

Influencing Youth Mental Health Provision in Highland



Project by Inspiring Young Voices
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Executive summary

At Inspiring Young Voices, we consulted with young people ages 18-26 in Highland on mental health support and services. Their views were collected using a survey, online focus groups and a mental health writing residential.

Through these three methods we found out their thoughts on existing services, how accessible support is, barriers that prevent their access and what mental health support they would want to use.

When asked about what existing support services (in person and online) the two most common responses were NHS services or 'don't know/none'. It is important to note that of course, there are lots of services and support that exists in Highland, but if young people don't know what these are, they are going to have a much more challenging time accessing them. The remaining participants listed a mixture of localised services, text-based support, charities and other third-sector organisations.

We asked these young people about how easy it is to access mental health services in Highland, including any barriers they face in accessing support. The most selected response was that accessing mental health support in Highland is 'difficult', with the main barriers mentioned by participants being: waiting lists (including processing times and high demand for services), transport difficulties and location of services, lack of knowledge of services or where to find them, not fitting criteria or not being seen as 'severe enough' to get support, financial costs (e.g. private support & transport) and limited existing resources.

Participants were also asked about what services or support they would want to access if it were available to them. They were given a list of examples that they could select from and add to, and each of the existing options was selected by at least 11/26 participants, which shows that this group of young people were interested in a wide range of online *and* in-person mental health support options. The most popular services selected by this group were: in-person 1-1 conversations with a mental health professional (e.g. a counsellor), video chats with a mental health professional, online web chats with a mental health professional and in-person peer support groups.

This was a small study, as we were limited in our staffing availability, but in future consultations, we would aim to consult with a wider range of young people and focus on including areas of Highland that we were unable to engage with on this occasion.

We have included a section of this report dedicated to potential solutions to some of the barriers raised by the young people in this consultation. These may not all be feasible due to finances or resources, but it can provide some possible next steps and actions that can be taken to address these issues. We recommend reading the 'Discussion' section for a more detailed overview of the young people's responses and the 'Potential Solutions and Recommendations' sections for what could improve youth access to mental health services.

1. Introduction

At [Inspiring Young Voices](#), we aim to ensure that children and young people across Highland have their voices heard on the issues that matter to them. As an organisation, we have worked alongside young people who have been interested in advocacy surrounding mental health and wellbeing. These young people participated in our youth group project 'Inspire Highland' and created an online meeting space to discuss mental health-related issues and projects.

It is important for youth mental health to be given a focus in Highland, as living in a rural location can put young people at risk of social isolation. The Young Women's Movement recently published an e-zine on ["Young Women's Experiences of Social Isolation in the Highlands"](#). This focused on the lived experiences of 16-30-year-olds, and how young people in Highland can become isolated for a variety of reasons, including: a lack of public transport, limited social opportunities for teenagers/young adults, few hobby-based groups or meet-ups that aren't centred around alcohol and a lack of diversity, leaving people feeling like they don't fit in with the community. These points are explored further in LGBT Youth Scotland's ["Life in Scotland for LGBT Young People: Rural Report 2023"](#). This report discusses limited access to services or LGBTQ+ specific social groups, perceived 'socially conservative' attitudes within rural communities, discrimination leading to withdrawal from schools, work and how this can affect LGBTQ+ young people's opportunities and futures. It also shows that only 39% of those surveyed from rural communities thought that their local area is a good area for LGBTQ+ young people to live in compared to 59% of urban-based participants. To clarify, in this report, the definition of 'rural' is inclusive of both Highland and non-Highland regions in Scotland.

These social and environmental factors, combined with [extensive waiting lists for mental health treatment exceeding 1,000 days](#), indicate a specific need for immediate and accessible mental health support in Highland. This is backed up by statistics from the [National Records of Scotland \(NRS\) 'Probable Suicides 2023' report](#) that shows that the Highland suicide rate has been significantly higher than the Scottish average from 2018-2023.

This crisis continues at a national level, with [Scotland's 2022 census](#) showing a [6.9% increase in reporting of mental health conditions](#) compared to 2011 and [NRS Probable Suicides 2023 report](#) demonstrating that Scotland had the highest suicide rate in the UK with 14.6 deaths per 100,000 people. Further [reports from Public Health Scotland](#) stated that the average suicide rate amongst 20-24-year-olds in Scotland is also significantly higher than that of 15-19-year-olds (14.7 per 100,000 compared to 8.6 per 100,000), which influenced our decision to focus our consultation on young people who have left secondary school.

In this project we wanted to look into young adults' (ages 19-25) views on mental health support and services in Highland. From this, we endeavoured to find out:

- What this age group's understanding is of existing services.
- How easy or difficult they find it to access mental health support.
- What barriers might prevent their access to mental health services.
- Opinions on what young people themselves would want access to.

We were aiming to identify whether there are any gaps, either in young people's knowledge of services, or in what support is actually available to this age group. From this, we have given some recommendations of potential solutions based on what has been said by young people.

Although the project was initially targeting young people aged 19-25-years, the age range for this was expanded to include 18 and 26-year-olds. This then enabled us to include young people transitioning from children's services to adult services, as well as young people who are care-experienced¹.

This project was carried out using different consultation and information-collecting methods, including: a survey, focus groups and a youth mental health writing residential. How this was achieved can be reviewed in the methodology section below.

¹ The age range for the definition of a young person in Scotland goes up to 25, or [26 if the young person is care-experienced](#).

2. Methodologies

2.1. Survey

The first consultation method for this project was a Highland-wide survey, as this seemed to be the most appropriate way to get the views of young people from across Highland.

The survey questions were created with input from the Inspiring Young Voices staff team and mental health partners. The main topics of interest for this research were accessibility and barriers to mental health support, how important anonymity is to this age group and what support young people in this age group would want to engage with.

In ideal circumstances, young people from Highland should have been able to participate in the creation and content of the survey. However, with limited resources and staffing, this was not something that was possible for this project.

There were 13 questions in total, created on SurveyPlanet, which can be seen in Table 1 below:

Table 1. The final Survey Questions

Question Number	Question	Question type	Response Option(s)
1	What is your age? (please select one)*	Multiple choice- can only select 1.	18, 19, 20, 21, 22, 23, 24, 25, 26.
2	Do you identify as being care-experienced?*	Multiple choice- can only select 1.	Yes, Would rather not say or No.
3	What is the first half of your postcode? (e.g. IV3, KW14 etc.)*	Open text response (4 characters max).	
4	What mental health support or resources are you aware of that currently exists face-to-face or 'in-person' in Highland for 19-25 year olds? (e.g. support groups, NHS mental health services etc.)*	Open text response.	
5	What mental health support or resources are you aware of that currently exists online for 19-25 year olds? (e.g. virtual support groups, webchat helplines or other online services) (this can be UK wide, but must be accessible in Highland)*	Open text response.	
6	How easy is it to access mental health support in Highlands?*	Rating question (selecting 1 option only).	Very difficult, Difficult, Not sure, Easy, Very Easy

		With additional text box for comments (not required).	Please explain the reasons for your response here.
7	Do you have access to or know of any “out of hours” mental health support? (“out of hours” meaning out-with the typical Monday-Friday 9am-5pm work hours). (This can be online or in-person)*	Multiple choice- can only select 1. With additional text box for comments (not required).	Yes, Not sure, No Please add any additional comments you may have here.
8	What barriers prevent access to mental health support in Highland? (if none, please type ‘none’)*	Open text response. Minimum 4 characters.	
9	How important is anonymity for you when accessing mental health support? (Please select one option that you agree with most)*	Rating question (selecting 1 option only).	Not at all important, Not important, Not sure, Important, Very important.
10	Would you access mental health support that is NOT anonymous? (e.g. anything that asks for your name and/or full postcode)*	Multiple choice- can only select 1. With additional text box for comments (not required).	Yes, Not sure, No. Please briefly explain the reason(s) for your response here.
11	Which forms of mental health support would you be willing to use if it were available to you? (Please select all that apply)*	Multiple choice (can select as many as needed).	• Online web chat with a mental health professional (e.g. a counsellor) • Online peer support (text posts/forums) • Mental health/wellbeing apps, Video chat with a mental health professional (e.g. a counsellor), • Phone-lines (e.g. Samaritans), • Text-lines (e.g. Mikeysline) • Phone calls with a mental health professional (e.g. a counsellor) • In person peer support groups, • In person 1-1 conversations with a mental health professional (e.g. a counsellor) • Other (please specify) *text box*
12	Which forms of mental health support are most important to you? Please include up to 3 examples (You can use the examples from Q11)*	Open text box response.	

