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Introduction

The aim of this dissertation is to investigate the adverse [impact that 'stigma'](#) can have on young people who are suffering from any one of the many different types of mental illness. It is a strong belief by some individuals within society that the proportion of individuals within society who suffer from a mental health illness are unable to 'function' the same as someone who has not had a mental illness. This negative attitude towards those who suffer from mental health disorders stems partly from some aspects, linked to one's personal beliefs about those who suffer from mental illnesses, and also from the false information that is produced by the media. These false impressions that the press produces could create negative conceptions about how those with mental health illness act within a social situation, it will lead to some people with mental health, being labelled as different just because their behaviour may seem out of the ordinary to others.

What those individuals have not in fact realised is that [stigmatising or labelling someone](#), who may have a mental disorder, does more damage than they could ever imagine. However, before going into details about the impact that a certain label or stigma attached to mental health can have on those who may be suffering from mental illness, or experiencing anxiety, depression and psychosis. The point that maybe need be taken into consideration here is the impact that stigma can have on those who may

suffer from a mental health disorder or have a diagnosable mental illness. How is the term mental health illness defined in accordance to a disease of the brain?

Mental illness is defined as: "A disputed concept,(see, for example, the entries elsewhere in this dictionary on Laing and anti-psychiatry), founded on the everyday contrast between mind and body which, when applied to illness, generates an opposition, between the two contrasting types of illnesses physical and mental illnesses,are illnesses characterised by the presence of mental pathology: that is, disturbances of the mental functioning analogous to disturbances of bodily function."(Scott and Marshall, P.462-463,2009). Although the issues that can arise when trying to define mental health illness or illness that may affect the brain functions; is that there is no clear distinction of what mental health, is because different mental disorders can cause certain people to act in a variety of ways. One thing that seems to be puzzling here is why certain individuals within society choose to stigmatise those they think they can recognise as having abnormal behaviour? It is almost as if some people in society are saying that it is perfectly fine to have a physical problem and to seek help to fix a problem that maybe causing them to feel a degree of discomfort. However, it is wrong not to acknowledge the fact that someone's mental capacity may be having an impact on their quality of life. It is all too often seems that people with mental health problems are told to 'pull themselves together' or 'man up' and get on with their life. It is all too easy to be critical towards people; with mental health issues but if the way that they are

feeling may be unbearable, then the only options that they may consider taking are: will be to either lock themselves away from society, and hopefully eventually seek medical help. Alternatively, they just accept the fact that they may have a mental illness which may have an impact on the ability of their brain to function in a normal way.

It may, therefore, seem that we are living in a world where mental health illnesses are not being given the same level of importance as physical health. It appears that society believes that fixing our physical health should be located at the forefront of the public health budget. Rather than fixing problems relating to the overall functioning of our body, which includes the brain. Our brain is the central function of our body; it controls our body movements, our thoughts and our emotions. However important our mental health maybe to the overall aspect of our mental wellbeing, and physical capacity, our attitudes towards mental health are still negative. It does seem that there are more positive attitudes towards trying to resolve problems associated with one's physical health than our mental health. To come to some determination about how stigma, that is attached to mental health can have an impact on the individual who is suffering from mental health we need to look at the work of (Goffman).

Goffman believed that three different concepts make up stigma, self-stigma, cultural stigma and social stigma. (Goffman,1968, P.14): "First, there are abominations of the body – the various physical deformities. Next, there are blemishes of individual

character perceived as a weak will, domineering or unnatural passions, treacherous and rigid beliefs, and dishonesty, these which are being inferred from a known record of, for example, mental disorder, imprisonment, addiction, alcoholism, homosexuality, unemployment, suicidal attempts, and radical political behaviour, (Goffman, 1968, P.14). Finally, there is the racial stigma of race and nation, and religion, this being stigma that can be transmitted through lineages and equally contaminates all members of a family(Goffman, 1968, P.14).” To gather an understanding of the reasons, as to why Goffman states that there are three different concepts of stigma. We need to develop a knowledge of the elements he believes makeup stigma. However, it is not just the aspects of self -stigma and cultural and social stigma we also need to consider developing a more thorough understanding of mental health. We also need to consider, what the public knows about mental health illness, how and what the media is publishing in their reports on mental health.

Once we have come to a thorough determination of the impact that self-stigma and cultural and social stigma has on those with mental health illness, we can look at the impact that the media can have in forming individuals conceptions. Looking at how the reports by the media on mental health diseases and the issues surrounding mental health have on leading the public to create false impressions of those with mental health. Furthermore, look at what is being done to try and put a stop to the negative beliefs and attitudes that society has towards not just mental health in general, but

individuals who have a diagnosed mental health disorder. Therefore, this means examining the current action the government in the UK is taking to try and combat the stigma surrounding mental health. Along with investigating what the government is doing to try and put an end to the stigmatisation of mental health, we also need to look at the current crisis within the services that are available to those who are suffering from a mental health disorder.

Therefore, investigating how effective the current services being offered to children and adolescents are at dealing with those who are suffering from a mental health disorder. Plus, how effective the current services that may be provided by the NHS and private healthcare providers, to those with mental health illness, are at helping with a person who is maybe having a psychiatric breakdown or unable to cope with the world around them due to disturbing thoughts. That means examining whether the NHS and CHAMS personnel are adequately trained as health professionals when it comes to dealing with a child or adolescent who is maybe suffering from a mental health crisis.

Therefore, this dissertation will now begin to investigate how effective the National Health Service and Children and Adolescent Mental Health Services, are at providing the appropriate support for those who are suffering from a mental health disorder. Moreover, is the support that they provide beneficial for a child or adolescent who is suffering from mental health problems, are they receiving the correct treatment

by one of these services? Therefore, this means investigating as to whether the current services on the NHS, are readily available to those in a desperate need of professional care. How efficient and equipped are the current services to address the problems that arise from mental health at handling the new crisis linked to mental health such as self-harm? How effective are the NHS and CAMHS at helping our current young generation, when they have chosen to self-harm? Can they handle the stream of youth who are coming to these services to get support for disturbing thoughts, that are causing them to self-harm?

Methodology

The methodology is often described as the reasons for an individual, wanting to conduct a thorough and concise in-depth amount of research into a topic that relates to a theoretical question, that they are trying to gain a thorough understanding. To obtain a concise and thorough sociological and theoretical understanding of: 'whether young people see mental health as part of their cultural identity', one needs to conduct a thorough sociological investigation. Using a variety of research techniques, that will help to gain a thorough sociological and cultural insight into whether young people are beginning to accept that mental health is part of their identity within society.

Moreover, although the central reason for conducting a research dissertation into the area of mental health, is to come to some conclusion a sociological and cultural,

empathetic concise conclusion, as to the fact of whether young people finally accept that they can finally accept mental health is part of their cultural identity. However, before one comes to a conclusion as to whether it is indeed the case that young people are in fact accepting mental health as part of their cultural identity. We need to answer some crucial questions, have risen throughout the course of conducting primary research. One aspect that has arisen when conducting initial research into is the aspect as to when mental health illnesses can begin to have an impact on individuals within society. According to the latest and most relevant statistics into an age in which mental health can have a bearing on the life of a young person or child. One in four children aged between 5 and 16 years has a mental health problem.

www.gov.uk/government/uploads/system/uploads/attachment_data/file/216854/CYP-Public-Health.pdf, page 2, 12th September 2014, accessed 12/11/2016 at 11:53 am).

