Waiting in line

Stories of young people accessing mental health support

February 2020
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Executive Summary

Alex is one of the last young people we meet when doing interviews for this report. Alex has a learning disability, which was diagnosed when he started attending a special school when he was 15 years old. Alex has also experienced significant trauma throughout his childhood.

Alex was referred to NHS Children and Young People’s Mental Health Services (CYPMHS) by his school when he was 13 as he kept walking out of lessons and as a result, was constantly spending time in isolation. His school believed he had ADHD. After a long wait, Alex attended his first appointment but this was to be both his first and his final engagement with NHS CYPMHS.

Alex says he did not get on with the worker he was assigned and that he did not like the way that he was spoken to. He said he felt intimidated. When Alex reflected on this, he said that being referred to NHS CYPMHS and being assigned a specific worker felt like the choice had been taken away from him about who he spoke to and when he spoke about his difficulties. Alex also told me that he felt embarrassed to talk about his mental health. He thought that people would ‘think he is stupid’ and that he was just doing it for attention.

Further appointment letters were sent to Alex but he ignored these and refused to engage with NHS CYPMHS anymore. Eventually the letters stopped and I guess Alex was discharged from the service. This meant that Alex missed out on much needed mental health support.

At the age of 21, Alex is now receiving the support he needs through adult services. Alex believes that more needs to be done to help young people to speak out about their mental health.

Alex’s story is just one of the many stories that highlights the challenges young people face when accessing support with their mental health. We wanted to better understand these challenges and what it is like for young people like Alex to access support from NHS CYPMHS, and what needs to be done to improve the support that is on offer.

Data from the Office of the Children’s Commissioner (OCC) found that across England in 2018/2019:

- 398,346 children and young people were referred to NHS CYPMHS.
- 135,430 (34%) children had their referral closed before they entered treatment.
- 74,130 (19%) children entered treatment within six weeks.
- 131,878 (33%) were still on the waiting list at the end of the year.

The OCC conclude that no area in England is treating as many children as estimated as needing help. We wanted to get under the skin of these numbers to really understand what it is, beyond just capacity, affecting young people’s experiences of NHS mental health support.

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Recent data from the NHS identified that one in eight 5 to 19 year olds in England have a mental health difficulty, and this is a proportion that has increased slightly over recent years.³ Whilst the Government has embarked on a reform programme to improve services, it is becoming increasingly clear that more work is needed to deliver the transformative change of mental health services that is required.

Like Alex, many young people think that more needs to be done to improve the mental health support that is on offer to children and young people. Mental health services need to be accessible, flexible and centred on choice. That’s why we see that mental health support for children and young people needs to move beyond schools and the NHS and be re-located into communities where young people live and grow up.

It is only by listening to young people and understanding their needs can real change be delivered.

Introduction

In the newspapers, Parliament, and in neighbourhoods all over the country there is much more conversation and debate about children’s mental health than there used to be. We know that the proportion of young people with a mental health difficulty has increased. We also know that waiting times are long and the NHS often struggles to provide support. But in this abstract debate about waiting times, investment, ‘transformation’ and even ‘crisis’, how many people really know what it is like for children and young people who are trying to get support with their mental health?

For this report, we wanted to explore this very question. Using young people’s stories, the report provides insight into what it is like for young people to access and move through NHS Children and Young People’s Mental Health Services (CYPMHS), and how mental health support can be extended to community settings to really change young people’s experiences.

It was clear from the outset that young people have very clear expectations about how services should work for them, and it is important that we listen to these in order to build an effective system of support that meets their needs. It is only by listening to young people that real change can be created - this is especially the case for mental health support services.

Successive Governments have taken steps to reform NHS CYPMHS (outlined in Table 1). More support will be made available in schools and local areas have been directed to improve access and increase investment in NHS services. These are welcome steps. However, what comes next? We need to move beyond investment and the emphasis on support in NHS and school environments and consider how to create services that children want and feel empowered to use on their own terms.

The findings of this report suggest that the answer lies in transforming how services are designed and in re-locating mental health support services in the communities where young people live and grow-up. Where services are visible, easily accessible and where decisions are not made for young people but with young people.

When interviewing young people there were two clear sets of challenges that almost all the participants talked about in one way or another. Firstly, there were challenges of stigma and of lack of knowledge. Young people spoke of how they themselves, their family, friends and neighbours often did not know what to do or how to support each other through mental ill-health.

The other challenges were centred on the services on offer. Once young people had managed to find help, they generally reported it to be slow, impersonal, frustrating, and often confusing.

We need to rise to these twin challenges. We need to help communities to support children and young people and to give them the knowledge, skills and confidence to talk about emotional well-being and mental-ill health. The potential of such a change to prevent mental ill-health could be significant.

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There will still be, however, children and young people who need help and for them services clearly need to reach out from highly institutionalised settings, like the NHS and schools, and instead be present in communities so that support can be simple, empowering and timely.

This report is written to follow a young person’s journey and it closely reflects the many stories we were told. It starts by considering what it is to reach out for help and to truly understand and articulate what help and support you need before moving to look at the many challenges and barriers that children must overcome when children do try to access formal services.

Policy developments

Over recent years, there have been many policy developments in relation to children and young people’s mental health services from both the Government and NHS England. Whilst not an exhaustive list, Table 1 outlines the key policy changes that have taken place.

Table 1 Policy developments in relation to children and young people’s mental health support 2015-2019

<table>
<thead>
<tr>
<th>Policy development</th>
<th>Summary</th>
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<tbody>
<tr>
<td>Future in Mind (2015)</td>
<td>The report laid out a blue print for a whole system approach to improving mental health services for children and young people, including a commitment to ensure that children and young people have timely access to clinically effective mental health support. This strategy came with an investment of £1.25 billion by 2020.</td>
</tr>
<tr>
<td>Five Year Forward View (2016)</td>
<td>The Five Year Forward View reaffirmed the commitments set out in Future in Mind. It set a target of increasing the proportion of children and young people accessing NHS funded mental health services from an access rate of 25% to 35% by 2020-21.</td>
</tr>
<tr>
<td>Stepping Forward (2017)</td>
<td>The Mental Health Workforce Strategy, Stepping Forward, set out the additional staff required to deliver the transformation set out in the Five Year Forward View. The strategy included an ambition to increase the workforce for children and young people’s mental health services from 11,300 equivalent staff in 2016/17 to 15,800 full time equivalent staff by 2020-21.</td>
</tr>
</tbody>
</table>

5 Department of Health. Future in Mind: Promoting, Protection and improving our children and young people’s mental health and wellbeing. [last accessed 22nd October 2019]
6 Mental Health Taskforce. The Five Year Forward View. [last accessed 22nd October 2019]
7 https://publications.parliament.uk/pa/cm201719/cmselect/cmpubacc/1593/159302.htm
Transforming children and young people’s mental health provision: a green paper (2018)

The Green Paper, developed by the Department for Education and the Department of Health and Social Care, is set to increase the availability of support in schools through new Mental Health Support Teams and a Designated Lead for Mental Health. A four week waiting time will also be piloted in some areas of the country.

NHS Long Term Plan (2019)

The plan sets out major reforms to NHS Children and Young People’s Mental Health Services. Funding for children and young people’s mental health services will grow at a faster rate than both overall NHS funding and total mental health spending. The Plan commits to an additional 345,000 children and young people aged 0-25 accessing NHS funded mental health support by 2023/4, with goal set of 100% accessing specialist care over the next ten years.

The Mental Health Implementation Plan, published in July 2019, provides a framework of how commitments in the Long Term Plan will be delivered at the local level.

There is also other work taking place across government. Relationships and Sex Education (RSE) and Health Education will become a mandatory part of the school curriculum from September 2020, with mental health being a key focus of this. The Prevention Green Paper from the Department of Health and Social Care additionally commits to a range of other reforms to prevent mental ill health such as training for new teachers on the spotting the signs of mental health difficulties and providing mental health education to parents.

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8Department of Health, Department of Education. *Transforming children and young people’s mental health provision: a Green Paper.*

9Ibid.

https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/

Methodology

This report examines young people’s experiences of accessing and receiving support from Tier 3/specialist NHS Children and Young People Mental Health Services. This is a qualitative piece of research focused on children and young people, which is informed and supported by a range of academic and grey literature.

The research approach

From the outset of the research, we were interested to explore young people’s journeys to and through NHS CYPMHS, and barriers that young people experience on this journey. We were keen to really understand what helped and hindered them on their journey to support, and to ensure the voices of young people were at the centre of the research. A qualitative approach was therefore taken in this research.

We decided to focus on the journeys of young people with minority protected characteristics, such as young people from ethnic minority backgrounds, LGBTQ young people, young people with disabilities, and young people with multiple disadvantages. Our initial literature review suggested these young people were more likely to face additional challenges in accessing support. The inclusion of these groups also ensured that a diverse range of experiences were represented in the research.

Face-to-face interviews were conducted with young people due to the complex and sensitive subject nature of the issue that was to be discussed.

The sample of young people

In total, interviews were conducted with 27 young people aged between 11-21 years old between December 2018 and April 2019. Interviews were conducted in London, the Midlands, and in the North East. All young people we spoke to had experience of accessing support from NHS CYPMHS, either currently or in the past, but were all at different stages in their journey.

Of the 27 young people we spoke to:

- 16 identified as female; and 11 as male;
- 9 young people were white and 18 were from Black and Ethnic Minority Backgrounds;
- 2 young people were autistic and 3 had learning disabilities;
- 2 young people were transgender.

A range of organisations were approached to help with recruitment of young people for the interviews, including The Children’s Society’s own frontline services, NHS CYPMH participation groups, and support services that worked with young people with specific needs.

All young people taking part were offered a £20 gift voucher as a thank you for sharing their experiences. Young people were free to drop out at any time and receipt of the voucher was not dependent on this.

There was a very positive uptake for interviews from across the organisations we approached. We felt this reflected the desire from young people to want to talk about, and share their experiences.
Informed consent and safeguarding considerations

We knew the young people participating in the research would be vulnerable due to them having a mental health difficulty that led them to getting support. Care was taken to make sure that participants were given – and that they understood – information about the research before they took part.

Information sheets about the research were developed for both interview recruiters, and for young people outlining all the information they needed to know about the interviews. These explained why the research was being conducted, what they would be asked about, how their information would be used and the limits to confidentiality so that young people could make a fully informed decision. Throughout the process we reiterated that young people were free to withdraw from the research if they changed their minds, and to not answer any questions that they did not wish to.

