

Children & Young People's Mental Health Support; A Vision for Hillingdon



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"As the people's champion for health and care services, Healthwatch Hillingdon's mission is to understand what's working well, and what isn't, to make informed recommendations for change across the health and care system. This report highlights the importance of our work in the local community and our contribution to health and care services in Hillingdon."

Lisa Taylor, Managing Director, Healthwatch Hillingdon

About Us

Healthwatch Hillingdon is your local health and social care champion

We ensure that NHS leaders and decision-makers hear your voice and use your feedback to improve care. We can also help you find reliable and trustworthy information and advice.



Our vision

To bring closer the day when everyone gets the care they need.



Our mission

To make sure that people's experiences help make health and care better.



Our values are:

Equity: We're compassionate and inclusive. We build strong connections and empower the communities we serve.

Collaboration: We build internal and external relationships. We communicate clearly and work with partners to amplify our influence.

Impact: We're ambitious about creating change for people and communities. We're accountable to those we serve and hold others to account.

Independence: Our agenda is driven by the public. We're a purposeful, critical friend to decision-makers.

Truth: We work with integrity and honesty, and we speak truth to power.

Executive Summary

"You wouldn't leave someone with a broken leg for weeks without treatment. Why is it different for mental health?"

In 2015 we produced our report *'Seen and Heard; why not now?'* which explored the needs and experiences of children and young people in Hillingdon at that time. We set out 10 key principles for commissioners that provided a blueprint for improving mental health and wellbeing support.

Since then, we've seen improvements in the number of services available in the Hillingdon community, such as P3's Wellbeing Service, and the development of Family Hubs, working to reduce demand on CAMHS (Child and Adolescent Mental Health Service) and increase access to early support in the community. However, since 2015, we've seen a dramatic increase in the number of children and young people requiring mental health interventions, further exacerbated by the impact of the Covid-19 pandemic and related social restrictions, leading to more demand for support than ever.

GPs and hospitals are overwhelmed with families in need of support. Suicide and self-harming rates amongst young people in Hillingdon, and across London generally, have risen. Solutions are needed now. Children, young people, and their parents need the right support; at the right time, in the right place, and in the right way.

If we don't support children and young people with their mental health and wellbeing early, they face significant challenges as adults. By understanding what support children and young people need, we hope to influence greater levels of investment in early intervention to avoid crises and reduce the demand on acute services.

We want to bring about positive change, and whilst this report highlights some of the issues and problems with the current health and care system, we hope it will be used to identify solutions, break down barriers and galvanise services to work better together, with shared goals in supporting our children and young people to thrive.

What makes this report different is that it's directly influenced by the people that know what's needed – children, young people and their families. Their experiences have shaped our recommendations to bring about better access to services and better outcomes for the children and young people that need them.

We'd like to express our sincere thanks and appreciation to all the children, young people and families that participated in this project by sharing their experiences and views, and to all the voluntary and statutory organisations working tirelessly with children and young people in Hillingdon who have supported this piece of work to make a positive difference in the borough and beyond.



Lisa Taylor, Managing Director
Healthwatch Hillingdon

A message from young people



**Children and young people are our future leaders,
and they deserve to be heard.**

Being a young person can be tough. A lot of us are from challenging backgrounds and circumstances - whether that means we're homeless, in care, refugees, or children of refugees, and some of us have grown up in and out of hospital from a young age.

Being able to have a voice in the health and care system and represent our communities is vital to understanding what we need and how services need to change, to help us thrive into adulthood. If the people responsible for making decisions don't listen to us, the risk is we will grow into adults who don't function well in society. Prevention is key to avoiding the opening of a 'flood-gate' of problems and young adults with no support, no vision, and no future.

Through this project, Healthwatch Hillingdon are bringing the voice of children and young people to the leaders of health and care services by empowering us to speak openly and contribute to making things better through meaningful engagement and the co-designing of recommendations.

As a Young Healthwatch Hillingdon volunteer for many years, I've witnessed the power the voice of the community can have in influencing positive change, and I feel privileged to have acted as an ambassador for children and young people in Hillingdon. I hope this work leaves a legacy in Hillingdon as a roadmap for improving mental health and wellbeing support for the future.

Isra Sulevani,
Trustee and Young People's Ambassador
Healthwatch Hillingdon

Children and Young People's Vision for the Future

1. **Quicker access to support:** Children and young people highlighted the need for counselling and other mental health services that are available as quickly as possible, when they need it.
2. **Develop clear pathways for support.** There is low awareness of the services available to support children and young people with their mental health. A single point of access line and a website detailing local support options for families and professionals was a common theme raised by children and young people, parents and professionals.
3. **Help with managing school stress and pressure:** Children and young people told us that if they could, they would remove exams, reduce homework, and increase opportunities at school for stress-free activities. Exam stress is one of the highest contributors to mental health challenges and young people would benefit from more support in this area.
4. **Promote safe spaces and youth activities:** Our conversations with children and young people emphasised the importance of creating environments where young people feel comfortable and safe to open-up and connect with others.
5. **Work to combat stigma and encourage openness:** Providing opportunities for open conversations in safe and non-judgemental spaces was felt to be a good way of addressing stigma and normalising talking about mental health. Schools were suggested as good places to start.
6. **Invest in early intervention and prevention.** Young people believe that schools have a role in teaching children how to regulate their emotions and self-manage their mental health to help prevent more serious problems later in life.
7. **Invest time in building trust and connection.** Children and young people need time to develop trust in professionals.
8. **Give children and young people time to express themselves and be aware of clinical language barriers.** Children and young people don't always know the right words to say to be able to articulate themselves accurately or very quickly.
9. **Offer a greater choice of therapies.** A 'one size fits all' approach doesn't support those with specific needs or who are neurodiverse.
10. **Less formality and greater flexibility.** Offer a wider range of group support and fun activities that are engaging. Home visits and hybrid-based support between online and in-person would help young people to maintain engagement with therapies.



Children and Young People's Vision for the Future

11. **Provide more transparency and information about limitations concerning confidentiality and safeguarding.** Fear of family involvement is a barrier to children and young people seeking support from services. Telling them what to expect and being clear about parental consent will give them greater confidence in the process.
12. **Invest in community engagement and outreach.** So that children, young people and families can start to build familiarity and trust with services and have a better understanding of the support that's available to them when they might need it.
13. **Invest in peer support and mentoring programmes.** Children and young people told us they would be more likely to engage informally with someone they can relate to and who may have lived experience.
14. **Listen to us and involve us in decision-making.** Children and young people know best what works for them. Involve them in co-designing care plans and in making decisions about mental health service provision.
15. **Be autism aware. Build a better understanding of what children and young people who are neurodiverse need to engage with services.** Paying attention to environmental triggers and abstract concepts about emotions will help to provide services that meet their needs better.
16. **Be more aware of the specific issues that affect the LGBTQ+ community.** These children and young people experience greater levels of bullying and discrimination than most. Feeling safe from judgement and respecting confidentiality and privacy is highly important to them. Providing more targeted services aimed at supporting LGBTQ+ groups was cited as a recommendation.
17. **Make sure mental health support in schools is discreet.** Fear of ridicule and bullying is a barrier to children and young people seeking support. Ensuring their privacy is respected is paramount to them feeling confident in accessing services.
18. **Be culturally sensitive.** Cultural and religious beliefs can prevent children and young people of specific backgrounds seeking support. Services must recognise the role faith has and ensure therapeutic approaches take this into account.
19. **Provide training for families.** Offer mental health first aid and other training that supports parents to support their children to prevent crises.
20. **Invest in social media.** Promote support on the platforms that children and young people use – TikTok, Instagram, and gaming sites being the most prevalent – to help them access trusted information and support.



Introduction

Statistics from NHS England suggest that since 2015, **the number of young people reporting a mental health disorder has risen from 1 in 6 to 1 in 4**. In 2023, about 1 in 5 children and young people aged 8-25 had a probable mental disorder. Rates of probable mental disorders for 8–16-year-olds were similar for boys and girls, while for 17–25-year-olds, rates were twice as high for young women as for young men.