If there is scientific evidence to suggest that a vast number of mental illnesses that can have an impact on one's brain functioning and capacity to form everyday tasks, begin to show visible signs within early childhood developmental stages of life. Then one aspect that needs to be considered while undertaking this research dissertation is what implementations or legislation the Government have imposed to improve the quality of care that currently being offered to those who suffer from mental health disorders. Furthermore, it is known that 50% of mental health illnesses in adult life (excluding dementia) starts before age 15 and 75% by age 18(Chief Medical Officer, 2012,

P2, https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/252660/33571_2901304_CMO_Chapter_10.pdf, accessed 12/11/2016 at 1:53pm10.

If it is indeed the case that mental illnesses show clear signs in children and young people before they reach adulthood, then what is meaning done by National Authority and Health Care Providers to promote the fact that a child has a decent mental wellbeing and physical health can lower their chances of developing a mental disorder. If there are any schemes in place for promoting that a child having a high - level of mental and emotional wellbeing is effective for a stable childhood development. How effective is the scheme? There is some evidence to suggest that the Government is aware of the fact that targeting mental health within the early stages of an individual's life, can improve their chances of recovering from the illnesses and leading a decent quality of life. The life chances of those individuals are significantly reduced in terms of their physical health, their educational and work prospects, their chances of committing a crime and even the length of their life (Department of Health in association with NHS England, 2012, P20).

Due to ethical reasons and the very delicate nature of interviewing those with mental health, being a relatively restricted area. The research for this dissertation has been undertaken into two separate two: the first being researching any literature and research reports that have been produced by some different academics in accordance to

the stigmatisation of child and young people with mental health. As well as using literature to help answer the main question within the dissertation, there has also been researching undertaken to the current Mental Health Act's by the rights of children and young people when receiving treatment within a psychiatric. Along with the ethical aspects that can arise from undertaking researching to the mental health of children and adolescents is that some of the literature that appears online and in print may be irrelevant or a misrepresentation of the number of young people with mental illnesses. Because online resources frequently change, going into detail about them is not feasible like a textbook(N.Gilbert, 2008, p71).

Therefore this means being careful as to what aspect of the online media material to include in this dissertation; as it may be unrepresentative on any theoretical or sociological claims that will be made during this dissertation. Furthermore, that withholding the fact that of the literature relating to the mental health of our young generation is based on NHS statistics and scientific evidence, which may be a problem when it comes to trying to develop a cultural understanding of mental health. All seek to collect relevant facts and ensure that they are valid and then check and recheck, those facts so that the information about them is reliable(Z.Bauman and T.May, 2001,4).

What rights does the Mental Health Act give young people, when it comes to having a say in what treatment the belief will help them to overcome their problems and

to become integrated into society. If young people can have a say how they wish to receive their treatment. Is the care that being provided by the CAMS fit for dealing with the constant flow of young people seeking help for their mental health problems? After coming to some consideration as to whether the current system is thoroughly and appropriately equipped to deal with the constant flow of young people beginning to seek help for their mental health problems. We will investigate what is being done by the government and charities that specialise in giving young people and children advice on where to go to get help for their mental health problems. How effective are the campaigns that hope to reduce the stigma surrounding mental health within our younger generation? Are they effective enough at getting young people to open about their emotions, and things that are troubling.

Alternatively, is there still a significant degree of stigmatisation and ignorance when it comes to talking about problems and issues relating to the mind. To be able to investigate to whether peoples' attitudes towards the younger generation is changing, we need to inquire into the source that may be leading people to gain false impressions of those with mental health. More generally, it has been argued that the media paly a key part in getting people to accept inequality, for they gain most the knowledge from the media, which treat inequality as a normal, natural, and the inevitable fact of life (J.Fulcher and J.Scott, 2011, P353). If it is the case that the media paly a vital role in forming people's perceptions of the world around them. Then what impact have the

current campaigns to combat the stigma surrounding mental health, having on changes people's perception of mental health?

Although this dissertation may talk about the effect that the increase in self-harming is having on the resources of the NHS and CAMHS, the main focus of this dissertation is about the impact of stigma. Informing this argument, we need to take into consideration that stigma can have an adverse impact on young people seeking medical attention for help with their growing psychological problems and disturbing thoughts that may impact their overall health.

What impact does stigma have when it comes to children and adolescents choosing to seek help for their mental health problems, plus what impact does stigma have on those already suffering from mental health. However, before going into greater detail as to what the impact of stigmatisation towards mental health, can have on those already diagnosed with a mental health disorder, and what happens when an individual reaches out to one of the services to help them in their time of need. We could also take a step back and investigate whether the current government, has imposed any policies to end the mental health service crisis and if they have any plans future in place to try and put a stop to the stigma surrounding mental health.

Therefore, this means investigating whether the current budget given to the NHS for CAMHS's is efficient enough, or whether the budget needs to be increased to deal

with the new problems that are arising with mental health. If the budget is inadequate with today's modern society, what can be done to improve the services that are currently in place? On the other hand, the government has proposed a five-year plan for enhancing and ending the current crisis and shambles within the mental health service being offered by the NHS. The proposal set out by the government: The Strategic Vision for 2020, sets out the government's plans to improve the current services that are available for mental health patients. Although this has not set out clear guidelines on how they believe the NHS mental health services can be improved by 2020, and there are no annual reports to state how efficient and whether the current plan in place to deal with the mental health service crisis, is effectively working. It currently appears that there are no annual reports in the current administration's plans, regarding the fixing of the ongoing crisis in the NHS for providing the appropriate care for children and adolescents. The current government has done something that no other previous administration has done and, that is to start putting mental health at the forefront of their public health service budget.

Although this dissertation will touch on the current government's plans to improve the mental health services that are available to the general public, there is one crucial element the government has failed to focus their work on: 'ending the stigmatisation of mental health'. Although the government may have failed to focus their work on coming up with a proposal to end the stigmatisation surrounding mental

health, some charities are trying to change this. Two of the most talk about campaigns which are working to put a stop to the stigma surrounding mental health are: 'Heads Together, and I am Whole'. The main focus of both of these campaigns is to try and halt the stigmatisation that surrounds mental health illness and to seek to get people of all ages and classes talking about the issues that arise from mental health. On the other hand, they are stating the more people talk about their experiences with mental health; the more society will begin to accept that it is fine to seek help for psychological problems. Plus, opening up about their psychological suffering, which stems from a psychological problem or mental illness will hopefully be the stepping stone on the journey to combating the stigma that surrounds mental health! The Duke of Cambridge; made a speech highlighting how vital it is not to ignore the warning signs of a mental health illness. He states in his speech that: " We all have mental health; and we will say it again and again, if you want to be fit, healthy and set yourself up for success then your mental fitness is as important as your physical fitness (Heads Together, February 2017, P5).

Literature Review

The Duke of Cambridge is stating that an individual having a substantially strong level of mental health is necessary for a person's overall health and well-being, and without it, one's overall health would deteriorate rapidly. The mind is where neuroelectronic signals are sent to every part of the body to help deal with our bodily

functions, our thoughts, feelings. However, what happens when some individual's feel as if the world is becoming hard to cope with and they are losing the sense of their belonging within the world? If the mind is the core part of how one feels and it affects one's health, then why is mental health being pushed or swept to the side? There is no argument to suggest that mental health is being pushed aside. However, there is some evidence that our current mental capacity is the product of our environment and biological determinism. (Kinderman), 2014: XI, " Biological explanations of human behaviour suggest that our behaviour is the product of our brains and that our brains are the product of our genes."

