

Mental health is the 'psychological state of someone who is functioning at a satisfactory level of emotional and behavioural adjustment' (Children's Society, 2008). A significant factor in an individual's overall well-being, positive mental means a calm and secure state of mind and body, and comes hand in hand with physical health (Strathdee, 2015). Poor mental health can result in a person feeling unable to cope with the stresses of life, unable to acknowledge their worth and abilities, struggle to learn and work to their full potential (WHO), lack healthy relationships, respond negatively to change and adversity (Njoku, 2022), and make fewer contributions to their community. Mental health relates to both adults and children. This essay will focus primarily on the impact of mental health in children. Positive mental health is crucial for children to succeed in life. Without the correct support put in place, the effects can be devastating, and will likely persist into adult life, and risk being passed on to future generations.

One of the greatest contributing factors to poor mental health in children is poverty and/or homelessness. Recent statistics show, 4.3 million children live in poverty in the UK. That's 30% of all children (Corcoran, 2024), which is an ultimately shocking figure. Poverty and debt often results in families finding themselves unable to access essentials such as food and heating, it can create barriers to part-taking in social or educational experiences such as extra curricular activities or school trips, which may leave a child resonating with strong feelings of anxiety and isolation. Poverty can also affect health even before birth. Children born to parents living in poverty are more likely to suffer with childhood diseases, or experience poor health later in life. Children raised in poverty struck households are also expected to under achieve academically (CPAG).

Abraham Maslow theorised that all humans have both physical and emotional needs which must be met in order to achieve self-actualisation - the highest personal aspiration need in the hierarchy, therefore the top of the pyramid (Wikipedia, 2024). According to Maslow's Hierarchy of Needs (1943), in order to begin fulfilling higher, more complex needs, it is absolutely critical that an individual's basic needs are satisfied. The base level of Maslow's hierarchy, therefore the bottom of the pyramid are the physiological needs. These include water, food and air, which are basic survival necessities. However, unfortunately for many children living in poverty, these needs cannot be met. As a result they are often unable to progress and climb the hierarchy to meet the more complex needs, even other basic safety needs at the second level of the pyramid, and include the needs for shelter and stable family employment (Ashenfelter, 2012).

Since child poverty has been increasing rapidly in recent years, there are interventions being put in place in hopes of tackling the issue. The UK Government have recognised the severe negative impact that poverty is having on children's well-being, and are putting measures in place to broaden opportunities for young people who have not had a great start in life (GOV.UK, 2024). Some of the strategies introduced include increasing the number of high-paying jobs, and improving access to high quality education and training. The Government also provides free school meals, free childcare, discounted utility bills, additional pension payments, free healthcare, prescriptions and treatments via the NHS, mortgage interest

support and disability grants (UK Parliament, 2024). Combatting the root causes of poverty will subsequently improve mental health in children, ensuring that more of their basic needs are met, and setting them up to prosper, however there is still a long way to go.

Another major issue contributing to poor mental health amongst children are Adverse Childhood Experiences (ACEs). ACEs are traumatic events which take place between the ages of 1 and 17 (Cleveland Clinic, 2023). These include emotional, physical and sexual abuse, emotional and physical neglect, and household dysfunction such as mental illness, family incarceration, domestic violence, substance abuse, divorce, death of a relative or abandonment, all experienced during childhood. Experiencing ACEs can have a severe impact on the mental health of young people and adolescents, and can even result in serious physical health complications, such as cancer and heart disease. Individuals who experiences ACEs are also more likely to act violently, or become a victim to violence. The longer a child is exposed to an ACE, or the more ACEs someone experiences, the greater the impact will be to their quality of life (NHS). A study conducted on ACEs revealed that 47% of people experienced at least one ACE, and 9% of people experienced 4+ ACEs (Bellis et al, 2014)

ACEs are the cause of 1 in every 3 diagnosed mental health issues, including, but not limited to anxiety, depression, phobias, insomnia, mood disorders, substance use disorders, eating disorders and post-traumatic stress disorders (NHS). There are a number of additional ACEs in the environment that can seriously diminish ones self esteem and ability to maintain a positive outlook on life such as discrimination (racism/homophobia/bullying), unsafe neighbourhoods (undergoing war or high crime rates), a car accident, natural disasters and low school attendance. All of these can create harmful levels of stress exposure, which can be hurtful to brain function (Mental Health Support).

