

Youths' Perceived Impact of Invalidation and Validation on Their Mental Health Treatment Journeys



JUST SIX
QUESTIONS
RESEARCH
SUMMARY

“The experiences of validation and invalidation reported by youth confirm that, despite professionals knowing the importance of validation and even some information on how to communicate validation (e.g., six levels of communicating validation), youth were still having impactful invalidating experiences with service providers” (p. 486).

1. WHAT IS THE RESEARCH ABOUT?

Youth face many barriers to seeking mental health support – both internal (e.g., stigma, previous negative experiences, lack of trust) and systemic/structural (e.g., availability of services, cost of treatment). Both service providers and informal supports, such as friends and family members, “play integral roles in youths’ support systems as gatekeepers to treatment” (p. 478) and can prevent or delay their access to services.

Evidence suggests that young people who experience **validation** – “a way of conveying empathy by communicating that another person’s emotions, thoughts or actions make sense in each context” (p. 476) – are more likely to continue to seek help and to experience positive outcomes in their mental health journeys. Conversely, experiences of **invalidation** can negatively impact treatment outcomes and help-seeking behaviour.

This study examined the experiences of youth with mental health diagnoses in seeking, accessing, and maintaining mental health services.

2. WHERE DID THE RESEARCH TAKE PLACE?

The research took place in Atlantic Canada.

3. WHO IS THIS RESEARCH ABOUT?

Most participants identified as white and female, were born in Canada, and spoke English as their first language. Their ages ranged from 10 to 21 years. All reported experiencing mental health concerns before the age of 19 and receiving both formal and informal support. Most had received a formal mental health diagnosis for one of the following conditions: depression, eating disorders, autism spectrum disorder, or conduct disorder or oppositional defiant disorder.

4. HOW WAS THE RESEARCH DONE?

Youth were recruited using *convenience sampling* (e.g., posted ads in mental health clinics and social media) and *snowball sampling* (participants recommend other potential participants) methods to participate in an interview about their mental health journeys. Participants received a \$30 honorarium for their contributions.

Participants depicted their mental health journey using a *journey mapping* methodology, which “facilitates a visual and narrative account of the entire process, leading to a coherent and comprehensive understanding of youths’ individual experiences” (p. 479). Participants were provided with a blank felt board and felt-material pieces to create a chronological account of their journeys – from the beginning of their symptoms until the time of the interview – which included key places, people, activities, or things.

Researchers conducted **semi-structured interviews** while participants created journey maps, asking questions about their experiences with mental health treatment and perceived barriers and facilitators to treatment. Interviews were audio-recorded and transcribed (written out word for word).

Two researchers individually read and coded all interviews and then met to discuss patterns and combine similar categories. Any differences were resolved with the help of a third researcher.

5. WHAT ARE THE KEY FINDINGS?

Researchers identified **four elements** that determined whether youth described their experiences as *validating* or *invalidating*:

i) Feeling Seen:

Youth felt validated when someone directly or indirectly acknowledged their symptoms.

ii) Feeling Heard:

Youth felt validated when someone engaged in active listening and held space for them (i.e., when they had an opportunity to share their concerns).

iii) Feeling Understood:

Youth felt validated when they perceived “a deeper level of understanding and empathy than when only feeling seen or heard” (p. 481).

iv) Receiving Helpful and Supportive Actions:

Youth felt validated when supporters engaged in helpful or supportive actions, such as “receiving a referral for services, practical resources (e.g., driving the participant to appointments), or coping strategies (e.g., breathing techniques)” (p. 481), or provided accommodations, especially in the context of school. These actions were often described as a “distinct transition point” (p. 481) in young people’s mental health journeys.

Validation led to “greater ease, comfort, and confidence among youth seeking support” (p. 484), and encouraged youth to seek or maintain treatment. When discussing their interactions with service providers, the choices that youth described as validating were relatively minor, and included:

- **Practical Choices** (e.g., asking about a preferred meeting place)
- **Communication Choices** (e.g., asking about a preferred form of communication and confirming appointments)
- **Relational Considerations** (e.g., offering to host a session with other members of their support network to discuss their treatment)
- **Choices About Treatment-Related Decisions** (e.g., directions and decisions, meeting location, frequency of sessions, coping skills, resources)

Invalidating experiences often caused significant emotional reactions that were sometimes long-lasting. Most youth encountered multiple barriers when seeking support (e.g., referrals to another provider, being on a waitlist, lack of treatment availability) and perceived these experiences as invalidating.

Youth rarely felt comfortable communicating their feelings of invalidation to service providers. In the aftermath of these ruptures, informal supports often encouraged youth to continue seeking treatment.

6. WHY DOES THIS RESEARCH MATTER FOR YOUTH WORK?

This research suggests that service providers working with youth can make relatively minor adjustments in their practice and communication to ensure that youth feel validated during their mental health journeys. Practitioners should consider *feedback-informed treatment*, which makes space for collaborative assessment of the therapeutic relationship.

The authors note that invalidation is often “rooted in youth feeling lost within the mental health system, negatively personalizing their experiences, or not feeling sick enough to receive the support they need” (p. 486). This suggests that structural changes can also facilitate more validating experiences in the mental health care system.

For example, service providers might want to focus on improving young people’s experiences with mental health crisis response services by shortening wait times and creating 24/7 mental health crisis response teams. Practitioners can also validate young people’s experiences by acknowledging the challenges of navigating these systems.

Wasson Simpson, K. S., Gallagher, A., Ronis, S. T., Miller, D. A. A., & Tilleczek, K. C. (2022). Youths’ perceived impact of invalidation and validation on their mental health treatment journeys. *Administration and Policy in Mental Health Services Research*, 49, 476-489.