13	If you have any other comments, ideas or views that you would like to express, please use this text box to share with us.	Open text box response. (Not required).	
*A response is required for these questions.			

The survey titled “Views on Mental Health Support & Services in Highland for 18-26-year-olds” was anonymous, as it did not ask for people to give their name or address, and they only needed to provide the first half of their postcode (to show which general areas of Highland participants were responding from). This was made known to the participants in the pre-survey information as can be seen in Figure 1 below:

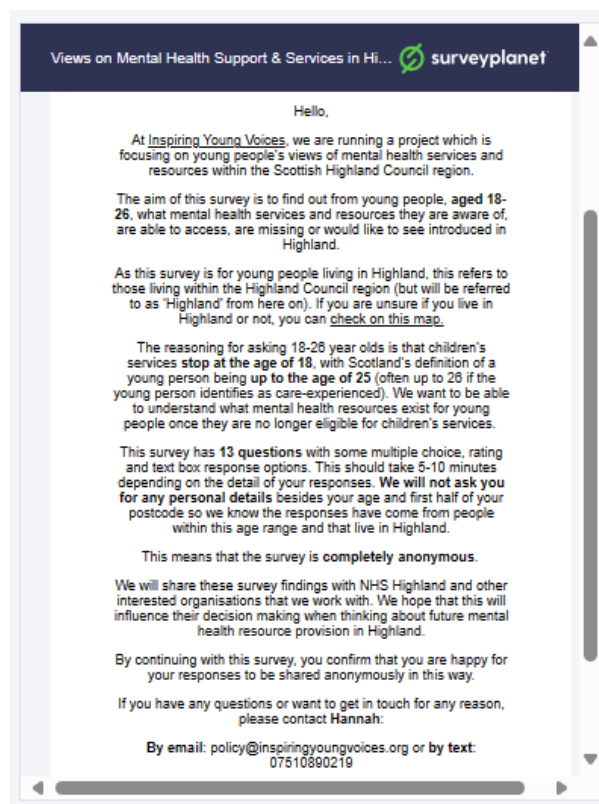


Figure 1. The pre-survey information for participants on SurveyPlanet.

This survey was advertised through emails to third and public sector contacts across Highland (with the help of Spirit Advocacy), Canva posters uploaded on IYV’s Facebook and X (Twitter) accounts (see Figures 2 & 3) and at a stall with students at the University of the Highlands and Islands (UHI) at their re-fresher's fayre.



Figures 2 & 3: Advertisements used to promote the survey.

The survey was open between 30/01/24 and 30/04/24, and there were 15 responses in total. This was a lower number than expected, and we found it that tricky to consult this age-range outside of established groups and academic settings.

The responses to the survey were collated on an Excel spreadsheet with the results of the focus groups (see methodology 2.2.), and graphs were made of the combined results.

2.2. Focus Groups

The second consultation practice used in this project was the running of focus groups. We offered face-to-face focus group opportunities through our networks, but there was no uptake for this. We also offered the chance to meet online, so all of the focus groups took place online using Zoom. This may have been more accessible for some participants due to the geographical dispersion of Highland.

The focus groups were advertised, using posters generated on Canva (Figure 4):

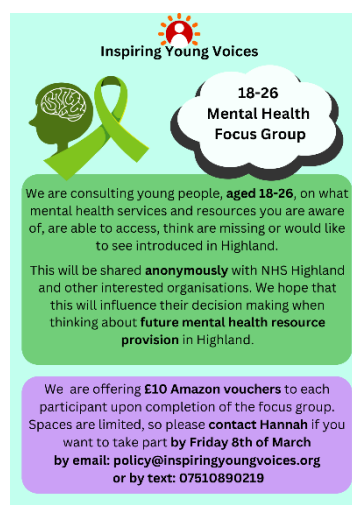


Figure 4: Advertisement used to promote the focus groups.

These posters were emailed out to third and public sector contacts across Highland, posted on IYV's Facebook and X (Twitter) accounts, and one of the posters was printed and displayed in the Eastgate Shopping Centre in Inverness.

To participate in the focus groups, interest needed to be indicated through email to our Policy Officer. This was so that IYV could keep track of everyone who wanted to be involved in the focus groups. As it had been advertised online, there was the risk that anyone with the Zoom link could join the call, including those with malicious intent. To reduce this risk, we conducted "verification calls" via Microsoft Teams. Each potential participant was contacted through email and agreed upon a time to meet in Microsoft Teams. If they didn't show up, they were given a chance to reschedule the call to a more suitable time, and if this occurred again, then they were not invited to join the focus group. For those that did show, they were asked to turn on their camera, to state their name and if they had any questions about the focus groups. This was a very basic verification process, but it was a lengthy enough process that it would likely put off any scam accounts.

Once the participants were verified, and a date for the focus groups was agreed upon, they were invited to a Zoom call. The questions used for the focus groups were the same as the survey (see Table 1) so that all of the responses could be collated and compared. These questions were available for participants to respond to on Jamboard, but they could also choose to speak or type their responses using the Zoom chat, and all responses were recorded anonymously.

There were 3 focus groups, with 11 participants in total (3 in focus group 1, 4 in focus group 2 and 4 in focus group 3). Focus group 1 took place on 28/02/24, focus group 2 took place on 06/03/24 and focus group 3 took place on 03/04/24. The duration of each focus group lasted no more than 1 hour.

After completion of the focus groups, each participant was emailed a £10 Amazon voucher as compensation for their time and views.

The focus group responses were collated alongside the survey responses on an Excel spreadsheet, and graphs were created from this data.

2.3. Mental Health Writing Residential

A mental health writing residential was planned for members of IYV's youth led advocacy group (collectively known as "Inspire Highland") at the Badaguish forest lodges. This took place over 2 nights and 3 days from Friday 20th- Sunday 22nd of October 2023. The aim of this residential was to have a quiet, peaceful setting to write on topics primarily relating to mental health, but the youth group could choose to write about anything else they wanted. There were 6 young people who voluntarily attended the residential and participated in poetry writing and creative writing prompts. They also had plenty of time to explore the area and socialise. Some members of Inspire Highland also took the opportunity to write submissions in response to the Lancet Child & Adolescent journal's [call for essays by young people](#) for their 200th anniversary publication. These essays could be written about any

health-related topic, and the group chose to write about mental health, in order to voice their lived experiences.

The group planned for 2 essays by 4 authors to be submitted to the Lancet Child & Adolescent journal, with one further essay being submitted by the Policy Officer in her own free time (written out-with the residential trip, as a young person herself). These 3 essays can be read in the Results section below, with the latter of the 3 essays having been published by the Lancet Child & Adolescent journal.

Other pieces of writing were discussed at the residential to be combined in the form of a book as a collection of Inspire Highland essays, which could potentially be a secondary project for the IYV team to move forward with.



Figure 5: The lodge at Badaguish, which was used for the Mental Health Writing Residential.

3. Results

3.1. Focus Groups & Survey Combined Results

All of the following results are the combined responses of both the survey and focus group participants.

Q1. What is your age?

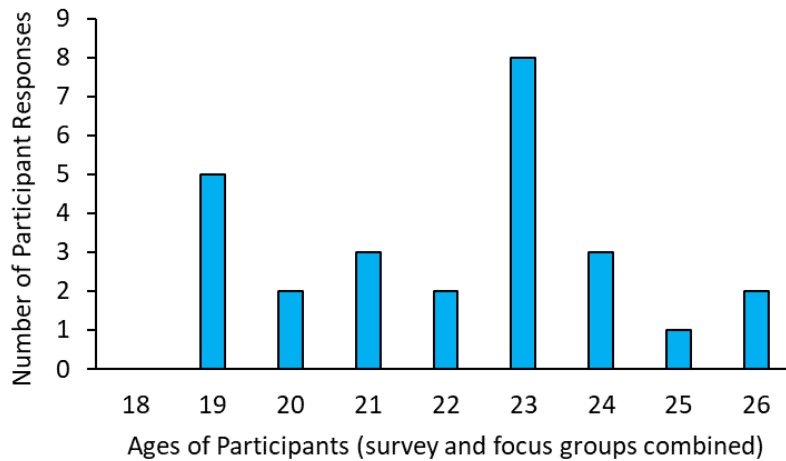


Figure 6: Total ages of the survey and focus group participants from 18-26 years old.

