'YOU'RE HELPING ME JUST BY LISTENING'

A PEER RESEARCH STUDY INTO YOUNG ADULTS'
JOURNEY THROUGH MENTAL HEALTH SERVICES
IN GREATER MANCHESTER

Greater Manchester Integrated Care Partnership

42ND STREET

The research team

Project lead:
Niamh Carroll

Peer researchers:
Kenzye Roberts, Grace Kelly,
Sofija Zindule

Steering group members:
Clare Mayo, Integrated Commissioning
Manager, Adult Mental Health Salford

Candice French, Deputy Strategic Lead
for Community Transformation
(GMMH)

Alison Kendall, Programme Director:
Transformation Project (Pennine Care)

Richard Caulfield, Senior Policy
Manager at GM Colleges

Vicky Gillibrand, Service Manager
Emerge 16-17 CMHT (MFT Foundation
Trust)

Amy Binder/Zoe Greenwood,
Psychosocial Service Manager (42nd
Street)

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Foreword:

We would like to thank all the young adults from across Greater Manchester who bravely and kindly took part in this research. We feel incredibly grateful to have heard your experiences and ideas and they have shaped every step of this process. We hope that you feel your voice is reflected in what we have written.

THANK YOU!

Contents

Executive Summary:

Every young adult deserves mental health support that is personalised, easily accessible, and free from stigma.

Unfortunately, for many young adults this isn't the case. What we have learnt from young adults is that services aren't currently meeting the needs of those who require support. On the whole, young adults don't feel acknowledged and understood by mental health services. They struggle to navigate the complex landscape of mental health support on their own. And when they do get support, they are waiting often without contact for long periods.

How do we know this? In summer 2023, over 150 young adults gave up their time to talk to us about their experiences of accessing support for their mental health and shared their ideas about how things could be different. We want to recognise how difficult talking about your experiences can be and thank everyone who contributed to this project.

The research doesn't make for comfortable reading. And unfortunately, we are only adding to the growing literature around children and young people's mental health, which continues to show how let down young people have been.

What we do know is that young adults are hopeful. They have ideas about how we can work together to change things, and they want to be involved in making that change happen. We need to listen to these young adults and ensure that in 5/10 years time we are not writing the same report.

We have listened and the recommendations we are making fall into five key areas:

- **Waiting times**
- **Navigating the system**
- **Bridging the gap in understanding between young adults and the system**
- **Developing structures to support and embed lived experience involvement**
- **Little things that make a big difference**

If we want young adults' experiences to look different, then we need to do things differently.

We have found that young adults indicate that problems begin before they even reach the stage of getting support. They find it difficult to navigate the system and get access to appropriate support. Young adults say that doors are constantly being shut and in order to access services they need to be in crisis. Crucially, this means for many young adults the period for early intervention has been missed. Time and financial pressures are also preventing young adults accessing support.

Once receiving support, many young adults feel that their voice isn't listened to. They feel dismissed by services; there is a lack of understanding when it comes to their needs. Additionally, young adults don't see themselves reflected in services, being able to connect with people who are the same age and have similar experiences would be welcomed. Where young adults have had positive experiences with services, often it has been because they have been given the time and space to create a safe, positive relationship with the person they are working with. Unfortunately, these experiences have often been conflated with feelings of luck; young adults are acutely aware that not everyone will be able to access the same standard of care. Luck should not be part of the equation.

You might think you have read reports like this before. And that's because you have. In 2021/22 CQC reported that experiences of care are generally poor, with young people feeling like their symptoms are not taken seriously[1].

In 2022 Young Minds reported that 58% of young people said their mental health had got worse while waiting for support[2].

In 2021, Mind reported that reaching out for support is where young people face some of the biggest barriers, and that once in support young people often feel left in the dark due to a lack of transparency[3].

Many of the themes that we explore in this report will mirror the themes found in these reports. The 2022 NHS Digital report showed that rates of mental health issues amongst 17–19-year-olds had risen from 10.1% in 2017 to 25.7% in 2022[4]. Young adults need good quality responsive services that listen.

If we know all of this then why hasn't anything changed? We have spent the summer 2023 creating safe spaces for young adults, not just to understand what has gone wrong - this has been reported before. This time we have gathered their ideas and insights on how to make this better. We are moving things on. This report will offer solutions, but solutions that are doable. Some are easy quick wins and others are longer term, but we are providing some tools to support you. This report is for everyone, and we all have the ability and responsibility to take what we can from the experiences of young adults to improve things. So, this is not just another report – it is a blueprint for better mental health support for young adults.

[1] CQC, 'The State of Care 2021/22', https://www.cqc.org.uk/publication/state-care-202122/concern#cyp
[2] Young Minds, https://www.youngminds.org.uk/about-us/media-centre/press-releases/mental-health-waiting-times-harming-young-people/
[3] Mind, Supporting young people – with a focus on trauma',
https://www.mind.org.uk/media/13447/yp-with-focus-on-trauma-scoping-research-report.pdf
[4] NHS Digital, 'Mental Health of Children and Young People in England 2022 – wave 3 follow up to the 2017 survey', https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2022-follow-up-to-the-2017-survey (2022)

Introduction: background and context

The NHS Long Term Plan outlines the movement towards Community Mental Health Transformation .

This research project has been funded by Greater Manchester[5] Integrated Care Board (GM ICB) as part of the process to inform the development of the Living Well system and the wider transformation of adult mental health services across Greater Manchester. It is in recognition that a lot of the information we have around young people's mental health often focuses on the transition from CAMHS (Children and Young People's Mental Health Services) to Adult Mental Health services. It has been well documented that there are considerable problems faced by young adults making this transition, differences in criteria, ways of working and often significant variations in the approach taken.