We ensured that a trusted adult was available so that young people could get support after the interview if need be. We also signposted to support services.

We agreed with young people that we would not use information in the report that would be identifiable to them. All stories included in the report have therefore been anonymised.

Interviews with young people

The interview schedule consisted of three key parts; firstly mapping the journey to and through NHS CYPMHS, and asking young people to reflect on how they felt at each part of their journey; secondly to talk about challenges getting support with a particular focus on issues like gender, sexuality and ethnicity; and finally asking young people what changes they would like to see in relation to mental health support. Within the interviews, we focused primarily on the support young people received, and no questions were asked on their specific mental health difficulties.

Please see Appendix A for a copy of the interview schedule.

Analytical approach

The focal themes for this report were selected by identifying those that came up frequently in our interviews with young people. To do this, two researchers read a random sample of interviews and organised them into themes – these were then compared and turned into a single thematic framework which was checked against wider literature. These themes were also ones that were identified in the literature. There were other themes that came out in the analysis, but these did not come up repeatedly.

Nvivo software was used to analyse interview transcripts. We carried out coding of interview transcripts, using common themes that were identified in the initial read-through of the transcripts.

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12 See: https://www.cqc.org.uk/sites/default/files/20171103_cypmhphase1_report.pdf
https://www.time-to-change.org.uk/sites/default/files/TTC%20CYP%20Report%20FINAL.pdf
Acronyms, abbreviations and definitions

**NHS CYPMHS:** NHS Children and Young People’s Mental Health Services. In the stories and quotes from young people, the phrase CAMHS is often used.

**Mental Health:** Through the report, we use the term mental health difficulties to describe the different conditions children and young people can experience. Whilst a range of terms exist to describe these conditions and illnesses, for consistency and clarity we are using mental health difficulties throughout this report. We acknowledge that whilst young people may not have a formal diagnosis of a mental health condition, they will still need help and support. We also recognise that mental health is not just solely about medical determinants but also social determinants and the role they have to play.

**Community-based mental health interventions:** Through-out the report, we talk about community based mental health support. For us, this means support that is available where young people are situated, i.e. their local area, that goes beyond the support that is on offer from NHS CYPMHS and schools. It is support that also reaches family members, friends, neighbours etc.

Figure 1 below outlines the communities supporting children and young people. To get to formal support, young people often must navigate many of these layers often starting with friends and family. It is important to recognise that the route to formal support will look different for each young person.

*Figure 1: The community of support around children and young people*
Figure 2: Journey map through NHS CYPMHS – Miriam and Max

Miriam

- Difficulties with mental health
  - ‘My culture is very close-minded so it’s like I wasn’t exactly talking to people about it.’
- Found it hard to reach out for support because of gender and culture
  - ‘I don’t think I was taken seriously because they probably thought it was just a bit of an insecurity that girls have.’
- Mum made a GP appointment and referral made to NHS CYPMHS
  - ‘I didn’t know about CAMHS at all so they were going to refer me there and I was like “okay”!’
  - ‘I think two or three weeks, they gave me a call.’
- Short waiting time for first appointment with NHS CYPMHS
  - ‘It was going very well, it was like every week.’
- Regular appointments with therapist and attends a group
  - ‘Some certain sessions with the therapist…were useful but the rest weren’t and the body image group is surrounding yourself.’

Max

- Taken to first appointment at NHS CYPMHS but not sure why and unsure of own mental health
  - ‘I have no idea, I didn’t even know what CAMHS was.’
- Challenging talking to family about mental health difficulties
  - ‘I didn’t really know it was a problem until I was referred to CAMHS.’
- Stuck in a cycle of referrals and being discharged
  - ‘I was always scared to because then it would lead to an open discussion with my mum that I didn’t want.’
  - ‘I guess I felt a bit sad because I felt like I was on my own again when I was discharged the second time.’
- Hit crisis point and admitted to hospital
  - ‘They missed the build up and yes, I just got really ill.’
- Spent time as an inpatient
  - ‘I guess it became more of a positive experience because I got to know a clinician and it was nice.’
Section 1 – Reaching out for help

This section will explore the first step of many young people’s journey to mental health support: reaching out for help. For young people we spoke to, talking about their mental health and asking for help was felt to be the most challenging part of their journey to mental health support. It will explore young people’s experiences of stigma and their knowledge and understanding of NHS CYPMHS, and how, often together, these factors hinder young people’s ability to reach out for help.

Miriam’s story

It’s a Monday afternoon when I meet Miriam at her local CYPMH service. She is the last young person I meet after a particularly emotional day of interviewing young people about NHS CYPMHS. Selfishly at this point I am already starting to think about going home and taking time to process what I have heard today.

When Miriam walks into the room, she is like a breath of fresh air and instantly my thoughts of home are lifted. What strikes me about Miriam is not only her confidence but her positivity, and the lens in which she views her experiences.

Miriam is 17 and is at college studying for her A-levels. She lives at home with her Mum, Dad and two older siblings. Miriam and her family are Muslim.

Miriam tells me that she has always found school particularly challenging. During her GCSE years she was really stressed about her exams. Miriam’s mental health started to deteriorate, but she was adamant she did not want to ask for help, and instead kept it to herself.

‘I used to self-harm before, and it was like a way of me getting out the emotions because I never used to ask people for help...I thought it was something wrong with me so like I wouldn’t want to ask for help.’

Miriam’s family started to notice that something was wrong. Miriam’s Mum asked her what was going on and she broke down and told her everything. But, whilst she felt able to talk to her Mum, Miriam felt like she was not able to talk to her Dad.

‘She did the knowing yes…but my dad on the other hand he would be like this is completely like, am I allowed to swear?...BS…I think my dad thought it was me going through something but you know my mum was the one who understood.’

Miriam’s Mum arranged a GP appointment where they referred her to NHS CYPMHS. Miriam soon started to attend regular sessions with a therapist. Alongside this, Miriam also started to attend a group for young people who had experienced similar difficulties as her. Miriam describes how she found support in the other young people who she met at the group, and how she thinks it was this that helped her the most.

‘Ok I’ll be honest some certain sessions with the therapist, so let’s say we’ll have like twelve, let’s just say six, seven of them were useful but the rest weren’t and the group its surrounding yourself. I think the main bit was that with me mainly...is that the people who I was with made me feel like, made you feel like you were worth [something].’
Whilst Miriam is now getting the support that she needs, I ask her why she thinks she struggled to ask for help when she first started experiencing mental health difficulties.

‘I struggled to ask help before because I just felt like, as a Muslim, just- because I’m a girl as well, it was really hard because, like, a lot of people...just have a stereotype that, oh, girls are more likely to have it, or, are more likely to just cry and stuff and I didn’t like that and I didn’t want people to know that.’

Because of her gender, Miriam worried that she would not be taken seriously if she spoke to anyone about how she was feeling. Miriam also talks about her culture, and again how this impacted on her being able to talk about her mental health.

‘Like my culture’s very like very close minded so it’s like I wasn’t exactly talking to people about it but that’s why I’m very surprised that my mum was very supportive.’

Miriam describes her Dad as being ‘more traditional cultural wise’ and says that he did not understand what she was going through at the start of her journey but is now more understanding.

‘I do feel very grateful because loads of people from my background, my religion don’t have parents that are understanding and I just feel very very very grateful and it just makes me realise, I have realised that my mum...like if she hadn’t supported me with it then I probably would’ve been in a worse state.’

Miriam found great strength in her religion and it played a big role in helping her to overcome her mental health difficulties. It is also clear how important Miriam’s Mum has been in her mental health journey. I ask Miriam what can be done to make other parents more comfortable to talk about and support their child with their mental health. Miriam believes that parents should be given more information about the support provided by NHS CYPMHs and what they can do to support their child.

‘When you get referred I think like the first or second session they should, well privately CAMHS should give out like a session [to parents] on...like just talk about so how do you feel about it? How do you think you can help? But then yes, because you know when you first come in you come with your parents and that’s it they come to the first session, they do an assessment and they never come back again…I feel parents should have like a debrief moment as well...I think that would be really good because it’s like they’re more understanding.’

In particular, Miriam thinks that these sessions should even be made compulsory for BME parents.

‘I feel like it should be compulsory for like BME parents to actually have more of an idea of those type of topics...because even language difficulties, language barriers they won’t understand...they won’t understand that’s why kids don’t go and talk to them because they physically can’t understand...but then if they did like help a bit more with the parents who have language difficulties.’

As the interview is coming to an end, Miriam reflects on how different aspects of society impact on young people’s mental health and the ability to talk about this.
‘It’s like everything it’s like media, religion, even work and education everything, all these social groups have an effect on you and then it’s so weird because these social identities we have within these different parts play an effect.’

The interview ends, Miriam leaves and it’s time for me to go home. I reflect on my day and on the story Miriam told me. It feels like wider societal factors played a massive role in her journey, especially the expectation she felt as a girl and the expectation placed upon her from her community. These factors made Miriam feel like she could not talk about how she was feeling. But at the same time Miriam placed value in her faith particularly in helping her to overcome her difficulties.

I go home, feeling positive.
Asking for help

The first stage of most young people’s journey to getting support with their mental health is to talk to someone and ask for help. Yet, many of the young people we spoke to said they found this part of their journey the most challenging. As Miriam, and other young people told us, they found it hard to ask for help, instead wanting to keep their difficulties private.

‘It’s like for me I didn’t really ask for support because I held everything in but it was hard to talk to people and talk about everything that has happened.’ Young person, 14

Stigma

Underlying many young people’s confidence in talking about their mental health is the fear of being stigmatised. This can make it extremely difficult to talk openly about mental health and ask for support. When we explored with the young people we spoke to why they did not want to open up about their mental health, feeling like they would be laughed at and judged was a common theme.

‘Because I feel like inside…someone’s head they’re probably laughing at me. So that’s why I don’t really open up to someone.’ Young person, 15

‘Definitely like embarrassment because obviously you can’t control what other people think, so it’s like what are they going to be thinking especially at a time when you are not the most confident in yourself, you are kind of doubting like, oh they will think badly of me, or they might not talk to me again if I tell them, so it’s kind of like embarrassment, yes.’ Young person, 16

A review carried out by the Care Quality Commission on children and young people’s mental health services noted that stigma can mean that children and young people and their families/carers do not seek help for their mental health problems.13 This was the case for some of the young people we spoke to, who worried about the consequences if they spoke about their mental health.