In 2023, the NHS provided mental health support for over 700,000 children and young people in England, with a 47% increase in treating eating disorders following the Covid-19 pandemic. Also:

- 40% of children and young people with acute mental health cases identify as Lesbian, Gay, Bisexual, Transgender and/or Questioning (LGBTQ+)
- 1 in 8 young people aged 18–25 who identify as LGBTQ+ have attempted to end their life, while almost 50% of transgender young people have considered ending their life.
- Amongst 7–10-year-olds, 19.7% of boys are considered to have a probable mental health disorder compared to 10.5% of girls.

There are known inequalities in accessing mental health and wellbeing services amongst young people from ethnic minority backgrounds, particularly young men from black backgrounds. Local youth justice service data highlights that **a high percentage of young people involved in criminal activity present to the youth justice system with undiagnosed mental health needs**, learning disabilities, social and communication difficulties, and speech and language needs.

In response to these concerning statistics, we worked in partnership with the North West London Integrated Care Board (NWL ICB) and local voluntary sector organisations, to deliver a project in Hillingdon that aimed to understand what children, young people, and families need from mental health and wellbeing services to support them to thrive, not just survive.

Our Approach



Between January and December 2024, we took a systematic approach to understanding mental health inequalities among children and young people.

Working with voluntary sector partners and local community groups, we identified groups of children and young people known to be at the highest risk of health inequalities and discrimination including:

- young people who identify as LGBTQ+.
- Children in the care system (Looked after Children).
- Neurodiverse children and young people, including young people with autism.
- Children and young people from ethnic minority backgrounds, and
- Young people in the youth justice system.

Key partners included P3, Hillingdon Autistic Care & Support (HACS), Hillingdon Mind, Harlington Hospice's Children & Adolescents Bereavement Service (CABS), Link Counselling, Uxbridge College, the Young Urban Arts Foundation, Hillingdon Libraries, and Hillingdon Youth Service. Collaborating with these organisations allowed us to connect with children and young people through established community networks and build trusted relationships with them.

We worked closely with the local community to engage with families and listen to their experiences. We gathered feedback using a wide range of mechanisms including:

- **A general survey:** We distributed a comprehensive survey, which received 311 responses from children, young people and families that provided insight into what impacts children and young people's mental health and what they need from services.
- **Focus Groups and Case Studies:** We facilitated around 15 focus groups and workshops for LGBTQ+ young people, looked-after children, neurodiverse children and young people, and those from ethnic minorities. These discussions helped us gain deeper insight into their challenges.
- **Community outreach and engagement:** we collaborated with partners in community events and conducted street interviews.

Around 500 children, young people and parents shared their views with us.

What Children and Young People Told Us

Demographic Breakdown of Respondents

The demographic insights in this chapter are drawn directly from our survey responses. In total, **311 participants completed our surveys**, while **over 400 individuals contributed to our project**, offering valuable perspectives on the representation of different groups within our study. To gather this data, we actively engaged with the community by participating in various events, including the Uxbridge College Freshers' Fair and Mental Health Week at Hillingdon Libraries. These events provided an excellent opportunity to connect with a diverse range of people, ensuring a broad and inclusive representation in our findings.

Gender



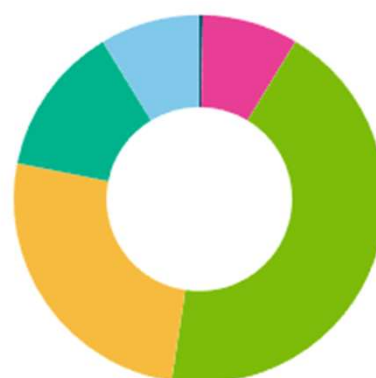
The gender breakdown of our respondents shows a higher number of female participants. More than half identified as female, around 51%, around 32% as male, and a notable number preferred not to share their gender.

Age and Role in the community

Our survey mostly engaged young people, with about 80% of respondents aged between 16 and 25.

Parents and guardians accounted for 1 in 5 of all participants.

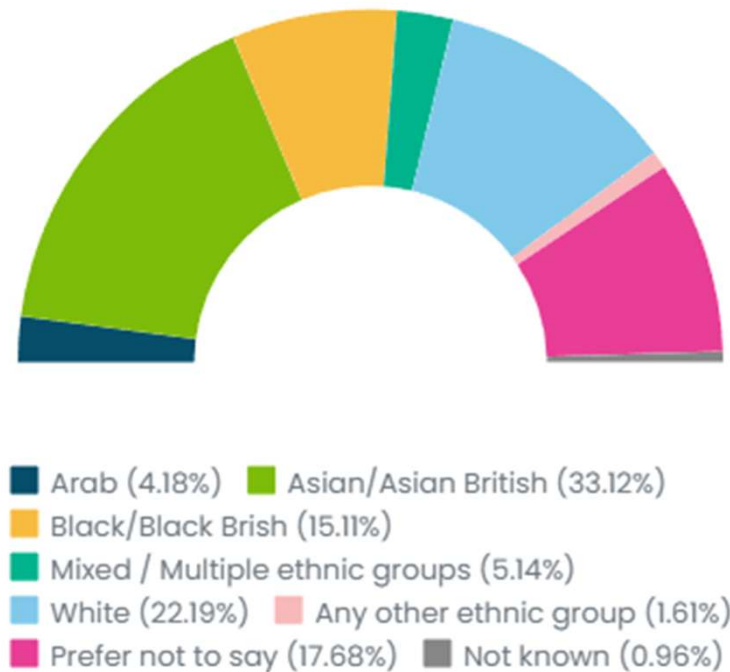
Age



Ethnicity

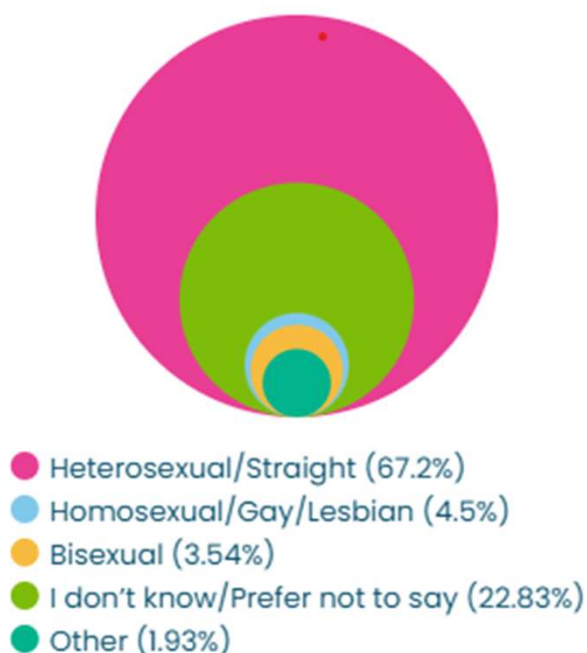
Our survey results reflects comparable participation from ethnic minority communities in relation to the demographic makeup of the borough, according to the ONS Census 2021.

We made a particular effort to include participants from Asian communities, such as Indian, Bangladeshi, and Pakistani backgrounds, as well as Black and Black British groups to ensure inclusivity and fair representation of children and young people in Hillingdon.



Sexual Orientation

Our survey captured a diverse mix of identities, reflecting the many different experiences within our community. The majority of respondents identified as heterosexual or straight, while a significant number identified as part of the LGBTQ+ community.



Disability

Most participants did not consider themselves to be disabled.

Survey Responses

Factors Negatively Influencing Mental health

Our survey revealed that young people face several challenges that can have a big impact on their mental health. The biggest concern was **stress about school, college, or university**, with many participants highlighting the pressure of exams, deadlines, and uncertainty about the future as major worries.

Family issues and financial struggles were also named as key stressors, making home life difficult for some. When families experience conflict or money worries, it can create feelings of instability and anxiety. These findings show just how important it is to support young people, ensuring they have the help they need to cope with these pressures.