Although the way that one chooses to behave maybe a product of their biological makeup, it does not explain why we decide to act in a certain way in a number of different social situations. However, the problem with determining as to whether our genes and biological makeup, is linked to the way in which we interact and make sense of the world around is complex. It sometimes seems that psychology has not fully come to a thorough understanding of whether our biological makeup or genes, can help us to understand every action we make within our lives. The other flaw here is that biological explanation has not fully been able to give Psychologists a detailed explanation as to why certain individuals behave in a certain way in some situations.

Although there is no current evidence to suggest that biological elucidation can play a role when it comes to explaining the reason that some people behave the way that they do within certain situations. There is some evidence to suggest that our mental health is a product of one's upbringing and environmental surroundings. In the work of (Read and Sanders), they believe that there is more than one aspect that can be a product of mental health. They make the claim that an individual's mental health could also be as a result of: " the nature position which argues that either people are born with problems that are caused by some malfunctioning in the body (often, but not always, the brain.)", (Read and Sanders,P.19:2010).

Read, and Sanders are making the claim that some people's mental health is a result of the way in which one has been born. Although one's mental health maybe as a consequence of the way in which they had been born, the environment and the upbringing that one had can also have some links to one's mental health. However, if we are going to come to some determination as to form an understanding as to whether an individual's emotional stability and mental wellbeing are unstable as a result of their biological makeup, we come to some understanding of what mental health is. 'Mental health' is a positive state – A sense of well-being is considered to be part of health according to the World Health Organization, which in 1951 described it as ' the capacity of the individual to form harmonies relations with others and to participate in, or

contribute constructively to, changes in his or her social or physical environment'(World Health Organization ,1951:4),(in D.Pilgrim P3, 2014).

However, it is hard to fully explain as to whether our brain functioning plays a part in forming one's conception of what is the normal and abnormal behaviour of an individual within a certain society. At this moment in time, there is no scientific evidence to back the claim as to whether our brain function can induce one's behaviour. However, in the future, we may be able to understand why people with mental illness act the way they do within society, as CT scans and MRI scans give doctors a full photographic breakdown of how an individual's brain is functioning.

It maybe that in the future we can understand a person's mental health illness by just simply scanning their brain to get an idea of how their brain is functioning. Are we beginning to ask ourselves whether our brain functioning has any impact on our chances of developing a mental illness? We could also ask if our brain has any effect on our quality of life? Again, it is not just our brain that has an important part in our quality of life, our physical and emotional wellbeing also holds some of the tools to what an individual's quality of life is.

If in the future the chances of developing mental health illness can be interrelated to a product of our genes, as well as one's interaction with the environment. Then we are dividing society into two halves' and saying that the better our environment is, the

less likelihood there is that an individual will suffer from mental health problems, as they would have the relevant resources and economic stability to support themselves through tough times. We are therefore stating that the upper classes are more equipped to deal with mental distress and that the lower classes are just left to dwell in their mental distress situation. Even if this is the case, what are the chances of developing a mental illness which may have some correlation to our environment and our genes?

However, being unable to deal with the reality and the struggles of daily life does not just have a physiological impact on the brain, it also affects one's emotional stability and mental capability. If one's emotional stability is affected by their mental health and brain function at the time of the illness, which can last a short period or affect someone for their whole life, then surely mental health should be twice as, if not, more important than physical health. Therefore, this may be where a problem can arise as behavioural experts and psychologists try to define what is normal and abnormal behaviour for those with mental disorders. One reassuring difficulty with defining positive mental health is something that 'dogs' the definition of mental illness or mental disorder: it is not easy to draw a firm line between normal and abnormal mental states(D.Pilgrim: 2005, P4).

If experts are struggling to define what a normal and abnormal mental state is then how do we begin to understand if we are growing a hidden mental health problem

within modern day society? Just because it is not visible or something that can recognise as being abnormal behaviour, doesn't mean that mental health should be stigmatised. Plus, there is a difference in what is normal and abnormal for a given period. Ignoring the fact that people can suffer from mental health creates a certain degree of problems for those trying to seek help for a mental illness. However, the fact they try to apply for help is not helped by the fact there is still a certain degree of stigma, ridicule, and misinterpretation of those who have a diagnosable or already diagnosed mental illness. Part of the problem with false representations of mental health is partly down to society gaining their understanding of mental illness from adverse media on the subject and forming their opinions about what mental health is from these particular sources. More generally it has been argued that people gain their understanding of the world around from media sources. One could argue, that the press plays a key part, in getting people to accept inequality, for they gain most to their knowledge of the world, from the media, which treat inequality as a normal, natural, and an inevitable fact of life, (Fulcher and Scott: 2011, P253).

False representations of mental disease and lack of understanding about mental illness have led to a high level of stigma among the community of people with mental illness. "However, because stereotypes are characterised by generalisations inaccurate claims about social groups, and because the stereotyping associated with mental illness is powerful, the empirical validity of the main constituent elements described earlier

invites particular scrutiny", (Rogers and Pilgrim,2014:185). People associate those with mental illnesses as being mad, abnormal, a freak or other nasty, unpleasant terms. However, that is merely placing a group of societies into a box and saying that they are rubbish, and unfit to be part of society.

However, the stigma and name calling of people with mental illness have one charity and the NHS trying to change people's view on mental health, by launching an 'I am whole' video aimed at young people with mental illness to encourage them to seek help. They have asked people to draw a circle on their hands and encouraging them to tweet '#Iamwhole' to show support to end the stigma surrounding mental health. The video campaign talks about the impact that stigma can have on young people speaking out about mental illness, that by speaking out for yourself or someone else, you can help them. As people with mental illness can recover. Stigma happens when people have negative beliefs, views or attitudes towards someone because they belong to a particular group (www.findtogive.com/iamwhole,viewed 07/12/2016 at11.08am).

Stigmatising someone because they have a mental health problem leads to individuals, sometimes being unfairly singled out as different, which could result in them feeling upset and distressed among the group they are within. Sociologically the central issue concerning those groups is their place in the social structure; the contingencies these persons encounter in face-to-face interaction is only part of the problem and

something that cannot itself be fully understood without the reference to political development and the current policies of the group.(Goffman, 1968,p.151) However, more importantly, it can result in people with mental health issues from reaching out to get help with their problems. With the 'I am whole' campaign they are saying that it is time to end the stigma surrounding young people with mental health, and the only way this might be improved is by speaking out about the problem. If one person's life is changed as a result of them talking about the issues surrounding mental health, then that is a step towards the future.

It seems that the main aim of the 'I am whole' campaign is to get people to speak up about the issues surrounding mental health and to stop false information given to people resulting in negative attitudes and the lack of knowledge about those who suffer from a mental health illness. However, there is one major failure with this video; the only way that it is reaching an audience is via the YouTube platform which has a limited viewing audience. The video is supposedly meant to reach a much wider audience than it currently does.

Indeed the drawing of the circle on the hand and recording a video of oneself doing it, for others to view on social media, could lead to an act that is repeated by others to highlight the message of the campaign. It is a simple task that could help people to be more open when it comes to talking about mental health issues. It seems

that young people with mental health problems are more likely to experience levels of stigma than adults. (Young minds: 2016, P3). Everyone has a voice, and by talking about the impact that medical treatment can have on helping one to recover from a mental illness, is the pioneering element for more people beginning to talk about his or her's personal struggles with mental health illness. Because until society begins to accept that mental illness is something that anyone can suffer from, and most cases can be treated and managed effectively, we are going to witness a health crisis.