‘Because I think they probably will be laughing at me. I would probably be mocked and I didn’t want to share this with anyone because I was just wanting to keep it to myself…I felt relieved [when spoke to someone] because I thought something bad was going to happen but it didn’t so it was a relief for me.’ Young person, 15

‘Scared of what would happen. Like the consequences.’ Young person, 15

Gender differences

A gender difference in the way that boys and girls ask for help was also identified through our interviews. Miriam described in her story that as a girl she felt like she would not be taken seriously if she spoke about her mental health. Yet, it was generally felt among young people we spoke to that it was easier for girls to ask for help than it was for boys.

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'I do think, obviously being a lad you just tend to brush it off and just be like 'yes well it doesn’t matter' which is obviously why 12 men commit suicide a day. And, I think that’s a really high statistic because they feel like they can’t get help and stuff, and they feel like there’s no way out and no-one will listen to them because their problems aren’t as you know, big or bad as say, girls per se.' **Male, 18**

'It’s easier for girls because that’s kind of what girls do. But boys they’re supposed to like, hide anything.' **Female, 15**

It has been identified that males are both stigmatised and more stigmatising in relation to mental health than females, possibly as a result of widely held beliefs that males should be self-sufficient at managing mental health difficulties.\(^5\) One study concluded that this made it less likely for males to access mental health support.\(^6\) In our interviews, it did appear that boys we spoke to were more reluctant to talk about their mental health and ask for support.

‘Yes I don’t like getting support.’ **Male, 21**

‘M: but it hasn’t been easy to open up
Q: And is that something that you still feel now?
M: It’s something I’m still working on, yes.’ **Male, 15**

Some young people identified that asking for help would go against boys’ perceived identity in society of having to appear strong.

‘For boys, I think with boys they think if they tell someone how they’re feeling, then it’s going to make them look like…Afraid or something like that. So that’s why they probably don’t want to tell people.’ **Male, 15**

‘Boys I can also understand like why they wouldn’t as it kind of conflicts with their identity…as they’re meant to appear kind of strong and like able to handle things on their own and just coming into like services kind of defeats that.’ **Female, 20**

**Importance of family and culture**

Initially Miriam faced difficulties in opening up to her family about her mental health, yet she also spoke about how her family, especially her mum, helped her in her journey. Other young people also recognised the importance of their parents helping them.

‘My parents always say if I need anything or if I need help with anything to ask them…And it kind of makes me just feel like, okay, there’s someone there to listen to me.’

**Young person, 15**

‘At least my mum understands what I am saying to her.’ **Young person, 14**

Just like it was important for Miriam, religion was also important in helping another young person in overcoming their difficulties.

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\(^{5}\) Kaushik A, et al. The Stigma of mental illness in children and adolescents: A systematic review. Psychiatry research. 2016. [https://kclpure.kcl.ac.uk/portal/files/53748400/1_s2.0_S0165178116306400_main.pdf](https://kclpure.kcl.ac.uk/portal/files/53748400/1_s2.0_S0165178116306400_main.pdf)

\(^{6}\) Ibid.
'At the end of the day your body's a temple and you doing that to yourself you're actually hurting yourself.' Young person, 17

Yet, young people also spoke about the difficulty in being able to talk to their family and that this impacted on their ability to get help.

'So I think I didn't get help sooner. Yes. I think it was mainly because I was so scared of what my family would say.' Young person, 17

'It’s like it’s your parents, you don’t really want them worried about you.' Young person, 17

For some young people, they linked not being able to talk to their family about their mental health to cultural expectations to keep things private. Research has found that there can be important cultural differences in the way in which people experience and express mental health, 16

'I can understand why some people might not ask for help as I can say like for example my mental health has something like I’ve had to hide away from anyone apart from my like, anyone not in my immediate family just because of the way it’s viewed culturally. I remember I when I was in hospital my mum got like a pastor to pray for me.' Young person, 20

'My family is very strictly religious…And there’s also a huge- in our culture there’s like a huge sense of whatever happens at home stays at home.' Young person, 17

Some young people also thought that because of their culture, their parents would not understand their mental health difficulties and this prevented them from talking about them.

'But it’s just like a bit of hassle because they had these traditional views they’ve always been bought up like, oh, if she can’t then it’s something really bad. They don’t really think of it as she’s going through something…they wouldn’t really understand it. And that actually puts more pressure on me.' Young person, 17

'So with the whole like culture, they don’t understand mental illness and stuff. But specifically there’s nothing in the language that addresses mental health adequately.' Young person, 17

In particular, stigma has been found to be a barrier in Black and Minority Ethnic (BME) groups accessing mental health support. Research from YoungMinds identified that young people from BME groups feared stigma, and were worried that friends and family would find out about their difficulties. 17 Insight work carried out by The Children's Society, to understand the under-representation of Muslim young people in our mental health services, also identified that the fear of being judged and the existence of stigma, a lack of belief that their issues would be resolved, and a lack of confidence among parents in how to seek help, all contributed to these young people being less likely to seek support with their mental health. 18

17 Ibid.
It is important to recognise that the term BME is a binary and broad way of looking at ethnicity. There are specific cultural experiences based on different backgrounds and it is important that we understand all of these. For example, our own insight gathering drew slightly different key findings with the Bangladeshi and Pakistani communities compared to the Hindu community.

Miriam’s story highlights the stigma young people face with talking about their mental health, and how this impacts on their ability to do so. There were a range of factors that helped Miriam to overcome this: her parents, her faith and her time with NHS CYPMHS. But for me, what seemed to be most effective was her building a community of support with other young people. Miriam found comfort in knowing that she was not alone in how she felt.
Max's Story

I am running 10 minutes late when I meet Max for the first time. My previous interview ran over and I feel bad for keeping him waiting. He seems shy and quiet, and on reflection I do not think I was prepared for just how much he was going to say, and how passionately he was going to speak.

We meet at Max's local NHS CYPMH service, a place I soon come to realise he has spent a lot of time over the years.

After some small talk, the interview begins and I start by asking Max to tell me a bit himself – he is 18 and is currently at college studying for his A-levels. College stresses him out but he assures me this is in both a good and a bad way. He has applied to go to university and has been worrying about whether he will get the grades he needs – this has been playing on his mind a lot recently.

I start the interview by explaining to Max that we will be looking at his journey to and through NHS CYPMHS. He decides to begin just before he got into the service, when he was 11 years old. It was the summer before secondary school. Max's life has been intertwined with the system ever since. He has had referrals, been discharged and had re-referrals to different teams within NHS CYPMHS. He has been in A&E for attempts on his own life. He has been an inpatient where he spent a few months up until a couple of weeks before I met him.

Max cannot remember how his first appointment at NHS CYPMHS came to be. He did not even know what the service was or why he was going.

‘I have no idea, I didn’t even know what CAMHS was. So all of a sudden my mom just took me to an appointment and I don’t actually know how the progress has happened.’

Max says that no one explained to him why he was taken to NHS CYPMHS and that he had never spoken about his mental health before.

‘I should have been angry that I was brought there because I didn’t really know why I was brought…it was just some place I was taken and I didn’t really understand it myself. I didn’t understand mental health because there was no conversations about it. I just don’t know why it was.’

Following a couple more sessions, Max was discharged and thus the cycle was set in motion.

Max began to self-harm and he was re-referred. Again, Max did not know why he was going to NHS CYPMHS as no one had explained this to him.

‘I think I had some sort of knowing because I was self-harming at the time and things were really bad, but I didn’t know because then I didn’t understand what CAMHS was like, it was just a place where you go. I had no understanding of mental health and I didn’t realise what I was going through until I did my own research and realised this will make sense.’

Max never felt like he was getting the support he needed from NHS CYPMHS, and that it took them a long time to truly understand his mental health needs.

Max thinks that more information needs to be given to young people about why they have been referred. They need to have an individual session before therapy starts to explain what
NHS CYPMHS can do to help and give the young person chance to explain why they think they are there.

‘Clinicians explaining to the people why…they have been referred and giving them as much information as possible…because a lot of the time people don’t really know what CAMHS is when they are first referred there and like sometimes there’s a lot of like negative stereotypes about being ill or having therapy.’

For me, Max’s story is one that will stay with me. Mainly because so much of his journey could have taken a different turn if the signs were spotted, or if clearer directions were given. But ultimately it will stay with me because his time with NHS CYPMHS has shaped his teenage life, and the impact of this is clear to see.
Knowledge and understanding of NHS CYPMHS

For Max, his time at NHS CYPMHS has dominated his teenage years – in fact 7 years in total and it is still ongoing. But for something that has been such a big part of his life, Max knew relatively little about it. From our discussions with other young people, we found that this was not uncommon.

A lack of knowledge about NHS CYPMHS

A lack of knowledge and understanding of NHS CYPMHS and of mental health more generally was not unique to Max, it was a recurrent theme that came up in our other discussions with young people. Several studies have concluded that children referred to NHS CYPMHS are rarely properly informed about the service. Like Max, young people told us how they were referred to NHS CYPMHS but were not sure what this was, or why they had to attend.

‘They told me, it was a GP appointment about it and then they told me that they’re going to refer me to CAMHS. I’m like what the hell is CAMHS like I’ll be honest I didn’t know what that was at all which was surprising because look at me now but I’m surprised how like, I think a lot of kids don’t know what CAMHS is in my school or unless you have a mental health problem then you don’t know it.’ Young person, 17

‘It’s just because I never really knew about this kind of stuff. Like I never knew CAMHS existed for like 17 years of my life. I never even knew about it.’ Young person, 17

Research by the Office of the Children’s Commissioner noted that when children lack specific or detailed understanding of what access to services would entail, then the idea of accessing services is seen as intimidating and frightening. The young people we spoke to described how accessing support from NHS for the first time can be a daunting experience, especially when little information has been shared in advance about the service.

‘Oh, really nervous because I wasn’t really sure what CAMHS kind of was and how it worked because the GP was like really understanding, but like she didn’t explain a lot about what CAMHS was, so I was like a bit confused about what was going on.’ Young person, 16

Mental health literacy

In his story, Max says he did not understand that what he was going through was a mental health difficulty until he did his own research, and this contributed to his confusion about why he was attending NHS CYPMHS. Again, this lack of knowledge about mental health was not exclusive to Max.