Concerns about appearance were another major factor, with many participants noting that worrying about how they look negatively affected their mental health. One person shared how these worries often lead to feelings of low self-esteem and anxiety:

"At home I can't talk to my parents about anything because I'm scared they'll shout at me."

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It kind of falls into looks, but weight and weight management; underweight, overweight, obese and morbidly obese and trying to change weight.

Many young people spoke about the harmful impact of **bullying**, including **cyberbullying** and **discrimination**, with racism and homophobia being particularly troubling. For 107 participants, these experiences deeply affected their self-esteem and confidence, often making them feel isolated and distressed. One young person shared how bullying had a lasting effect on their sense of self-worth, which only made it harder to find their place in the world.

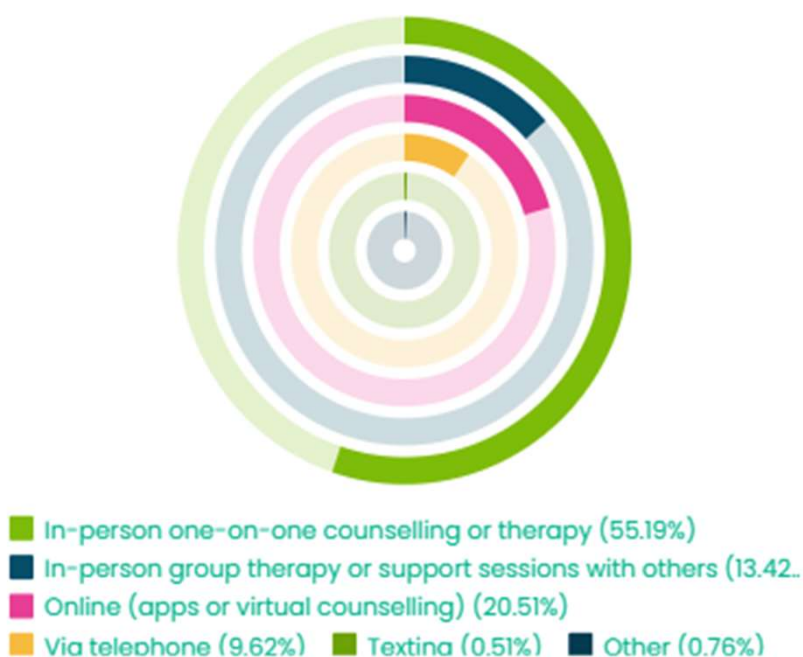
Isolation and loneliness were also major concerns for many, with 116 participants identifying them as key contributors to mental health struggles. During our focus group discussions, young people reflected on the role of social media. While it can help people stay connected, they also acknowledged how it encourages unhealthy comparisons, especially around appearance and lifestyle, which can make them feel inadequate and disconnected from reality.

Some participants highlighted the darker side of **gaming**. Although gaming can be a fun escape, they shared how it can sometimes lead to long periods of isolation, where the lines between online and real-world relationships blur. For some, this disconnect from their social circles intensified their feelings of loneliness.

Preferred Methods of Engaging with Mental Health Services

When we asked how children and young people would prefer to engage with mental health services, **the majority (281) said in-person, one-to-one counselling or therapy** was most preferable. Many told us that personal connection is important and believe that face-to-face interaction is most effective when it comes to addressing mental health concerns.

Additionally, **in-person group therapy** or support sessions were chosen by 53 participants. While not as popular a choice as one-to-one sessions, peer support was cited by many of the children and young people we spoke to as a preferable option for therapy, and that they would be more likely to share experiences with others who have lived experience of mental health challenges.



Other methods, like **online counselling** through apps or virtual platforms, were chosen by 81 participants, highlighting that **digital** continues to be an appealing and accessible option for many young people. This was especially true for those who identify as LGBTQ+, many of whom expressed a preference for the anonymity online platforms can provide, helping them feel safer when discussing their mental health.



I prefer going online where no one really knows me so that I can share my feelings with them to avoid discrimination.

40 participants chose **telephone or text-based services** as preferable options.

Coping strategies for managing mental health and emotional wellbeing



When my mental health is poor, I struggle with focus and motivation, so I listen to music and share my worries with close friends.

When young people face mental and emotional health challenges, they often turn to a variety of strategies to cope. The top five actions they reported include:

- **Talking to family** (139 mentions)
- **Sharing with a friend or partner** (123 mentions)
- **Watching TV or online content like YouTube and Netflix** (97 mentions)
- **Engaging in creative activities like art, writing, or music** (83 mentions)
- **Consulting a doctor, GP, or therapist** (81 mentions)

Gaming was also mentioned and in our focus group discussions, many young people spoke about the therapeutic value it has for them, describing it as a way to relax and briefly escape the daily stresses of life.



Many participants also expressed that they **would not approach a GP or mental health professional** for help with their mental health. We learned through further conversations that this reluctance often stems from a lack of trust in statutory services, cultural barriers, or negative experiences in the past, which can make seeking professional support feel unappealing. These concerns were common across all our discussions with children and young people, with many calling for services to be more accessible, culturally sensitive, and clearer about things like confidentiality and safeguarding.

Some participants told us about their experiences of resorting to **illegal drugs and alcohol, violent behaviour, smoking**, and **self-harming** as coping mechanisms.

Barriers to Seeking Mental Health Support

When asked about the reasons that might stop young people from seeking mental health support, several key barriers emerged, shedding light on the struggles many face when trying to access help.




The most significant obstacle was **stigma and fear of being judged**, with many participants feeling that reaching out for support might lead to embarrassment or negative perceptions from friends, family, or society. This highlights the ongoing challenge of changing attitudes towards mental health, as young people worry about how they'll be seen if they admit they're struggling.

Another major concern was **family involvement**. Many young people worried about how their families might react, with one participant explaining that their family's beliefs about mental health made them hesitant to speak up. This reflects the complex relationships within families, where seeking help can feel like a difficult or even impossible step.

Some participants also suggested that **many young people don't recognise when they may need help** or dismiss their need for support. This can lead to problems worsening over time.

Lack of trust in mental health services was another recurring theme. Many participants were concerned about confidentiality and feared that opening up about their struggles might trigger a safeguarding response.



*"I think my privacy
can be better
protected"*

Other significant barriers included:

Long waiting times for support, making it difficult to get help when it's most needed.

Fear of getting into trouble, with some young people worrying that speaking up could have negative consequences for themselves or others.

Lack of awareness of what support is available, suggesting that mental health services need to be better advertised and explained.

Past negative experiences that made some hesitant to seek help again.

Cultural or language barriers, which can make accessing support even more difficult.

Practical issues, such as transport, cost, or inconvenient appointment times, which can prevent young people from attending sessions.

A smaller but still important issue was **difficulty accessing digital services**, highlighting that for some, access to technology is not always the easy solution it's often assumed to be.

These findings paint a clear picture: while mental health support is available, many young people face real challenges in reaching out. Whether due to stigma, family concerns, or practical difficulties, these barriers show why **mental health services must be more accessible, culturally sensitive, and widely promoted**—so that no young person feels alone in their struggle.

Awareness of mental health services in Hillingdon

When we asked children and young people about their awareness of mental health services in Hillingdon, the responses showed a mixed level of knowledge. While some knew where to turn for support, a significant number had little to no awareness of the services available.

The most widely recognised service was the **Child and Adolescent Mental Health Service (CAMHS)**, with 89 participants saying they were aware of it. However, beyond CAMHS, knowledge of other local mental health and wellbeing support options was much lower. In fact, **over a third of respondents said they didn't recognise any of the listed mental health and wellbeing services**.

This finding suggests that more needs to be done to promote local mental health services, ensuring that young people know where to go for help when they need it. Raising awareness could make a real difference in encouraging young people to seek support before reaching a crisis point.

Experiences of Using Mental Health Services- what's working well

To understand their experiences, we asked participants about key aspects of their care, including:

- If they felt listened to
- If the service(s) had a positive impact on them
- Their satisfaction with the level of care and attention they received
- If they would recommend the service to others facing difficulties
- Their confidence in reaching out for help again
- If the service(s) engaged with them in ways that suited their needs

Responses were measured on a scale from "Strongly Agree" to "Strongly Disagree."