There were 0 participants aged 18, 5 aged 19, 2 aged 20, 3 aged 21, 2 aged 22, 8 aged 23, 3 aged 24, 1 aged 25 and 2 aged 26.

Q2. Do you identify as being care-experienced?

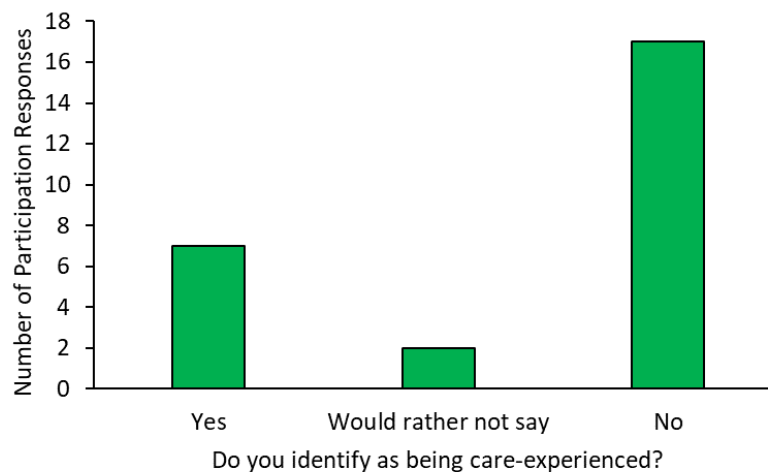


Figure 7: Participant responses to Q2. "Do you identify as being care-experienced?"

There were 7 participants who identified as being care-experienced, 2 who would rather not say and 17 who did not identify as being care-experienced.

Q4. What mental health support or resources are you aware of that currently exists face-to-face or 'in-person' in Highland for 19–25-year-olds? (e.g. support groups, NHS mental health services etc.)

Table 2: Face to face mental health support/resources in Highland mentioned by participants, with frequency of each response mentioned.

Face to Face mental health support/resources mentioned	Frequency of response
Barnardos	1
Befrienders Highland	2
Calman Trust	1
CAMHS	4
Change for Mental Health	1
Highland CHAMPS (this group has since stopped running)	1
HIMRA	2
James Support Group	3
Mikeysline	5
New Craig's- including personality disorder service, Highland Eating Disorder Service	3
NHS Mental Health Services- CMHT/Primary Care	7
Post diagnosis group for BPD	1
STEPPS	3
UHI Counselling & CBT	3
Unnamed peer support groups	2
Don't know/ None	6

Each participant could list as many resources as they wanted. The most frequent response (7) by participants was NHS mental health services (specifically the community mental health team or Primary Care). This was closely followed by people who didn't know or listed 'none' as their response (6).

Q5. What mental health support or resources are you aware of that currently exists online for 19-25-year-olds? (e.g. virtual support groups, webchat helplines or other online services) (this can be UK wide, but must be accessible in Highland)

Table 3: Online mental health support/resources in Highland mentioned by participants, with frequency of each response mentioned.

Online mental health support/resources mentioned	Frequency of response
Autism Rights Group Highland Helpline	1
Beat eating disorders service	1
Betterhelp	1
Childline (only available for under 19)	2
First Steps ED	1
HIMRA	1
James Support Group	1
Listening Ear (Caithness)	1
Mikeysline	3
Mind.org	1
NHS 111 Hotline	2
Samaritans	3
Women's Aid (for women and children only)	1
Too Many to List	1
Don't know/ None	11
Didn't respond	2

Each participant could list as many resources as they wanted. The most frequent response (11) by participants was that they didn't know of any or stated 'none' as their response.

Q6. How easy is it to access mental health support in Highland?

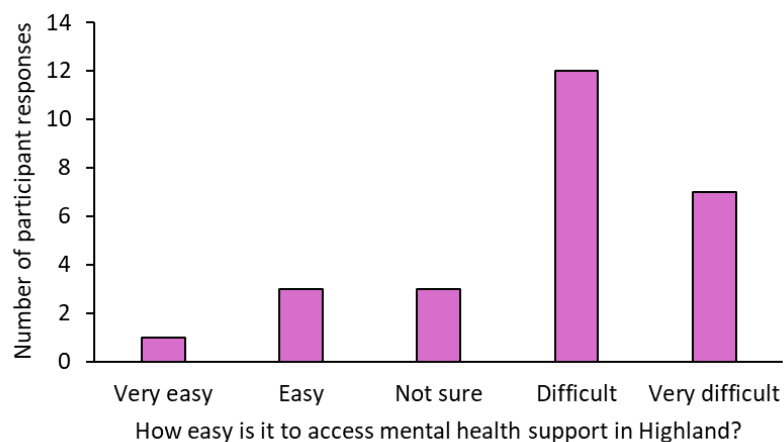


Figure 9: Participant responses to Q6. "How easy is it to access mental health support in Highland?"

1 participant responded with 'very easy', 3 participants responded with 'easy', 3 participants responded with 'not sure', 12 responded with 'difficult' and 6 responded with 'very difficult'. Some participants chose to further explain the reasons for their responses, which can be seen in Table 4 below.

Table 4: Participant reasons for their response on how easily accessible mental health support is in Highland.

Participant response	Frequency of response	Explanation(s) for response
Very easy	1	"Never needed it" (1)
Easy	3	No explanation given (3)
Not sure	3	Mental health support can be hard to find (1) Participant doesn't know of any mental health support (1) There is a lot of misjudgements towards mental health (1)
Difficult	12	Waiting lists are too long/ currently on waiting lists (5) No explanation given (4) Lack of signposting of non-NHS services/ not knowing what support is available/ lack of referrals (5) Having to meet specific criteria/ being deemed 'not sick enough' or needing to reach crisis point to get timely support (2) Lack of funding/ financially-stretched services (2) Transport for in-person services (1) Poor quality internet for online services/calls (1)
Very difficult	6	Being told they are "not struggling enough to get support" (2) Long waiting lists (2) *Participant's opinion* that GPs would rather prescribe medication than refer for therapy (1) *Participant's opinion* that NHS services have equated mental health conditions with ASD (Autism Spectrum Disorder) (1) Children's services are good but then stop when they're needed most (1) Lack of signposting/awareness raising of services (1) Lack of access to services (1) Services not consistently maintained (1) No permanent doctors/resources/in-person services in region (2)

The participants could list as many reasons as they wanted, so the numbers beside the reasons may not match the frequency of participant responses.

Q7. Do you have access to or know of any “out of hours” mental health support? (“out of hours” meaning out-with the typical Monday-Friday 9am-5pm work hours). (This can be online or in-person)

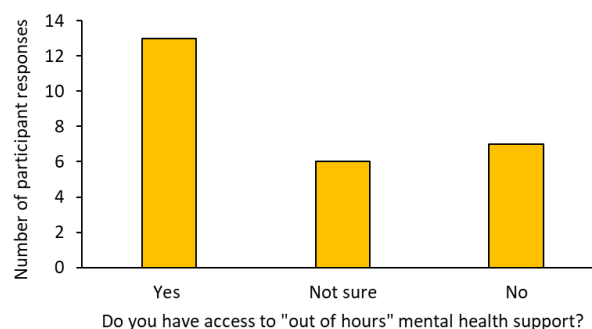


Figure 10: Participant responses to Q7. “Do you have access to, or know of, any “out of hours” mental health support...?”

In Figure 10, 13 participants responded ‘yes’, 6 responded ‘not sure’ and 7 responded ‘no’.