‘So I was confused because in my head it was something I had done, but I didn’t really know it was a problem to other people until I was referred to CAMHS…I had been going through it, but never really understood what it was.’ Young person, 18

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20 Ibid.
This lack of knowledge about both mental health and the support services on offer can be linked to low levels of mental health literacy. Mental health literacy has been defined as knowledge and beliefs about mental disorders which aid their recognition, management or prevention.\textsuperscript{21} It has been identified that people with limited mental health literacy may be unable to recognise signs of distress in themselves or others, which can stop them from seeking support.\textsuperscript{22}

What is more, our previous research has found that there are high numbers of missed appointments in NHS CYPMHS – we estimate that there were approximately over 157,000 NHS CYPMHS appointments missed by young people aged 10-17 in 2016.\textsuperscript{23} There may be many reasons why a young person misses their appointment, but where high rates of non-attendance and repeat non-attendance are prevalent, it should be regarded as an important indicator that the current system is not working.

Max’s story highlights how involvement with NHS CYPMHS can form a big part of a young person’s life, yet very little is known about the service. This lack of accurate knowledge and understanding of mental health and service availability influences help-seeking behaviour and can act as a major barrier to young people accessing mental health support services. We should listen to Max when he tells us that time needs to be taken to explain to young people why they have been referred and to give them as much information as possible.


\textsuperscript{22} Mental Health Foundation. \url{https://www.mentalhealth.org.uk/a-to-z/m/mental-health-literacy}

\textsuperscript{23} The Children’s Society. Stick with us: Tackling missed appointments in children’s mental health services. \url{https://www.childrenssociety.org.uk/what-we-do/resources-and-publications/stick-with-us}
Conclusion and policy recommendations

In order for young people to feel comfortable to talk about their mental health, and consequently access support, mental health stigma needs to be addressed. It has been recognised that targeting stigma in young people has the potential to reduce the development of stigmatising attitudes, to minimise discrimination in the future, and to encourage young people with mental health issues to seek help. Stigma, and the knowledge young people have about mental health more generally are inter-related factors: the fear of stigmatisation can prevent young people finding out more about mental health and the support services available and the lack of understanding about mental health can contribute to stigma.

Young people told us they want society to be open in talking about mental health.

‘Like more people just being open about it in general. It’s like everyone just like just hides it away.’ Young person, 17

There have been significant efforts in attempting to tackle stigma. The recent Prevention Green Paper from the Department of Health and Social Care included a commitment to address mental health stigma. This will be achieved through the Every Mind Matters campaign which aims to make 1 million adults better informed and equipped to look after their mental health and support others. As part of this campaign, advice will also be provided to parents on supporting their children’s mental health and well-being.

Whilst the Prevention Green Paper makes no reference to this campaign specifically targeting children and young people, there is wider work in schools taking place that should contribute towards reducing mental health stigma. For example, the new Designated Leads for Mental Health and the Mental Health Support Teams are intended to ensure there will be a firm presence of mental health support within schools. The new RSE and Health Education curriculum in schools are also intended to promote more information and conversations on mental health. It is hoped that these reforms should result in mental health becoming a more normalised topic in schools.

Whilst these reforms are positive, they are mainly focused on schools and do not take into account the work that needs to be done in the wider community to address stigma. Young people need to feel comfortable and confident in seeking support for their mental health, in the same way they do when seeking support from their GP with a physical health problem, without fear of judgement. Our recent research, Finding Help, found that 64% of the parents we surveyed would turn to their local GP when they had concerns about their child’s mental health. A GP is a key pillar of a local community, and we see it is important that mental health support services are seen in the same way. As the case study highlights, new tools are now being developed to make it easier for young people to turn to their GP with their mental health difficulties.

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Doc Ready [http://www.docready.org]

Digital tools are now being developed to help children and young people talk about their mental health. Doc Ready is one of these tools. The tool helps young people to prepare and make the most out of mental health related GP visits. It helps young people know what to expect during a GP consultation, plan what to say and record the outcomes of their appointments.

Young people are able to go onto the Doc Ready website and build a checklist of what they want to talk about in their appointment. The website gives a range of options of topics for young people to choose from and provides the option for them to add more detail. This will then generate a checklist for the young person to take to the GP, which they can handover without having to talk in detail about what they are experiencing.

The website also provides information and advice on what a young person can expect during their visit, how they can find their GP and information on confidentiality.

The tool was developed as part of the Innovation Lab project – a two year joint project between Comic Relief, Nominet Trust and the Right Here initiative (Paul Hamlyn and the Mental Health Foundation) to support the implementation and roll out of seven digital tools to support and improve young people’s mental health. Doc Ready was developed in partnership between the following organisations: Neontribe, Social Spider, FutureGov and Enabled by Design. It has also been designed and developed with young people.

We believe there are key benefits to undertaking mental health work in local communities. Not only can it make local mental health services more visible so young people know where they can go if they need support, it can also help to normalise mental health for young people and reduce the stigma they experience. Support in the community will also have a wider reach, meaning that work can also be undertaken with parents, extended family and friends on addressing stigma.

One way this could be achieved is by locating mental health support in community settings through the provision of open access mental health services. The Children’s Society runs a range of open access, drop-in mental health hubs for children and young people. These hubs aim to prevent the escalation of mental health difficulties with timely support. The drop-in nature of the hubs means there are no waiting lists so young people are able to access the support on offer when they are ready. Hubs of these kind not only provide a safe space for young people to talk about their mental health, but also act as the ‘face’ of mental health support within the community.
PAUSE

PAUSE is an open-access drop in hub in Birmingham city centre for all children and young people aged 0-25, run by The Children’s Society as part of the Forward Thinking Birmingham Consortium in the city. PAUSE aims to:

- Reduce stigma with mental health services and raise awareness;
- Reduce escalation of emotional health problems with timely access and support;
- Increase access to other services;
- Reduce the number of avoidable referrals to specialist services;
- Increase the capacity of other Forward Thinking Birmingham services.

PAUSE is open 7 days a week. It does not take appointment or require referrals; it is a drop in service, open to all including professionals, parents and carers. The support on offer is flexible from providing resources, to facilitating groups/workshops and peer support networks to guided self-help and brief interventions. Importantly, PAUSE is a completely non-clinical setting. Young people can come at a time that is right for them and can stay as long as they like until they feel ready to talk.

As demonstrated in Miriam’s story, young people place great value in the support they receive from their parents, and it is important that parents feel confident in having conversations, and responding to their children’s worries and concerns. Drop-in hubs also provide a space for parents and carers to go to get advice and information on how they can support their child. But, more targeted support is also required for parents, and further work is needed to understand the specific needs of parents from a wide range of communities in supporting their child’s mental health.

What is more, there is a key role for community leaders in promoting conversations about mental health. Youth groups, uniformed groups and other important community groups like sport centres and libraries all have a role to play. This could range from having targeted resources on mental health, holding sessions for young people to attend, and training community leaders in mental health first aid. For example, Girlguiding has identified the need to offer mental health first aid training to their volunteers.

Faith also has an important part to play, and there are now increased conversations about how faith can be used as a way to tackle stigma and support mental health. The Archbishop of Canterbury’s recent Faith and Mental Health conference is an example of this, as it sought to raise the profile of mental illness and explore what the Christian community can do to support this. Likewise, The Children’s Society, working with partners, are currently exploring ways of delivering faith-informed, targeted group work with Muslim young people in London who are struggling with their mental health. These are examples of initiatives that bring children’s mental health firmly into faith communities.

It is crucial to avoid a ‘one size’ fits all approach to reform. Such an approach would likely be unsuccessful in reaching the diversity of individuals and communities with wide ranging

understanding, knowledge and experience of mental health. It is important that provision varies based on the needs of the local community to ensure that support is tailored appropriately.

What is more, further work is required to communicate information to young people about NHS CYPMHS to ensure they do not fear stigmatisation when accessing the service and that they are fully informed. Whilst the mental health reform programme does focus on improving access to services, what is seemingly missing is how young people will be supported to do this. Once young people are in the system, they need bespoke and concerted support to understand the process and engage with it. Young people need to know more about what NHS CYPMHS actually is, why they have been referred, what they can expect from the service when they attend, and how the service can help them. Providing practical details, for example information on the location of the appointment, who they will meet when they attend, and the layout of the building, can also be really helpful in relieving young people's fears about attending their first appointment.

Providing an orientation pack for young people once they are referred to the service would be an opportune way to deliver this information. Young people and their parents should be given the opportunity to speak through this pack with a youth worker and to ask questions about the service, in the setting of the young person's choice. This would ensure that young people are fully informed before their first appointment and would help to dispel prejudices young people hold about the service. It is vital that this information is young person friendly, age appropriate and accessible, and is designed in collaboration with young people.

### A model of supported referrals

Within The Children’s Society, a model of supported referrals is used when a young person is referred into our therapy service. A trusted support worker will work with a young person, and where there are concerns about mental health, the worker will talk to the young person about this and will ask them if they would like further support. This approach allows the worker to talk through with the young person what mental health is, and why talking about their difficulties would be beneficial. If the young person wants more support, a joint meeting will be organised between the worker and our Senior Therapist who will introduce themselves to the young person and to therapy. It is then left for the young person to decide what they think is best for them.

This is a staged approach that introduces the young person to therapy, and importantly gives them the choice whether it is something they want to be involved with. It also allows for the young person to build trust and confidence as they are given all the information they need to make a decision. What is more, such an approach combats the prejudices and negative stereotypes that young people have about mental health support services. A model of supported referrals is one that can be translated into the wider mental health system, in particular how the role of the referrer can be used to introduce the young person to therapy and support the young person through the process.

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There is also a need for more support to be provided to referrers to NHS CYPMHS. There is currently no national guidance for referrers to NHS CYPMHS that sets out how to support young people through this process and best practice. Further work is required to understand the needs of referrers and the information they require.

Both Miriam and Max experienced difficulties in reaching out for support and these difficulties were rooted in the fear of stigmatisation and a lack of knowledge and understanding about NHS CYPMHS. More work is needed to promote conversations around mental health and to extend these beyond the NHS and schools, and to move them into the community where young people find their greatest strength. The power of bringing communities together can play an important part in addressing mental health stigma and this is an opportunity that has been missed in the reform programme.

