Youth Futures Foundation

Call for research proposals: Drivers of the increase in poor mental health for young people

- Youth Futures Foundation plans to commission a research project investigating the drivers of the increase in poor mental health for young people in England. The work will involve data analysis, a comprehensive review of the evidence, and the creation of research design options to fill evidence gaps.
- This work will enable YFF to provide independent information to decision makers (including politicians) on the existing knowledge concerning the drivers ahead of and following the upcoming general election (anticipated Autumn 2024).
- The work will also support YFF's portfolio of policies and current and future research and evaluation on young people affected by poor mental health.
- The research will be commissioned by **early June 2024** and start **July 2024** for completion in **May 2025,** and key interim outputs due September 2024, October 2024 and March 2025.
- The maximum budget is £150,000.
- The deadline for submission of proposals is **12 noon on May 28th 2024.**

1 Introduction

Youth Futures Foundation is the national What Works Centre for youth employment. We want to remove the disparities in employment outcomes that exist for young people facing the greatest challenges, and to help them find and keep good quality jobs. We do this by undertaking high quality evaluations, building and sharing the evidence of what works, driving evidence-based change in policy and working with employers and practitioners to improve practice.

Context for the project

Regardless of definition or measurement, data shows an increase in poor mental health amongst young people. Twenty years ago, young people had the lowest rate of reporting symptoms that indicated they were experiencing a 'common mental disorder' such as anxiety and depression (Resolution Foundation, 2024). Today, they have the highest rates. Moreover, while worsening youth mental health has been recognised as an international issue, rates in the UK are comparatively high (Castelpietra *et al*, 2022).

What are the causes of the increase? The Resolution Foundation and others have noted the lack of quality evidence addressing this question.

Mental health affects people's ability to engage and succeed in education and the labour market (Resolution Foundation, 2024). If we do not seek answers to this question,

current social and economic inequalities could be exacerbated by disparities in the incidence of poor mental health associated with gender, place, economic status, disability, sexual orientation and more[1]. Moreover, the issue could feasibly escalate down the generations given the association between parents' and children's mental health (Parsons *et al*, 2021). Other life outcomes such as broader health concerns, substance abuse, violence, reproductive and sexual health could also be impacted (Patel *et al*, 2015).

On the other hand, answering this question will enable policy makers and practitioners to create effective and targeted policies and practices to improve the mental health of young people. The findings from this project will provide an opportunity to manage the root causes of the issue rather than responding reactively and ineffectively.

2 Project overview

This project can be viewed as having three interrelated parts:

Data analysis: analyse data to gain an in depth understanding of the trends in poor mental health among young people in order to build a foundational picture of the issue. We envisage the data analysis to be exploratory. However, at a minimum, the data analysis should include:

- An investigation into the characteristic predictors (e.g. gender, age, ethnicity, disability, family background, geographic area etc) for those experiencing an increase in poor mental health.
- An in depth investigation into the timelines and trends over time, with comparisons made to other trends that could be impacting mental health outcomes, where useful and possible.
- An investigation into potential age cohort effects. For example, whether the increase is due to a new cohort of younger people with higher levels of poor mental health.
- An investigation of any population changes during the increase. For example, decomposition analysis to understand whether the known increase is a cause of an increase in numbers of young people with certain risk factors and/or changes in the levels of risk for certain characteristics/behaviours/experiences.

The data analysis should include public health/NHS data. However, we would expect the research team to use survey resources such as Understanding Society. We are interested in

[1] These are well-evidenced associations in the existing literature.

proposals for the use of additional datasets and for innovative approaches to data analysis.

Evidence review: a comprehensive review of the evidence base concerning the drivers of the increase in poor mental health for young people in England.
The review will go beyond a summary of academic and 'grey' literature. The commissioning party would critically assess the literature in relation to our research question, by
- using an analytical approach that takes account of how both association and causation are explored in the literature,
- scrutinising research designs (such as variable selection) to understand the reasons for differences in findings between sources,
- holistically analysing the body of evidence to identify new insights by spotting patterns and explaining contradictions that would not be possible considering each source individually,
- using other supporting evidence where useful such as quantitative and qualitative data and analysis,
- drawing convincing conclusions concerning the state of the evidence for different drivers e.g. which drivers are well-evidenced, which are contributing the most to the increase, which possible drivers have not been sufficiently researched or well evidenced.
- Considering the range of approaches that are used by different groups of researchers to approach the question, including the adoption or exclusion of specific assumptions and hypotheses, the use of particular theoretical and analytical frameworks, and the relationship to wider discourses about mental wellbeing and social/economic development.

Research design: Provide fully scoped research design options for two or three (number negotiable, tbc during the project lifecycle) possible future research projects that can contribute new knowledge and/or provide a more convincing argument where required regarding the drivers of the increase in poor mental health for young people. The research design options should be accompanied by a summary of the rationale behind the choice of research topic and methodology and an assessment of the limits of research and current data to fill evidence gaps – in other words, what questions cannot be answered?