Some participants included examples of “out of hours” mental health support, which can be seen in Table 5 (with open hours included).

Table 5: Examples of “out of hours” mental health support, provided by participants, with frequency of each response given and “open hours” included.

“Out of hours” mental health support mentioned	Frequency of response	Open hours
Beat eating disorder service (phone, email, webchat)	1	3pm-8pm, Monday-Friday.
Bipolar Scotland (calls/emails)	1	9:30am-3:30pm, Monday-Friday.
Breathing Space (phoneline)	1	6pm-2am Monday-Thursday, 24hrs on weekends (Friday 6pm-6am Monday).
CAMHS	1	9am-5pm, Monday-Friday.
Childline (for under 19) (phone, email, webchat)	1	24/7.
Emergency services	1	24/7.
James support group (helpline-call or text)	1	24/7.
Mikeysline (drop in ‘hives’, text line, call line, email)	2	Mikeysline have a broad range of appointment times, which can be found here: https://www.mikeysline.co.uk/appointment-bookings/ Text lines are open Sunday-Thursday 6pm-10pm and Friday-Saturday 7pm-7am (365 days/year).

NHS 24 mental health hub	3	24/7.
Samaritans	2	24/7.
SHOUT (both participants got no response)	2	24/7.
Text services (BREATHE)	1	No longer available
Unnamed charities to call	1	N/A
*All timings are accurate at the date of publication, but these may change over time.		

Only 11 participants included comments used in Table 5, but some gave multiple examples.

Q8. What barriers prevent access to mental health support in Highland? (if none, please type 'none')

Table 6: Barriers to accessing mental health services with frequency of responses.

Barrier	Frequency of response
Not fitting criteria/ not being referred/ being ignored by GPs/ needing to 'struggle a certain amount' or be at crisis point in order to get support.	4
Waiting lists/ processing times and high demand for services.	10
Lack of support/encouragement to access support	1
Discrimination (sexism, ageism, ableism- especially against neurodivergence).	2
No linking of services from child services to adult services.	1
Transport difficulties/ location of services.	8
Cultural barriers (e.g. fear of societal judgement).	1
Lack of knowledge of services that exist or where to find them.	4
Lack of individual support.	1
Lack of funding for services (e.g. counselling).	1
Lack of awareness around mental health.	1
Personal financial costs (private support & transport).	4
Lack of mental health services/resources.	3
Some services/experiences being low quality.	1
None.	4

Table 6 shows that waiting lists (10) and transport issues (8) were the most frequently mentioned barriers to accessing mental health services.

Q9. How important is anonymity for you when accessing mental health support? (Please select one option that you agree with most)

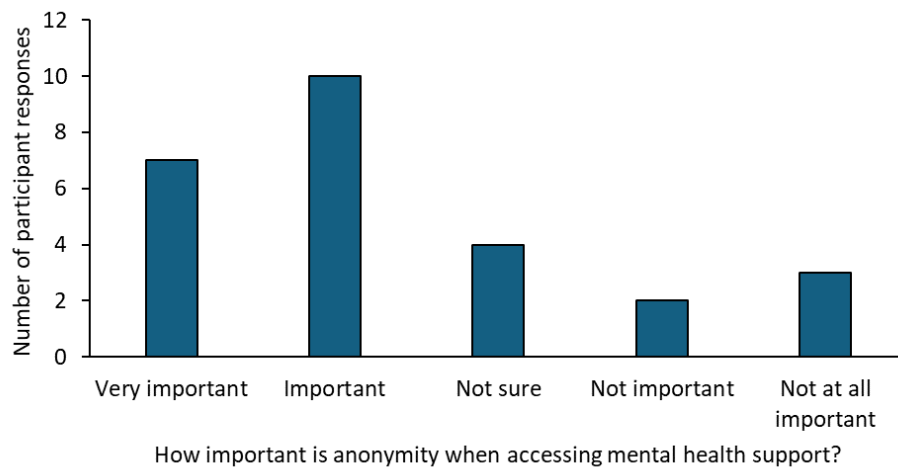


Figure 11: Participant responses to Q9. “How important is anonymity when accessing mental health support?”

Figure 11 shows that 7 participants responded that anonymity when accessing mental health support is ‘very important’, 10 responded that it is ‘important’, 4 responded ‘not sure’, 2 responded ‘not important’ and 3 responded ‘not at all important’.

Participants were not asked to provide reasoning for their responses, but 2 of the focus group participants who responded that anonymity when accessing mental health support was ‘important’ and ‘very important’, said that this is because they are very shy. One other focus group participant who responded with ‘not important’, clarified that it *is* important that anonymity is an option when accessing mental health support, just not for them.

Q10. Would you access mental health support that is NOT anonymous? (e.g. anything that asks for your name and/or full postcode).

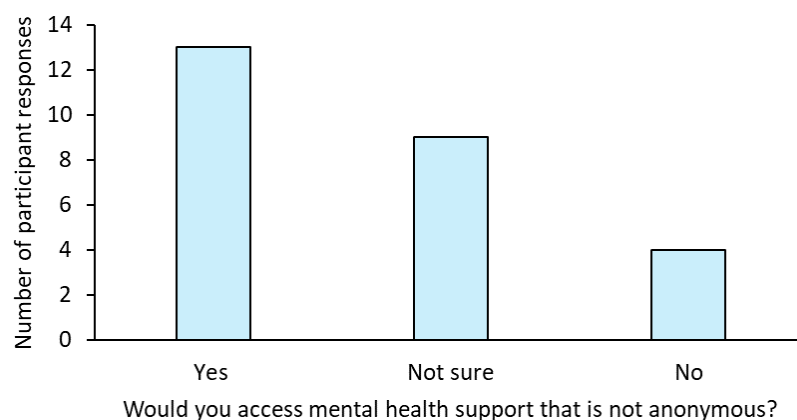


Figure 12: Participant responses to Q10. “Would you access mental health support that is NOT anonymous?”

Figure 12 shows that 13 participants responded 'yes', 9 responded 'not sure' and 4 responded 'no'.

Q11. Which forms of mental health support would you be willing to use if it were available to you? (Please select all that apply)

Table 7. Forms of mental health support participants would be willing to use if it were available to them (with frequency selected by participants).

Forms of mental health support	Frequency selected by participants
1. Online web chat with a mental health professional (e.g. a counsellor)	18/26
2. Online peer support (text posts/ forums)	16/26
3. Mental health/wellbeing apps	13/26
4. Video chat with a mental health professional (e.g. a counsellor)	19/26
5. Phone-lines (e.g. Samaritans)	11/26
6. Text-lines (e.g. Mikeysline)	12/26
7. Phone calls with a mental health professional (e.g. a counsellor)	13/26
8. In-person peer support groups	18/26
9. In-person 1-1 conversations with a mental health professional (e.g. a counsellor)	21/26
10. Other (please specify)	0/26

The most popular selected form of mental health support that participants would access is option 9: 'In-person 1-1 conversations with a mental health professional (e.g. a counsellor)'. However, no one provided any other option that wasn't listed.

Q12. Which forms of mental health support are most important to you? Please include up to 3 examples (You can use the examples from Q11)

Table 8: Forms of mental health support that are most important to participants

Participant #	Response
1	video chat text face to face
2	in person peer support and one on one
3	Face to face Video chat Phone call (With professionals)
4	Face to face
5	none
6	1-1, check ups with your community doctor/nurse, helplines, face to face support groups, peer support groups

7	Peer support groups (online and off-line), online web chats
8	Mental Body Health
9	Autism and anxiety
10	In person, 1-1 conversations with a professional, peer support groups and phone lines
11	Space to vent Online In person
12	In person, one to one, direct communication in my local area.
13	Counselling and 1:1 conversations
14	Friends Family Fishing
15	Online for easy access Face to face to develop a relationship of trust
16	9, 4, 8, 2
17	4, 9, 8, 3, 2
18	2, 4, 9
19	1, 8, 9
20	9, 8, 4
21	9, 8, 7
22	9, 8, 6
23	1, 4, 9
24	1, 2, 4
25	1, 2, 5
26	Did not respond.