The results showed a **generally positive experience**, with satisfaction levels ranging between 62.5% and 75%. This suggests that the majority of young people felt who had used services felt supported, valued, and positively impacted by the help they received.



When asked what they valued most about the support they received, several key themes emerged:

- **Feeling Heard & Understood**
- **Tailored & Flexible Support**
- **A Personal & Compassionate Approach**



I felt listened to and that people cared. [They] also gave me hope.

The fact that the timings were suited to me, and there's no pressure.

It felt personal, and they were willing to provide me with further support without me requesting it.

Experiences of Using Mental Health Services- what could be better

While many found the support helpful, young people and families suggested areas that would benefit from improvement including:

- Reducing waiting times for treatment
- Increasing the number of sessions, which are currently limited
- Better consistency of professionals
- More person-centred support



The referral wait is always too long.

I don't want to be restricted to a set number of sessions.

I kept having to change from therapist to therapist – it was really frustrating.

There were too many staff changes, and transitioning to adult services wasn't smooth.

What This Means for the Future

These findings provide valuable insight into what young people want from mental health services—compassionate care, consistency, flexibility, and timely support. To truly make a difference, services must continue evolving to be more responsive, accessible, and tailored to individual needs.



Listening to Vulnerable Children and Young People

Through our engagement across Hillingdon, we spoke to around 100 children and young people from different backgrounds, ages, and experiences of mental health challenges. We facilitated 15 focus groups and workshops and participated in, or jointly facilitated, 20 events designed specifically for our target audience.

We wanted to understand what mental health and emotional wellbeing means to children and young people, and this approach helped us explore some common themes. While our survey fairly represents the wider population of children and young people in Hillingdon, this piece of work focused on the following groups due to their specific life experiences and challenges:

- Looked After Children (children in care)
- Children and young people who identify as LGBTQ+
- Neurodiverse children and young people
- Children and young people within the Youth Justice System
- Children and young people from minority ethnic backgrounds

Common themes on positive mental health



Feeling empowered to fulfil our ambitions and life goals.
Having healthy connections with family and friends.
Feeling in control of ourselves and our behaviours.
Feeling able to positively cope with life's challenges.
Being in supportive environments.
Being involved with community and healthy activities such as exercise and peer groups.

Common themes on negative mental health



Feeling stressed.
Feeling depressed (to a level that affects our ability to perform daily tasks).
Feelings of loneliness and isolation (feeling detached from society).
Overthinking and worrying about (perceived) minor challenges.
Withdrawing from our peers (or society in general).
Feeling demotivated.

Looked After Children

Looked after children are those under the care of the Local Authority, which means the responsibility for parenting is shared between the Council and the child's parent(s)/guardian(s). Through three workshops, we engaged with 22 looked after children and young people, aged 11 to 25, from diverse cultural and ethnic backgrounds. Most participants had experience of using mental health services.

The workshops were dynamic, filled with honest and heartfelt discussions that highlighted the challenges these young individuals face. They openly shared personal experiences with mental health, the barriers they encounter in accessing support, and their ideas for improving services. Their voices reinforced the importance of **empathy, early intervention, and flexible, inclusive mental health support.**

Negative Influences on Mental Health and Emotional Wellbeing

The young participants identified several factors that negatively affect their mental health and emotional wellbeing. Their responses highlighted the impact of home environments, relationships, and societal pressures.

Challenges in Relationships

The children and young people we spoke to highlighted that **inconsistent or dismissive behaviour from friends** was a major source of stress. Disagreements and the lack of reliable support had a negative impact on their wellbeing. Many shared that **feeling invalidated or unheard by their peers** increased feelings of loneliness and self-doubt, making it harder to reach out for help.



Role Models and the influence of adults

The importance of role models, whether positive or negative, was repeatedly emphasised by this group of children and young people. Parents, siblings, and older friends significantly shape young people's behaviours and choices. They told us that a positive role model can encourage healthier coping strategies, while a negative influence can lead to harmful behaviours like substance abuse, which had been the experience of some.

Looked After Children

“Hearing from someone like us makes a bigger impact than being told by a professional.”

Home Environment

Family tension (with some of this group experiencing domestic abuse) was highlighted as a significant contributor to poor mental health. Many young people shared experiences of physical and emotional abuse, and the impact of living in an environment with persistent conflict. These situations leave them feeling unsafe and overwhelmed, undermining their sense of stability and trust.

Life Changes and Instability

Frequent life transitions, such as changing homes, schools, and leaving organised activities due to age restrictions, or experiencing turnover in social workers, posed challenges for these young people. These changes disrupt routines and relationships, leaving them with a feeling of instability.

The Impact of Social Media

While social media was acknowledged as a tool for connection and learning, participants overwhelmingly agreed on its harmful potential. Unrealistic body images and skewed portrayals of relationships foster anxiety, depression, and low self-esteem. Young people, still developing their sense of identity, often struggle to discern reality from the curated content they consume. Some also noted that constant exposure to uncensored and distressing global news - such as reports of war - adds to feelings of hopelessness about the future.



It's important to teach us how to manage social media early.

Substance Abuse

Substance misuse, particularly vaping and cannabis use, was described as both a coping mechanism and a growing crisis amongst young people. Vaping was labelled a “new pandemic”, with concerns about its widespread use.

Many turn to substances to temporarily manage stress and anxiety, but this often leads to addiction, exacerbating mental health issues over time. Participants emphasised the importance of real-life stories from individuals who have experienced the consequences of substance abuse as a means to deter young people.

Looked After Children

Experiences of, and Barriers to, Seeking Mental Health Support

The young participants shared honest and detailed accounts of the challenges they face with mental health services and support. Their experiences highlight a range of personal, cultural, and systemic barriers that make it difficult for them to seek help, even when they need it most.

Lack of Trust and Fear of Judgment

Many young people feel unable to confide in their families about their struggles due to the fear of a parent's reaction, cultural beliefs, or feeling unheard. Building trust was seen as essential for effective support, yet many felt this was not prioritised by services. The children and young people we spoke to emphasised the need to develop strong relationships before expecting young people to open up.



Build a relationship with us.

Cultural Beliefs and Stigma

For some young people, cultural beliefs were a significant barrier. Mental health was often dismissed or misunderstood within families, particularly in communities where it was seen as a '**western problem**'. Without the language or vocabulary to express their struggles, young people found it harder to articulate their needs or seek help.

Discrimination and Feeling Dismissed

Experiences of discrimination discouraged many from engaging with support systems. Young people from Black and ethnic minority backgrounds in particular, felt judged or unfairly dismissed by professionals. Past discrimination felt by their families and communities also led to a general distrust of authorities and professionals like GPs and counsellors.



You need to give young people time to think so they are able to speak about what's happening and how it's making them feel.

We need to be treated with compassion, and as a person.

Looked After Children

Formal and Inaccessible Services

Mental health services were often described as **too clinical and rigid**, making them feel intimidating or unapproachable. Structured counselling sessions left some feeling unable to express themselves comfortably. Many said they would like to see **more tailored, person-centred support options** suited to their individual preferences.

Inconsistent Support

For many looked-after children and young people, the absence of a consistent, trusted adult was a major challenge. Frequent changes in social workers or counsellors disrupted relationships, forcing them to start over repeatedly.



Art therapy isn't right for everyone.

It's hard to trust someone new every time.



Non-Personalised Care

Young people criticised services for only addressing either physical or mental health issues, rather than treating them holistically. They want professionals to take the time to understand their full circumstances and provide integrated support.

Fear of Not Being Heard

The fear of being misunderstood or dismissed prevented many from seeking help. Whether it was uncertainty about a professional's reaction or a sense that they wouldn't be taken seriously, this lack of confidence discouraged engagement.



Doctors don't check the whole person.

Looked After Children

“We need time to build trust before we can open up.”

What Services could do Better

The young people we spoke with had clear ideas about how mental health services could improve. Their feedback focused on prevention, trust-building, inclusion, and making support more accessible and engaging.