This part of the work will be achieved by:
- Understanding the evidence gaps (from the evidence review and an informal enquiry into upcoming publications on this topic).

- Providing an account of how different qualitative, quantitative and mixed methods approaches are used in this space, and scoping existing data sources.
- Applying a strong understanding of the practical and research challenges to addressing the primary research question (obtained from the literature review).

Project aims

As a What Works Centre, Youth Futures is uniquely placed to address gaps in evidence about what works to support young people with poor mental health. By commissioning this project we hope to:

a) Understand the existing knowledge and evidence concerning the drivers of the increase in poor mental health outcomes for young people in England and,

b) Understand how gaps in the evidence base can be filled.

This project will support core areas of our work including:

- **Evidence generation:** we hope to inform decision makers, including politicians, about the current evidence base concerning the drivers of poor mental health for young people in England around the upcoming UK general election (anticipated Autumn 2024).
- **Policy**: to enable the development of Youth Futures' core policy positions that we can present to decision-makers, including national and local governments, funding bodies and other stakeholders to improve the ability of policy and delivery actors to support young people.
- **Evaluation and research:** to enable YFF to consider the feasibility and value of funding additional research intended to fill evidence gaps in this area. In addition, the outputs will provide ideas, direction and understanding to YFF's potential future evaluation research on mental health such as effective interventions. It will support decisions about the content and focus of interventions to support youth employment and related outcomes, and about policymaking, including early interventions and protective factors to reduce rates of mental ill-health among young people.

Project scope and coverage

Definition of poor mental health: At this stage, we do not propose a single definition of 'mental health issues', or aim to narrow the range of mental health conditions that are in scope for the research. Rather, the definition of 'mental health conditions' and their separation or integration within individual research projects is one of the issues to be explored in more depth during the project lifecycle.

The existing quantitative literature uses a variety of measurements[2]. We believe all measurements are useful to obtain a thorough understanding of the current issue.

[2] Including, but not limited to:

- Center for Epidemiological Studies-Depression scale

However, commissioning organisations will need to bear in mind that there may be different drivers for different measures of, and different types of, mental health condition. Therefore, this will need to be considered in the analysis and made explicit in the report. Autism, neurodiversity and learning disabilities are out of scope for this project, although the research team should consider intersections between experiences of these and of mental health conditions.

Age group: We are primarily interested in the increase in poor mental health for the 14- to 24-year-old age group. However, given that a US study found that half of mental health conditions start by the age of 14 (Kessler *et al*, 2005), it will be necessary to explore drivers impacting young people throughout their childhood. In addition, exploring trends for individuals slightly older than the 14- to 24-year-old age group could be useful to investigate any cohort effects or generational changes.
It may also be useful to explicitly draw out differences associated with age/developmental stage within the 16 to 24 age group. People at the opposite ends of this age group are at very different life stages and are likely to be confronted with different types and levels of drivers. Studies concerning the drivers of young people's mental health have already evidenced differing impacts by age (e.g. Heron *et al*, 2022).

Geographic scope: Where the literature is not well established in England or in the UK for any given driver, international contexts can be included to fill evidence gaps with commentary on its appropriate transferability of findings to the UK context.

Education and employment outcomes: The specific relationship of mental health on youth employment or education is out of scope of this research, except where work or education factors are potential drivers of poor mental health. The impact of mental ill-health on education and employment outcomes has been well-evidenced in recent literature (e.g. Resolution Foundation, 2024).

Potential drivers: Given the dearth of quality evidence regarding drivers of the increase in poor mental health among young people in England, the review should be as far reaching as possible in terms of potential drivers in scope, and to not be limited to their own ideas, or even the limits of existing research.
Many potential drivers have been proposed, but the quantity and quality of evidence varies greatly between these. Types of drivers could include, but are not limited to:

- An increase in social media use (Plackett, Sherringham and Dykxhoorn, 2022; Twigg, Duncan and Weich, 2020; Winstone *et al*, 2022; Keles, McCrae and Grealish, 2020).