Q13. If you have any other comments, ideas or views that you would like to express, please use this text box to share with us

Table 9. Additional comments from participants

Participant #	Comment
3	Mental health support is easy to access within UHI Inverness, but they are very stretched with the funding they are given. Outwith college, mental health support is non-existent outside of charities and medication prescriptions given by GPs.
12	Neurodivergent aspects such as Autism, ADHD are not mental health issues but there is no proper pathway for them so they are lumped into MH care with poor understanding by care providers. Much more needs to be done to understand and accept neurodivergence before people burn out and need MH care.
21	I feel there needs to be more community support in the highlands, as someone who has been both inpatient and outpatient for mental health. The help as an outpatient is shocking! The nearest

	help for me is 110 miles away (Inverness) there needs to be support for eating disorders in Caithness as travelling 110 miles every week is not practical. I feel the Gps have a lack of education in some areas specifically eating disorders and often I have felt dismissed and frustrated by them. If your a child the help is much better and you get a support worker for eating disorders in caithness which should be for adults too.
23	Making mental health services accessible and affordable is going to help a whole lot
24	Helpful apps on phones can be developed so people can access mental health services any time they want

Please note that the comments have been taken unedited from what each participant responded with.

3.2. Mental Health Writing Residential

The three mental health essays- two written during the mental health writing residential and one shortly after- are listed below:

Essay 1. “The Wellbeing of Emotions”.

Essay 2. “The Vital Importance of the Right Support”.

Essay 3. “Self-advocacy and Barriers for Young People Accessing Healthcare in the Scottish Highlands”.

These can be read in full in the Appendices.

Essay 3 was published in The Lancet Child & Adolescent online publication: [Self-advocacy and barriers for young people accessing health care in the Scottish Highlands - The Lancet Child & Adolescent Health](#)

4. Discussion

Survey & focus groups

Participant Demographic

The age of participants of both the survey and the focus groups was limited to 18-26-year-olds. This is because this project was created specifically to consult young adults within this age group on what mental health services and resources they are currently aware of and able to access in Highland. We also wanted to address any gaps that might exist in terms of mental health support for young people as they transition from child to adult services. Child mental health services including CAMHS and ChildLine only give support to those under the age of 18. At 18, young people move on to adult services but are still classed as young people until they are 25, or 26, if care-experienced (hence the inclusion of Q3). It was found that most of the participants were in the middle of this age range, with 8 participants aged 23 years old (Figure 6). There were no participants that were 18 years old, which could have given more insight into how young people experienced this transition period.

Question 3 asked for the first half of participants' post-code, to give a general overview of which parts of Highland young people were responding from. Figure 8 shows a map of each area, and has been highlighted to show which regions were involved in this study. 'IV' postcodes were most common, with the most popular response area being 'IV2' (Inverness) with 8 participants. It is important to acknowledge that Inverness was over-represented in this research, with limited responses from more rural communities. It was challenging to find settings to reach out to 18-26-year-olds apart from at the UHI, which likely skewed the location results.

Participants were not asked for any more personal information, and the postcode question was limited to 4 characters, so that general locations could be noted, but that their anonymity was preserved.

Mental health service awareness

It was important to find out what services and support 18-26-year-olds in Highland are currently aware of. This **does not** mean that mental health services don't exist- as there are excellent examples of support, including from the NHS and third sector organisations. However, it does give an indication of whether young people know what is available to them or not. Questions 4 and 5 asked participants about what mental health support they are aware of, that exists in Highland in-person and online, respectively. In Table 2, it can be seen that for in-person services, 'NHS services (including Community Mental Health Team and Primary Care)' was listed by 7 participants, closely followed by 'don't know/none' from 6 participants.

Table 3 showed a similar response for online services and resources with 11 participants responding: 'don't know/none'. Although NHS services were mentioned the most for in-person support, it still only represented a small proportion of responses, and even fewer participants were aware of online NHS mental health support or resources. This, combined

with 11 of the participants not knowing what mental health services are available to them at all, indicates a need for increased signposting of existing mental health services.

Question 7 similarly asked participants if they knew of any mental health resources that they were able to access 'out of hours' (e.g. outside the typical 9am-5pm, Monday-Friday working week). Figure 10 shows that the majority of participants did (13/26), but then a few examples they provided were actually found *not* to be out of hours (seen in Table 5). There is potentially a need for more services to be made available out of hours, or for more awareness to be raised of the services that do exist 24/7 or outside the working week. [The Highland Mental Wellbeing site](#) has recently been updated and appears to be a one-stop shop for mental health and wellbeing resources within Highland. This update is a great step forward for raising awareness of existing services and hopefully this resource will help many young people find the right support for them. It is crucial that this website, and the resources within it, are consistently shared so that every young person in Highland is able to locate mental health support if, or when, they need it. This should also include sharing information on resources in physical settings too, so that people without digital access can find out what is available to them as well.

Barriers to accessing support

It is essential that when young people find out about what mental health support exists, that they are also able to access it. Question 6 asked participants how easy it is to access mental health support and services and question 8 asked about what barriers prevented or limited their access to this.

Very few of the participants found it 'easy' (3) or 'very easy' (1) to access mental health support as a young adult living in Highland. Out of these 4 responses, 3 did not provide any reasoning as to why they found it easy, and the 1 participant who found it very easy explained this was because they had "never needed it". The remaining participants either were not sure (3), found it difficult (12) or found it very difficult (7). The main barriers described are:

- Waiting lists, processing times and high demand for services.
- Transport difficulties and location of services (e.g. needing to travel to get support).
- Lack of knowledge of services or where to find them.
- Not fitting criteria or not being seen as 'severe enough' to get support.
- Personal financial costs (e.g. private support & transport).
- Limited existing resources.

For young people that live in rural locations, accessing in-person mental health services can be particularly challenging. It was viewed that services were mostly found in the same region, and one participant stated that "Everything (mental health support) is based in Inverness". This poses accessibility issues for young people that do not live near the city, especially with the lack of reliable transport as an extra barrier to mental health support.

Discrimination around having mental health issues wasn't one of the 'main' barriers, but was still raised as an issue by 2 people (3 including cultural fear of societal judgement).

There is still a lot of stigma around needing to access mental health support, which can result in people hiding their condition instead of seeking support. This was shown in [The Scottish Mental Illness Stigma Study \(2022\)](#), where 58% of those who had experienced stigma within mental health services had later decided not to go to A&E or call an ambulance during a mental health crisis. This demonstrates that mental health discrimination can exist within the healthcare system and can directly cause people who need emergency care to avoid reaching out for support. The presence of mental health stigma in the aforementioned study supports enabling people to access services anonymously. Despite this, it was found that most of the young people that participated in our project said that they would still access mental health support if it wasn't anonymous (Figure 11). However, for the few that wouldn't, maintaining anonymity can make the crucial difference between them reaching out for mental health support or not. One focus group participant acknowledged that they themselves do not need anonymity to access mental health support, but they understood why others would.

These are all broad and quite complex issues, but there are potentially some steps that can be taken to help reduce these barriers. A section called 'Potential solutions and recommendations' has been included in this report, below, which may provide some options of future work that could be taken forward to improve accessibility of mental health support in Highland.

Mental health support & resources that young people want access to

Questions 11 and 12 asked participants about what types of mental health support and services they would ideally want to have access to, and which of these are most important to them. The responses to this were split, with some wanting a wide variety of mental health resources to be made available to them whereas others were content with prioritising just one or two options (seen in Tables 7 & 8). This appeared to also show that whilst some participants were happy to engage with any form of support, there were a few individuals who were only willing to participate in online support, and others who would only want access to in-person support.

Table 7 indicates that the most popular types of mental health support within this small group of participants were:

- In-person 1-1 conversations with a mental health professional (e.g. a counsellor).
- Video chat with a mental health professional (e.g. a counsellor).
- Online web chat with a mental health professional (e.g. a counsellor).
- In-person peer support groups.

These show a preference for 1-1 support to be available in a range of formats (video chat, in-person, and web chat) as well as having a social, community-focused option through peer-support groups.

