

Written evidence from Danilo Di Emidio (MHA0019)

SECTION A: INTRODUCTION

Response to the Human Rights (Joint Committee) call for evidence on the **Mental Health Act reform 2019-21** by teacher and doctoral researcher **Danilo Di Emidio** (University of East London).

SECTION B: EDUCATION, MENTAL HEALTH, AND SUBJECTIVITY

1. Education in the UK seems more oriented towards selection rather than the formation of the child, and most countries are looking at this model notwithstanding, implicating a political/ideological component in my research that sustains its psycho-social grounding.
2. This evidence focuses on the human rights implications emerging from **the Reforming Mental Health Act (RMHA - January 2021)**. The document accepts and takes forward Sir Simon Wessely's independent review of the MHA and highlights an ambiguous reference therein to '*people with lived experiences*' (p.16), with regard to the status of late adolescences (16-18 years old) in the UK.
3. The use of the expression '*people with lived experience*' in the MHA manifests a sense of sub-reality and passivity equal to what the term '**voice**' has come to imply since the 1948's Universal Declaration of Human Rights (UDHR). Such ambiguous framing risks to create an even wider gap between the 'abstract' reality of human rights and practical legislation. The latter creates a subtle impediment to any efforts towards closely examining '**transition**' from **childhood to adulthood** in late-adolescents aged 16-18 within the context of education.
4. The reference to '*people with lived experience*' in the NMHA should be considered in practical terms to implement human rights through school policies. Firstly, the NMHA should address the undisputed data around worsening adolescent mental health when in the transition to adulthood and, secondly, limit the instrumentalization of adolescent mental health in compulsory schooling for ideological ends.
5. Late-adolescents aged 16-18 years old experience multifaceted aspects that contribute to their mental health, particularly, the inevitable pressure of high-stake examinations in a questionably meritocratic system (Reay, 2018). This largely stems from the **pressure of transitioning to adulthood with increased responsibilities for one's future without**

fully understanding the socio-economic factors that often relate to race-based, class and gendered claims of oppression.

6. According to the data collected for my research, **teachers, parents, and school leaders were caught in an administrative vs. pedagogical trap that are interwoven with relationships' expectations.** A seemingly existential malaise and uncertainty around relationship maintenance and development prevailed across participants.
7. Students showed lack of both in and outside the college; teachers struggled to balance out curriculum demands and more progressive pedagogy, which did not include measurements, *per se*; and heightened parental anxiety to secure their children's positive mental health while grappling with more pragmatic choices to secure an employable future for their children.
8. Comparing to students ages 10-11, who are still risk-takers within the classroom, seek autonomy, or display less self-conscious traits (Smith, 2018, 187), **late-adolescents (16-18 years old) are at a stage where they are grappling with introspection (e.g., self-esteem, self-doubt).** Therefore, risk-taking gets inhibited, and so is the intrinsic motivation (Smith, 104).
9. Academically, late-adolescents begin to be subjected to the pressure of subject choices at A-Level courses and university—in less than two years—they are required to make life lasting selections between vocation and employability, all while external conflicts mount up, and intrinsic motivations are left unexplored at the expense of positive mental health.
10. Current research shows that students associated their poor mental health with their lack of intrinsic motivations for their current A-Level subjects and an unidentifiable university/career. This suggests that **intrinsic motivations are more likely to sustain students' positive mental health because their voice and autonomy would be actively implicated**, as opposed to extrinsic motivational factors (e.g. pleasing parents/teachers or conforming with the existing state of affairs, especially regarding educational progression and employability) that would reflect less personalized pathways/choices.
11. Extensive research on theories of Motivation *vis-a-vis* a dominant socio-economic model founded on profit and competition, reflecting liberal ideological values of individualism and meritocracy. In this light, **adolescents continue to be disadvantaged by structural pressures to conform, please, achieve at the expense of a broader education and their own mental health.**

12. The pressures that come with subject choices and performance at GCSE, A-Level and university often **overwhelm students (especially from the middle/lower class); unless there are vested interest to keep and have people medicalized throughout their lives,** there is an intrinsic contradiction with some of the evidence about adolescent mental health and what is done at school/college level, to mitigate mental ill-health through suspicious interventions related to school performance.

SECTION C: PAGE NO. 124 OF THE RMHA ‘CHOICE AND AUTONOMY’

13. Adolescent mental health in the school/college environment could be *appropriated* (embodied knowledge) by students as agentic/autonomous responses to structural constraints, which could be theorized as both acts of resistance and prevention.
14. On page no. 124 on the [NMHA](#), the Government proposes ‘four new principles’ that include ‘**choice and autonomy.**’ According to my research, late-adolescents **in ‘transition’ to adulthood have little choice and autonomy in their compulsory schooling experiences.** This is apart from tokenistic experiences through what is termed ‘student voice’ and school council actions. Most strikingly, evidence suggests that by the age of 16/17, subject choices compression in the space of two years (GCSE and A-Levels), combined with the expectation to choose one university subject leading to a long-term career are unequivocally confused with short-term employability. This further generates unrealistic expectations to live up to. **At such a crucial time, it is here that ‘choice and autonomy’ are systematically impaired by the school/college environment contributing to a deteriorating mental health.**
15. The educational vision shaped by the last 30 years of educational policies reflects more expansive economic policies and narrowly concentrates on an outcome-focused input-output system, requiring specific academic skills and aptitudes. The latter is often confused with intelligence, which is not always universal but closely linked to cultural capitals, de-limited by class, gender, and race, reflecting narrow versions of *able-ism*, self-worth, and self-esteem.
16. This means that by weighing up the public health costs of adolescent mental health under the strain of relentless performance indicators and what is done down the line in the school/college environment, numbers do not add up.
17. In retrospect, student-participants dismissed the value or even the existence of agency as a school/college possibility, pretty much in line with parents’ and teachers’ views,

somehow accounting for their lack of motivation and, plausibly, their mental ill-health. This posture was based on the ground that, according to students, the agency was not exam-results friendly; however, student-participants offered alternative perspectives **during interview time, showing both resignation and creativity in imagining their future 'subjectivity', another way of *doing* agency and contributing to positive mental health.**

18. Current governmental policies tend to devolve adolescent mental ill-health to stretched-out families, local communities, and underfunded schools/colleges, all paradoxically operating in the entrenched accountability system. Such devolution **inevitably 'corrupts' institutional practice (e.g., in schools: teaching to the test, leaders fiddling with exam data to 'save' the school and their jobs, teachers told to serve their client students, etc.) and the fundamentals of a more empowering and transformative education, whereby the individual and collective interests are not antagonized.**

SECTION D: RECOMMENDATIONS

19. The RMHA reform must therefore **fully acknowledge uncertain epochal changes** which have occurred since the 1983 MHA and provide service-users with a **more progressive and holistic vision of education, formative and appreciative of diverse modalities of being that equally contribute to our collective existence**, instead of conceiving students as always 'lacking' learners that must be optimized (Atasay, 2014) in the eyes of the education system.
20. More nuanced research is required that questions ***the way state education meets its official aims*** (e.g., students' acquisition of knowledge and skills, and the formation of responsible and active citizen - Crick [Report](#), 1998) while re-engineering citizens of the future (Gillies, 2017) on suspicious utilitarian grounds, and through a questionable 'therapeutic education' agenda.
21. It is essential to know **which and how educational policies are implemented, the extent they are enforced in the hierarchical school/college structure, and how the student population perceives them** in the school/college environment. Their influence is multiple and intersecting with broader aspects of school/college life while transitioning to adulthood, therefore constitutive and generative of the modality of beings (i.e., subjectivities).

23/03/2021

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