**Recommendations**

**Improving the mental health support available**

- Mental health services need to become more visible within communities so that children, young people and their parents/carers know where they can go to get support for their children’s mental health. This could be achieved through increased provision of open access drop in hubs. These could be co-located with youth services, young people’s advice services or within Family Hubs but they need to be explicit spaces for young people.

- Local authorities should designate one lead member (either the lead member for children’s services or health) as specifically responsible for children and young people's mental health and wellbeing in their areas, and then use their convening and scrutiny powers to drive improvements in local mental health services. One member should also be selected to be responsible for convening this work across regional areas.

**Increasing knowledge and awareness**

- Every Health and Wellbeing board should take responsibility for producing, updating and disseminating a simple guide to the mental health and wellbeing support available to young people in their area, mapping the help available across both the statutory and voluntary sectors, and providing information on how to access that help.

- All social care professionals and children’s centre staff should receive Youth Mental Health First Aid training so they are equipped with the skills they need to respond to mental health concerns. Training should also be provided on specific mental health conditions, such as anxiety and low mood, and this training should be trauma-informed.

  The community and voluntary workforce including youth workers, sports coaches, uniformed group leaders, faith and community leaders should also receive Youth Mental Health First Aid Training.

- Public Health Teams should prioritise public campaigns engaging parents and communities in talking about children’s mental health.

- Information for parents on how they can support their child’s mental health should be embedded within different settings. Settings could include Children’s Centres, relevant adult social care services, children’s social care services, GPs, Housing services, Citizen’s
Advice Bureau and providing information in school admissions letters. This wide range of settings would ensure that a large number of parents are reached.

**Identifying need**

- Local Health and Wellbeing boards should conduct an assessment of the subjective wellbeing of children and young people in their area at least every 4 years. This will allow local bodies to better understand any underlying factors driving low well-being amongst YP, and facilitate the planning of services accordingly.

**The referral process**

- As part of the mental health reform programme, guidance for referrers to NHS CYPMHS needs to be produced that outlines good practice in referring a young person to mental health services.

- Orientation packs should be produced for young people when they are referred to NHS CYPMHS, with the opportunity provided for the young person and their parent/carer to talk through this pack with a youth worker. These packs should provide all the essential information, and should be designed with young people.

- A model of supported referrals should be put in place for vulnerable children and young people.
Figure 3: Journey map through NHS CYPMHS - Holly and Luke

**Holly**

Scared to reach out for help because of what family would say

Referred to NHS CYPMHS at secondary school

Long wait for support because of long wait

Disengaged from support because of long wait

Hit crisis point and admitted to hospital

Spent time as an inpatient

Discharged from hospital and now regularly sees therapist

-I think I didn’t get help sooner. Yes, I think it was mainly because I was so scared of what my family would say... I’m not that perfect person that you all tell your relatives about.

-I was really reaching out for help. I just... felt like that was... really wasted.

-I stopped wanting to get better because I didn’t want to go to my appointments because it was just pointless.

-’I just can’t help feeling that they’d intervened earlier, maybe I wouldn’t have got there.’

-Suddenly I thought, well maybe I actually can get better. Maybe dying isn’t the only way that I can get out of this. Maybe there is another way. So then I just kind of wank into hospital for seven months in total.

**Luke**

Referred to NHS CYPMHS by local GP

Shares feeling with family about gender

- I was 13 when I tried to come out and my mum didn’t listen at all... I was bullied... I think I started to get depressed around the time that puberty started.

- I didn’t feel like I could really open up to anyone about it because it was such a personal thing to me. Because sometimes what people would say about me is exactly how I felt about myself.

- I can’t remember why I stopped going. I think when I missed an appointment and they automatically discharged me, or I didn’t get a letter through because we moved to a different area.

- ‘I find it’s easier to type out how I feel than it is to try and explain it.’

- ‘She [drop-in hub worker] talks to me and she tells me stuff like I am brave for going through what I went through.’

- ‘No longer seeing NHS CYPMHS as it: Accessing more informal support through mental health drop in hub’
Section 2 – Accessing and engaging with support

This section will focus on young people’s experiences as they access and engage with support. It will focus on two key areas: the wait to get support, and the relationships young people have with their worker. These factors are inter-linked and all work together to determine a young person’s experience of the service and the support they receive.

Holly’s story

Holly is 19 and had just finished a long day of lectures at university when she came to meet me. It was just before she was due to break up for the Christmas holidays, and Holly tells me she is looking forward to the break. Holly is eager to get started with the interview, and it feels like she has been preparing herself for what she wants to say to me.

Holly was at primary school when she first started struggling with her mental health. She describes being in trouble all the time and feeling angry and upset. She started seeing a counsellor at school but this stopped when Holly got to Year 5.

Holly describes things being better for a while whilst she was at secondary school until she got to Year 9 where she started to struggle with her mental health again. Holly shared how she was feeling with one of her friends, who told her to talk to a teacher. Holly took her friends advice and her teacher made the referral to NHS CYPMHS.

‘I think that’s the first time I was put on the waiting list for CAMHS.’

After a few months Holly was still on the waiting list for NHS CYPMHS. Holly describes how she felt ready to receive help and support when she was referred but the long wait meant that the opportunity to receive help and support was missed.

‘I was really reaching out for help…I just felt that was really wasted and that could have been such a massive – I think if I’d got help then…I think it really would have helped.’

Holly says she was on the NHS CYPMHS waiting list ‘for ages.’ By the time Holly came to have her first appointment, she said she could not care less what happened. The long wait meant she had completely disengaged from support.

‘Like I stopped wanting to get better because I didn’t want to go to my appointments because it was just pointless.’

After a few sessions, Holly stopped attending her appointments all together because she ‘hated it so much.’ Holly’s mental health rapidly started to decline and she says she got ‘worse and worse.’ Holly believed that if she had received help at an earlier stage then she does not think her mental health difficulties would have escalated in the way they did.

‘I just can’t help – I just can’t help feeling that if they’d intervened earlier, maybe I wouldn’t have got there.’

Holly was eventually admitted into hospital. She says it took her to reach crisis point for NHS CYPMHS to get involved. But, even in hospital, Holly still faced challenges in being able to get the support she needed. After struggling with her mental health for years, and experiencing long waits for support, this was particularly challenging for Holly.
‘That was really kind of hard to deal with, and like, really invalidating as well, especially after they’d just basically ignored me for so long.’

Eventually, Holly was able to get the support she needed when a different clinician recognised just how serious her needs were. After all the time of waiting for support from NHS CYPMHS, Holly believed that she was not ‘ill enough’ and that’s why she did not get the support that she asked for.

‘After I told her all of the things that had been happening in the past two years, she said to me, like I don’t understand how you’ve been missed and I was like what do you mean? And she was like I don’t understand how you haven’t been picked up by the service. And I just went I just thought it’s just because I wasn’t ill enough.’

Holly spent eight months in hospital as an inpatient. When she was discharged, she was assigned a worker who she still sees regularly.

It is a typical December evening and it is starting to get dark and rainy outside so I decide it’s time to bring the interview to a close. Holly says this is the first time she has properly spoken about everything that has happened to her, and I truly appreciate that she has decided to share this with me. Not for the first time in the 27 interviews we have conducted, I am struck by how young people want to change things so other young people do not have the same experiences they had.
The waiting game

Holly’s story highlights the consequences that waiting for support from NHS CYPMHS can have and how a young person can find themselves in crisis before they are able to get the support they need. In total, Holly had to wait for two years until she was finally able to get the support she really needed. It is undeniable that demand for formal NHS mental health support is increasing. The number of referrals to specialist NHS CYPMHS have risen over recent years, with the Education Policy Institute estimating referrals have increased by 26% in the last five years.\(^\text{29}\) This increase in demand can make NHS CYPMHS a really difficult service to access, and this was the case for some of the young people we spoke to.

‘Because, it’s hard to get in in the first place. Like, when I tried to get in, it just took a while, and then I’m trying to get in again.’ Young person, 15

Another young person described how having to wait to see if they would be accepted for support made them feel like they were ‘in limbo.’

‘When they are helping it does help but then when it’s not working right it just makes you feel even worse…you get a referral then you wait around for an appointment. You get one appointment and then literally just do an assessment and then you wait around to see if a) if they can offer you support, or b) whether they are just going to say you don’t need CAMHS…like it’s hard because like you are stuck in limbo as to whether you are going to get any support with it all.’ Young person, 17

Reaching crisis

There are also high thresholds for support, with the most common reason a young person will not be able to access support from NHS CYPMHS is because their condition is not deemed serious enough for clinical intervention. Analysis by the Office of the Children’s Commissioner highlighted in 2017/18, there were 125,277 children not accepted into specialist treatment or discharged after an assessment appointment.\(^\text{30}\) Holly described in her story how she was really ill by the time she got support. This was also the case for other young people we spoke with, with one describing that their mental health difficulties were left to build up.

‘All this stuff was going to look worse because they realised it was to do with me and I don’t know, it was just issues had built up and hadn’t really been what’s the word? Resolved. They all just came together at that point…so they missed the build-up and yes, I just got really ill.’ 
Young person, 18

One young person described how it felt to be assessed and then told that they did not meet the criteria for support as they were not seen as ‘ill enough.’

‘Being told that you’re not ill enough is really, what’s the word? Like it’s really demeaning because you shouldn’t say to someone you’re not ill enough for support.’ Young person, 19


\(^{30}\) Office of the Children’s Commissioner. Children’s mental health briefing. 
‘Most of the time I was just angry…I tried to be referred to [CAMHS] before and they told me I didn’t fit their criteria and then it was only like two weeks later that I ended up in hospital.’

Young person, 19

Waiting times

Holly experienced long waiting times, which made her disengage entirely from support as the opportunity to intervene had been missed. We estimate that, on average, young people can be waiting up to 83 days from referral to their first treatment appointment.31

But, there was variation in how long different young people were expected to wait. For some young people the wait between the referral being made and their first appointment was relatively short.

‘It wasn’t long at all, I don’t know exactly when, but it wasn’t long because I remember I’d just been referred and I had an appointment two or three weeks later…And I remember just saying, oh I didn’t think I was going to get in this quick, I thought I’d have a bit of time to brush it off, but I didn’t.’ Young person, 15

Whilst for other young people, including Holly, experienced long waiting times for support. These waits were described as having to plan when to get ill in order to fit around the availability of the service.