Because evidence goes to show that, one in ten children between the ages of 5 to 16 years begin to have a clinically diagnosable mental health problem (Childline Pub: April 2014-March 2010, P26).

Clearly, meaning that mental disorders among the younger generation of society could show signs before a child begins to reach adulthood. That means that there could be three school-aged children in every classroom, college, activity club that has a mental health problem. To look at this on a more wider scale, take for example with an average of 30 children in a class, and 3 of them may have a possible mental illness. That is 30 children for every ten classes that are in schools. However, it does, therefore, seem that this may only be a fraction of the actual number of young people suffering from a mental health illness. (Renolds): " Some 75% of mental illnesses begin before the age of 18, and the charity MQ estimates that on average, there are three children in every

classroom with a diagnosable mental

illness.P.2, www.theguardian.com/commentisfree/2017/feb/09/five-ways-britain-wrecks-young-people-mental-health,(accessed 12/03/17 at 11:20 am). A few reasons why the number of children and adolescents suffering from mental health could be slightly higher, than the stats that have previously quoted, could be due to the following factors: seeking private medical care, not reporting a mental health illness to a doctor or family member, or suffering in silence. Also, the other problem here is that mental health within the early stages can be hard to detect. However, with ever growing research into how the brain develops throughout the course of our lives, we one day might have the relevant science to detect a mental illness at the early stages of its development.

Social media plays an important part in the lives of youth; they use it to communicate with friends, keep up with the latest celebrity news and fashions. However, there is also a dark side to social media and the internet; where young people can find information about following trends such as self-harm and suicide, as there are websites that are devoted to these particular types of acts. Moreover, this may give young people the impression that it is cool to self-harm as an alternative to speaking about their problems. It seems that rather than speak to someone that they trust, they would rather harm the body to deal with the mental pain. However, this leads to a cycle of harming oneself using it as a coping mechanism to deal with a possible hidden mental health illness. However, more shockingly, self-harm among young people and children is not as

uncommon as one would originally think. About 25% of young people self-harm on at least one occasion, mostly by cutting themselves(www.youngminds.org.uk/about/whats-the-probelm-mental-health-statistics,visted 15/01/2017).

Speaking to someone about a problem that may be worrying them, could lead to the appropriate help being given to handle the problem. However, even if the right support is put in place, to help a young person struggling with a possible mental illness, it may be that the blood symbolises a sense of relief and the pain leaving the body, or maybe we are witnessing a growing trend among young people. The answer is clearly to broaden the research to take into account the reason why young people feel the need to cut and harm themselves to release their emotions.

Because harming the body to release one's emotions means that there may come a time when they take the cutting to far. It may seem to have become the case with young people needing medical care to put the physical scars of harming themselves right. You can patch up the bodily injury that one is doing to themselves, but you cannot heal the mental pain or the problems that they are suffering from. Because until one speaks about the things that are troubling them, no one can help to fix those problems. There are teachers, parents, youth workers and many other support workers that young people can talk to if something is worrying them or causing them to feel

distressed. It is still puzzling though that with all this support available, that they feel the need to harm themselves or block out speaking to someone about how they feel.

The young person could, however, be blocking out something like bullying or cyberbullying, which may lead them to a feeling that they have to succeed in every aspect of their lives. Alternatively, it could be something more serious like physical harm or sexual abuse, but one will not know the real reason why a child chooses to self-harm unless they open up to someone about what is troubling them. However, even if they do open up to someone they trust about what is causing them to self-harm, there is a problem with seeking the appropriate help for that person at the time that feels right. Also if they get help to try and overcome their mental health issue or life issues, it is essential that the support they are receiving should be appropriate to the original problem in the first place.

According to figures released by NHS, hospital admissions of children for self-harming has risen by 51% in three years in the south-east England, according to NHS data, (www.bbc.co.uk/news/uk-england-38522566, visted on 15/01/2017 at 11.15 am). If we take the NHS figures into account and the proportion of young people within the South East of England, who are seeking medical care for self-harm. We break it down to say 250,000 children and divide that number in half to 125,000, that is almost 34 children a day that are being admitted to A and E as a result of self-harming. This can be

done by dividing 125,000 by 365. Thirty-four children a day is just a sample that I have made, but the fact is this number could be even higher as the actual number of young people living in the south-east is not known.

However, it is frightening to think that over half of the young population in the South East of England, may have been given medical care as a result of self-harming. What does this mean for the rest of the country? How do the NHS figures for self-harming stand in these areas? If they are taken into account with the national figures, once this information becomes public knowledge, will it show a national crisis with young people self-harming? The actual number of young people self-harming will not become known to the public until the government or the NHS decides to release some figures relating to the number of children and adolescents who have been admitted to A and E departments throughout the UK as a result of self-harming. However, one thing that the NHS, states is that four-fifths of cases involve girls, www.bbc.co.uk/news/uk-england-38522566, [visted](#) on 15/01/2017 at 11.15 am).

Therefore this means that almost all of the admissions to A and E, are of girls, with boys are only making up a small number of those self -harming. However, why are young girls choosing to self-harm? It is worrying to think that young girls are becoming so overwhelmed with their lives, that they feel the only way of getting some release is to harm themselves physically. Surely, by deliberately causing physical harm to the body is

doing more damage than good. However, the public should be worried about the fact that there are a growing number of admissions to A and E as a result of young people physically harming themselves. The thing we should be doing is getting to the core, of the reason young people are choosing to self-harm.

There is, of course, some flaws before researchers begin to start looking into the reasons why young people are choosing to self-harm. Not all young people who are physically harming themselves will want to talk about the reasons why they are choosing to do this to themselves, rather than seek help for their problems. Plus, there is the ethical side of things, how much can an individual ask someone about their private lives before they snap or tell researcher to get lost. So, therefore, is the research flawed before it even begins, as we may never know the real reason why so many young people feel the need to harm themselves to deal with their emotional problems physically. However, there is some hope for the future when it comes to self-harm and young people who are maybe suffering from mental health getting the treatment that they deserve.

The government is aware of the growing problems with self-harm, among young people and children that need to receive the appropriate treatment for mental health illnesses. "The latest research from the UK Government (House of Commons 2011) reveals some stark statistics: – Over the last ten years, inpatient admissions for young

people have increased by 68 percent due to self-harm. – Last year alone hospital inpatient admissions for under 25s increased by 10 percent due to self-harm. – Amongst females under 25, there has been a 77 percent increase in the last ten years in inpatient admissions due to self-harm.(Walker:2012, P9). In addition, self-harm rates have increased sharply over the past decade, as evident by the rates of hospital admissions and “calls to helplines”, providing further indications of the possible rise in mental health problems among young people,(Murphy.M and Fonagy,2013:P.3, Chapter 10 of Our Children Deserve Better.Prevention Pays,). In some ways, this could be a positive way; in which young people are trying to seek help for the things that are leading them to self-harm. However, it is also worrying that at the same time there has been an increase in the number of hospital admissions during the past decade due to an individual physically harming themselves. Although self-harm tends to be associated with the actions of cutting or overdosing to cause physical harm to oneself, there are other ways in which young people are causing damage to themselves without even realising that they are self-harming. Smoking, drinking, alcohol, taking recreational drugs and engaging in risky activities like casual sex and driving too fast are often considered ‘typical teenage behaviour’ (Harvey, Sillence and Smedley, 2012: P227). These behaviour are different to the more direct actions of self -harm that may be premeditated, whereas the other incidents are still causing direct harm towards an individual but they were not premeditated, but they may cause a degree of subnational summative damage. What

Proposals are there in place in regards to the spending on mental health by the government that may help to ease this crisis? The government has proposed a five-year plan for their expenditure on mental health, with The Strategic Vision for 2020. "They make recommendations set out in the five-year Forward view, which was designed to build capacity and capability across the system so that by 2020 we make measurable progress towards closing the health and wellbeing gap and securing sustainable improvements in children and young people's mental health outcomes,(NHS England, 3rd August 2015: P9, found on, www.england.nhs.uk/wp-content/uploads/2015/07/local-transformation-plans-cyp-mh-guidance.pdf").