However, there is a general lack of learning relating to the needs of young adults within adult mental health services and this is even more acute for young adults who experience inequalities.
Paying close attention to this age range (16-25) is important for several reasons. 75% of mental health issues are established by the age of 24[6], therefore, the need for early intervention is vital. In addition to this, young adults face increased and specific challenges in accessing support, this age range often involves significant changes in social dynamics, including forming new relationships, independence from family, and exposure to diverse environments. By prioritizing mental health care for the 16-25 age range, we can effectively support young adults during a critical phase of development, fostering well-being, resilience, and successful transitions into adulthood.

[5]NHS England » The community mental health framework for adults and older adults
[6] Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE. (2005). Lifetime Prevalence and Age-of-Onset Distributions of

DSM-IV Disorders in the National Comorbidity Survey Replication. Archives of General Psychiatry, 62 (6) pp. 593-602. doi:10.1001/archpsyc.62.6.593

So, what it's like to be growing up as a young adult right now? Our peer consultants reflected on this question.

The transition into "adulthood" isn't as linear as it sounds or is made out to be.

For some of us, these are the first years that we have left the education system and are hit with the question of what's next. Moving from a classroom or a lecture hall where we are told what to do, to suddenly being given freedom can be both exciting and overwhelming. Trying to figure out what it is that we want to do is not easy, especially if some things are already decided for us.

There is pressure to find the right job and start climbing the career ladder as early as possible, when finding a good and a suitable job that matches your needs isn't easy. And when we do find a job that we like, we are then sometimes seen as not having the right amount of experience or are paid "youth" rates until we turn 21. Furthermore, this is often the time when we start to live more independently or on our own, and that comes with its own pressures and worries. How do I find a place where to live that is affordable and safe for me? Am I making enough money to cover for everything, but to also give myself the freedom to have some fun and try out new things too?

Pressures like this also arise from our increased and unavoidable use of social media too. Social media has allowed us to reach out to and connect with many people from different communities across the world. It allows us to express ourselves and distract ourselves from how tiring life can sometimes be. Alternatively, it can make us compare ourselves and our lives to our peers and the achievements of influencers and celebrities, which often makes us downplay and not recognise our own achievements. On top of that, the 24/7 access to news can do more damage than good, so learning when to take information in and how to deal with it is another part of the lives of young adults. As challenging as things may seem right now, we do believe that the young adults of this generation are able to collectively change things and make improvements to the lives of people across the world.

There are many unique and universal things that can make the transitionary period of being a young adult more challenging than it is often recognised. But, because it is the kind of things that we all go through together – there is a sense of shared experience that we can all relate on and act on.

The alarming national picture which suggests a year on year rise in the number of people struggling with their mental health, the pressures that services and staff are under and the lack of political commitment to improving things is important context. In their recent report "A Mentally Healthier Nation",[14] The Centre For Mental Health reflect that the rising prevalence of mental health issues should come as no surprise as over the last 15 years the social determinants [15] for many people have worsened significantly.[16] Having just emerged from a global pandemic to the cost of living crisis, increases in rent and the climate crisis that we are now experiencing, many young adults are feeling increasingly anxious about their futures.

Whilst this report and its recommendations are focused on how mental health services can work better for young adults, this cannot be separated from the world in which they are living.

Local context

It is also important to recognise the importance of the local context. Some of the poorest local authorities have been forced to make the deepest cuts[17] and Councils in Greater Manchester have had their budgets cut by nearly a quarter over the last 14 years[18].

When Councils have to make cuts, it often means that young adults' lose spaces to study, safe spaces to socialise and open areas to keep healthy and maintain good well-being. Between 2010-18, libraries have been cut by 32%, recreation and sport by 53%, and parks and open spaces by 18%[19]. The environments young adults are growing up in are vital to their mental health and wellbeing. We should also acknowledge the variation in the young adult population across Greater

[14] The Centre For Mental Health, 'A Mentally Healthier Nation; towards a ten year, cross-government plan for better prevention, equality and support" https://www.centreformentalhealth.org.uk/wp-content/uploads/2023/09/AMentallyHealthierNation_Digital.pdf (2023)

[15]World Health Organization. 'Social Determinants of Health', https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1

[16] The Centre For Mental Health, 'A Mentally Healthier Nation; towards a ten year, cross-government plan for better prevention, equality and support" https://www.centreformentalhealth.org.uk/wp-content/uploads/2023/09/AMentallyHealthierNation_Digital.pdf (2023)

[17] SIGOMA, https://www.sigoma.gov.uk/news/2023/poorest-councils-have-seen-3-times-the-cuts-as-richest-say-sigoma (2023)

[18] Tinman, J., 'Greater Manchester council budgets cut by a quarter on average, research reveals',Manchester Evening News https://www.manchestereveningnews.co.uk/news/greater-manchester-news/greater-manchester-council-budgets-cut-26827156 (2023)

[19] SIGOMA, 'No Investment No Future, Young People are Paying the Price for Austerity', https://www.sigoma.gov.uk/__documents/No-Investment-No-Future.pdf (2019)

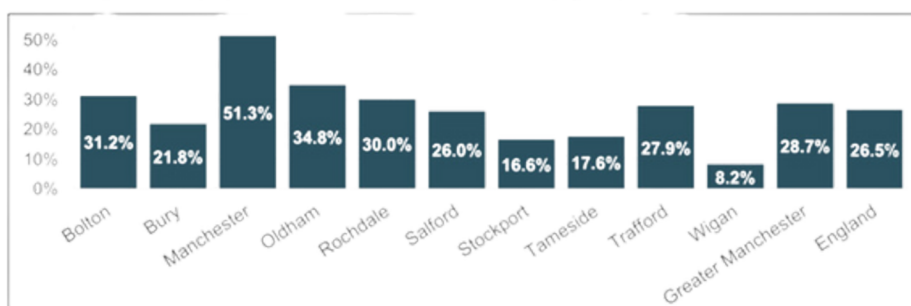Manchester, the percentage of 15-24 year olds in each borough is as follows[20]:

· **Manchester: 18.9%**
· **Tameside: 10.5%**
· **Oldham: 12.6%**
· **Rochdale: 11.5%**
· **Bury: 10.7%**
· **Bolton: 11.8%**
· **Wigan: 10.5%**
· **Salford: 14.1%**
· **Trafford: 10.1%**
· **Stockport: 9.5%**

There are areas of Greater Manchester whose population is made up of a higher percentage of young adults and this has been reflected in the people we have spoken to as part of the research.