- Strengths and Difficulties Questionnaire
- Warwick-Edinburgh Mental Well-Being Scale
- The 14-item Hospital Anxiety and Depression Scale (HADS)
- Clinical Interview Schedule Revised (CIS-R) measure

- Covid-19 pandemic (Orben, Tomova, and Blakemore, 2020; Dedryver and Cécile, 2021; McOwat *et al*, 2023; Loades *et al*, 2020) e.g. social isolation; health; worries about loved one's health.
- Rise in awareness and communication of mental health (Foulkes and Andrews, 2023). This may also link with changes in reporting/collecting data on mental health. Exploring these topics is of paticular interest to YFF.
- Increase duration of CAMHS waiting lists / lack of early mental health support (Young Minds, 2022; Punton, Dodd and McNeill, 2022; CAMHS RISE, 2024).
- Increase in precarious (e.g. zero-hour contract) and low paid jobs / inadequate and insecure job market (The Health Foundation, 2018).
- Decrease in income (Parra-Mujica *et al*, 2023) e.g. Increase in student debt (Richardson et al 2018); the increase in the cost of living (BACP, 2023; UK Youth 2023); austerity measures and economic conditions since the 2007/2008 financial crises and external economic conditions; child poverty rates.
- Increase in environmental crisis worries (Vercammen, Oswald and Lawrance, 2023; Hickman *et al*, 2021); air pollution (Bakolis *et al*, 2021).
- Increase in academic pressures / pressures to succeed (The Health Foundation, 2018; Steare *et al*, 2023; Córdova *et al*, 2023; Barbayannis *et al*, 2022).
- A reduction of healthy habits (O'Neil *et al*, 2014; Maenhout *et al*, 2020) e.g. food, exercise, sleep, and time in nature.
- Family formation changes e.g. loneliness due to both parents working; single parent households (Chavda and Nisarga, 2023).

To make sure that this research can support policy decisions, it must go beyond a list of actual or potential drivers (such as "Covid-19 lockdown" or "increased poverty"). The researchers should consider evidenced or proposed causal pathways, as these are identified in the research. For example, in the case of social media usage, multiple academic papers (Winstone et al, 2022; Plackett, Sherringham and Dykxhoorn, 2022) have argued that the optimal measure of social media use should be further disaggregated to consider both time spent on social media and the type of use. In addition, key 'transition points' within the education system and from education to employment could be important periods to consider within causal pathways.

In addition, it may not be that the causes have increased e.g. more poverty, more social isolation, etc. Rather, the increase may be a result of changes in the mechanisms, resources, and capability of young people to avoid the cause turning into a mental health problem. For example, changes in service provision of youth workers, social workers, school counsellors and general community support.

Other potential drivers may not be well covered in the literature. However, earlier research may exist evidencing the link between a potential driver and mental health (not relating to the recent increase). Supplementary evidence (e.g. expert interviews) and analysis may help to understand if the evidenced link is worth exploring further in the context of the recent increase, taking advantage of exemplary research to guide the proposed methodology.

Groups of young people: Individuals will have different combinations of drivers. While the work should focus on all young people, some individuals are more likely to experience poor mental health such autistic people (Asbury, Kathryn and Toseeb, 2023) and young people who identify with a sexual minority (Bridge, Smith & Rimes, 2022). The data analysis may help to identify other demographic characteristics associated with a disproportionately large increase in poor mental health. It may be useful to consider these 'groups' individually and explicitly in the review. Other intersections that may display different trajectories towards mental ill-health include neurodiversity, SEN, sex/gender identity, sexual orientation, ethnicity, physical illness/disability, young people in care/care leavers, and socio-economic deprivation (household or geographic).

3. Methods and research questions

Methods

Youth Futures is flexible regarding the proposed methods and approaches used for each of the main parts as long as the aspects in this document are covered. Research teams should provide an account of their proposed approach, and their reasons for choosing this. This account should include discussion of how they will manage potential challenges and complexities, *and* of how they integrate data analysis with the literature review.

Research questions

1. What are the drivers of the increase in poor mental health for young people in England?
2. How can the evidence gaps be filled?

4 Research team requirements, deliverables, schedule and budget

Research team requirements

The research team for this project should have:

- Expertise in interdisciplinary working, including projects that use both qualitative and quantitative research, and that bring together disciplines such as social psychology, public health, and/or social policy.
- A track record of conducting research on young people's mental health. Previous research concerning the drivers of mental health is a particular advantage.
- Expert knowledge of and analysis experience in relevant data sources, including public health and medical data.
- Data analysis expertise of both administrative and survey data, including panel data.
- Good links to relevant partnership organisations is advantageous.

We would envisage this work being conducted by a single team / organisation, but we are open to proposals from two or more organisations working in partnership. In the latter case, the project proposal should include details of arrangements for collaboration between partners.

Advisory Group

An advisory group will be established once the work is commissioned to guide the direction of the work throughout the project and provide expert guidance and a sounding board to the commissioning organisation and delivery partner from a range of expertise and perspectives. We envisage that the advisory group will consist of a range of individuals including professionals in mental health service provider roles, leading academics in this field, policy stakeholders, professionals in direct contact with young people and young people themselves.

Outputs and deliverables

We expect the partner(s) will deliver:

- A draft and then final report on insightful findings of the data analysis and the comprehensive review of the evidence that attempts to answer the main research question: What are the drivers of the increase in poor mental health for young people in England.
- A one-page summary of the above findings answering the main research question.
- A graphical summary of the above findings answering the main research question (such as a systems map[3], evidence map or similar).
- 2/3 fully scoped research design options.
- Regular progress updates via email and (online) meetings with Youth Futures.