Focus on prevention and early Intervention

Participants strongly advocated for mental health education to begin early in schools. They believed that teaching children how to regulate their emotions and understand mental health would help prevent more serious issues later in life.

Build trust and connection

The phrase “connection before correction” resonated deeply with the group. Building trust through open and honest connections with professionals was seen as essential.

Young people suggested that professionals should invest time in community settings like schools or youth clubs, where they feel more comfortable. They also valued informal support spaces, such as youth participation teams, as effective, therapeutic environments where they could receive peer support.

Offer more flexible and engaging therapies

Many participants felt current therapy options were too rigid and formal. They called for more variety and creativity in therapeutic approaches, suggesting activities like “walk and talk” sessions, physical exercise, art, music, and cooking. These methods were seen as less intimidating and more enjoyable, making it easier for young people to engage. Making therapy fun and incorporating games could help create a safer, more relaxed environment.

Person-centred Support

Participants emphasised the need for professionals to focus on the whole person, not just their symptoms. They would like tailored services delivered by professionals who genuinely care about their well-being.



Therapies need to suit us, not the other way around.

Take the time to understand what's happening in our lives.

Looked After Children

Provide Peer Support and Consider Role Models

Peer support was seen as a powerful tool, especially when led by individuals with similar lived experiences. Having positive role models also made a significant impact.



We relate more to someone who has been through what we're going through.

Having a healthy, [male] role-model has made such a difference for me.

Involve Young People in Decision-Making

Participants felt strongly about being included in the design and delivery of services. Young people want to be partners in decisions about their care to ensure that the support they receive aligns with their needs and preferences.



Listen to us, we know what we need.

Lead with Compassion

Above all, children and young people want to be treated with compassion and respect. They want to feel listened to without judgment, given clear explanations about processes, and offered reassurance.



We need to be treated as people, not just patients.

Create Safe and Supportive Spaces

Looked after Children suggested developing more youth-led spaces, where young people can openly discuss the issues affecting them. They feel these spaces would provide informal, peer-supported environments that would foster better mental health and wellbeing through a sense of community and belonging that many young people feel is lacking in their lives.



Adults don't always know what's best.

LGBTQ+ Children and Young People

Through our targeted discussions, we engaged with 27 children and young people, including teenagers and young adults from diverse ethnic backgrounds, who identify as LGBTQ+. To ensure an inclusive space, we organised online focus groups, a sexual health workshop and additional focus groups in partnership with local organisations and services - P3, Brook, and KISS. The following common themes were highlighted through our conversations.

The Impact of Discrimination on LGBTQ+ Children and young people

LGBTQ+ young people often experience discrimination and exclusion, both within mental health services and society in general. Many feel unsupported and misunderstood, which negatively affects their wellbeing. For them, positive mental health means feeling safe to be themselves without fear of judgment or discrimination.



Wellbeing is self-acceptance, inner peace, and feeling valued by others.



Seeking support

Many of the LGBTQ+ children and young people we spoke to told us they would turn to trusted relationships for support with the mental health. Some rely on close friends who understand them.

Others preferred to seek support from professionals, such as a GP or specialist, with some advising they had attended A&E when they felt overwhelmed.

Online communities were also mentioned as a key source of support due to their accessibility and anonymity.

Unhealthy Coping Mechanisms

Some of the young people we spoke to told us of how they've dealt with poor mental health in the past, which included:

- Avoiding school, for fear of bullying
- Disordered eating, and
- Isolating themselves from society

LGBTQ+ Children and Young People

Experiences of, and Barriers to, Seeking Mental Health Support

LGBTQ+ children and young people in Hillingdon face significant barriers when trying to access mental health support. Many feel unsupported, misunderstood, or even discriminated against by the very services meant to help them. Their experiences highlight systemic, cultural, and institutional challenges that must be addressed.

"I hesitate to seek support due to concerns about finding a provider who truly understands my experiences."



I avoid seeking help because of past negative experiences or mistrust in the system.

Some of the children and young people we spoke to shared unsatisfactory experiences with us regarding accessing and using Children and Adolescent Mental Health Services (CAMHS) and other counselling services due to:

- Limited availability and duration of sessions
- Frequent changes in therapists, requiring them to repeatedly share their stories
- Breaches of confidentiality, including parents being informed without consent and,
- Feeling unheard or invalidated regarding their gender and sexuality.

These issues have resulted in a lack of trust in mental health services, which is preventing some young people seeking support from services when they need them.

Fear of Family Involvement

Fear of being 'outed' to family, friends and the community is a significant barrier for many young people who may still be questioning their identity or sexuality or are not yet fully ready to be open.

Distrust of the System

Past negative experiences have left many young people reluctant to seek help. Some reported having their struggles dismissed.



A therapist told me I was just confused, which made me feel invalidated and isolated.

LGBTQ+ Children and Young People

Lack of LGBTQ+ Awareness Among Professionals

Young people reported a lack of understanding from health professionals, with some feeling that their LGBTQ+ identity was treated as more important than their mental health concerns. Others felt that professionals lacked the knowledge or sensitivity to offer meaningful support.

“The GP was more curious about my gender identity than my mental health.”

Limited Availability of Gender Dysphoria Services

Some young people had been referred to NHS gender identity services, only to face waiting times of up to seven years and a lack of local support. The closure of some services has forced young people to travel long distances, creating financial and logistical challenges. This lack of timely support leaves young people feeling isolated and abandoned:



“We do not have the support when we need it.”

Experiences of Discrimination

Discrimination—both within mental health services and in society—remains a major barrier. Many participants feared judgment when seeking help.

Another common issue was experiences of misgendering and of services refusing to use trans and non-binary young people's chosen names, which left them feeling dismissed and dehumanised. One participant described how they felt their mental health concerns were overlooked in favour of intrusive questions about their identity.

“Many people don't know where to seek mental health support, and they are afraid of discrimination regarding their sexual orientation or gender identity.”

LGBTQ+ Children and Young People



As an LGBTQ+ person, I'm going through a lot of depression and discrimination because we are not accepted in most of the community.



Environmental and Cultural Barriers

Young LGBTQ+ people also face challenges at home and in school. Many struggle with rejection from parents, making it difficult to seek help—especially for those under 16 who require parental consent.

In schools and educational settings, some young people reported a lack of adequate mental health support, and in some cases, outright rejection when they sought help. Stereotypes and misconceptions—such as the assumption that all LGBTQ+ students are attracted to their same-gender peers—also contributed to stress and feelings of alienation.

Practical Challenges

Additional obstacles included difficulty accessing GP appointments, long waits on helplines (such as the Samaritans), and language barriers, all of which discouraged young people from seeking the help they need.



Once I am misunderstood and not treated as a real person, it makes me withdraw.

Fear of being outed to family, friends, or the community is a significant barrier.

LGBTQ+ Children and Young People

Improving services for LGBTQ+ Children and Young People

Feedback from LGBTQ+ children and young people in Hillingdon highlights the urgent need for services to become more inclusive, accessible, and responsive to their specific challenges. Participants provided valuable suggestions on how to create a more supportive environment and address existing barriers.



1. Foster Inclusivity and Representation.

Increase LGBTQ+ representation in services. Young people expressed a strong desire to see more openly LGBTQ+ professionals in healthcare and social care.

Develop LGBTQ+ friendly health centres. Creating dedicated spaces with knowledgeable staff could help ensure affirming care, especially for gender-related support and mental health concerns.

2. Make Services more Accessible and Young Person Friendly.

Provide greater transparency about parental consent. Some young people felt that strict parental consent requirements prevent them from seeking help, especially those questioning their gender or sexuality. Services should have open discussions with young people about their rights and the potential implications of parental involvement to ensure appropriate support is in place.

Provide more LGBTQ+ aware services. Increased availability of services that understand LGBTQ+ challenges would help build trust and rapport.

Offer flexible therapy options. Many participants preferred a mix of in-person and virtual support.