The risk of poor mental health is greater for those who experience certain inequalities; people living in poverty, those with physical disabilities, people with neurodevelopmental conditions, children in care, people from racialised communities and LGBTQ+ people all experience poorer mental health outcomes because of intersecting disadvantages[21]. This is important in the context of Greater Manchester, as all of the ten boroughs contain over 30% of households that are deprived in one dimension[22]. A further 7 of the 10 boroughs contain over 15% of households that are deprived in two dimensions[23]. The percentage of each borough's population who were born outside of the UK has also increased significantly over the last ten years with Manchester, Oldham, Salford, Bolton and Rochdale all having current levels at over 15%. Greater Manchester is also home to a large population of global majority communities; the 2021 Census estimated that there were 821,801 GM residents from global majority communities which equates to 29% of the overall population[24]. Broken down by borough the data looks like:

Percentage of the population from an ethnic minority group, 2021

Bolton 31.2%, Bury 21.8%, Manchester 51.3%, Oldham 34.8%, Rochdale 30.0%, Salford 26.0%, Stockport 16.6%, Tameside 17.6%, Trafford 27.9%, Wigan 8.2%, Greater Manchester 28.7%, England 26.5%

Source: ONS, Census 2021, TS021 – Ethnic group - Nomis

Figure 1. Taken from the GMCA Census Briefing on Ethnicity.

[20]Office For National Statistics, Census 2021 data – age, population/age/resident-age-8c/aged-15-to-24-years?lad=E08000003
[21]The Centre For Mental Health, 'A Mentally Healthier Nation; towards a ten year, cross-government plan for better prevention, equality and support" https://www.centreformentalhealth.org.uk/wp-content/uploads/2023/09/AMentallyHealthierNation_Digital.pdf (2023)
[22]The dimensions of deprivation used to classify households are indicators based on four selected household characteristics; education, employment, health, housing, https://www.ons.gov.uk/census/maps/choropleth/population/household-deprivation/hh-deprivation/household-is-not-deprived-in-any-dimension?geoLock=lad&lad=E08000003
[23] Office For National Statistics, Census 2021 data – Household depravation, https://www.ons.gov.uk/census/maps/choropleth/population/household-deprivation/hh-deprivation/household-is-not-deprived-in-any-dimension?geoLock=lad&lad=E08000003
[24] GMCA, 'Census 2021 Briefing – Ethnicity' https://www.greatermanchester-ca.gov.uk/media/8089/census-2021-briefing_ethnicity_final-v5.pdf (2023)

It is important to consider how we support people who face discrimination and disadvantage in ways which recognise the impact this has on their mental health outcomes. This includes making sure that services are representative of the population, that mental health issues are seen in their wider context and that we are actively fighting racial injustice, poverty and building better environments for communities.

The purpose of this research is to explore the experiences and needs of young adults in accessing support for their mental health, to understand the issues they are struggling with and the barriers that prevent them from getting the help they need. Understanding what it feels like to be a young adult at this time and a consideration of the wider context, which impacts on the current landscape of mental health support. It is important to ensure we are able to make appropriate recommendations.

Methodology

Wider national context

The prevalence of mental health issues is rising. According to NHS Digital data between 2017 and 2022 the rates of 17 - 19-year-olds experiencing mental health issues more than doubled from 10% to 26% [7]. The number of referrals to secondary mental health services in 2021/2022 was 4.6 million which was up 26% from 2018/2019 [8]. In addition, sickness absence from work is currently at a 13-year high and mental ill health accounts for around half (1.8 million) of people off work due to illness and injury [9]. More specifically for young adults, UCAS have shared a 450% increase in the number of students declaring mental health issues [10]. As more people require support with their mental health, services come under increasing pressures to meet demand. These pressures have a direct effect on staff wellbeing and morale.

In 2023 the Public Accounts Committee reported that pressures on NHS mental health staff are causing a vicious cycle of staff shortages. In 2021/22 17,000 (12%) staff left the NHS mental health workforce which is up significantly from pre-pandemic levels [11]. It is no doubt that staff wellbeing is directly contributing to these shortages, NHS England told the committee that mental health problems are one of the biggest drivers of sickness among staff [12]. Increasing staffing levels and having adequate support for the existing workforce is needed to ensure people's needs can be met.

All of this cannot be done with political commitment. It is the role of the government and government policies to create the culture and conditions for change to happen at a local level. Over ten years ago, the government set out its goal of achieving "parity of esteem" between mental and physical health services. However, it has never been defined what is actually meant by "parity of esteem" and so, there has been no measurable criteria set out [13]. More recently the Mental Health Act reform was not included in the Kings Speech in November 2023. Despite reforming the Act being a key commitment made by the Conservative Party its lack of inclusion in this year's speech will mean the legislation will not be passed before the next General Election.