The least popular forms of support for this age range were:

- Phone-lines.
- Text-lines.
- Mental health & wellbeing apps.
- Phone calls with a mental health professional (e.g. a counsellor)

This **does not** indicate that these services are not important to this age group, rather that they were just the least selected of the options provided to this group of participants. Despite being the least popular options, they were still each selected by 11-13/26 of survey & focus group respondents, which shows they *are* wanted services.

This demonstrates the need for a hybrid approach to youth mental health support, such as increased availability of face-to-face meetings, including video call options for anyone who might not be able to access an in-person meeting. Having online support that is available 24/7, with the inclusion of peer support community elements could also have a positive impact on the mental health of young adults in Highland.

There were also additional suggestions made by individuals on support they would like prioritised, that were not pre-existing options in the survey & focus group. There is a want for mental health services that include support for specialised topics, including autism, eating disorders and for other forms of intersectionality. Discrimination and cultural barriers had been brought up as barriers to accessing support, so it is important that there is mental health support from people and services that understand cultural differences, have a good understanding of neurodivergence and are accepting and knowledgeable of LGBTQ+ identities.

Finally, it is vital that these services- including transportation to and from appointments- are affordable for young people, particularly since mental health conditions can restrict an individual's ability to find and sustain work. Therefore, ensuring that mental health services in Highland are accessible and free or low cost to engage with is essential to ensuring young people have the best opportunity to manage their mental health and wellbeing.

5. Potential Solutions and Recommendations

This section has been created to give some direction and potential future actions to the comments made by the young people who participated in this project. This is not a conclusive or mandatory list, rather a collection of ideas that could provide benefit to young people, where funding and staffing are possible.

One of the main problems faced by young adults in Highland accessing mental health support, was not knowing what resources were available and how to access it in the first place. As mentioned earlier in this report, [The Highland Mental Wellbeing site](#) has been compiling resources and helping map what mental health and wellbeing services are available in Highland. It is important that this is shared or displayed in spaces where young people visit in-person (e.g. schools/colleges, youth clubs, community and shopping centres etc) so that they know where to look for support when they need it. If you work with any young people, please consider sharing this site with them, and if you notice anything missing from the site or think that a service should be added to it, you can use their [contact form](#) or email: nhsh.healthimprovementtraining@nhs.scot

Addressing the barriers preventing young people from accessing mental health support needs to be prioritised and acted upon, so that services are more accessible. The biggest barrier mentioned was the extensive waiting lists, and a lack of support during this period of waiting 'limbo'. This is challenging to tackle as extra funding and staffing would be needed to reduce the waiting list, but other forms of support could be referred to young people in the meantime, including from the above-mentioned Highland Mental Wellbeing site. They should also be regularly informed of where they are on waiting lists, so that they know they haven't just been forgotten about. The introduction of link workers that could meet with those on waiting lists may ease patients' concerns around being on long waiting lists. MySelf-Management, in collaboration with NHS Highland, is currently running a pilot project similar to this idea for patients with chronic health conditions called ['Waiting Well'](#). The outcomes for this project could give some insight into how this might work for people on other waiting lists, including for mental health services.

Through the survey and focus groups, it appeared that there is also a lack of online 1-1 and social group support that can be accessed and interacted with 24/7. This could be acted upon through the funding of an online mental health support platform for young people which is inclusive of 19-25-year-olds (up to 26 if care-experienced). There are existing online mental health platforms that include peer support, advice articles and private professional services (e.g. calls or webchats with mental health professionals). This would be an additional expense, but could reduce the long-term strain on NHS Services, be a form of early intervention for some, and provide much-needed support for those struggling on waiting lists. This wouldn't completely solve the barrier of extensive waiting lists, but it could make the situation feel more bearable for young people. Also, since online platforms are typically anonymous, this is a service that could be more accessible for young people that are particularly shy or anxious to open up about their mental health. This would also potentially reduce barriers for neurodivergent young people, as they could access the support on their own terms in a way that suits them.

Transport is another already well-known barrier to any service in Highland, which was mentioned frequently by participants. Whether this is due to living in rural areas with limited public transport, long waiting times between buses, long distances to travel to get to appointments or the personal financial cost of public transport or car maintenance (if they are able to drive, which many young people aren't). This means that in-person appointments are difficult or impossible for some people to attend, so alternative options should be made available. Having online 1-1 video calls with a counsellor could reduce the need for transport, save the time of both patients and professionals and was shown in Table 7 to be the favourite method of receiving support for the young people who participated in this study. This should not fully replace in-person support, and more should be done to improve the accessibility and frequency of transportation in Highland. Some ideas of how transport could be improved or made easier to use include:

- Increasing the upper age-limit of free bus travel to 25/26, so that all young people can access free transportation, or introducing free transportation for health care appointments could reduce the financial barriers to accessing mental health support.
- A community lift service, particularly for people who are unemployed, on low-income or have mobility issues or chronic conditions to get to health care appointments could help patients who may not be capable of taking public transport be able to access in-person support.

It is also important that young people are involved in discussions around how to make public transportation more accessible, as if it is just assumed what they want then it is unlikely that any changes made will actually benefit them.

Digital barriers could also reduce the effectiveness of online support for some. This was not an issue that was brought up by participants in this study, which is likely due to the project being almost entirely online, and therefore people would have needed internet and digital devices in order to participate. Online support should still be made available, but it is still important to include in-person support and advertising of services too. Efforts should be made to help provide young people in Highland access to internet and digital devices. This has begun through providing school children with Chromebooks, but steps should be made to also include young people who have left or don't engage with school.

A further concern for some of the young people in this study was how GPs and other medical professionals dismissed their mental health concerns. It is important for adults, particularly those in a medical profession, to recognise the harmful impacts that ignoring young people's health concerns can have. Further uptake of trauma-informed training, and training on the use of language when interacting with young or particularly vulnerable patients by GPs could potentially demonstrate ways to limit additional harm to patients. This training could be run through a youth-led campaign, giving people with lived experience an opportunity to explain the need for young people's concerns on their health (physical or mental) to be taken seriously and what is appropriate use of language.

Finally, we would recommend the sharing and reviewing of this report, specifically, the comments made by the young people themselves to shape future mental health services in

Highland. It is so important that young people, including children, have their voices heard in the development of the services and support that they may themselves access. Our research was limited by many factors, including staffing, location and timing, so this report should be taken as one piece of evidence and expanded on through other youth-led participation projects and consultation relating to mental health in Highland, particularly in the regions we were unable to reach.

6. Appendices

Essay 1. The Wellbeing of Emotions

Too much love?

I am so full of love.

Sometimes, painfully so.

Humans are peculiar creatures, raised to suppress their emotions, impose this outlook on others who dare express their deepest passions in a way that is deemed 'strange'.

Raised in a society brought up by those trained to sit at the dinner table and ask only "how was your day?" I don't always know how to 'correctly' express these emotions.

They bubble and simmer, explode in an uncontrollable landslide of language to looks of blatant disinterest or discomfort.

I once had a man who I loved with all my heart. If souls are real I felt as if our had found each other from across the world. I adored everything about him and would never, could never, hold those feelings back. We would sit together on endless biting winter's nights engaged in conversations about video games, comic books, movies, our longing for each other.

As my love only grew, his flame appeared to flicker and dwindle. His keen interest in my deepest feelings had waned to what can only be described as tolerance.

The love blooming straight from my heart was becoming a burden for the man it beat for. Eventually the burden that was me became too heavy to carry and the man I thought I would marry dropped me.

The freckles specking his body like constellations that I once used to delicately trace may fade from my memory, but the time we shared and the love I felt, the love I feel, does not. Precious time is better spent relishing these feelings of passion – not "clinginess" or "obsession": love and passion.

Regardless of the way my family may raise an eyebrow or shake their head in disdain when I announce the arrival of my newest merchandise I've been waiting months for.

Regardless of who may call me overbearing or a burden, overdramatic, too much to deal with, it takes a strong soul to be sensitive in such a harsh world.

My heart still beats and it beats for me.

I am so full of love.

Sometimes, painfully so.

Humans are mysterious creatures, raised to love thy neighbour, present unwarranted compliments and gifts.