‘It’s almost like people are like oh look we’re here to help as long you’re going to plan when you’re going to be like mentally unstable or mentally ill and as long as it’s going to be like seven months down the road and not right now and as long as it’s only these certain things and it’s then kind of like if you spend months and you finally decide you want help it’s really difficult to get that help and it’s – that makes it worse for people.’ Young person, 19

A review by the Care Quality Commissioner found that one of the biggest concerns for children and young people, and their parents and carers was a lack of information and support while they were waiting for an appointment with mental health services.32 With no interim support put in place during these waits, young people are at risk of their mental health difficulties increasing. Research carried out by YoungMinds found that the longer children were left to wait the more likely it was their mental health worsened.33

Holly’s story highlights how the journey to mental health support is ultimately a waiting game and highlights the negative consequences of a system that is dominated by waiting. In the end, Holly felt she did not deserve the support she was entitled to receive at an earlier stage until eventually she ended up in inpatient care. This should never be the case for any young person who asks for help. That is why it is vital that young people have timely access to NHS CYPMHS.

Luke’s story

I start my interview with Luke by asking him to tell me a bit about himself. He is 19 and is transgender. Luke lives at home with his Dad.

Luke is confident and articulate. He wants to improve the situation for other young people with similar experiences to him. He tells me he is an activist and is passionate about mental health and LGBTQ issues. This is why he has taken the time on a cold, grey Wednesday afternoon to meet me and share his experiences.

Luke’s journey with NHS CYPMHS started when he was 14 years old, when he was referred by his GP. A week later, Luke was sitting in the office of this local NHS CYPMH service for his first appointment.

At the age of 14, Luke also shared his feelings about his gender to his family for the first time. Luke felt like his Mum did not listen to him and was not supportive, leaving him feeling really angry.

‘I was thirteen when I tried to come out and my mom didn’t listen at all...I was picked on for it...I was bullied...I think that I started to get depressed around the time that puberty started.’

Luke does not say much about his time at this NHS CYPMH service and he cannot remember how the support came to an end. When Luke was 15, he moved to a new area and started to access support from the local NHS CYPMH service.

Luke is able to provide more detail about his time at this service and this mainly revolves around the support he received from his worker. Luke felt like he was not listened to, and that his views were not taken into account.

‘I think some workers don’t really understand and they are not like thinking about how a child actually thinks and how the child might feel in these situations...and they keep sort of like pushing and pushing at you when it’s supposed to be like a gentle sort of experience. It’s meant to make the kid feel safe and that’s what they weren’t doing on these occasions. I didn't feel safe and I didn't feel like I was being listened to, which is what the services are supposed to do.’

Unfortunately because of this, Luke said that he ‘shut down’ and this resulted in him no longer attending his appointments.

‘We had to end my time at CAMHS because she didn't believe my views, she only believed her views. And I didn't like that.’

Luke felt like he needed more support at this time so he began to access support online from ChildLine. Luke found it easier to talk to someone online about how he was feeling rather than doing this face-to-face.

‘Because it was online and I have been used to talking to people online because in a modern society younger people, we are introduced to the internet a lot sooner. I was more used to being able to speak like that...I find it’s easier to type out how I feel than it is to try and explain it, so that, I think ChildLine and the chat is really, really helpful especially for younger people.’
For the next couple of years, Luke did not access support from formal services. During this time, Luke thinks it was his relationship with his mum that helped him the most.

However, when Luke was 17, he attempted suicide. His most recent referral to NHS CYPMHS followed this.

‘So the next time I went to CAMHS was when I was about seventeen or eighteen, I think the last time I saw them was just after I turned eighteen and I was put with a man and it was alright talking to him sometimes, but he would often talk about himself and not really engage me or listen to me and I didn’t feel like he listened at all.’

Again, Luke’s experiences at NHS CYPMHS were shaped by the relationship with his worker.

‘It made me feel a little agitated, but I wasn’t really angry. It was more like I have realised what he is doing and I was angry more that he wasn’t sort of doing his job and I feel like he probably sees like so many people that he doesn’t want to get invested in them maybe.’

When Luke turned 18, he stopped seeing NHS CYPMHS because, as he put it, ‘he was not a child anymore.’ Luke was asked if he wanted to transition to adult services but he felt he did not need the support at this time. Instead, Luke started accessing more informal support through a mental health drop in hub. Luke has found this support really helpful.

‘She [drop-in hub worker] listens to me and then she tells me stuff like I am brave for going through what I went through and usually I don’t get to feel like that.’

I ask Luke to rate the support he has received throughout his journey, and he does this using a rating system out of five.

‘CAMHS I would give two out of five…because it only helps me about this much out of the whole time I accessed CAMHS.

ChildLine I would say they hit the nail on the head and I am going to give them a four…because I feel like they do a lot but in my personal experience I don’t think I have accessed ChildLine enough.

[Drop-in hub] gets…five…it was very comfortable here like I could literally just sit and colour in with a worker, like having a casual conversation with me and that’s very like relaxed for me rather than sitting in a room feeling interrogated.’

The interview is coming to a close and as a young activist, I want to find out from Luke what he thinks needs improving for children and young people.

‘Informality is best for younger children, providing something else for them to do. Like the first couple of times a child won’t want to talk to a stranger…and if it’s something like CAMHS where its appointment based and it’s like proper psychiatric care for young people it helps to have something else for them to do the first couple of times they come in before they try to open up about what’s going on.’

Luke ends the interview by giving an overall rating to the support he has received.

‘Overall dealing with all of these services I would put it at four out of five because of all the help I have actually received and all the good that it has done in my life and even though I
have had some negative experiences I still feel like these services are helping someone else out there and they are doing the right thing for other people.'

As we say goodbye, Luke catches me by surprise and gives me a big hug. He thanks me listening to his journey and I understand how important it was that he shared this with me. For Luke, sharing his experiences is a way to improve the situation for other young people in the same position. There is a lot to take away from Luke's story.
Relationships with workers

NHS CYPMHS ultimately exists to provide help and support to young people who are struggling with their mental health, and many young people we spoke with recognised that NHS CYPMHS had fulfilled this role for them.

‘I would say like to, that even though the services aren’t the best they could be it still makes that difference like getting help…I guess if I didn’t end up in hospital and if I didn’t go down that journey of going through CAMHS, going through adult services I would only wonder where my mental health would be and it’s good that I’ve got people there to support me with it rather than just like being alone and not knowing what’s happening.’ Young person, 20

Luke, and the other young people we spoke to, highlighted how NHS CYPMHS was a service that had helped them by providing a safe space to talk.

‘When I was feeling down, they helped me and like, when I was in those stages where, like, I didn’t trust no one…they helped me regain the trust with like other people…they helped me in that sense because I knew like if I was down like I had someone here I could talk to.’ Young person, 15

‘Because like when your feelings are happening for you, you don’t really want to see anybody but then when you open up to people can help you, support you, you feel better and then like they help you to find new solutions to solve your problem and then it’s nice to talk to people about it so they can help you resolve it.’ Young person, 15

The importance of the relationship between the young person and the worker

A recurring theme in Luke’s story, and in the stories of other young people we spoke to was the emphasis placed on relationships with workers during their time with NHS CYPMHS. Evidence suggests that relationships play an important role in shaping patient experience and it has been identified that maintaining strong therapeutic relationships can act as an agent for change in itself.34

‘I’ve found CAMHS really supportive, 100% yes, they’ve supported me in my journey…My dad died in 2017 and I haven’t really had anyone to speak to. So when I met [worker] I got comfortable with her.’ Young person, 13

Crucially, these relationships should enable young people to be able talk about their mental health. One young person told us about the difference one worker made to their experience of support, when they felt like they hadn’t been listened to before.

‘And then this other lady, she is an absolute angel…she literally saved my life. She just sat there and she just literally spoke to me and I was so –I mean I don’t think I had ever been that honest; I just felt like I could talk to her. And she actually listened…She turned everything around. And I think that’s what I needed all those years before basically.’ Young person, 17

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It is clear the positive impact a worker can make to a young person’s experience of NHS CYPMHS. However, not all young people we spoke to felt like they had a positive relationship with their worker, and there were issues related to this raised during our discussions.

First engagement with NHS CYPMHS is key. One young person told us how they had their first appointment with the service but was not sure what the appointment was actually for as their school never specified this when they were referred. The young person described how they felt intimidated at this first appointment and because the therapist they were allocated was not very nice, they refused to attend further appointments and engage in support. Because of this, this young person missed out on much needed support.

Confusion also existed around the actual therapy process and how this would help the young person. We spoke with one young person who had been referred to NHS CYPMHS for support but felt that their therapist was only asking questions, when all they wanted was to be told what the problem was and what can be done to help.

‘One of the things was that you know it’s really hard because whenever the appointments I have was always me talking and they are listening but sometimes you feel like you are not being useful because they must ask you for you to say that, you know that these things are my problems and then they were like, how can we help you…what do you mean how can you help me? Like I should ask that question not you. I don’t know I could ask you to buy me a Ferrari, can you do that, I don’t know.’ Young person, 16

‘They were like what do you think is your problem, what do you think your problem is. I don’t know, I didn’t do a psychology course, a psychology class and you should identify my problems.’ Young person, 16

This was the same for another young person who told us they did not really understand the strategies and therapies used so did not know how to respond to these.

‘I think it was quite difficult because I got psychologists…it was hard because they were sat in front of me and they were talking about this and that I wouldn’t know how to respond to them. So I didn’t know the strategies that they had or the therapies that they had to me help me, so it’s been a difficult journey finding one that actually physically helps you and mentally helps me just get on with things or just pick myself up.’ Young person, 15

Building trust

Building a trusted relationship is crucial. It has been reported by children and adolescents that establishing trust in mental health professionals, and feeling that confidentiality will be respected is an essential precondition for accessing services.35 Young people told us that trust was key within the therapeutic relationship, and if this was missing then this made young people more reluctant to open up and engage with the support.

‘Q: Do you think that you faced like any challenges that have made it difficult for you to ask for support?

A: Yes because it’s the whole, the trust with people and not having trust with them and I have been let down by them so often.’ Young person, 17

‘Because like, I didn’t trust CAMHS at first…because they told my mum stuff that I didn’t want her to know. So I got really angry with them with that.’ Young person, 14

It was felt that having trust with their worker was vital in them opening up, yet there was not always time to be able to build this trust within the cycle of allocated sessions. It has been noted that the role of the professional is often a specialist one related to meeting a particular treatment need; once that need is met, the professionals role in that young person’s life is finished.36 This means the time to talk to get to know one another and build trust is often not there.