[7] NHS Digital, 'Mental Health of Children and Young People in England 2022 – wave 3 follow up to the 2017 survey', https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2022-follow-up-to-the-2017-survey (2022)
[8] The Centre For Mental Health, 'A Mentally Healthier Nation; towards a ten year, cross-government plan for better prevention, equality and support" https://www.centreformentalhealth.org.uk/wp-content/uploads/2023/09/AMentallyHealthierNation_Digital.pdf (2023)
[9] The Centre For Mental Health, 'A Mentally Healthier Nation; towards a ten year, cross-government plan for better prevention, equality and support" https://www.centreformentalhealth.org.uk/wp-content/uploads/2023/09/AMentallyHealthierNation_Digital.pdf (2023)
[10] Starting the Conversation on Student Mental Health, UCAS report on student mental health, 2021.
[11]House of Commons Committee of Public Accounts, 'Progress in improving NHS mental health services', https://committees.parliament.uk/publications/40960/documents/199502/default/ (2023)
[12] ibid
[13] ibid

Methodology

Within this research project, we have been exploring the experiences and needs of young adults from across Greater Manchester when it comes to accessing support for their mental health and wellbeing. Through 1-1 interviews, focus groups and a survey, 151 young adults gave up their time and shared with us their experiences and ideas. This has provided us with significant insight into the barriers that young adults are currently facing when trying to get mental health support, and has given us a whole host of ideas about how services can better meet the needs of this age group.

To explore this topic, we took a peer research approach. Peer research is a participatory research method in which people with lived experience of the issues being studied are directly involved with conducting the research[25]. This method was chosen in order to challenge the traditional power imbalances that exist when **'outsiders'** come into a community to conduct research.

By employing young adults with lived experience, we are recognising that they have a greater connection and understanding of the topic. This means they are able to build a rapport with young adults, reach people whose voices may previously have not been heard and provide us with a much deeper, insiders perspective. It also recognises that young adults have a knowledge and understanding of these issues which can only come from being young and having lived experience. This challenges the idea that more traditional ways of gathering insight provide us with the strongest account of the truth[26].

(more information on the research methods used can be found in appendix 1.)

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[25] The Young Foundation, 'Peer Research in the UK', https://www.youngfoundation.org/wp-content/uploads/2020/10/TheYoungFoundation-PeerResearchInTheUK-final-singles.pdf

[26] Centre for Children and Young People's Participation, the 'Peer Research by Children and Young People and their allies - Rapid Evidence Review of best practices in health and social science literature' (2021)

Peer consultant perspective

Taking on the role of a peer researcher has been an empowering and important experience for me. Using my own lived experience provides me with the determination and passion to want to help change the system and the experiences of other young adults. I am extremely grateful that this has been the role that has given me the first step into my dream career.

My experience and understanding of how it feels to be vulnerable and talk to a stranger about personal and traumatic things has enabled me to influence how this process looked for young adults. I wanted to make it a comfortable and rewarding experience for them. This also helped improve the quality of the research as the more comfortable you are, the more open and honest you are. This has meant we have been able to recommend suitable adaptations to improve the standard of care received by young adults.

Summary of key findings

The report features an in-depth analysis of the experiences of young people in accessing support for their mental health and wellbeing.

In order to make sense of the data the report is split into 3 distinct sections

·Asking for help is hard – recognising the barriers that people face
·Young adults experiences in mental health services
·Supporting people as they transition out of support.

In each of these sections the data is split up further into key themes. Below provides a summary of the key findings from each section. Within each of these sections we also extract data which highlights the distinct experiences and needs of cohorts of young adults who may experience structural inequality and marginalisation.

Asking for help is hard:

Negative early experiences of reaching out or accessing support create a significant barrier to young adults feeling able to reach out and ask for help in the future. Speaking to young adults there was a clear feeling of distrust which was particularly prominent in those who had reported negative prior experiences with mental health services.

Navigating the system - young adults reported difficulty in knowing where to get the help they need. In addition to this, access points into the system like GP's were described as a barrier. Young adults talked about the limited choice they were given. Some groups, for example, students shared particular challenges in navigating the system. For students, this included experiences of 'bouncing' between support options.

Waiting times - young adults are waiting too long for mental health support. Research from the Centre For Mental Health shows that there is on average a 10 year delay from when young people first display symptoms and actually getting help.[27]As young adults are now waiting for months, sometimes years, often with no contact this gap will only be growing.

Not being 'ill' enough for support - this research found that young adults' own perceptions about their mental health created a barrier to them being able to access support, with young people often feeling like they aren't 'struggling enough' to get help. Through our conversations with young adults we have been able explore where this perception comes from. The interactions that young adults have with mental health services play a significant part in people feeling like they are undeserving of support.

[27] Centre For Mental Health, 'CYP Factsheet', https://www.centreformentalhealth.org.uk/wp-content/uploads/2023/02/CYP-mental-health-fact-sheet-2023.pdf

Young adults experience when they are accessing support:

It became evident in this research that accessing mental health support can have a profound and long-lasting impact on young adults' mental health. People report on how when they have been able to access the right support at the right time, it contributes to their ability to manage their mental health on a long-term basis. A number of young adults disclosed the negative impact that accessing support had on their mental health. Feeling like staff aren't equipped to support you and a loss of identity have left young adults' mental health worse off after accessing mental health services.

Communication, feeling invalidated and lack of choice, were key areas that young adults reported they felt their needs hadn't been met. This research has shown that it is often the things we may overlook, interactions with staff, language used and the environment that have a significant impact on peoples experiences of a mental health service. We recognised that it is these elements, which align with the principles of trauma informed care, that need greater consideration to ensure that we are creating safe and empowering spaces for young adults.

In our research it also emerged that for care leavers, there are often assumptions made about their lives and therefore the support they need. In addition, we explore the adaptions that need to be made to create spaces for effective communication with young adults who are neurodivergent.

Key issues young adults experience - in order to support young adults with their mental health, it is important that services understand the issues that young people are currently facing. In this report we explore some of the most commonly named issues such as, social media and the cost of living crisis to understand how these issues impact their mental health. We also recognise how this becomes more acute for young adults from communities where there is significantly less understanding of their situations within mental health services.