Provide welcoming therapeutic environments. A friendly, non-clinical environment was highlighted as essential

LGBTQ+ Children and Young People

3. Leverage Technology and Social Media

Promote services where young people are already active online. Mental health services could be advertised on platforms like TikTok, Instagram, and gaming communities.

Combat online misinformation. More efforts are needed to address online bullying, fake news, and harmful experiences to create a safer virtual space.

4. Provide more Community and Peer Support Opportunities.

Invest in youth-led peer support. Creating spaces for LGBTQ+ young people to connect with those who share similar experiences could help provide vital and timely support that many young people say they would engage with.

Develop inclusive community and family programmes. Resources that help both young people and their families navigate challenges together could help to foster resilience and self-acceptance.

5. Educate and Train Professionals

Provide specialist training for staff. LGBTQ+ young people emphasised the importance of professionals being educated on gender identity and LGBTQ+ issues.

Simplify communication. Reducing medical jargon and allowing more time for young people to express themselves would improve engagement.

Listen to understand. Professionals should create a safe space where young people can speak freely without fear or embarrassment, helping to build trust and improve engagement.

6. Expand Services Beyond Health

Enhance and invest in 'Wellbeing Hubs'. Young people proposed community hubs offering more than just mental health support, including housing resources and employment advice.

Provide targeted services for specific groups. Dedicated provisions for trans and non-binary young people would ensure that no one is left behind.



If I had a magic wand, I'd create dedicated support centres and safe spaces where young people feel truly heard and supported.

Children and Young People who are Neurodiverse

"Depression or autism is not something that you have chosen, and people with autism need compassionate care"

NHS data suggests that children and young people who are neurodiverse are more likely to have mental health challenges than those who are neurotypical. Alarming, they are more than twice as likely to attempt suicide or have suicidal thoughts.

In partnership with local charity, HACS (Hillingdon Autistic Care and Support), we facilitated two workshops and held interviews with children and young people in Hillingdon who have an Autism diagnosis, and/or ADHD (Attention Deficit Hyperactivity Disorder), to understand the specific challenges they face and what their support needs are.

Mohammed's Story

Mohammed, a young Black man, originally from Somalia, living with autism, has been navigating depression and the challenges associated with mental health stigma in his family and community. He often feels uncomfortable, embarrassed, and unsupported due to societal perceptions. Experiences of bullying at school and within his family have compounded these challenges, leaving him feeling isolated.

"Certain cultures do not accept that there is something wrong, such as autism or mental health issues."

Mohammed has sought support through his GP, but the process has been fraught with difficulties. He feels GPs often lack understanding of autism and its intersection with mental health. He says,

"They are not understanding, although they know my condition."

Long waiting lists, inconsistent care, and dismissive attitudes from some doctors have left him feeling unsupported. He has been waiting over three years for Talking Therapies and believes more tailored, empathetic care is essential. Cultural stigma remains a significant challenge for Mohammed, particularly within the Somali community,

"Parents coming from certain cultures might give their child a hard time and compare them with their siblings,"

and believes more awareness campaigns within diverse communities in Hillingdon could help to overcome stigma and foster a greater level of acceptance.



Children and Young People who are Neurodiverse

Negative impacts on mental health and wellbeing

Children and young people who are neurodiverse experience greater challenges with integrating into society than children and young people who are neurotypical. Societal norms such as building meaningful relationships, navigating pivotal life transitions such as moving from Primary to Secondary school, going through puberty, and entering into work, can affect the mental health and emotional wellbeing of people who are neurodiverse significantly.

Mohammed's story highlights the multifaceted challenges faced by individuals with autism and mental health issues. From stigma to systemic gaps in healthcare, education, and community support, his story underscores the urgent need for tailored, compassionate approaches.

The young people we spoke to told us the most common issues that affect the mental health of neurodiverse children and young people are:

Loneliness and isolation, both of which can lead to depression. Young people with autism find interacting socially challenging due to not understanding social cues and norms. This in turn means that they find it difficult to build meaningful relationships beyond superficial interactions and so they don't feel confident or even able to reach out to anyone when they most need support.



Life transitions such as leaving school/college/university affect people with autism more significantly than neurotypical people, and can cause overthinking, increase anxiety levels and cause young people with autism to catastrophise situations.

Transition to adulthood is especially challenging for young people with autism due to social pressures and not feeling able to form relationships easily. Transitioning into a working environment is of significant concern for people with autism.

Bullying and discrimination, particularly in the mainstream school environment, which further exacerbates feelings of isolation, disconnection from society, and loneliness.

Children and Young People who are Neurodiverse

Experiences of, and Barriers to, Seeking Mental Health Support

Challenges with social skills.

The children and young people we spoke to told us that they tend to withdraw from society as a way of coping, and this means they are unlikely to 'reach out' to services or anyone else for support. Coupled with difficulties in building deep connections, they also find themselves with limited people in their lives that they feel they can turn to for support.

Fear of ridicule and bullying from peers.

The young people we spoke to talked of their traumatic experiences of being a child with autism and the bullying they were subjected to in school. They did not seek support for fear of bullies finding out and this leading to further problems.

Due to their unique needs, children with autism are often taken out of mainstream classes for specialised lessons, this means they are further isolated from their peers with some reporting they've experienced bullying for their difference. Consequently, a child with autism may not seek support from mental health and wellbeing services in school for fear of their peers finding out and this leading to further bullying and discrimination.

The story of one person's experience of such ridicule at school suggests it may be a reason why boys especially underreport mental health difficulties, due to fear of bullying and accusations of being 'weak.'

Previous negative experiences of services.

In many cases, children and young people who are neurodiverse find it difficult to engage with the therapies offered, particularly Cognitive Behavioural Therapy (CBT), which can be too abstract for them to understand. In addition, environmental factors play a significant role such as levels of noise and lighting in some of the more clinical environments, which makes it challenging for them to engage with services.



Once I told them I have autism, their approach changed completely. They treated me like a child and gave me Lego or something like that.

Children and Young People who are Neurodiverse

"If someone reached out to me it would make a difference, because I don't feel able to reach out to anyone."

Engage with children and young people with autism through what they're interested in.

What Services Could do Differently to Better Support Children and Young People who are Neurodiverse.

Invest in befriending, peer support, coaching & mentoring schemes.

Children and young people who are neurodiverse often feel isolated. The young people we spoke to suggested early interventions through mentoring and befriending would support them to feel less alone and disconnected from wider society.

Outreach.

It was felt that services could do more to reach out to children and young people to let them know that they exist and how young people can access them.

Offer greater flexibility.

The children and young people we spoke to called for services to be more considerate of the environments in which services are provided, and to offer more home visits where children and young people who are neurodiverse feel safe. Reducing noise and bright lighting would make a huge difference to many and some may also need longer appointment times to assist them to process their emotions, which they can find challenging.

Offer more discreet support in and outside of the school environment.

Due to concerns and experiences shared with us around bullying and discrimination, confidentiality is highly important. For some children and young people, the school environment doesn't always feel safe for them to receive mental health support.

Be more autism aware.

Children and young people who are neurodiverse find the traditional delivery of therapies difficult to engage with as they can be too abstract and conceptual.

Children and Young People from Black and Minority Ethnic Backgrounds

"I pray to seek help but keep it to myself."

We ran three focus groups in partnership with Hayes Muslim Centre, bringing together around 35 young women and girls (plus over 10 mothers) and 25 young men (with parents) to talk about mental health and emotional wellbeing. The discussions explored what good and poor mental health looks like, how young people cope, and the challenges they face when seeking support.

Cultural beliefs and faith were important factors in both mental health challenges, coping mechanisms, and seeking support.

Barriers to Seeking Support

Participants identified significant challenges to seeking mental health support, including:

Long waiting times

Delays in accessing care discouraged many from seeking support with frustrations shared about long waiting times for GP appointments and referrals into mental health services.

Fear of judgment and stigma

A fear of judgment from family, friends, and professionals was a recurring theme.

Concerns about confidentiality

Trust issues emerged, with several participants worried that their concerns might be shared with others.