There are a number of warning signs that a child/young person may be experiencing ACEs, for example fearing others, difficulty sleeping or regular nightmares, bedwetting, frequent mood swings, difficulty showing affection or maintaining relationships, difficulty learning in school and avoiding situations that relate to traumatic experiences. Children are great at absorbing knowledge from life experiences and the world around them, this is often a useful skill for picking up new things, like riding a bike. This also applies when a child experiences something negative, like falling off a bike and getting hurt, they may as a result slow down next time, or ride more carefully to avoid falling again. In certain circumstances negative experiences could be out of a child's control, and in which case they are unable to protect themselves from mental or physical harm. The result of traumatic events are feelings of terror/fear, helplessness, risk of danger or being in danger and feeling physically hurt. (Cleveland Clinic, 2023).

There are many interventions to support individuals who are exposed to ACEs, including cognitive behavioural therapy, counselling, trauma informed practice and safeguarding procedures and parent/foster care training (BMC Public Health, 2020). However it is proven to be far more effective to prevent ACEs from taking place, rather than managing the consequences, through providing better economic support to families, early childhood home

visitations, mentoring programmes, family-centred treatment for substance abuse, promoting social norms, connecting youth to caring adults, intervening early and preventing domestic violence (Sciamanna).

The COVID-19 Pandemic has also had a detrimental effect on the mental health of children and young people, especially as many children spent some of the most critical years of their physical, emotional, social and intellectual development in a total lockdown. The centre for mental health worked alongside NHS colleagues, to predict that based on evidence, an astonishing 20% of the population will likely require mental health support for many years to come as a result of the epidemic, 1.5 million of those will be children and young people under 18 (O'Shea, 2020).

During the COVID-19 pandemic, there was an initial drop in CAMHS referrals during the first months of lockdown, this was likely due to low attendance at general practices or emergency departments, and closure of schools, which in turn made the service less accessible. However, from September 2020 forward, where restrictions were subject to change at certain periods, there was a drastic spike in the number of referrals, with a peak of 180% in November 2020 in comparison with previous years. Data obtained from a survey revealed that a vast 83% of young people agreed that the COVID-19 pandemic made their mental health worse, putting into perspective the catastrophe the entire world is currently facing in the aftermath (Youngminds). This has put significant strain and demand on CAMHS services, and the impact is still felt many years later, with lengthy waiting lists, and more intricate criteria to be met before referrals can be made for those experiences mental health challenges, not to mention the added pressure and increased workload for CAMHS staff, and it remains unclear how services will cope with surge in demands, which is expected to persist for many years (Huang, Ougrin, 2021).

Children under 16 who are battling with mental health concerns can be referred to CAMHS by their school, a health visitor, a youth or social worker, or in some areas via self-referral (Youngminds). If CAMHS accepts a referral the child will be invited to an assessment with the local team, however due to the overwhelming need for support, wait times are a cause for concern, with more severe presentation of mental illness being prioritised, and many others seeking help waiting a long time, often leading to worsening mental state.

A CAMHS assessment team may ask about the difficulties a child is experiencing, the length of time since they first occurred, the impact they have on daily life and family, the child's mood, any emotional or behavioural patterns, developmental history, medical/mental health history, family life and friendships, school, traumatic experiences, and involvement with other agencies. This will help the professionals to gauge what sort of assistance will be necessary, and where the individual will be placed in the queue (Mind, 2022). The child will later be assessed by a team member. The teams consist of psychiatrists, psychologists, therapists, nurses, social workers and other professionals who specialise in paediatric mental well-being care. The child/young person will receive free support and treatment provided by the NHS, which could be individual or family therapy, medication, staying in hospital (inpatient care),

parenting support courses, a diagnosis of a mental health, or a neurodevelopmental condition, such as ADHD or ASD (Youngminds).

Neurodiversity can also play a role in the quality of a child or adolescents mental health. Attention Deficit Hyperactivity Disorder (ADHD) is an example of a neurological condition commonly presented among young people. Some signs of ADHD in children include difficulty concentrating or focusing, meaning that they appear to have a short attention span, are distracted easily, make careless mistakes, are forgetful or often lose their belongings, are unable to stick to tasks that are uninteresting or tedious, have a hard time observing or following instructions, constantly changing activity, and struggle to organise tasks. Hyperactivity and impulsiveness symptoms could be the inability for a child to sit still, especially in calm or quiet settings, fidgeting, excessive physical movement and talking or talking very loudly, inability to wait their turn, acting impulsively or without thinking, interrupting conversations, and little to no sense of danger (NHS).