Representation emerged as a key factor in making young adults feel comfortable, safe and understood in a service. In this report, we explore representation in relation to age, lived experience and race and religion. It was reported that being able to see themselves reflected in the services they are using created a greater level of relatability and mutual understanding which contributed to the positive impact of accessing support.

Supporting young adults after a service:

Re-accessing support was recognised as an important factor for the management of young adult's mental health (knowing there is a straight forward way to re access support if needed). We recognised that people's mental health doesn't exist on an upwards trajectory, but young adults reported that they found it difficult and stressful navigating where they are able to get additional support.

Additional cliff edge at 25 - it is well documented that for young people, turning 18 can mean a difficult transition from children's to adult mental health services. Through this research, we found that it is also important to recognise that for young adults accessing children and young peoples services (CYP) that go up to 25, this could mean an additional cliff edge in the support they are able to access.

**Supporting their mental health outside a therapeutic environment - ** young adults need ways of transferring benefits gained through accessing therapy to their day to lives. For the people we have spoken to this means more support to develop coping mechanisms they can use when they have finished support, more access to alternative spaces young adults can go to support their mental health, for example, peer support and creative groups.

Findings

The central line of enquiry within this report was exploring young adults' experiences of accessing mental health support. To this end, we felt it was necessary to frame the analysis through the lens of a young adult's journey through a service. Our analysis begins by recognising that asking for help is hard and there are barriers that young adults face which exacerbate this challenge. We will then explore the experiences of young adults once they are receiving support and then finally, we will explore strategies for supporting young adults in maintaining good mental health once they transition out of support. Within the analysis we will draw attention to the distinct experiences

and needs of specific cohorts of young adults. This will include looking at the experiences of young adults with more complex needs, those who have experienced homelessness, care leavers, students, young adults from racialised/global majority communities and so forth.

Over the course of summer 2023 we spoke to 151 young adults from across Greater Manchester and it is their voices that have contributed to the information in this report. **(for more information on the breakdown of the monitoring data please see appendix 2)**

Section One: Asking for Help is Hard

42 ND STREET

Negative Early Experiences

Before a young adult gets access to mental health support, they need to be able to ask for help. Asking for help when you are struggling with your mental health can be a challenge and unfortunately, this is made harder by the additional barriers that prevent young adults from getting the support they need.

The young adults we spoke to reported that there are a wide variety of things which make it more difficult for them to ask for help.

Poor early experiences of reaching out for/getting support for many people had a long-lasting effect. Receiving **'care'** that causes extreme stress, upset and distrust can itself be traumatising and people are left feeling **'scared'** and **'reluctant'** to ask for help again. One young adult we spoke to explored some of the reasons why they would be reluctant to seek support again:

'I don't want to go to the NHS for my mental health because it feels like they don't care... I'm very reluctant to kind of asking for help now. I went through a stage where I was like I wanna get this sorted and I wanna be normal but, its put me in a state where I am just too scared to ask for help sometimes coz I've just got a feeling that people are gonna judge me for whatever I have got because that's all I've had.'

This disclosure highlights the level of distrust that certain young adults hold towards mental health services, a sentiment clearly rooted in adverse past experiences. The fear of judgement which causes an apprehension to seek help not only prolongs the time before a young adult receives support but also clearly diminishes their motivation to actively ask for help. And we know the earlier the help is given, the better the outcome. This highlights the consequences that negative early experiences of getting support can have and the barrier it puts in the way of people being able to ask for help further down the line.

The breakdown in trust can be due to a wide variety of reasons but often, as in this example, it is things that can be easily prevented. This young adult goes onto explain that their distrust of services and reluctance to access support in the future stems from being told they were **'lying'** about their issues:

'So, I had therapy for my PTSD, anxiety, depression, body dysmorphia and eating disorder. I have been in CAMHS since uhm, oo since I was like 14-15. Err, I got too old so I went out of CAMHS and went to [service name] hospital uhm, they told me I was lying and that I was making all of my issues up'

These experiences are traumatising for young adults and the prospect of going to mental health services to get support can evoke a profound sense of apprehension and fear. Another young adult shared with us an experience in school in which their trust was broken.

'then the school pulled me out of lesson in front of everyone and they took me to a room and asked to see my self harm scars...that was actually quite traumatising...it definitely had a negative effect on me at the time...it just put me of getting support...I don't speak to people in my life about things now.'

These experiences undeniably have a lasting impact on the capacity of young adults to speak openly about their mental health. People need to be able to trust that mental health services care about them and that they will be offered a substantial level of support before they feel comfortable reaching out and asking for help.

Mental health support starts before someone reaches out for help, and services need to ensure that they recognise the barriers that young adults face and make it easier for them to ask for help.
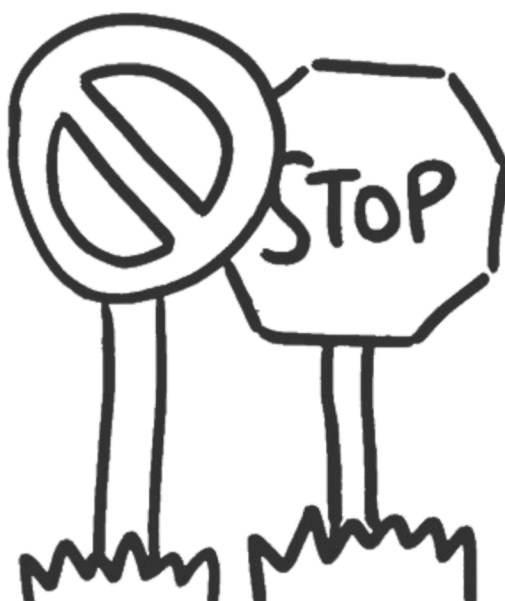
Waiting Times

Long waiting times create a barrier to people getting mental health support. Having to wait (sometimes years) leaves young adults in a vulnerable position where a lack of contact can lead to a deterioration in their mental health.