Although the present government has created a five-year plan that sets out proposed plans, and guidelines for improving the care that is currently being provided by the NHS, by mental health problems that can happen at an early age, and have an impact on the lives of the younger generation. It is too soon to comment on whether these plans are having any impact. However, there is some hope that by the end of the five-year plan, the government will hopefully be putting mental health at the forefront of its political spending.

The Mental Health Act 1983 in accordance to children and young adults

The Mental Health Act 1983 was commissioned to set out the legal guidelines and codes of practice for treating those with a psychiatric or mental health illness. The

act has a chapter that specifies how children and young people should receive treatment in NHS and private mental health services. The act states that by a child or adolescent receiving treatment: " Any intervention in the life of a child or young person that is considered necessary by reason of their mental disorder should be the least restrictive option and the least likely to expose them to the risk of any stigmatisation, consistent with effective care and treatment, and it should also result in the least possible separation from family, carers, friends, the community and school"(Department of Health, Mental Health Act 1983 : Code of Practice, 2015: P 169). Chapter 19 of this act clearly lay's down the strict code of practice that professionals working with children and young people have to follow to ensure that they deliver treatment that is effective to help them cope or recover from their mental illness. Although the original mental health act was implemented by the government within 1983, changes to the present act where made in 2007. However, unlike other acts that have been made into law to fit in with current changing laws, the 2007 Mental Health Act was an amendment of the original act, rather than doing what some previous acts have done, and draw a radical overall of previous laws.

Although the original mental health act was amended in 2007, rather than passing a new piece of legalisation, there was a major overall to the previous definition of mental illness. The Mental Health Act 2007: " defines mental disorder " any disorder or disability of the mind ", which would include an even wider group of people than the

1983 Act".(Barber, Brown and Martin:2012, P3). Although the Act gave a broader definition of diseases of the brain or illnesses that can affect one's mental capacity. They have also made amendments to the way in which children and young people, receive emergency treatment; this gave those who are aged 16 and 17, the right to have a say in whether or not they wished to receive the recommended treatment. "Admission of children: There are new restrictions on the informal admission of 16 to years old. S131 is amended so if a patient aged 16 or 17 who has the capacity, does not consent to admission to hospital; the admission cannot be " carried out or determined by the consent of a person who has parental responsibility for the patient.",(Barber, Brown and Martin:2012, P7)". Although a young person who is suffering from mental health problems, and has the necessary capability to give their consent as to whether or not they have treatment. In a case of an emergency, their consent can be overridden by the appropriate authorities if their life is thought to be in danger. The Mental Health Act (2007), states that: " A person is also authorised to give appropriate treatment to a patient as mentioned in section 64C(2) © or 64E (6)(b) above if the conditions in subsections (2) to (4) below are met.(Mental Health ACT 2007, P.37 found:www.legislation.gov.uk/ukpga/1983/20/section/64G,accessed 3/02/2017). On the other hand, when it comes to mental disorder regarding the disease of the brain slightly broader term is given by the World Health Organisation: " In the words of a review of the World Health Organisation: ' mental disorders occur in persons of all genders in

persons of all genders, ages and backgrounds. No group is immune to mental disorders, but the risk is higher among the poor, homeless, the unemployed, persons with low education...'(Kinderman, 2014, P28).

As it may seem no child or adolescent, is immune from being diagnosed as suffering from a mental health related illness, at any time during their lifetime. The one thing that hasn't been attempted by any government is to implement a Mental Health Act that is specifically for Children and Young Adults. Today, no country in the world has a clearly defined mental health policy for children and adolescents (Shatkin and Belfer 2005), although the rights of this population, concerning physical and mental health, have been acknowledged by the World Health Organization (WHO) (WHO 1977, the United Nations Conventions on the Rights of a Child (UN General Assembly, 1989), and the International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP), (V. Papageorgiou, edited by P. Vostansi, 2007, 269).

Therefore, seems that the UK and other countries within the World have not got a mental health act that specifically sets out the rights of children and adolescents when it comes to receiving treatment and care for their health problems. Notwithstanding these considerations, the issue of public safety has featured prominently in most considerations of mental health law in the UK in recent decades, particularly since governments appear to have been substantially influenced by homicides by mentally

disordered people with resultant between public safety and social inclusion in both mental health law and policy (Fennell, 2007:pp6-7; Bartlett and Sunderland, 2014),(B.D.Kelly,2016: P40)

Goffman's theory of stigma and critics of Goffman's theory

During the 1960's American Sociologist Goffman developed a theory relating to stigma in connexion to mental health. Goffman developed the conceptual scheme that placed stigma into three different categories: social, public and self-stigma. Although Goffman highlights the major's areas of stigma and stereotyping towards groups of individuals within society. Goffman (1963) has noted that the effects of stigma are not confined to those who are directly marked by different but reach those associated with that person, referring to this as 'courtesy stigma.(Jones, 2002, P92). Some critics suggest theory is irrelevant and missed the crucial aspect of what happens when people learn to deal with the stigma or labels attached to their social group. What is missing in Goffman's, otherwise illuminating discourse is the casual input into face-to-face, and other types of encounters of that social structures like relation to class command, status, gender and ethnicity, as well as of stigma and deviance – more, often theorised from outside what would be called the symbolic interactional fold (G. Scambler,2007, 290).

The other argument here about Goffman's theory is that what the public or social class may otherwise have stated was unacceptable or unreasonable behaviour, may now

be accepted by society. This seems to be the case when it comes to the public attitude towards younger generation who suffer from mental health issues. In the UK, people's attitudes towards mental illnesses are becoming more positive(L. Bates and Stickley, 2012, P571).

Are the younger generation learning to accept the stigma and labels attached to mental health

As Kinderman (2014) states that a mental disorder or disease of the brain, there is no proven evidence to indicate that mental health or any disease of the brain is attached to a certain group of people within the social class hierarchy system. Moreover, just because there is no scientific evidence to claim that a mental health illness is part of a particular group of individuals within society, it does not stop the labelling and stigmatisation towards those who suffer from diagnosable or hidden mental health illnesses.

Firstly, why do people who are experiencing mental health problems or issues, appear to be acting in a different way to those who are not experiencing mental health concerns. We could, therefore, ask ourselves why do we act in the way that we do? Why do we chose to participate in a certain sport or socialise with a particular group of individuals? We could say that we decide to do certain things within our lives because we are influenced by our social and environmental surroundings. Alternatively, it may be

as a result of our upbringing or cultural beliefs, influencing how to conduct oneself within society. However, when one begins to make a thoroughly detailed thought about whether the reason they behave in certain social situations? The reason that some individuals may act in a certain way when it comes to some social situations may originate from the fear that if they do not conform themselves to the behaviour or morals of a particular group, that they will be singled out or stigmatised. Because if someone is maybe answering yes to this question, then he or she may not even realise that he or she have had a label placed on them. Therefore, this draws to the point of individuals with mental health illness that they do feel singled out by certain individuals within society because their behaviour is thought of as frightening or abnormal.