Cultural and religious beliefs

Some participants preferred natural remedies, or coping mechanisms tied to their faith, expressing scepticism about 'western' medicines or interventions in a medical setting,

Lack of relatability

Attendees found professionals delivering school-based mental health talks "unrelatable," which made it harder to engage with them.

Experiences and fear of discrimination in healthcare settings

Some believe they have been, or will be, treated differently due to their religious beliefs and cultural backgrounds.



The slow response has prevented me from seeking further support from services.

What needs to improve to better support children and young people from black and minority ethnic backgrounds.



Mental health and emotional wellbeing are not considered serious enough to see a doctor.

Access to support

- Families called for a 'single-point-of-access' with a 'real' person for immediate support.
- Reduce 'form-filling'. Parents told us the requirements to complete forms online when trying to access immediate support for their children was a major barrier and source of frustration.
- It was suggested that GPs should prioritise appointments for patients seeking help with their mental health to reduce waiting times and improve the referral process.
- Develop a local mental health website with clear, accessible information on the support services available locally.

Early intervention and support in schools

- Introduce and/or improve mental health and wellbeing education in primary schools to encourage and normalise conversations about mental health at a younger age.
- Train teachers to better identify and support higher risk students, particularly those who are neurodivergent and/or have additional needs.
- Mental health support in schools needs to be more discreet to protect confidentiality and privacy and avoid stigma or bullying from peers.
- Introduce exam stress and anxiety workshops in schools and community centres.
- Provide better mental health training for teachers to improve the consistency of student support across all schools.
- Encourage less screen time in schools to reduce social media-related anxiety.

Community-based support

- Provide more wellbeing activities for children and parents (e.g. fitness, cooking, creative sessions) in community and faith settings.
- Expand support for children aged 8–15, focusing on bullying and isolation.

Cultural sensitivity

- Train mental health professionals to have a better cultural awareness in order to understand the role culture has in affecting and recovering from mental health challenges.
- Consider the role of faith and spirituality alongside traditional therapies. Participants in our workshops expressed a strong preference for spiritual support alongside professional care.



They say crying is good but then scold us for crying.



My friend had therapy with a Muslim female therapist, and it really helped because they had a shared understanding.

Boys and Young Men in the Youth Justice System

John's Story

"John has a CAMHS assessment appointment today that I was speaking to him about. He doesn't want to go... He doesn't want therapy as (he says) it's not helpful...." "John hasn't had any formal mental health support for a long time and...talking therapy is a daunting prospect... He explained to me that writing and working on music is therapeutic. I suggested we could explore this further and asked if having an outreach worker would be helpful in supporting him to engage with education, music and thinking about what his goals are. He liked the sound of this and has agreed to be referred to a service for help."

-Hillingdon Youth Justice Support Worker



According to local Youth Justice data, a significant proportion of boys and young men involved in criminal activity are from black and minority ethnic backgrounds, often presenting to the Youth Justice Service with undiagnosed mental health conditions and/or unmet developmental needs.

Many young people involved in serious youth violence and crime in Hillingdon have accessed CAMHS(Children and Adolescent Mental Health Services)but are reluctant to continue. They find CAMHS too clinical and feel they're not listened to.

They don't believe professionals understand their life experiences and feel the focus is solely on diagnosing problems.

Confidentiality is a major concern, especially if these children and young people continue to be involved in criminal activity. They fear their information could be shared, which would put them at risk of harm.

Link Counselling has been working with the Youth Justice Service in Hillingdon to support regular counselling with these young people. Recent feedback demonstrates that the approach of the Link counsellors is having some success,



They [Link Counselling] listen and accept me, unlike psychologists who seem to be searching for what's wrong with me.

Boys and Young Men in the Youth Justice System

Barriers to Seeking Support

A major barrier, which is specific to children and young people from black and minority ethnic backgrounds, is the generational distrust of authorities – the police, health system, education system, and the government - based on their parents' or grandparents' past experiences.

Throughout our discussions with children and young people in Hillingdon, we heard many examples and personal experiences of seeking wellbeing support elsewhere within their families or communities.

Some children and young people have turned to 'trusted' adults in their communities, only to be led towards using alcohol or illegal substances and/or drug-related activity as a coping mechanism. In some this has resulted in addiction, drug dealing, and other criminal activity.

Many feel uncomfortable talking to professionals they don't relate to or trust.

What needs to change

Many young black and minority ethnic boys and young men in the youth justice system feel misunderstood and judged by traditional mental health services. However, they do have suggestions for how trust could be built.



Investing in community engagement and peer support initiatives to develop and build positive relationships, familiarity, raise awareness and **promote local services**.

Investing in mentors and relatable role models to provide trustworthy and reliable support.

Exploring alternative therapeutic options, such as music, creative arts, and outreach support, rather than relying solely on clinical therapy.

Views of Parents and Families

“Long waits create distrust and a lack of faith that services can provide the support people need.”

Our survey and conversations with children and young people revealed that most would first seek support from parents, family members, friends, or a trusted adult. This highlights the need to support parents, and the wider community in general, in understanding what mental health support is available in Hillingdon and how to access it.

Of the 32 parents who completed our survey, only:

- 18 were aware of Talking Therapies (age 16+)
- 14 knew of CAMHS
- 6 were aware of P3

Parents tell us they are most likely to seek support from their GP if they feel their child is experiencing mental health challenges or attend the emergency department if they believe their child is in crisis. The usual scenario is either a referral to CAMHS or little to no other support options at all.

Throughout our engagement process, and the general feedback we often receive about access to mental health support, the parents and young people who had sought support from health services for mental health challenges often told us of long wait times for an initial appointment with their GP, followed by a further long wait for communication from CAMHS following a GP referral, which often led to a referral being rejected because their child's concern did not meet the threshold for treatment. Parents are then left feeling lost and helpless, and their children feeling as if they are “not important enough” to be given the help they need.

Parents told us that long wait times and slow responses to referrals creates distrust of the health and care system, and that these experiences create further barriers to seeking support. It's often felt that their children will have to reach crisis point before they will be taken seriously, and in some cases, parents believe this has left their children and young people with irreversible mental health challenges that negatively affect their quality of life into adulthood, thereby increasing health inequalities.

Mary's Story

Mary's daughter Ellie, now 23 years old, was diagnosed with Psychosis a few years ago. She has recently been sectioned for the fourth time since she was 18.

Mary's first experience of mental health services was with CAMHS, who accepted her daughter Ellie into the service only on a second attempt, a year after Mary had first expressed concerns about her daughter's mental health condition, which included dramatic mood swings. Before then, CAMHS said that her daughter's mental health was "not bad enough".

When her daughter was finally accepted by CAMHS, she received six sessions with a CAMHS graduate practitioner leading up to her 18th birthday, but with no ongoing options for support, she was simply discharged back to the GP.

It took for Ellie to become acutely unwell again before Mary was able to access any services, with Mary being left to support her daughter on her own up to the acute episode.

"With evidence that Psychosis can be managed better with early intervention, I believe the care system failed my daughter, and that if they had intervened earlier her mental health could well be more stable today."

Experiences of, and Barriers to, Seeking Mental Health Support

Negative experiences of CAMHS

Whilst some parents felt that wait times from GP referral to CAMHS triage had improved, there was a long wait from triage to follow-up, with very little communication from CAMHS.

In some cases, appointments with CAMHS had only been offered virtually, and parents found that their children were finding it difficult to engage with the therapist. One parent told us her daughter refuses to participate in virtual appointments and is concerned she will not receive any support at all because of this.

Parents of children with special educational needs and/or disabilities report very specific challenges in accessing and using CAMHS with instances of children with SEND being discharged early for having behavioural and not mental health needs, which these parents dispute. This leaves parents feeling unsupported by the health and care system, with nowhere to turn.

Lack of awareness of services

Parents told us that to them, the health and care system feels very disjointed, and that services could work together better. Most of the parents have found support services through their own searching and experience, not through signposting from professionals.

There needs to be greater clarity about what support is available, and it would be helpful if there was a guide to support – either a website or leaflet – outlining what's available, who it's for, and how the service can be accessed.