'I've not been able to get it for so long, and I really do need it. It feels like it's the next step in what I need to do but because of how long it is taking I am struggling.'

'I really do need it' highlights that the young adult feels the need to prove and convince services that they need support. There is a clear sense that in order to get access to support people need to really need to show how much they are struggling.

Reflecting on this experience, one young adult told us:

'I [reached out for help] in March and then I didn't get support until September which is quite a long time when you're in such an intense spiral of emotions. Here's the thing, you can't really plan for these kinds of things you just put yourself on a waiting list.'

At the point that people are reaching out for support that is when they need it. If that request is met with months of waiting – often, young adults have no other plan on how to support their mental health during this period. It also shows that young adults need more support to be able to manage their

mental health whilst they are waiting for a service. Feeling like the only thing you are able to do is **'put yourself on a waiting list'** highlights that people may not have the tools or knowledge of alternative provision they can access/do for themselves.

It is likely that their mental health will continue to deteriorate during this period to the point that they may require a higher level of support, putting more pressure on services. We have also found that young adults need some support while they are on waiting lists.

'it worked out at about 3 months to get your first appointment to get assessed in the NHS and then they said it would be another couple of months to get any form of support...and I was rapidly getting worse.'

Waiting can be stressful, particularly if there is no idea of when the wait will end. So we need to recognise the additional impact that this can have on people's mental health and establish better ways of ensuring that young adults feel supported throughout this process. This also highlights the lack of funding, and how stretched services are means the level of risk and distress is increasing.

SILENCE FOR MONTHS

Whilst young adults are waiting for services there needs to be adequate management of risk through regular check ins, drop ins and group sessions that people can attend.

'I went on wait list after wait list after wait list on the NHS which was absolutely soul crushing'

The layers of uncertainty and lack of transparency about how long you will be waiting for a service and being moved to different waiting lists can add unnecessary stress and anxiety to young adults who are already struggling with their mental health.

In addition to the potential deterioration of young adults' mental health waiting times can also leave people feeling like **'what's the point'** in even trying to get support and can make reaching out for help an invalidating process.

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'I referred myself and then waited over a year until someone contacted me again…there was no check in to let me know I am still on the waiting list…I am still looking for the trauma therapy that I don't have to wait 14 months for or have to pay for, not quite worked it out yet.'

'I don't wanna waste that time I'm just gonna be waiting forever what's the point of signing up'

This experience highlights how even when you are able to ask for help, the response that you receive from services can leave you still searching for the answers. To be in a vulnerable position, reaching out for support and receive no contact for over a year adds to the layers of distrust and frustration that young adults have with mental health services.

WHAT AM i MEANT TO DO IN THE MEANTIME?

The lack of contact can also mean that the service a young adult had been referred/self-referred to may no longer be relevant to their needs. Having a clear line of communication during this period can also prevent people waiting for a service that they no longer need

'but the waiting list was quite long so I only got it when I started third year…so a few months later, by then things had changed…those issues in April were no longer important to me.'

'the most deflating thing for me was the waiting time…when she said a year, I was like oh god by the time a year's come by I'll probably feel fine'

'updates when you are on a waiting list, otherwise it feels like you are abandoned and shouting into nothingness.'

Young adults recognise and understand the pressures that services are under and know that there is no easy way to reduce waiting times, but what they are asking for is some level of acknowledgement. Some reassurance that help is coming.

'It doesn't feel like the help is available…and it's understandable, with things like the budgeting of the NHS and a lot of people are struggling.'

'[mental health services] told me we were gonna have an appointment 6 months ago and we are nearly a year down the line, you're just being pushed to one side. Now, obviously that can all come with the fact that there's not enough funding and there's a lot of pressure and everything'

Even in moments where young adults feel let down and frustrated with services, there is an understanding of the wider social and economic context which often dictates the resources available.

Young adults' disclosures about their experiences with the excessive waiting times for support highlight the complexity of the issue. Waiting times serve as a physical barrier to accessing a service, but it is also clear that this can have a significant impact on their mental health, that it causes young adults to feel invalidated and leads to increased levels of distrust and frustration.

Navigating the system

Navigating the complex landscape of mental health care has emerged as a significant barrier that is impeding young adults from being able to access the right support. For many people their GP will be the first place that they go to when they feel like they need mental health care. Unfortunately, some young adults recount experiences which didn't lead to a positive or helpful outcome. If GPs are not able to provide people with appropriate levels of support and information about their options, then many young adults will struggle to access support.

'I've had so many encounters of them [GP's] just printing out a website and sending me away with it even though I've gone in with a lot of insight into my mental health and knowing what I want and I'm saying can you put me on the waiting list for therapy and they go uhm I don't think you need that yet...I'm going to print you off some helpful resources.'
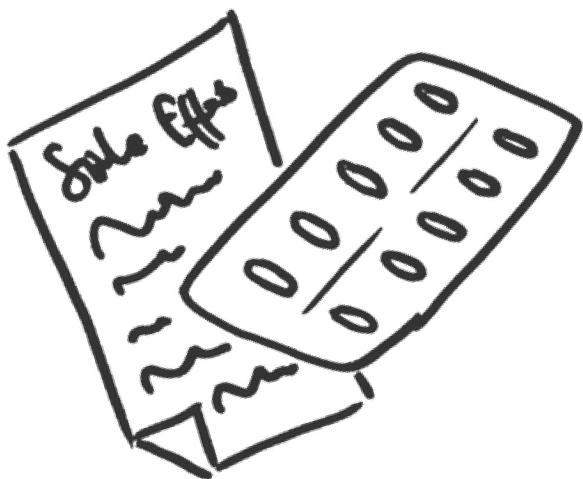
'I think in general GP's are a huge barrier.'