Children who are diagnosed with ADHD are at a much greater risk of experiencing a secondary mental health condition as a result, for example anxiety, depression, sleep problems, conduct disorder and substance abuse (Mental Health Foundation, 2021). ADHD can cause an individual to feel isolated, especially if those around them do not understand the condition, they may be blamed for things that are out of their control, which can have a knock-on negative effect on their self-esteem and sense of belonging. ADHD can also make it difficult for a person to switch off, which can lead to exhaustion or feeling extremely overwhelmed. These are all likely to deteriorate a persons state of well-being (Youngminds).

Interventions can be put in place to alleviate some of the negative symptoms of ADHD, but cannot cure it. ADHD interventions include behaviour therapy/counselling or prescribed medication, some medications that may be prescribed are also effective in treating not only ADHD, but often various separate mental health complications (Mayo Clinic, 2019).

Autism Spectrum Disorder (ASD) is another example of a common neurological condition in young people, symptoms of ASD in children include not responding to their name, avoiding eye contact, not reciprocating a smile, getting extremely dysregulated if they do not like a certain taste, smell, or sound, carry out repetitive movements/behaviours, do not talk as much as other children (or are sometimes non-verbal), do not part-take in imaginative play, repeat the same phrases, or repeat what is said to them. Other symptoms often presented in slightly older children could include misinterpreting others thoughts or feelings, unusual speech, desiring a strict daily routine, and getting very upset when it is interrupted, having strong interests in certain subjects or hobbies, getting frustrated when asked to do something, especially if they do not want to do it, experience difficulty in building or maintaining friendships/relationships, or would rather be on their own, taking things literally (unable to take jokes), a very black or white outlook on life, and find it very difficult to express how they feel (NHS).

Similarly to the way that ADHD can negatively impact an individual's mental well-being, a person who is diagnosed with ASD might also face difficulties in terms of feeling isolated, misunderstood, or possibly at a disadvantage in comparison with peers, particularly if they have an inability to communicate through speech. Being non verbal can lead to feelings of frustration, especially if others do not understand or accommodate their needs. In some children, the irritation felt by being unable to express themselves verbally, can escalate to behavioural outbursts or meltdowns. In others who are unable to communicate verbally, the response may be to shut down, as they may lose confidence and become reluctant to input to social interactions due to past failure (Bhargava, 2015). Both behaviours are a reflection of the internal emotional challenges they face and signifies their state of mental health.

Adults who work closely with children living with non verbal ASD, are encouraged to implement interventions to better meet their specific needs. Some examples are the use of sign language (gestural communication), visual supports such as flashcards and pictures, ABA therapy, which involves simplifying more complex tasks into smaller, easier to follow step by step instructions, hereby providing a sense of achievement to the child in their success of completion, and furthermore boosting their self esteem and confidence, which are crucial to obtaining a satisfactory state of mind (South Shore Autism Centre, 2023).

Bullying is also acknowledged for its harmful impact on a child's mental health. Bullying is repeated, aggressive behaviour implemented by a person/group of powerful bullies that is intended to harm or disturb another person who is in an inferior position (Youngminds, 2023). Statistics state that 3 out of 10 people reported to have been exposed to bullying in school. Young people who experience bullying at any stage in their life are far more likely to develop feelings of powerlessness, anxiety, depression, isolation, embarrassment, overwhelm, distress and in severe cases can eventually lead to thoughts of self-harm or suicide. Many victims of bullying tend to live their life in constant fear and worry of when the next incident will occur, or wonder if there's any way they could possibly avoid it happening, but in some cases it could be totally out of their control. This can have a detrimental effect on an individual's well-being and lead to a range of anxiety disorders, including social anxiety disorder, panic disorders, post traumatic stress disorder (PTSD), phobias, and body dysmorphic disorder (Change Mental Health).