However, the argument here is where initially is the information coming from about how certain people with mental health illness conduct themselves within society. Sadly, in some cases, people can create false conceptions about those with mental illness as a result of their cultural and social beliefs. However, we could perhaps argue that it is not just social and cultural beliefs that affect our concept about those who have a mental illness, we could link our thoughts and beliefs about mental illness as a result of the way our brain functions.

Although we may have our ideas and beliefs about mental health illness, those who suffer from a diagnosable mental health illness or disease that is caused by a

normal brain functioning. Stigma can have a variety of different and diverse impacts, plus implications upon those who are suffering from one of the many diagnosable mental health illnesses or psychological problems that affect someone's brain function. Stigma does not just come in one form; it can come in a whole variety of different forms. However, the two most spoken about forms of stigma within the sociological discipline by mental health are: 'self-stigma' and 'social -stigma'. Moreover, although a person with a mental health disorder may suffer from one type of stigma that's attached to a particular type of mental illness, others may suffer from distinct types of stigma. According to the (Mental Health Foundation), they state that stigma fall into three different categories: – "Public stigma is the phenomenon of social groups endorsing stereotypes about, and subsequently acting against a stigmatised group; in the case of those with mental health difficulties. Self- stigma occurs when a person internalises the negative stereotypes associated with public stigma resulting in a loss of self-esteem and self-efficiency. Label avoidance is a third example of a stigma that results in individuals not seeking out or participating in mental health services to avoid the egregious impact of the stigmatising label, (All three categories from I am whole, Mental Health Foundation, P.16, 2016).

It seems the stigma that the general public associate with those suffering from mental health, illness can have an adverse impact upon those who may have been diagnosed with a mental health disorder. Some individuals who suffer from a

recognisable mental health issue can go against the 'so-called' assumption of the public perception of the way in which an individual, will conduct or conform themselves in social situations. This is because of a result of a mental illness that causes them to behave abnormally. It does seem that some individuals with a mental health issue will stigmatise themselves. However, self-stigma is included in these models, when people with mental illness accept the discrediting beliefs, (stereotypes) held against them, agree with the prejudice beliefs, and lose self-esteem and self-efficiency,(Thornicorft, Metha, Clement, Evans-Lacko, Doherty, Rose, Koschroke, Shidhaye, O'Reily and Henderson,2015:1123). It does seem that stigma can have diverse effects on individuals who have a diagnosable mental health illness, while some people let the stigma become a burden to them and withdraw themselves from society, others simply ignore the stigma or categories of the stigma attached to mental health. While some individuals just block the stigma that is attached to mental health and don't let it have an impact on their lives.

Media Influencing the public perception of mental health and how individuals with mental health overcome the labels that are attached

One piece of research that has been conducted, to investigate how people with disabilities and those who do not have a disability view those on TV who have a disability. Looking at how media influences towards those with a disability can lead to

negative conceptions towards those who suffer from a physical or non-physical disability, plus generating a level of intolerance towards a group within society who are viewed as different amongst society. In the investigation towards the prejudicial and biased attitudes that the public has towards presenters, actors and actresses with physical and non-physical disabilities who were on prime-time tv shows and live chat shows or the news.

In the investigational research study that was undertaken on behalf of the number of the UK's major broadcasting associations into the attitude towards those with a disability on tv. "This research identified five different types of respondent demonstrating the importance in media research of different the audience (Sancho 2003:7-8): Issue -driven respondents (14 percent of the sample), who were disabled or associated with disabled people, and were 'vocal and active on behalf of disabled groups; -transformers , who where young people (9 percent) , some of whom were disabled , and were less critical but looked for role models and wanted more opportunities for the disabled and ' a normalization of portrayals'; – progressives (36 percent) , who were mainly non-disabled, educated , and middle class, and considered that television had ' a role to educate and normalize', followers (26 percent) , who are described as 'mainstream', mainly non-disabled, with no interest in the disabled issue, who saw television as entertainment and were'surprised by more hard-hitting portrayals'; traditionalists (15 percent) , who were older viewers, some of whom were

disabled, who had stereotyped and prejudiced view of minority groups, saw television as entertainment and were 'shocked' by hard-hitting portrayal.' (Research results from Fulcher and Scott,2011, P370-371).

This research shows that depending upon where individuals fit within the social class system, they have different perceptions about those who are a disability being on TV. Members of the society have different reactions and perceptions towards those who have a mental-health related illness. However, it is the labelling and stigmatisation towards those with a mental disorder can have cause people to have different reactions. Stigma can have some several effects on the ways individuals reactor combat the stigma that's attached to their mental illness.Some people may use the stigma that's attached to empower them towards getting the best possible treatment that's available to them, while others may just simply nip it in the bud, and accept that it is part of who they are. Although being stigmatised because one has a mental -heath disorder can cause some individuals to become a shell of the individual that the used to be, and suffer from low self-esteem and self- efficiency. One sociologist has come up with what he believes to be a solution to the stigma that's attached to mental health illnesses, Rosenberg(1974, 1975): " he suggests that labelling will only be effective, in the sense of persuading the lablee to accept the label, if the label is consistent with the person's prior self-conception and if the label fits into a general category that is predisposed to accept"(Cochrane, 1983: P165).

If it is in fact, the case that we can reduce the stigma attached to mental health by getting people to accept that labels that are connected to mental health are part of who they are. Likewise, the problem that arises here is with getting individuals to agree on the self-stigma and labels that are connected to their mental health disorder.

Although a person is maybe aware that their mental disorder or the group that they socialise with maybe stereotyped or ridiculed because of the way in which they interact socially. Moreover, to be aware of the experience of self-stigma and public stigma they need to have a thorough understanding of the labels that can be attached to their mental illness. Although an individual with a mental health illness, could be aware of the labels attached to certain forms of mental disorder, could be classified as self-stigma.

However, there is one major aspect that has been missed by both Sociologists and Psychologists in accordance to self-stigma, and that is the fact that: 'individuals may apply certain labels that are attached to mental health illnesses to their mental health issue.' Therefore meaning that a person starts to blame themselves for having developed a mental disorder, that is becoming a burden on their lives. There is some evidence suggesting that Sociologists have failed to come to some conclusion about the certainly unbearable weight that self- stigma can have on an individual with mental health. Although, Becker was not merely restating the traditional Sociological views that the causes of deviance are located in social forces but that, 'social groups create

deviance by making the rules, whose infraction constitutes deviance, and applying those rules to particular people and labelling them as outsiders.'(Cochrane:1983, P149).

In the case of someone with a mental health disorder stigmatising themselves or being stigmatised by their family and peers. However, it is not just stigma and stereotyping that can have an impact on getting an individual with mental illness to accept that labels come with the nature of their illness. The other threat that comes with getting people to agree to come to terms with the fact that there are labels that are attached to mental health disorder is the labelling theory. The labelling theory focuses on how people with mental health problems are labelled as displaying deviant behaviour(Young minds:2010.P9).Stigma and the labels that are attached to mental health as a result of misconceptions of those with mental health could think of as stereotypical labelling and in some ways social typing. Moreover, it is not always negative, but it is always narrow and potentially misleading because it ignores individual variability with social groups and the overlap of characteristics across them (Rogers and Pilgrim: 2010, P.28-29).