This highlights that even when young adults know what type of support they want to access they are reliant on a cooperative GP to be able to access it.

'GPs were not helpful at all and dismissive until I reached crisis point'

Young adults are directed to GP's as the first point of access for support. It should be considered how mental health services can empower and guide GP's as to what to offer to help ensure more accurate signposting and referrals can be made.

For many of the young adults we have spoken to difficultly navigating the system and knowing where to go and who to speak to in order to get the right help has left people on medication without any additional support. Medication can play a vital role in the overall support given to people who are struggling with their mental health, but it shouldn't be the only thing that someone gets access to.

'I had to start going on anti-depressants because I felt like there was no other option.'

'it would be ideal if you got the medication very soon with someone to do talking therapy with.'

'yeah, instead of just going on for months just under the medication until it starts messing up with your brain and you start experiencing side effects'

'I remember being put on medication before I had access to talking therapies, so it was treating the body, rather than the mind'

'we didn't really know what to do, we were a bit stuck at home until my mum spoke to a friend who had a daughter with similar difficulties with an eating disorder and she suggested Manchester and Salford eating disorder services. So, then my mum took it upon herself to contact them and then within weeks I had an appointment with them.'

Feeling like there is nowhere else to turn and no other option but to go on medication for their mental health is a failure of the system. This is not always the best option and people should have choice.

Whilst for some young adults, the reliance on medication comes after an inability to access any other support, for others that alternative had never even been offered:

'when I was given medication, I was never told about other points of support I was just given medication and that was it. I was supposed to have like these check-ups and a psychologist apparently, and I never had any of that. And medication for me made me lose myself.'

This lack of awareness of what should have been available means that young adults lose access to things they are entitled to.

Through this research, it has become clear that young adults are reliant on the support and knowledge of the people around them to be able to navigate the system effectively.

This highlights the importance for young adults having support systems and knowledge around them.

Not being 'ill' enough for support

Throughout this research one thing that became abundantly clear was how young adults' own perceptions about their mental health can be a barrier and impact on them being able to get support. Many young adults reported that they don't feel **'ill enough'** to access mental health support. What we have found is that this perception stems from a mixture of how society views mental health and what struggling looks like, but also directly from young adults' interactions with mental health services.

A number of young adults reported that they don't always recognise when they are struggling and might need support.

‘Yeah, I think, I wasn’t, I wasn’t aware I had depression, I had suspicions but I didn’t think I’d need counselling.’

There is an aspect of self-doubt, and it is clear that whilst people may recognise the signs of poor mental health, they aren’t sure whether this would be **‘enough’** for them to access support.

‘I knew I felt depressed, but I felt like counselling was for someone who’s on the last mile; someone who’s really thinking of ending their life. Before I knew it, I was just in my room, locked up for 2 days, not eating and I thought, oh this has gotten pretty bad.’

‘I still think sometimes, there is that barrier just with like, just feeling like whether or not you’re struggling enough to actually be accessing this.’

This perception that mental health support is reserved for those **‘really thinking of ending their life’** indicates why young adults are put off getting support until they are in crisis. It also shows how quickly someone’s mental health can deteriorate and why we need to ensure that young adults are confident in asking for help at the earliest stage. This sense of feeling like you aren’t ill enough to get support is clearly part of peoples internalised views of what struggling with your mental health looks like, but also from their preconceived ideas about how and when you should access support.

However, what has also become clear through is that mental health services, and their interactions with young adults also feed into this feeling that young adults have.

> 'I was always the sort of person to be like oh no I don't need [it], there's people who are like worse or crumbling.'
>
> 'so, I felt that kind of guilt that I was taking up someone else's space.'

These admissions underscore the importance of mental health education and reducing the stigma to encourage individuals to seek support proactively, even when their struggles may not fit a stereotypical presentation of crisis.

> '**they basically just offered me no support coz I wasn't bad enough for the support**'

It is easy to see how this perception becomes embedded in young adults' minds. If you have sought help and felt like you had been turned away for not being **'bad'** enough it is understandable why people then feel reluctant to get support.

> '**you always felt like oh I wasn't severe enough so you kind of they make that clear, so you either get discharged or you feel almost like you're an imposter, like you shouldn't be there, you're taking up someone's place that's, uhm, worse.'**

This admission reflects the psychological impact of how MH services perceived **'severity'** of young adults situation. The expression of inadequacy and self-doubt is driven by the belief that their struggles may not be considered severe enough by mental health professionals. The use of the phrase **'you either get discharged or...'** suggests a binary outcome, where individuals might either be discharged due to lack of perceived severity, or experience this feeling of being an **'imposter'**. Feeling like you don't belong not only highlights the impact of external perceptions (in this case from mental health professionals), but also internalised stigma and self-judgement. This experience can be detrimental to the young adults mental health and potentially leads to a reluctance to seek or accept help.

Additional barriers faced by specific cohorts

Racialised/Global Majority communities

Young adults from racialised communities reported further barriers that prevent them from accessing mental health support. In some communities, there is a lot of stigma surrounding mental health and so it can be difficult for young adults to be open about with family and members of their community when they are struggling. The lack of understanding from family creates a barrier in terms of what support a young adult is able to access.

'self-help lines...I can't call them up in my house so if I'm having a crisis, I can't call them I have to text and that always takes longer, and people say call up and I'm like I can't call I'm at home and they can overhear. And if I want to go to crisis support or A&E I can't do that while I'm at home because the stigma and culture against me in that regard. Understanding would be nice.'

Reaching out for help comes with risks for yourself, but also for your family. Perceptions about people with mental health issues in some communities may lead to individuals and families being ostracised.

'if you suffer from mental health issues you would struggle to get married and your whole family would get blacklisted...there's lots of brushing things under the carpet.'