Youth Futures would then design outputs to engage with its core audiences.

Budget

- The total budget for this work is up to £150,000.

Schedule

We would expect this project to be completed by the following timescales and outputs:

Date	Activities and outputs
w/b 1 July 2024	Inception meeting
By 1 September 2024	Interim report 1: A short scoping report outlining the extent and nature of the literature, any key gaps and any initial data analysis findings

[3] Example: https://www.health.org.uk/newsletter-feature/mapping-the-influences-on-young-peoples-mental-health

By 1 October 2024	Interim report 2: A clear research plan for the evidence review and anticipated data analysis
w/b 16 December 2024	Interim report 3: A short progress update and summary of initial findings
By 1 March 2025	A final report on the findings from the data analysis and evidence review; A written summary of the drivers; A graphical summary of the drivers
1 April 2025	Interim report 4: A short progress update and summary of initial ideas
By 1 May 2025	A final report containing future research design options
July 2024 to May 2025	Fortnightly meeting with YFF

5 Submitting a proposal

Key dates

The schedule for submitting a proposal is:

Call for Proposals issued: 29th April 2024

Proposal submission deadline: 28th May 2024

Interviews: week beginning 3rd June 2024

Start date: 1st July 2024

Proposal requirements

Please submit a short (no more than 8 pages) proposal, outlining:

- Your understanding of the project.
- Your research design, approach, and methods; your preferred approach, or different options with different budget implications.
- A timeline / Gantt chart for deliverables.
- Your appraisal of the challenges likely to arise in this research including any risks and mitigations. This could include a formal risk register.
- At least one example of a relevant project undertaken previously by a member of your team including at least one from your team leads.
- Examples of two published reports/articles by one or more team members, that are relevant to this project (please provide links or citations if possible).

- Short biographies of all team members, their experience and role within the project.
- Contact details of two referees who have commissioned similar work from you, where applicable.
- Your budget estimate and a full budget breakdown (including the daily rate for different staff leading different elements).
- Youth Futures Foundation will award the successful research organisation[s] a grant to carry out the research and produce final outputs. To the extent that the research organisation[s] believe[s] it is necessary to charge VAT on the Grant Award, this amount will be inclusive of VAT.
- Contact details for the project lead, and for all team members.

In addition to your response, we would like you to attach the following policies for every organisation involved in the bid:

- Data protection and GDPR
- Safeguarding policy

Please note that value for money is a key criterion in the assessment of bids.

Please submit your proposal to analysis@youthfuturesfoundation.org by **12 noon on May 28th 2024.**

If you have any questions, or would like to discuss the tender in more depth, please email abigail.coxon@youthfuturesfoundation.org and use the title '**Drivers of the increase in poor mental health'** in your email heading.

APPENDIX

Quality criteria

Category	Criteria	Score
Expertise and experience (30%)	a) Recent and/or extensive track record of the organisation and proposed team in conducting relevant research projects.	0 - Totally fails to meet the requirement - information not available 1 - Meets some of the requirements - limited supporting information 2 - Meets some of the requirements - reasonable explanation 3 - Mostly meets the
	b) Comprehensive understanding and experience of how to effectively conduct data analysis on relevant data sources	
	c) Strong capability to undertake the review of evidence	
Methodology and approach (35%)	a) A clear research and framework that fully meets the project requirements.	
	b) High quality, appropriate data collection and analysis methodologies that can fully answer the research questions.	

	c) A plan to facilitate and capture policy and practice learning and deliver high-quality, appropriate outputs that can be shared with a variety of research, policy and practice audiences.	requirements - good explanation, some evidence
Project Management, data security and risk mitigations (15%)	a) A clear project timeline with well-phased deliverables and milestones, supported by strong project management protocols.	4 - Fully meets the requirements - detailed explanation and evidence
	b) Robust policies and procedures for collecting and storing personal data from participants. Robust data protection/GDPR policies, procedures and (where possible) industry standards (such as ISO 27001). Experience of supporting a variety of organisations to comply with data protection law.	5 - Exceeds requirements - extensive explanation and evidence
	c) Sensitivity to potential project risks and clear strategies to support the mitigation of these. This should include a clear understanding of how to deliver research, data analysis and collection activities in the context of COVID-19.	
Costings (20%)	a) A clearly costed proposal that demonstrates high quality delivery	
	b) High quality processes, including ensuring sufficient time for analysis, costing for transcriptions and sufficient staff seniority and time to effectively quality assure all outputs.	
	c) Proposed costings demonstrate value for money (number of research days, quantity and quality of outputs, appropriateness of proposed team composition and management).	

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