Raised in a society brought up by those thoughtful enough to always to ask “how are you doing?” I don’t always know how to ‘correctly’ express my emotions. They swirl and jitter only to erupt in an avalanche of adoration surprisingly met with grateful eyes.

I once met a stranger online. If souls are real I felt as if ours had found each other from across the world. I adore everything about them and can never, would never, hold those emotions

back. We sit together on endless biting winter’s nights engaged in multiplayer video games, conversations that somehow morph from our deepest traumas to what fast food our favourite characters would order.

Gifts and sweets arriving on each other’s doorsteps ‘just because’, watching our favourite movies under fluffy blankets: when indulged in with someone you love, life’s simplest pleasures take on a whole new form.

As our love for each other grows, so too do we.

Our keen interest in each other’s deepest feelings and passions has never waned, but bloomed into a connection so special.

We do not carry each other, we are a shoulder to lean on, to cry on, to grasp after we laugh too hard.

My closest friends may sometimes be out of reach but the countless time we spend together, and the love we share, is not.

Precious time is best spent relishing in these feelings of love, passion and togetherness.

Regardless of the fact we can’t always be together.

Regardless of the way others may view my friendships as ‘too much’ or overdramatic.

Our hearts beat together, and this is what happiness feels like.

Stories from School: the names and stories are fictional but the feelings/experiences are based on reality

Sophie -15 (Stress and undiagnosed neurodivergence)

School has been stressing me out a lot lately. My teacher has asked everyone to write and present a speech in class. I've tried e-mailing him to explain my situation but he has only ignored me. Speaking in front of people isn't the only problem. We have to write at least 600 words for this speech on how volcanos work, But I can't come up with anything to write. I have no interest in the subject and I can't focus on it. No one listens to me when I ask for help with this. I've always gotten great marks on my school work and I'm scared I will disappoint everyone. I really just want to run away, far off into the hills and disappear, forever. The only time I can relax is when I listen to music.

Ember-17 (Depression)

It was a nice day. I could hear people talking and walking along the streets outside my house. They all sounded so happy. I wish I could feel happy too. After lying in bed for a few hours I felt like I could finally move and get out of bed. When I walked into the kitchen, I saw

the breakfast my mother had made, sitting on the table. I sat down with them at the table and tried to eat. I couldn't. No matter how hard I tried, I couldn't eat without feeling sick. I felt awful for wasting the food that was made for me. As my father left for work, I went back upstairs to my room. I lay down on my bed for my while, staring at the roof. I felt so useless, like a burden to everyone around me. Five minutes later my white bed sheets were stained blood red, but I felt better. I had enough motivation to change the sheets on my bed to clean ones. I haven't properly spoken to anyone for a while. It's easier to shut myself away from people.

Elliot-12 (Trans and anxiety)

My parents still call me Emily. It hurts every time they call me it. I don't want to come out to them because I've heard them making fun of trans people. I don't want them to hate me. So instead I hide who I am. My family still see me as a girl, they buy me dresses and makeup that I don't want. My parents refused to let me get my hair cut short, they said its unladylike. I decided to cut it myself. It turned out okay, though not as good as it a professional had done it. My parents were furious but I didn't care, I felt more like myself than ever before. One day I'm going to run away and be free. I can be my true self then. But for now I just be have to hide who I am. My friends help a lot, they me are really supportive. They accept me as myself. I can be myself with them. It's only, a matter of time till I can always be myself. It's very hard to cope. Sometimes I just want to be a normal girl so I don't have to be scared.

Amy - 14 (Panic and fear of change)

"Amy Jones." I freeze as I hear my name get called out on the speaker. The anxiety fills inside me. When your name gets called you never return. Some people believe when your name gets called you go to paradise and dream of getting called on, others fear it. "Good luck, Amy" I hear a voice say beside me. As I walk to the doors, my heart feels like it's beating one hundred times faster. I feel like I'm going to pass out, but keep walking, just hoping the ones who believe in paradise are right. As I walk it feels like time has slowed down. I listen to the sound of each footstep I take through the doors of the lift, my hands shaking as I press the button for floor 500. I've never felt this scared. Life on floor 139 was nice. I'm not entirely sure I wanted it to change. As the lift got closer to floor 500, I started freaking out. I started hitting buttons frantically and screaming. I just wanted to go back. In that moment I couldn't think, there was just fear and anxiety. My breathing gets faster and I fall to the floor, sitting there crying.

Essay 2. The Vital Importance of the Right Support

Chronic Pain

Most people can't remember pain, apparently: but I don't have to, because it never really

goes away.

Doctors started off by quizzing me, stunned with disbelief that a 16-year-old could be in so much pain and **still** want to go to school, sit exams, write stories. It was probably just recovery headaches from my brain surgery, or so they said - that, or maybe I was pregnant. (No, seriously, one doctor heard 'feeling nauseous in the mornings' and that was his conclusion.) And then even when it couldn't be denied anymore - when I had a formal diagnosis from a specialist at the other end of the country, half-hearted attempt at sympathy and all - all the doctors I saw only seemed to care about the risk of those dreaded 'medication headaches'.

I did ask them, when they lectured me about stopping my meds, **what do I do about school?** I wanted to know how I was meant to go to classes, practise my saxophone, sit exams, all without anything stronger than half-a-dozen Calpol melts and a 'positive attitude'.

So I thought, **fuck that**, and got referred outside of my local hospital.

And then I realised that some people actually **do** get it.

The day I learned that my headaches were actually **migraines**, my new neurologist looked very confused. I felt like I was faking - even though I knew that I wasn't - because nobody has a headache **all the time**... right? Wrong! He reassured me I wasn't going mad, that not all migraines were filled with blurry vision and super-duper-sensitive hearing and sight. He laid out some options we could explore to help manage all of it, too, and promised he would make sure my GP and other consultants would be kept in the loop, the whole time.

And what else? Oh, yeah - he never guilt-tripped me about my pain meds, either. In fact, **he** was the one telling **me** not to try cutting back on the dosage whilst I was at uni. And even now, he knows I work, so the topic just... doesn't come up. Instead, he and my surgeon, when I speak to them, ask me how my writing is, or how busy it is at work. They ask about **me**, not just the migraines. And that means so much.

But prescriptions are still a mess, because those doctors are a 2-and-a-half hour's (minimum) drive away, and the medical staff closer to home just. Don't. Fucking. Get it.

Because as it turns out, being listened to **really** helps your mental health.

I'm still on the meds, even whilst we try other treatments, like injections and psychology sessions to ease stress - because again, that really doesn't help a migraine - but even just having that one less thing to think about? It's wonderful: and it does give me hope, deep down, that one day I'll feel (mostly) well again. Maybe even well enough to give uni another

try.

And one day, maybe doctors *will* be able to feel a patient's pain, to diagnosis from personal experience of their symptoms, to see why someone who's already had a dozen brain surgeries has a higher pain threshold than someone who's never even been admitted to hospital before. But for now, I think I'm just happy having found what a friend referred to as the 'dream team' of specialists - because, well, that's exactly what they are.

Mental Health

I have been struggling with my mental health from my early teen years until now. With the lack of support and proper education about mental health, I have failed to find any professional help.

I was given one form of therapy after years of waiting for help. I was 13 and desperate for any help. I struggled with the treatment and wasn't responding well to it. Once the therapist realised this, she said that I couldn't be helped at that moment in time and then discharged me. I ended up self-harming again after that, and my mum, who was very concerned, called my old therapist, and it was dismissed as a 'blip' and that 'they might have those blips, but it's nothing to worry about.' It left me feeling worthless and like I could never feel better. If the professional thought I couldn't be helped, then maybe it was impossible.

When I reached my worst, I was contemplating suicide. It was after I came out as transgender. I had no support from my family and was being viciously bullied by my peers at school. My family said that they would never accept me and that I couldn't be trans. And my peers would mock my chosen name and go out of their way to bring me down in any way possible. I ended up confiding in a youth worker how I was feeling. Out of concern for my safety, they took me to A&E. After hours of waiting to be seen and half an hour of questions, I was told to go home, and CAMHS emergency services would be out the next day. I felt pushed aside and unworthy of help. I confided that I seriously wanted to hurt myself and was told to just go home.