In the modern day, bullying does not solely occur in a face-to-face setting, for example an educational institution, bullies are now able to target and harass their victims via various social media platforms, also known as cyberbullying, and some bullies may only carry out their malicious and wicked behaviours through a screen, where they may feel more secure in the idea that they can hide away. Despite the nature of the bullying, any form of bullying inflicted can have a serious effect on the mental health of all individuals involved (National Bullying Helpline). Often, perpetrators may decide to bully others simply because they want to dominate their peers and improve their social status, or lack feelings of remorse and fail to recognise their negative behaviour. However, in many cases, a person may become a bully due to feelings of low self-esteem, in an attempt to feel better about themselves. A bully may act out if they are feeling angry, frustrated, jealous, or struggling socially or emotionally.

Additionally, it has been established that it is not uncommon for a victim of bullying to later bully others in the future, perhaps in an attempt to regain control or authority, after maybe feeling helpless for a long time previously (Health Direct, 2022).

Bandura's Social Modelling Theory (1961) emphasises the importance of observing, modelling and copying behaviours, attitudes and emotional response of others. Psychologist Albert Bandura conducted the Bobo Doll Experiment between 1961 and 1963, to test his social learning theory (Deres, 2025). The research was carried out on 36 males and 36 females, between the ages of 3 and 6 years old. Each participant was selected based on observations carried out to assess their levels of aggression, so that they could be placed into groups of children who presented similar levels of aggression in their daily behaviour. In the first stage of the research, 24 children (12 males and 12 females) watched a male or female model (adult) behaving aggressively towards the toy 'Bobo Doll'. Some used weapons to attack the doll, while others repeatedly hit or threw the doll, and vocally expressed signs of anger. Another 24 children (12 males and 12 females) watched a non-aggressive model (adult) who played carefully and calmly, not with the 'Bobo Doll' at all, but instead with the other toys in the room, creating a subdued atmosphere. The final 24 children (12 males and 12 females) were used as a control group and were not exposed to either model.

In the second stage, all of the children (including the control group) were witnesses to 'mild aggression arousal'. Each child was then removed to a separate room containing more toys, however as they would begin to play with the toys the experimenter would confiscate them and state that they are reserved for the other children.

The third stage was the test for delayed imitation. The room now contained a mixture of both 'aggressive' toys, a mallet and peg board, dart guns and a 3ft 'Bobo Doll' and 'non-aggressive' toys, a tea set, crayons, three bears and plastic farm animals. Each child would be in the room for 20 minutes, where observations were carried out through a one-way mirror, at five second intervals. A total of 240 responses were recorded per child, even new behaviours that did not imitate those represented by the model were accounted for.

The results revealed that the children who watched the aggressive model acted in a far more aggressive and violent manner in comparison to the children who watched the non-aggressive model, or those in the control group. In conclusion, the Bobo Doll Experiment demonstrated children's ability to learn and imitate social behaviours, such as aggression through the process of observational learning, and the theory can still be applied to many social situations today, for example the correlation between violent children and being raised in a toxic household, how people who experience bullying often become the bully, and the effects of media violence on the behaviour of future generations (McLeod, 2024).

There are a number of warning signs that a young person may be experiencing bullying. It is important to look out for unexplained injuries, lost or destroyed personal belongings, frequent illnesses, or tendency to fake illnesses, changes to eating habits (skipping meals or binge eating), difficulty sleeping or frequent nightmares, declining grades, loss of interest in

work/hobbies, avoiding school and social situations, sudden loss of friends, and self-destructive behaviours such as running away, self-harm and suicidal ideation.

There could also be indicators that a child is acting as a bully, and these include getting into regular physical or verbal fights, associate with other bullies, act aggressively, get into trouble at school (frequent detentions), have unexplained money or new belongings, are competitive and worry about their reputation, or do not accept responsibility for their actions (blaming others). It is crucial that parents, guardians, school staff and other adults who have a duty of care towards children are aware of the red flags which indicate a child may be a victim of bullying, or are a bully themselves, in order to intervene and offer the correct support. Statistics show that only 20% of school incidents were reported, and children often choose not to report for various reasons. These include the child already feeling defenceless or weak, therefore wanting to handle it independently in an attempt to regain some control of the situation, they may also fear backlash from the culprit, or do not wish to be known as a snitch, bullying can also be humiliating and they may not want adults to know in case of judgement or punishment, therefore it is also important to bare in mind when intervening, that bullying must be dealt with in a sensitive manner, ensuring that matters do not escalate further as a result of misconduct (StopBullying.Gov, 2021).