Mental health disorder can also have an impact on an individual's quality of life

Furthermore, social stereotyping and stigma can not only cause those who have a mental disorder to have a negative outlook of their life perspective. However, it can also

cause the public to have mixed conceptions about the way in which people with mental disorders should compose themselves within a social setting. One that is clear here, that individuals who do not have mental illness are that they have biased attitudes toward those who have a mental disorder. Even if some of the general population do tend to hold a negative conception and biased attitudes towards those who show clear signs of mental illnesses, they forget the major component here.

There is one thing that has clearly been forgotten here when it comes to the impact that a mental disorder can have on the overall health of an individual. Mental illness does not just affect the way in which our brain operates; it can also have a significant impact on their emotions or behaviour and physical health. However, the other major thing that is being not placed into context here, and may have been slightly overlooked is who actually can suffer from mental health related illness? One in four people, will experience mental health problems, at some point during their life; (WHO (WHO), 2003), and mental health disorders account for 3 in 10, of the leading causes of disease burden in high-income countries,(Lopez et al., 2006, (Singletary, Bartle, Svirydzenka, Suter-Giorgini, Cashmore and Dogra:2015, P258). As the study that was undertaken by the World Health Organisation into the chances of developing a mental health disorder, which has been proven to be a likelihood if an individual belongs to one of the top high-income countries within the world. Although the WHO, have stated that an there is a greater likelihood of developing a mental illness for those living within the

richest countries in the world. They have failed to state what causes people in these countries to develop a mental health illness.

What needs to be tackled in accordance to ensuring that children and youth with mental health disorders can have positive future

With the WHO not giving any evidence as for who why individuals who live in the wealthiest populations in the world may be at risk of developing a mental disorder. Means that there is no way of warning individuals to change their lifestyle or what they do to relax could be having to increase their chances of developing a mental health disorder. Moreover, as it seems the younger generation is constantly being reminded, in numerous ways that: drinking too much alcohol or smoking a considerable number of cigarettes and being considerably overweight; can lead to permanent consequences upon the quality one's physical health. However, Scientists and Health Care Professionals have not come to any conclusion, as to whether damaging one's physical health as a result of excessively pleasurable activities can have an impact one's mental health. Sadly, there is some evidence to back the claims that: drinking too much alcohol or taking illegal or recreational drugs can have an impact on their brain functioning. Equally, as it may seem that some leisure activities that young people participate within may have an impact on their brain functioning, there is no indication to suggest that all

pleasurable activities that may affect our physical health can lead to a level of damage on one's mental health.

Although there may be no medical evidence to back up any claims relating to physical disorders can develop into mental illness. There is some evidence to suggest that certain cultures and societies have entirely different ideas, about what is acceptable and unacceptable to conduct oneself, by the norms and values of the culture or society. The problem with associating or defining what is deemed as acceptable from one culture to the next is raised by some cultural critics. If the psychiatric diagnosis is about coding non-conformity (rule breaking and role failure) in a particular culture, and cultures vary in their expectations of normal conduct, how can a stable and universal system of diagnosis be achieved?(Pilgrim:2005,P10). Of course, the problem, being here is that what one culture or society may deem as mad or lunatic or not conformity behaviour, may be perfectly acceptable behaviour within another culture. Therefore, in this case, Sociologists and Psychologists have a major difficulty in defining psychiatric disorders, as people's attitudes about so-called abnormal and normal social behaviour can change over time. The change attitudes of what people suppose as acceptable have had some impact on the professions of psychiatry and psychology, especially after WW2 and some events that shaped the lives of some children and young people during the 20th century. Accordance to psychiatry, n the 20th century, more abnormal mental states

came within its jurisdiction, such as those due to alcohol and drug abuse and personality problems(Pilgrim, 2014, P5).

When is mental illness not a mental illness?

As it seems towards the end of the 20th century, Psychiatry was updated to include the fact that alcohol and drugs can have an impact on an individual's brain functioning. There is a slight problem when it comes to receiving the appropriate treatment in accordance to one's mental abnormality. The problem here being the argument between Psychologists, Sociologists and Psychiatrists, as to whether mental illness, should just be thought of as malfunction of the brain. This argument is, however back by Psychiatrists, who feel that: " if categorised as functional (i.e. a problem of the mind, with no physiological correlates), the physician will consider it less real and the patient may be more likely to be stigmatised(T. Ungar and S.Knaak:2013, P47).

Even some specialists believe that a mental illness is not ruled a mental illness unless it is organic functioning consists of the brains functioning. Some illness relating to the functioning of one's brain do not stem from the organic of one's brain. For example depression, anxiety and mood -related disorders, branch from one's emotions and thoughts that can have an impact their mental capacity. Whereas, it may seem that things such as one's emotions, mood and general mental wellbeing can have a bearing upon one's mental health. There is still some old school belief, which mental disorders

develop as a result of a chemical imbalance in the brain, or as a consequence of the daily stresses of one's life as a result of alcohol or drug abuse. It may clear that one's lifestyle factors could be a contributing factor for someone developing a mental illness.

It is what happens after someone happens to be diagnosed as having a medically recognised mentally ill, that can have an impact on his or her life. Although some individuals believe if they are given the appropriate care plan to help them lead a normal life while having a mental disability. This maybe the case for some people, however for those with long-term mental illness the road to recovery can be a long journey. Especially if they have to deal with the burden of being labelled as mentally disabled which comes with some labels and stigmas attached. It has often been argued that this stigma constitute an additional burden for recovery because the individual has to cope with additional social stigma on top of their symptoms and the side effects of treatment (Link et al .,2001: Perlick et al.;2001),(M.Ilic, J.Reinecke and others,2011: P246). It may be the case that stigma can have some level of impact on the integration of an individual to leading the life that they once lead within society, once they recovered from a mental health illness.

Government plans to improve the future for children and young people, who suffer from mental health issues

Never the less, there is nothing that can prepare individuals for the severe impact that having a mental disorder can have on their quality of life; even if they have managed to recover from the illness. One consequence: people with mental illness die on average 15-20 years earlier than other people- one of the greatest health inequalities in England(Rt.Hon, N.Lamb and S. Stevens, 2014, Department of Health, P3). The Department of health believes that the biggest health crisis that will hit our country within the next few years will be the rise in hospital admissions due to the adverse effect of mental disorders on the younger generation. If the biggest threat facing the NHS, in the not so distant future is the increase in admissions to the CAMHS and A and E as a result of an increase reconciliation of mental health issues within young people and children.

Then the government has begun to take a considerable amount of action towards improving the way in which services provided for those suffering from mental health receive treatment. There are two different strategies that the government has implemented not only to improve the services that place for children and young people suffering from a mental health disorder, and to enhance the quality of their life for the future. They have also collaborated one of the country's leading universities to try and change the public perception of those with mental-health related illnesses. Firstly, the announcements align with the recommendations set out in the Five Year Forward View, and are designed to build capacity and capability across the system, so that by 2020 we

will make measurable progress towards closing the health and wellbeing gap and securing sustainable improvements in children and young people's mental health outcomes (NHS England, 3rd August 2015, P9, <https://www.england.nhs.uk/wp-content/uploads/2015/07/local-transformation-plans-cyp-mh-guidance.pdf>).

