasing. So we can see that in the numbers of people waiting for help. This is something that's absolutely been experienced in all services, whether they're helplines, whether they're frontline services. The feedback that we get from schools is that the mental health of the majority of children in school environments is vulnerable

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in one way or another. And of course, not all children reach the threshold for help or support, but certainly we know that there is something wrong. The pushback you often hear is that we shouldn't try and sort of curate a world in which kids are told that they can't ever be anxious, that we talk about anxiety in teenagers. And frankly, being a teenager is an anxious time of life. You're going to be facing a lot of changes. You're going to be going through enormous unrest in your own life. You're going to face exams and all the rest of it. So we're not talking about the everyday pressures of being a teenager. We're talking about something more profound here and fundamentally more devastating to your everyday life. We absolutely are. And I think what I want to say, we often get this concern that we've got children that aren't resilient or that terrible term snowflakes, all of these things that get thrown at children. What I would argue is that our children are incredibly resilient. Not many generations have experienced a global pandemic. Not many generations have experienced this kind of explosion in social media. And not many generations, I think, have experienced the kind of shift in the way children and young people are considered, the way they are supported, you know, in terms of services that they access in their local community. So I think we can't consider our children in the same ways we might have considered children in, you know, past generations. What we know is that the number of children that reach the threshold for mental health support has increased to one in four, one in six, whereas one in eight pre-pandemic. Now, those children reach the threshold for help. And at the moment we know that those thresholds are quite high. So what we're seeing is a real thing. This is not just children not being resilient enough or not coping. This is a combination of issues in circumstances that they're facing that far exceed what they can tolerate. And there are children living in poverty that are four times more likely to experience mental health challenges. And we've got 4.3 million children living in poverty from a 2019 stat. So bearing in mind, we're now in the middle of a cost of living crisis, that number is increasing for sure. Why do you think we're seeing that rise? The reality is, is that we don't have the social infrastructure to support children, young people in the way that we should. So when we think about what children have available in their communities that will help their mental health to thrive, those things have been reduced catastrophically really over the last 20 years. We're talking about huge changes in the opportunities around hobbies, creative outlets, activities, all of those things that really drive good mental health have been reduced. That isn't without consequence. Coupled with a global pandemic, coupled with an explosion in online lives, all of these things come together and have created a perfect storm. And I hate that term, but that's the reality of it. And so children are having to really work quite hard at thinking about how they engage in their families, schools, communities and their online lives. And they're not always resourced to think about all of those competing asks. And when these children have got to a place where they do ask for help, the numbers are still absolutely horrendous. One quarter of those young people have told your organization mind they try to take their own lives whilst awaiting mental health support. We've heard stories of people having to wait eight to 12 months after they've been diagnosed as having suicidal thoughts, still not getting psychiatrists. What I would say is the Centre for Mental Health did a study some time ago that showed that it actually takes sometimes up to 10 years for children and young people to get the help that they need. Now bearing in mind around a quarter of people with mental health problems experience

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those before the age of 14, at three quarters before the age of 24, what we know is that early intervention isn't there. If we were able to pick children up really at the first site of trouble, we would be able to defeat those odds quite dramatically. But it's the prevention aspect that we struggle to deliver on. We don't really know truthfully how many children do need child and adolescent mental health services because we haven't got enough at that kind of front end. We know that mental health support teams in schools hasn't been rolled out everywhere. So those resources are incredibly limited and when we think about what keeps children well, early years support, parenting support for families, it's those things that we can't access at the rate that we need to that would have the biggest impact long term.

Can I just ask you finally your response to the government's suicide prevention strategy which is being rolled out today for England specifically to reduce England's suicide rate within 2.5 years. They're saying that tens of millions of children should have access to mental health services in schools by March of 2025. Your response to that? We support any strategy that the government come out with that has that ambition but one suicide is too many and frankly we need a suicide prevention plan that is funded and when we think about funding again it comes back to those things that prevents mental health crisis and prevents people from feeling suicidal. So that again is what is in the fabric of their environment? What are we doing to make sure that we're creating the conditions for good mental health enabling these children, young people to thrive and so again what we don't want to do is invest in crisis support without considering all of the things we could also do beforehand. Sarah Hughes, thank you so much. This is The News Agents.

Well this is as I said at the beginning a subject that feels very personal for me and clearly for many of you too a massive thank you actually to all of you who got in touch even if we didn't play the voicemail they have informed a lot of the questions we've been asking and the way that we've tried to approach the whole subject so thank you. Tomorrow we're going to be talking

about spying, complete break. We're going to be looking at what on earth is going on in the heart of parliament with somebody who was very very close to MI6 but we leave you for those who do want to get in touch or who are worried about their loved ones with a reminder that you can call groups like Samaritans who have helplines open to all callers including young people 24 hours of the day seven days a week they respond to emails and have an online chat system that uses volunteers and not bots. You or anyone else can find Samaritans by calling 116 123. Thanks so much for listening

we'll see you tomorrow. The news agents with Emily Maitlis, John Sopo and Lewis Goodall. This has been a global player original podcast and a Persephoneka production.