Aside from being used as a weapon by bullies seeking to prey on victims, social media also comes with its own troubles in terms of damaging the mental state of many young lives. While there are many positive impacts of social media, such as connecting with others, representation of diversity and raising awareness, self expression and education and work (Youngminds, 2025), social media usage also carried many risks that could be extremely damaging to a persons mental health and their outlook on the world. It is estimated that, globally, 210 million people suffer from internet and social media addiction. Adolescents who spend five or more hours per day using technology are 71% more likely to have one risk factor for suicide. 52% of students agreed that use of social media negatively impacted their confidence and self-esteem, and create feelings of dissatisfaction of their own lives (Priory Group).

Since social media is a relatively new technology, there is a lack of research into the long-term affects social media could have on the population, whether positive or negative. However many studies have been conducted and it is believed that there is a firm connection between heavy social media usage and poor mental health. Young people who spent a lot of time on social media tend to feel inadequate about their own lives or appearance, this is due to a large quantity of content available on the web being manipulated and romanticised, setting unrealistic standards and triggering strong emotions like envy and failure, despite the fact that it does not represent an average life. Another common concern for young social media users is the risk of experiencing a fear of missing out (FOMO) and social media addiction. FOMO can oblige an individual to check their device every few minutes, looking for updates, or responding to every notification imminently, sometimes even if that means taking risks while driving, interrupted sleep at night, or worrying more about social media interaction as opposed to real life relationships (Help Guide, 2025).

Social media can resemble an Echo chamber, where the user will see posts and opinions based on an algorithm, which correspond with their own beliefs. This can create a narrow mindset, especially in youths, and prevent them from being able to view world matters in an inclusive demeanour, potentially leading to conflict or solitude in the future. Moreover, since the interest is extremely vast and open to everybody, it can be difficult to avoid sad news and upsetting content, which can be exceptionally distressing and inappropriate for younger audiences. This is often known as 'doomscrolling' and can result in negative feelings of anxiety, depression, fear of safety and warped judgement (Youngminds, 2025).

Essentially, social media can be used in a healthy manner, grown ups can help children stay safe online by limiting screen time (scheduling break times), using parental controls to filter out negative and harmful content, ensuring personal accounts are private, and positive communication or check-ins between the child and a responsible adult, to inform them of the risks and raise any concerns (BBC News, 2025).

Bronfenbrenner's Ecological Systems Theory (1977) focuses on the quality and context of a child's environment. The theory is broken down into 5 systems; microsystem, mesosystem, exosystem, macrosystem and chronosystem. The microsystem is the most influential level, consisting of the elements closest to the child, such as family, friends, school, neighbours, and close relationships, which have the biggest impact on the child's life. Secondly, is the mesosystem, where the child's personal individual microsystems do not operate independently, but are instead interconnected and have a more positive effect when they are supportive of one another. Thirdly, is the ecosystem, the structures within this system have an indirect influence on the child, for example, health services and extended family. Although they do not always interact directly with the child, they can still influence the child's development. Fewer social support networks can be a problem as there will be fewer resources to draw upon at difficult times. Fourthly, is the macrosystem, this is made up of cultural values and ideologies, customs, laws, policy, social norms, attitudes towards gender roles, individualism and social issues, all of which do not refer to specific environments of one developing child, rather the pre established society in which the child is developing, and their own views and beliefs will be morphed around. Lastly, is the chronosystem. The chronosystem related to changes and progression throughout the child's life. Some can be expected, for example, starting school, or sometimes unexpected, like parental divorce. The way in which children cope with predicted or unpredicted life events will vary based on the support of their ecological systems and can be positive or negative (Guy-Evans, 2024).

In conclusion, the importance of advocating positive mental health in children is more widely recognised than ever. The Welsh Government has created the New Curriculum for Wales, which sets out four purposes for all children in Wales; ambitious, capable learners, enterprising, creative contributors, ethical, informed citizens, healthy, confident individuals (Equal Education Partners). All of these values offer a child-centred approach and focus on ensuring positive mental health for all concerned. Many steps have been taken in the correct direction, and there is evidence to suggest that improving the mental health for future generations is a must, with action being taken to reach new goals.

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