Lack of support for parents and families

This was raised as a major issue, as was a lack of empathy from services when seeking support. Many of the parents we spoke to told us they felt isolated and alone in navigating the system and in learning how to cope with their children's mental health challenges.



Reduce waiting times for support. GP appointments for people experiencing mental health difficulties should be treated as a priority appointment.

What Services Could do Differently to Better Support Parents and Families

The parents we heard from recognise they are an integral partner in supporting and caring for their children's mental health and emotional wellbeing.

"Upskill parents and young people to support people going through mental health difficulties. Teach skills such as active listening, and basic mental health support"

There is a strong desire to 'work with' statutory services to support in managing risk and improve outcomes for their family. However, to achieve this they need greater knowledge of available and appropriate services, and support from health and care services to learn the skills needed to help their child, particularly whilst waiting for professional help, and post therapeutic support to prevent their child reaching crisis.

Respect parents as experts in their child's needs

Health professionals, in particular, need to take more notice of what parents are telling them. Some parents felt that their concerns about their child were dismissed initially. Whilst they acknowledge they may not be experts in health, parents said they are experts in knowing their children's behaviours and when something 'isn't right.'

Improve communication about services

Parents feel as if they are expected to know the health, care, and education systems and how to navigate them. They advised that services need to explain things in simpler language, and communicate better about how services work, what's available, and what parents can expect.

Training for parents

Delivered in a way that 'meets them where they're at', and takes into account their work, home and family commitments. In addition, training needs to give a positive message for parents about what they can do to support their children. Mental Health First Aid training would be valuable to them.

Introduce a 'triage' system

It was suggested that an efficient triage system for mental health would be an easier and more efficient way for parents to access the most appropriate services. They called for a single point of access for support when it is needed, as opposed to parents having to search for information about what support is available but having no idea if it's suitable for their child.

Services need to be more 'autism aware'

Parents of children with SEND feel services need to better understand that children who are neurodiverse may need to be worked with differently. In the example of those accessing CAMHS, virtual appointments have actually created a barrier to support and treatment for those children.

A Roadmap to Improvement; our recommendations for commissioners and decision-makers



Recommendations

Actualise the implementation of the Thrive Framework across the children and young people's mental health system

The Thrive Framework is an integrated, person-centred approach designed to improve mental health services for children and young people.

Developed by the Tavistock and Portman NHS Trust and the Anna Freud National Centre for Children and Families, It aims to transform services by providing a coherent and resource-efficient model that emphasises prevention, early intervention, and the promotion of mental wellbeing across the population.

We want to see the Thrive principles embedded into services and central to the commissioning of services to:

- **Promote collaboration** and **seamless support** between services by bridging the threshold gaps.
- **Make it easier** for children, young people, families, and professionals **to navigate services** and support.
- **Continuously listen** to and involve children and young people in the provision of services to ensure a dynamic approach that works for them.
- Turn **rejections** into **redirections** ensuring there is never a wrong front door into services.
- **Focus outcomes** on what outcomes are important for children and young people.
- **Provide timely support**, that's appropriate for children, young people, and their families.

Recommendations

Invest in the Voluntary Sector

The Voluntary and Community Sector in Hillingdon already provides invaluable support to families and accumulatively has years of knowledge and experience of working with vulnerable families to improve their life skills and opportunities. Often, children and young people find their services easier to engage with and more accessible than statutory mental health services.

Without long-term funding and investment in the sector, strategic planning for future mental health and wellbeing services is limited. In turn this negatively impacts the potential for positive outcomes for the local community.

Voluntary Sector services that can provide early intervention can support the reduction in the need for crisis intervention and the associated much higher cost of specialist support. However, the services they provide must be utilised appropriately with recognition of their capacity and capabilities.

We urge commissioners and decision-makers to:

- **Value the Voluntary Sector's expertise** and learn from them.
- **Improve the sustainability of funding** for voluntary sector services.
- **Promote and empower effective working relationships** between CAMHS and voluntary sector services.
- **Support capacity-building** through effective support systems to assist in managing high-risk children and young people.
- **Ensure appropriate triaging** into voluntary sector services.
- **Recognise voluntary sector organisations as equal partners** in the health and care system and **embed them within the mental health pathway**.

Recommendations

Support schools to lead

Schools have a critical role to play in supporting the mental health and wellbeing of their students and are often the first to identify mental health challenges. However, they need to be supported by the health and care system to access appropriate resources and services.

Based on what the children and families we spoke to told us, we call on health and care leaders to support schools by:

- **Improving the consistency of mental health support in schools.**
- **Investing in early intervention and prevention** such as through the introduction of wellbeing classes as a standard across all schools.
- **Training teaching and support staff to recognise warning signs** and understand the impact of mental health challenges.
- **Investing in peer support and mentoring initiatives** to build trust and effective relationships with children and young people.
- **Providing clear pathways to services and support** in and outside of school.
- **Ensuring a joined-up approach** to support in and outside of school as this is often where communication issues occur.

Recommendations

Develop clear pathways to support

A lack of awareness and confusion about the mental health services available in the borough was voiced very strongly by children, young people and their families throughout our conversations with them. It is a major barrier to getting children and young people the support they need when they need it.

We strongly encourage health and care leaders to:

- **Develop a single point of access for children, young people, families, and professionals** that is available as a website, digital app, and a phone line, ensuring the information provided is meaningful and kept up to date.
- **Introduce better support for front line health practitioners** – GPs and Emergency Department staff in particular need interventions and services available at the front door.
- **Invest in effective triaging**, to ensure referrals to services are appropriate, that they meet children and young people's preferences, and don't overload one particular service, ensuring families access the right support, at the right time, and in the right way.
- **Establish pathways to suicide and self-harm prevention** linked to safeguarding strategies.
- **Review thresholds for support** to reduce gaps in support, rejections from support, and to prevent children, young people, and families 'bouncing' around the system, which increases the risk of worsening their mental health.

Recommendations

Listen. Engage. Involve.

- **Develop support for families** to build resilience – provide training and information and empower parents and caregivers to be partners in their children's care.
- **Systematically involve children, young people and families in decision-making** about the provision and delivery of services and ensure their feedback is regularly reviewed and used for the continuous improvement of services.
- **Invest in community engagement** to improve the awareness of services, break down cultural barriers, and build trust.
- **Give children and young people agency** to make informed decisions about their treatment and care plans to give them more ownership over their mental health and wellbeing. Provide greater transparency about safeguarding protocols and triggers.

Review spending to:

- **Invest more in early intervention and prevention** to prevent crises and reduce demand for risk support.
- **Implement a broader range of therapies and support** that children and young people are more likely to engage in, leading to better outcomes.
- **Provide safe and inclusive spaces** where young people can access support and activities that promote wellbeing and a sense of community.
- **Invest in social media and online applications on platforms children and young people actually use**, for example, Tik Tok and gaming sites to reach children and young people where they are with trusted information about support.

Recommendations

Review the accessibility of services to improve outcomes for:

- **Children who are neurodiverse** – review therapeutic practices, spaces, and language. Some therapies such as CBT are too abstract. Utilise expertise from voluntary sector services HACS and CAAS, who provide specialist support for people with Autism and ADHD.
- **Children who identify as LGBTQ+.** Service providers need greater awareness of the specific challenges these young people face and how they impact their mental health. Stigma, bullying and discrimination, fear of ridicule and social isolation are significant issues greatly impacting their wellbeing and are also barriers to seeking support.
- **Children from black and ethnic minority backgrounds.** Service providers need to demonstrate greater cultural awareness and understanding of cultural and religious beliefs.

Share good practice, knowledge and insight

- **Develop a whole community approach to children and young people's mental health.** Involve youth services, schools, communities, and faith groups in conversations about mental health, not just health and social care providers, we're all part of the solution!
- **Ensure the continuity of networks** across the health and care sector, and the wider community, to improve knowledge and awareness of services

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- The Hillingdon Confederation (of GPs)
- SEND Family Support
- Uxbridge College
- Brunel University
- Hillingdon Primary and Secondary Schools
- The Young Urban Arts Foundation (YUAF)
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