The next day, when the emergency mental health team came to my house, I felt like they didn't want to be there. I had three sessions in total with them. I told them all about how I was feeling and some of the things I was struggling with. At the end of the third session, I was yet again discharged. The reasoning behind this one was because 'it's a trans issue, and we can't help with that.' That sentence just destroyed all hope and faith I had in the highland mental health services. I admitted so much to these absolute strangers, and yet I was told there was nothing they could do to help me not feel like committing suicide. The phrasing made me feel like they were saying it was all my fault that I was struggling because of my gender identity.

When I went to college, I was able to get proper support. But not from a medical professional; rather, it was an additional support worker. She made me feel safe and normal, as if I could be helped and was worth helping. She supported me until I left college because of the start of COVID. During COVID, I fell back into that dark place, all because my support network fell apart. I no longer had frequent meetings with my support worker and didn't have my college friends close to me. My mum then called the doctors for me to try to get me into the adult mental health services. After a few months, I was seen by a psychiatrist, who put me on antidepressants and said that I might have borderline personality disorder. However, that is about all they did for me. They said they would get me a therapy appointment, but nothing has come from that, almost 4 years later.

All this time, I've had to help myself. I only had a few friends and my family as my support. My faith in the current mental health service is practically nonexistent because of all my experience with it. I hope that others have a much better experience than I had, but I also wonder where that was for me. Why couldn't I be one of the lucky ones and get the support I needed the most?

Essay 3. Self-advocacy and Barriers for Young People Accessing Healthcare in the Scottish Highlands

Introduction

Self-advocacy describes an individual's ability to communicate their own needs, and is an important skill to have as a patient in a healthcare environment. However, medical self-advocacy can be challenging, especially when there is a power imbalance between people in positions of authority and patients, who are often in a more vulnerable position. It can be even harder as a young person to navigate the healthcare system, and I want to highlight the difficulties faced by children and young people with reference to life in the Scottish Highlands. In this essay, I will describe some of my own healthcare experiences and the struggles I have encountered on my journey as a disabled young person attempting to get support for diagnoses relating to chronic illness and neurodivergence. I want to address the barriers to accessing appointments, and I will also discuss the lasting impacts that dismissive commentary from doctors and medical gaslighting can have on children and young people. Lastly, I aim to propose some changes that I would like to see to amplify the voices and participation of young people in their own healthcare and the healthcare system as a whole.

Barriers to Accessing Appointments

There are many barriers existing in the Scottish Highlands which can make it more difficult for young people to access healthcare appointments. In order to book a GP appointment, you are required to phone the receptionist and describe- often in excruciating detail- why you deserve to speak to a doctor. The receptionist then acts as a gatekeeper, deciding if you really need an appointment or not. This can be especially challenging for neurodivergent

young people, whose anxiety would make them suffer in mental or physical agony, rather than discuss their problems and beg to a stranger on the phone. An even worse, and commonplace situation for those living in small Highland communities, is that staff working in the GP surgery are actually people known to the patient. This further prevents young people from accessing necessary healthcare, as they cannot even be guaranteed the anonymity they deserve. Online bookable appointments- through an app, website or email- could improve youth access to GP appointments. This could also limit embarrassment and provide a sense of confidentiality, making the process more bearable for those with anxiety. Public transport services- or the lack of them- can also physically block a young person's access to healthcare. I am frequently asked how I can get around Highland, given that I don't drive, and why don't I do some driving lessons or get a car? However, I find that it's unreasonable to assume that everyone should be able to drive, especially since my disability- a neurological movement disorder known as "Essential Tremor"- makes me shake so much that I would feel unsafe driving*. This causes me, and many other disabled young people, to be completely reliant on public transport, including for attending healthcare appointments.

Public transport, when fully functioning, is a convenient and environmentally-friendly form of commute and should be encouraged wherever possible. In Highland, this is a different story. The buses are often delayed or don't even show. If they happen to turn up, they cost a fortune** to travel to the next town and even then, you're still likely to miss your appointment. The trains are more reliable, as they tend to arrive on time, but they are so few and far between that you are likely to get stranded in a small village for hours waiting to return home. The train stations themselves are often inaccessible, and I will use my local station in Dingwall as an example of this. In order to leave Dingwall by train, a person needs to climb a flight of stairs, cross a bridge, and descend another flight of stairs. I struggle significantly with this due to fatigue, poor balance and I need to use a walking stick. Good luck getting across if you use a wheelchair. This demonstrates a total oversight of the needs of disabled people, and I imagine this exacerbates the isolation experienced by young disabled Highlanders. I propose the introduction of a Scottish Government, or local council, funded transport service to help young people access healthcare. I imagine this could be a successful project in the form of a free (or low cost) taxi that young people could book, or through a similar community lift scheme. If this were implemented, it would prevent young disabled people from missing important appointments, and could even be expanded for accessing social events too.

Impacts of Medical Dismissal and Gaslighting

The Scottish Highlands has a sparsely distributed population, which means that for young people living with rare conditions, doctors are far less likely to have encountered their condition before. I have personally experienced doctors Googling "what is Essential Tremor?" right in front of me which, as much as I can appreciate their admittance of not

knowing, tore away any hope I had of getting an explanation of the condition. Despite the frustration that comes with not getting answers, it isn't as bad as the dismissive comments that can come from some medical professionals. I once had a doctor tell me as a child, in front of my mother, that my symptoms were probably "all in my head". Technically, as a neurological condition he wasn't wrong, but this dismissal from an authority figure caused me to question if the fluctuating severity of my condition was actually my fault. Was I somehow responsible for my disability?

This wasn't my fault at all, and was actually a form of medical gaslighting. The impact that this had on me, though, was long-lasting and still affects me. I spent a long time avoiding contacting doctors and managed to convince myself that other neurological symptoms I developed, like never-ending pain and fatigue, were completely normal when they were actually indicative of chronic illness. Unfortunately, as chronic illness is rarely visible, I encountered more dismissive doctors in my search for a diagnosis. Some have told me I need to exercise more, ignoring that I used to be an athletic individual and that exercise actually worsens my symptoms (as well as going against NICE guidelines for what was suspected to be Myalgic Encephalomyelitis). In December 2021, after a single round of clear blood tests, one doctor in the central belt suggested it was "just depression" which, apart from ignoring any other potential diagnoses, demonstrates the negative perspective of mental health which permeates our modern healthcare system. These comments set me back even further, and I purposely avoided going to any doctor for another year, despite my symptoms deteriorating.

It was only after I began to connect with the online chronic illness community, that I gained the peer support to continue to pursue my diagnosis. I learnt from this group, firstly, that I wasn't alone. So many others my age had experienced countless instances of medical dismissal and gaslighting in the search for support. They also showed me both the importance and the struggle of self-advocacy. You need to be organised, prepared, have notes, know what tests to ask for and have medical knowledge of the conditions and co-morbidities you may have or may wish to rule out. You can't be overprepared though, or use too much of their medical jargon, or else you risk being labelled a "hypochondriac" or that you've spent too much time consulting "Dr Google". This is such a tricky balance to accomplish, and young people can so easily be dismissed for their supposed "naivety". I, therefore, believe there should be more disability-inclusive youth-led safe spaces and advocacy groups, as this can provide a sense of community and tackle isolation in marginalised groups, whilst also enabling young people to lead local change. I would also be keen to see young, chronically ill people involved in training for medical professionals, and to emphasise the harm or good doctor's comments can make in their lives.

Conclusion

My aspiration from sharing this essay, and my own life experiences as a young disabled person living in the Scottish Highlands, is that I have provided evidence of need for young people to be taken more seriously in issues relating to their own healthcare. My wish is that someone in a position of authority will read this and agree that more should be done on a local and national level to improve access to healthcare appointments, particularly for young neurodivergent and physically disabled people. Finally, I hope that through the current increase of trauma-informed training, that more medical professionals will consider the language they use when talking to impressionable children, and reduce the lasting harm that can be caused by dismissive attitudes.

**This is my own experience and doesn't mean that all people with Essential Tremor cannot drive.*

*** In Scotland, under 22's are entitled to free bus travel with a 'Young Scot card', but this isn't the case for young people ages 22-25*

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