The current government has set out a clear plan for improving the current CAMHS so that it is equipped to deal with next generation of children and young people; who may suffer from mental health problems. Nevertheless, the likelihood of a change of hands within government becoming possible as a result of the general election, this plan that has been implemented to improve the care system in accordance to children and young people may not be a priority for the government that's elected. Secondly, on the other hand, the current administration has collaborated with King's College London to try change public perceptions of mental health. They impose an initiative that will: – Create a 5% positive shift in the public attitude towards health problems(Time to change, 2008, P2). Therefore, meaning that the government hopes to change the public perception of mental health issues as something negative, and that should be ignored if an individual suffers from a mental health illness, into something that shouldn't be overlooked. Furthermore, the current Health Secretary Jeremy Hunt stated that: " I think we are letting down too many families and not intervening early enough when there are is a curable mental health condition which we can do something about a when a child is eight or nine-year-olds, but if we leave it until they are 15 or 16,

it's too late (<https://www.theguardian.com/society/2016/oct/20/jeremy-hunt-promises-better-mental-health-services-children-adolescents>, accessed 18/02/2017 at 16.51pm).

The new crisis facing the CAMHS and The NHS that may be the hidden crisis linked to mental health of our young people

Jeremy Hunt believes that if we are to overcome the problems with mental health-related issues stemming from childhood, continuing into adulthood where they may be incurable is to tackle them early. Tackling something at the beginning of the stages has been proven effective. However, before we come to some conclusion as to whether early intervention will help with getting the younger generation; to accept the fact that mental health is part of their cultural identity. This section will touch on what could be the new crisis facing the NHS by mental health in young people, and that is self-harm. According to the latest the latest statistics in England and Wales there are about 25,000 admissions to accident and emergency departments for deliberate self-harm (Walker,2012, P15). There is a major problem here with this data, is that fact it may not be a true reflection of those who intentionally or unintentionally cause physical harm to themselves. One of the reasons for the data being inaccurate could be the fact that young people may not choose to seek medical help, to patch up the open wounds from cutting themselves. Instead of choosing to patch the wounds up themselves, as the fear being stigmatised or ridiculed by health professionals.

More worryingly, Sarah Brennan, the chief executive of Young Mind's, said that: "young people were harming themselves partly because the help for them is so inadequate that some do not receive specialist once it is obvious they have a psychological problem."(www.theguardian.com/society/2016/oct/23/nhs-figures-show-shocking-rise-self-harm-young-people, page 3, accessed 13/02/2017 at 11:53am).

However, the confusing thing here is that some experts do not believe that self-harm, can be as a result of any individual suffering from mental health or psychological problems. Suicide and non-suicidal behaviour self-injurious behaviour are not psychiatric diagnoses, but they are all not too common co-occurrence of mood, anxiety, disruptive behaviour, substance use, personality, and psychiatric disorders(J.P.Shalkin,2015, P 257).

Even if young people are self-harm as a way of trying to draw attention to underlining psychological problems that they are suffering from. We should be more concern with the fact that young people are choosing to harm themselves, as they feel it is the only way that someone will begin to offer them help to deal the unbearable thoughts that are maybe impacting the way they feel. However, the real problem here is the fact that is CAMHS and A, and E departments feel that they are not necessary equipped to deal with the growing endemic, among young people that are self- harm. If the latest statistics for A and E admissions as a result of self-harm, are anything to go by then we need to try a get to the underlining course of young people choosing to self-

harm. The number of young people aged under 18 attending A and E because of a psychiatric condition more than doubled between 2010 and 2015 and referrals to specialist child and adolescent mental health services (CAMHS) increased by 64% between 2012/13 and 2014/15(J. Earle, 2016, P1).

In some ways, the fact that there has been an increase in young people being admitted, either to A and E or CAMHS could be viewed in a positive way. It could mean that young people are asking for help when they feel overwhelmed with the world around them or are finding life hard to cope. Moreover, some critics would argue that young people are just admitting themselves to the hospital with suspected psychological problems as a way of seeking attention. There is no evidence to suggest that this is the case. However, there is evidence to suggest that unless we combat the real reasons as to why young people are choosing to self-harm rather than seek help, where on the verge of a major health crisis in accordance with the mental health of the youth. Self-harm is a major public health issue with estimates that as many as one in 15 young people self-harm in the UK, higher than the rest of Europe(M.Burton, E.Pavord and B. Williams, 2014,20).

Conclusion

In conclusion, there is still seems to be a considerable about of ignorance and stigmatisation towards those with mental health illnesses. It appears that there is some

level of controversy as to the behaviour that can tend to be associated with mental health illnesses. Part of the reason for not understanding the conduct that is associated with some mental health disorders is that society; have been forming or taking their perceptions of mental health from the media. Which the media can give information that may be unrepresentative of those with mental health illnesses, leading individuals to create false perceptions of mental disorders or diseases of the brain.

However, as mentioned in this dissertation both the government and some charities have implemented campaigns where they hope to tackle the stigma that surrounds mental health. Whether the I am a whole campaign, Heads Together and the government's campaign with King's College London will have any impact in stemming the flow of stigma towards those with mental health issues is too early to make an assumption. On the other hand, though if these campaigns get young people and the rest of the nation to start accepting that mental health is just as important as physical health, when it comes to the future of our younger generations overall wellbeing. Then we have overcome a major hurdle. Because the change in attitudes towards children and adolescents will only happen, once we start being honest with ourselves about the impact that our experiences with mental health, and with the relative support from the NHS we can go on to lead normal productive lives. Because until we begin to open and knowledge the fact the changes need to be made in the way in which we view mental health, the stigma and labels will still exist.

However, there is some hope for the future, when it comes to changing the public perception of young people with mental illness. Particularly, during this research, various campaigns by some mental health have been highlighted to showcase the work that they are doing to tackle the stigma surrounding mental. Especially, 'The Heads Together Campaign', that operates in partnership with the young royal family to highlight the stigma attached to mental health. The campaign has already seen some radical things happening around the once taboo subject, that is mental health. Celebrities and number of influential people have open up about their personals struggles with mental health disorders and mental health related issues.

Just by these people opening up about their personal experiences with mental health. People's attitudes towards those with mental health are beginning to change, and where starting to seek help for the psychological issues that may impact our overall mental wellbeing. It does seem that seeking help and opening about one's personal experience with mental means that young people are learning to accept mental health as part of their cultural identity.

It seems that the current government may have some credit for the fact that young people are beginning to accept mental in the context of their cultural identity. Especially, bearing in mind that they in imposed some policies highlighting their proposals to improve the current CAMHS that are currently in place to provide

treatment and services to children and young people with mental health disorders. With the government setting a clear set of guidelines and policies to improve the quality of care for youth with mental health disorders. There is some hope that within the future that the services will be available 24/7 to help deal with a mental health crisis within a young person.

Instead for the flaws within the current CAMHS services that are available throughout the UK, we need to look at the positive aspects. Moreover, that being the fact that there is a service available to offer support young people suffering from a mental health condition. However, it does that these services may be hit with a new crisis that is threatening the mental health of a young generation. That treat being self-harm. Although there is no scientific evidence as to this date to suggest that self-harm is directly linked to the mental health of young people. However, there is evidence to suggest that it may have some links to the young person's: mood, psychological thoughts and so far. Could physically harming oneself be seen as young people accepting that mental health is part of their cultural identity? There is no evidence back up any claims that young people may physically harm themselves, as they believe it is part of their cultural identity.

However, the thing that springs to mind here is that young people may be choosing to self-harm, as a way of getting help for their psychological problems. If is, in

fact, the case, that young people are choosing to self-harm rather open up to a parent to the way in which they feel we should be worried about the future. On the other hand, although we may need to take into consideration that rather asking for direct help for their psychological problems young people are choosing to self-harm, in order to get the help they need. This could be viewed in a positive light, that young people are beginning to accept the fact that mental illness is part of their cultural identity.

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