‘No because by the time you build up trust with them enough to talk to them it’s like you’ve used three weeks getting the trust and then you’ve only got four, well five weeks that are doing anything but the last week they normally just do a discharge with you.’ Young person, 17

Research conducted by the Home Office on trusted relationships reflected that whilst in every service there is some sort of trust that is established, it often tends to be time limited, fragmented and confined to office hours or within a prescribed delivery model, with limited opportunities for taking a more holistic approach.37 One young person explored the concept of the worker being seen as a ‘professional’ and how this made it harder to trust them.

‘I don’t think I would trust somebody because they’re getting paid to listen to me, because they’re getting paid to find something aren’t they, they’re not getting paid not to have results…they’ve got to get results somehow…you can’t just have a free conversation which is what’s probably more natural.’ Young person, 21

The young person also felt it was harder to build a relationship with the worker acting in a ‘professional’ capacity. They noted how young people are expected to share information about themselves yet they know nothing about their worker.

‘It’s all one sided as well isn’t it, when you’re talking to a professional it’s all one sided, they don’t talk about themselves really…not knowing something about the person opposite you even though you’ve been seeing them for like a year is weird because you don’t really trust them.’ Young person, 21

A study into stigma related to school-based mental health interventions found that in order to build trust, students within schools needed time to get to know and trust intervention providers, for example, by having informal conversations without the pressure of an immediate therapeutic discussion.38

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37 Early Intervention Foundation. Building trusted relationships for vulnerable children and young people with public services. 2018
38 Ibid.
In addition, young people sometimes feel like they are not always listened to by their workers and that their views were not taken into account.

‘Me and my psychologist, we disagreed on something that I strongly believed in, and that made me shut down…I felt like they did what they thought was best instead of what…not asking me what I think would be a good thing to do.’ **Young person, 18**

We also found that some young people had a number of different workers during their time at NHS CYPMHS.

‘The psychologist was really, really nice and I really liked her. My second one was…I absolutely loved her she was…the way she spoke was so understandable as in like, when she spoke it wasn’t like I was speaking to a psychologist it was more like I was speaking to someone who’s, I don’t know gone through it as a teenager…my third one she was….or the one I have now is absolutely lovely and she’s always there for support and it’s nice because I feel like I can have a chat with her about general things and stuff like that.’ **Young person, 15**

Whilst this young person spoke positively about all of their workers, it’s important to note that they had experienced three changes in worker — they had their first worker in Year 7, their second in Year 9 and their third in Year 11. It has been identified that is easier for young people to build trusting relationships when they can work consistently with the same members of staff over time.  

For some young people this change in worker made it more challenging to open up and talk about their mental health.

‘I’d struggle with that because opening up is not a small thing for me, it’s always been a big thing. So I feel like with, if I had one person continuously carrying on with it I felt it was easier for me.’ **Young person, 17**

‘I think probably not have so many different therapists in such a small amount of time because like it takes like time for people to open up and I think I started opening up and then they left and I started opening up, they left and I got discharged and then I think like just a consistent therapist all the way through would be helpful.’ **Young person, 16**

For another young person, they were worried about the consequences of having to re-tell their story and the risk this posed to their mental health.

‘The thing about CAMHS is like I had five appointments with CAMHS until now. I needed to explain my story on all four of them and now I believe this is the intention that they need to know because they want to help but it’s really painful so I rather not go to CAMHS if it’s like that hard.’ **Young person, 16**

Overall, Luke’s journey and the journeys of other young people we spoke to have been shaped by the relationship they had with their worker, both positive and negative, and these relationships have been crucial to the effectiveness of the support they received.

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Conclusion and policy recommendations

The themes highlighted through-out this section are key influences on a young person’s journey as they access and engage with mental health support from NHS CYPMHS. These themes - the wait for appointments and the young person’s relationship with their worker – need to be looked at as a whole as they work together to shape a young person’s experiences of the service and their outcomes. When working well i.e. when a young person has short waits and a good relationship with their worker then it is likely the young person’s engagement with the service will be positive.

Yet, these themes also have the potential to undermine one another and can contribute to the prejudices young people hold about mental health services. For example, a long wait for support reduces trust and may make it harder for a young person to form a positive relationship with their worker resulting in a negative experience. As demonstrated by the stories included in the report, there are often different parts of the system that do not work for children and young people, making it more challenging for them to get the support they need.

The current reform programme is intended to address some of these issues. It should widen access to mental health support in schools and the NHS Long Term Plan commits to relieving pressures in the workforce. These changes should go some way in improving the relationship between the worker and the young person. The Government has also committed to addressing long waiting times to NHS CYPMHS – the Green Paper outlines plans to pilot a four week waiting time standard in certain parts of the country.

But, these reforms are not sufficient in holistically addressing the issues identified and bringing about the system wide change that is required. The reforms focus on fixing individual issues, without looking at the system as a whole and how this can be improved. We see that the focus needs to be shifted from mending a system that currently is not working as well as it should for children and young people, to creating a whole system change that makes NHS CYPMHS more flexible in its approach and is a step away from the current clinical model.

It is also important to recognise that if given the choice, the reforms set out by the Government and the NHS are probably not the ones that young people would choose. Young people have clear ideas about how the service can be changed and adapted so that it works for them. For many of the young people we spoke to, they stressed the importance of informality and accessibility.

‘I would make it even more easier to access mental health and make it that if you leave your house you see a shop, that it’s easy to access something from the shop because the shop is right there. That’s how I would make services to help kids if you have mental health issues, that’s how easy I would I make it to access.’ Young person, 13

‘I would make it more…like the building I’d make it more…not like a youth club but I would want to make it more interesting for teenagers…if it was a CAMHS building and you had sessions here but you could also do clubs and stuff here, so you meet other children with mental health disabilities…it’s like going to a youth group, so it has that fun impact while you’re having that serious conversation.’ Young person, 15

So, how can this be achieved?
Firstly, placing more mental health support within local communities is essential in ensuring that support is accessible and visible. There are many ways for support to be delivered in communities, but we see that open access services have an important role to play in this. Based in the community, the increased provision of open access drop-in mental health hubs would enable young people to be able to readily access support, at a time that is right for them. Whilst these hubs do not provide long-term clinical interventions, they do provide safe space for young people in a young-person centred environment, and they deliver a more flexible approach to support that is on young people’s terms.

These hubs would also be effective in providing interim support to young people facing long waits for formal support. With long waiting times becoming the norm, further consideration needs to be given to how young people can be supported whilst they are waiting to ensure their needs do not escalate. It is therefore essential that an explicit offer of support is made available for young people that face long waiting times.

The Young People’s Advisory Service (YPAS) – an example of the Youth Access YIACS model in Liverpool

YPAS is a Liverpool based Youth, Information, Advice and Counselling Service (YIACS); established in 1966, the charity provides a wide range of support and therapeutic interventions to address the mental health and emotional well-being needs of children, young people and families. YPAS offers children and young people aged 5-25, and their families, a one-stop-shop access support for a range of wellbeing and mental health needs.

As a member of the Youth Access network of Youth Information Advice and Counselling Services, YPAS adheres to a set of values centred on trust and respect for young people, with a focus on offering free, accessible, young person-centred services which are confidential and flexible – offering support for children and young people right up to age 25.

YPAS has local centres in the north, south and central regions of the city, along with workers based in schools, and even a drop-in GP surgery, meaning young people have multiple points at which they can enter and access the service – all via self-referral. This means young people have a consistent base of support that can bridge across other tricky transitions where they might lose access to other support (e.g. moving from NHS CYPMHS to AMHS, primary to secondary school or school to university, or leaving the care system).

While YPAS’ Counselling and Psychotherapy Service provides a wide range of therapeutic interventions for mental health issues - including one-to-one talking therapy, school-based interventions and systemic family practice - their Information and Advice services match this emotional support with practical tools to equip young people and families to manage their problems in the long term. Their daily advice drop-in for young adults offers informal education sessions covering everyday issues such as benefits, housing, education and employment, while their school-age groups’ focus on social skills and confidence, and their regular LGBTQ+ groups provide a safe environment for young people to access support from both professionals and peers with similar experiences.
‘Feeling like there’s no pressure. Drop-in sessions…are really good. Online access that’s really good.’ Young person, 18

Secondly, there is a role for increased support to be provided through online platforms. Online support is easily accessible, can reach a large number of young people, and for some young people, can be more preferable than face to face support. An online approach also contributes to building a community of support around the young person – a study by the NSPCC found that 11 to 16 year olds place a high value on feeling like they are part of an online or social media community.40

Digital offers are becoming increasingly common – for example the Kooth platform, from Xenzone worked with over 98,000 young people in 2018. 41 Within any re-think of NHS CYPMH services, thought needs to be given to the digital offer that accompany other offers of support, and the platforms through which this can be provided.

The Mix – Building an online community of support

The Mix is a UK based charity that provides free, confidential support for young people under 25 and offers a number of online support services. The Mix has effectively built an online community through the use of forum/discussion boards, which provide a peer support space open 24/7 where young people can discuss a range of support and general topics, and through a group chat which runs five nights a week from 8pm-9.30pm. In addition, The Mix offer a helpline which young people can access via the telephone or web chat, online or telephone counselling which young people can self-refer to, and there are over 2000 pieces of content on The Mix’s website on a variety of topics which offer advice and signpost to support.

This online community provides a safe, inclusive space for people to socialise and get support. It is an anonymous space for young people to reach out for support and connects them with other people who may have been through similar experiences. For some people, these spaces are also more accessible (e.g. for people who do not leave the house, who have social anxiety, are chronically ill etc.).

This online support also gives young people somewhere where they can turn to whilst waiting for support from NHS CYPMHS is also really important. They can share experiences of services to help them shape the professional support they get.

The stories of Holly and Luke highlight some of the many barriers young people face on their journey to accessing and engaging with NHS CYPMHS. Whilst it is important to recognise that NHS CYPMHS does provide support and help to young people, there are often moving parts of the system that do not all work well together. Taken together, the changes outlined in this

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section would result in a more holistic package of mental health support for children and young people.

**Recommendations**

**Improving access to mental health services**

- We recommended that CCGs are required to provide open access community services to ensure that all young people can have timely access to support when they are struggling. Further work is needed to develop an effective model of community based open-access support.

- Many CCGs already have a digital offer around emotional and mental health for children in their area but not all do. This should be a major priority for CCGs who lack this important service.

- To ensure that children and young people can access the mental health support that they need in a timely and supported way, every local health and wellbeing board should develop an ‘Access Improvement Plan’ for well-being and mental health services in their area. This should be developed in consultation with children and young people themselves, and focus on removing barriers to accessing to all local services – from community and voluntary sector support to NHS mental health services.

- Young people should be given more choice – both in terms of the kind of support they receive and in who their worker is.

- Just as referrals could be supported, so too can introductions. For example, doing an initial home visit, or an introduction in a setting a young person is comfortable such as a youth club or school might help them to build a positive relationship.

**Waiting times**

- CCGs should develop an explicit offer of support that can be provided to young people during long waiting times. This should consider the support that can be made available in the community.

- Health and wellbeing boards should monitor NHS data on waiting times for children and young people referred to specialist NHS CYPMHS services, so that young people referred have an understanding of how long they may have to wait for specialist support.

**Joint working**

- Children’s social care services and NHS CYPMHS should have a closer working relationship so that they can better support the mental health and wellbeing needs of the most vulnerable children and young people. This should include having information sharing protocols in place, particularly during referral into either service, jointly commissioning support, and breaking down barriers between professionals by co-locating professionals in each setting.
The mental health landscape is evolving for children and young people. The current reform programme by the NHS and the Government is intended to see records of level of investment in children and young people’s mental health services and should widen access to ensure all children and young people get the support they need.

Yet, children and young people still face significant barriers when it comes to their mental health - stigma, the wait to access support, confusing referrals, and difficult therapeutic relationships to manage have all been identified by the young people we spoke to. There is so much more that needs improving, with the current reform programme only focused on fixing an already broken system. It is only by listening to young people that we can make the real change that is needed.

Significant redesign of mental health services for children and young people is needed – these services should be about community, choice and flexibility and not centred on a clinical model. They should be located in areas where young people are, that are easily accessible and visible. Young people should be given choice over their own journey through the system, they should be given a say in decisions that affect them and their mental health.

Most importantly, mental health services need to be integrated within communities. Young people should feel comfortable and confident to talk about their mental health difficulties openly. Mental health services need to become a pillar of the local community, in the same way as GP surgeries.

If effective change is to take place, then we need to listen to the voices of young people and involve them in the design and development of mental health support services.
Appendix A

Interview Schedule

Introduction

(Before giving intro, ask for consent to record this)

I am from The Children’s Society and we work with young people across the country. One of the things we do is help to support young people with their mental health. We’re here today because we are doing research to find out what it’s like for young people accessing mental health and if there’s anything they think needs changing to make things better.

We would like to ask you about your experiences accessing mental health support. We won’t be asking questions directly about mental health, but of course if you want to talk about this then it is completely fine. We are also going to ask you questions relating to sexuality, race, gender, and how these relate to experiences of mental health support.

You don’t have to answer any questions you don’t want to and you can stop the interview at any time – please just let me know. There is no right or wrong answer to the questions I ask – I am here to listen to you as you are the expert.

At different stages of the interview you will see me putting my thumbs up – if you are happy and want to continue with the interview then please can you respond by giving me a thumbs up back. If not, I will take this as a sign to stop the interview.

We might write some of the things you say into our final report, but no-one will know that you said them or be able to guess it was you. Everything that you say in the interview will be anonymous. Apart from what is used in the report, your project worker and I won’t share anything that you tell us with anyone else. The only time we would have to share what you tell us would be if you tell us something that we think puts you or someone else in danger, but we will talk to you about this first.

We will share a final copy of the report with you. At the moment, I am unsure when this will be but I will keep your project worker updated.

Now we have told you what you need to know about our research, now and before you turned up, it is completely your decision about whether you want to continue. Remember you can stop the interview at any point. Do you have any questions about what I have said?

Do you want to continue with the interview?

If at any point you change your mind and do not give us permission to use information from this discussion, just let me know. We will be publishing the report at some point next year so there will be a point when withdrawing permission won’t be possible, but that’s a long way off yet.

We are going to be talking for about 30-40 minutes.

It would be really helpful if we could record the chat to help us have accurate notes. The recording will be kept in a password-protected folder that only the people working on the project can access.
Are you happy for the interview to be recorded?

[If says no to interview being recorded] That’s not a problem. Would you be happy if I took down some notes whilst you are talking? They will be stored in a locked cabinet and will be archived once we have finished using them. Recordings of the interview won’t be kept longer than a year and archived notes up to 5 years.

Are you ready to begin?
<table>
<thead>
<tr>
<th>Questions and prompts for participants</th>
<th>Notes and aims for interviewer</th>
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</thead>
<tbody>
<tr>
<td><strong>Section 1 – About you</strong></td>
<td><strong>Aim:</strong></td>
</tr>
<tr>
<td>It would be great to find out more about you generally…</td>
<td>To find out more about the participant.</td>
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<tr>
<td>How old are you?</td>
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<tr>
<td>Where are you living?</td>
<td></td>
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<tr>
<td>What are you currently doing? Work/education/taking time out.</td>
<td>(How do you find this? Are you enjoying it? When did you start?)</td>
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<tr>
<td><strong>Section 2 – Well-being</strong></td>
<td><strong>Aim:</strong></td>
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<tr>
<td>What is your favourite thing to do to relax when you aren’t at school/college/work? (Use what they tell us from the above answer)</td>
<td>To find out about the young person’s well-being and if they have any coping strategies</td>
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<td>What stresses you out?</td>
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<td>Is there anyone in particular that you turn to for support? (friends, family, support worker)</td>
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<tr>
<td>What helps you to cope to when things get tough?</td>
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<tr>
<td><strong>Section 3 - The journey to mental health support</strong></td>
<td><strong>Aim:</strong></td>
</tr>
<tr>
<td>We know you have been receiving support from CAMHS. I want to hear your journey to getting this support.</td>
<td>To understand the young person’s journey of accessing mental health support. Explore how they were referred for mental health support and the assessment process.</td>
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<tr>
<td>So I was thinking we could do a timeline to map out the points you first accessed mental health support and your experiences of these interactions.</td>
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<td><strong>Action:</strong> Draw a line on a sheet of A3 paper.</td>
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<tr>
<td>You can decide where we start on your timeline. We can start at the beginning of your journey to CAMHS i.e. the point where you recognised you needed support. Or we can start at a time before this. You can also choose where we end your journey.</td>
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<tr>
<td><strong>Action:</strong> Show cards with different emotions on them.</td>
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<tr>
<td>I also have cards with a range of different emotions on them. If you want you can use these cards to put on your timeline to show how you were feeling at each point of your journey. There are some blank cards that you can fill in as I may not have covered the full range of emotions.</td>
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<tr>
<td>Where shall we begin your timeline?</td>
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<td><strong>Question prompts for timeline</strong></td>
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<td>Question</td>
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<td>-------------------------------------------------------------------------</td>
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<tr>
<td>[if starting with MH support] How did you know you wanted to access support from CAMHS? Did you recognise this or was it someone else?</td>
<td></td>
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<tr>
<td>How did this make you feel?</td>
<td></td>
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<tr>
<td>How did you ask for support? Was this you or someone else?</td>
<td></td>
</tr>
<tr>
<td>What was your first meeting with CAMHS like? Did you have to have an assessment? What did this involve?</td>
<td></td>
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<tr>
<td>What was your first appointment like? Did you go alone or did someone go with you?</td>
<td></td>
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<tr>
<td>Were the people friendly?</td>
<td></td>
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<tr>
<td>How did you feel after you had had your first appointment&gt;</td>
<td></td>
</tr>
<tr>
<td>What kind of support did you receive? Has this support been helpful?</td>
<td></td>
</tr>
</tbody>
</table>

Overall, how would you rate your experiences of mental health support? Would you say it's been positive, negative or mixed?
### Section 3b – Barriers/enablers to support

Looking back over your journey, I want us to think more about if you faced any barriers on your journey, or if there is anything that made the journey easy.

Have you faced any challenges that have made it difficult to ask for support or get support?

I have been doing some reading for this project and found that for some young people being male, being gay/lesbian/bi/trans, or being from an ethnic minority makes them less likely to access mental health support from CAMHS.

I was just wondering what you think about this? And if this resonates with you?

It might be that this doesn’t at all and that’s ok. I just wanted to explore this with you and get your thoughts.

**Action: Show wheel of audiences**

I’ve got a ‘wheel of people’ for us to look at. This wheel has different people that may feature in your life, but I have left some blank in case I have missed anyone.

I want us to think about the different people on the wheel and think about how easy/hard you found it to talk to them about your mental health.

How easy did you find it to talk to each of these people on the wheel?

**Point to different audience and ask about each one.**

[If they say talking to one is easier than the other then explore why this is]

Has it been a factor that you’ve ever felt embarrassed to talk about your mental health? If not, how have you felt talking about it?

**Show cards with emotions on and ask them to pick relevant ones.**

What do you think would make it easier for young people to talk about their mental health?

### Reflection and recommendations

Overall, how would you rate your experiences of accessing mental health support? Was it easy or hard?

If you had one piece of advice that you could give to a friend who needs to access mental health support, what would it be?

**Aim:**

To understand if the young person thinks their protected characteristic/vulnerability impacted on the support they received.

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**Aim:**

To find out how the young person found the process of accessing mental health support and what needs improving about the
If you were able to change anything for other young people in your position who needed to access mental health support, what would it be?

**Prompts**

- Did you find it easy to access this support? If so, what made it an easy process?
- What's been the most difficult part of accessing support?

process of accessing mental health support and the support provided.
The Children’s Society and our supporters have been there for vulnerable children and young people for more than 130 years.

We believe that every young person should have the support they need in order to enjoy a safe, happy childhood.

That’s why we run services and campaigns to make children’s lives better and change the systems that are placing them in danger.

Together with our supporters, we’re improving the lives of children today and long into the future.

Further information

To download a summary of this report, or to find out more please visit childrenssociety.org.uk

For more information on this study, or to sign up to receive regular updates, please email policy@childsoc.org.uk

Photo: Stella Scott

Charity Registration No. 221124

INS00010/0120