Earlier, we have noted the importance of having family and networks around you that can support you to access mental health support. But when mental health is something you are unable to speak about with your family, you lose that key link.

For others, it is about feeling seen and safe. Young adults specifically from Black African communities reported that due to fear (often based on their own or their peers past experiences) of being racially discriminated against, judged, or generally being misunderstood, their preference would be to seek support from within their community.

'I had to switch to family and church support...I feel safe there in sharing my experience and what I have been through'.

'being black, being African they [services] have preconceptions from places like the media.'

These experiences, whether first- or second-hand, lead to young adults holding assumptions about how they will be seen by services, and this can make it even more difficult to put yourself in a position to ask for help.

Key learning: mental health services should dedicate resources to build better links with community/religious groups in their area as these are places young adults may sometimes feel more understood and would prefer to seek help from.

Students

For young adults at university, accessing mental health support can be even more complex. Students often have a range of interventions available to them, but accessing this support is where many of the people we have spoken to experience the most difficulty.

Students in Greater Manchester are able to access support from counselling services within their university, from their GP and from the GMMH (Greater Manchester Mental Health) however, for university students who require a higher level of support, it can be extremely difficult to get access to what they need. One young adult, who was experiencing intense suicidal feelings, explained their struggle to get help while at university:

'I had to wait for about a month to be seen [by university counselling service] to then be told they can't do anything and to just ride it out and see if you don't do it, I tried to end my life that summer...and I was just left to fend for myself'

In this particular example the young adult was sent back to their GP before being sent to hospital where they were told **'you're working, you're doing your job, you're going to university, you're fine'**.

They were then sent back to their university, where they were able to refer them to the GMMH university service.

Getting access to the GMMH university service provided this young adult with some level of stable support, but it should not have been this complicated to gain access to it.

Unfortunately, this is not an uncommon experience, with other students struggling to be able to access the appropriate level of support.

'you can't get access to the services [GMMH university service], I did, unless you go to hospital, you couldn't request to go there, I only went there because I tried to kill myself no one else I know has been able to access it'

'I was at uni...I kept going to my GP saying I need help with my mental health and they're saying go access services at your uni. Uni is saying oh well it's a bit too complex for us go back to your GP...I was passed to and fro and by the time I got help I was at such a low point...this could have been prevented if you'd help me cause this ended up being two or three years.'

This suggests that there is an unclear pathway and lack of joined up working when it comes to getting university students the right help. It means people who are really struggling with their mental health are tossed back and forth between GP's and university services before they eventually get the right support – but only after presenting in hospital.

Key learning: help is available for students but it is clear many young adults struggle to access it. There should be a more joined up approach between GP's and Universities to ensure the pathway for young adults is clear.

Young adults with comorbidities

People requiring more intricate support, particularly those living with co-morbidities, encounter additional barriers. For young adults managing multiple diagnoses, securing comprehensive support for the myriad of challenges they face becomes an arduous process.

'I have so many problems no service wants to pick me up, like no you can't do OCD therapy until you've done your eating disorder treatment. No we can't do eating disorder treatment until your suicidal risk is down, no we can't do trauma work, even though it's the crux of all your issues, we can't do that until you've done your eating disorder work, and so I think I had like 18 referrals rejected in the span of a year, which made me suicidal because it felt like I was screaming and crying out for help and no one was helping, and it felt like the more help you needed, the less you get access to.'

For people to feel like **'no one wants to pick them up'** highlights the level of rejection young adults with multiple, complex problems face. It is clear that this constant battle to try and access support leads to people's mental health deteriorating significantly. Young adults also reflect on the difficulty of feeling like they can only get help with one aspect of their mental health at a time, when they all intersect with each other.

'it's not like I have two separate brains for each thing that I experience…those things don't exist in a bubble'

There is a rejection of the idea of compartmentalisation, and a challenge to the notion that different aspects of their experiences can be neatly separated or isolated. This statement reflects a broader stance on the need for more holistic, person-centred support which doesn't ask young adults to pick and choose between what they want support with.

For this cohort of young adults, it has also been reported that there are key issues around being able to access a high level/urgent support after you have come out of hospital or finished with another service.

'Finishing with [name extracted] but still needing that high level of support and a referral [to home based treatment team] being put through as urgent but it is coming up to two months now and I've still got no support. It's on their system, they know everything that's been going on. They know I need urgent support.. You're just being pushed to one side.'

Young adults are telling us what a constant battle it is for them to not only get access to support but also to get the higher level of support in the community that is going to keep them from being readmitted to hospital.

Young adults with Eating Disorders

It is important to note that young adults who struggle with an eating disorder have a different relationship with mental health services, particularly when it comes to access. A number of things became evident in relation to this. Firstly, young adults who are struggling with eating disorders may not want to get support in the same way other people struggling with their mental health might.

'and this was different to when I wanted support with my OCD because I didn't want support. With my OCD I needed support because it was ruining my evening because I had to do all these routines and I was going to bed late, whereas with my eating I didn't want help.'

This distinction between the different experiences of getting access to support is important to note. Young adults who struggle with an eating disorder may then face a distinct kind of barrier to getting help, and be heavily dependent on those around them to advocate on their behalf.

In addition to this, people may also face barriers to getting support with eating related issues due to high thresholds for services and the interaction that eating disorders have with physical health. This can exacerbate the intensity of the disorder due to its self-depreciative nature which can cause the young adult's physical and mental health to deteriorate quicker.

Many young adults report only being able to get help when they become physically unwell and for some this can feel like a reason they would never be able to access support:

'The threshold for that kind of support I think is way too high...I have come to terms with the fact that I am not gonna get any specific support with it because I'm not dying basically.'

The disclosure made here that they have **'come to terms'** with the idea that they won't be able to access the support they need is deeply upsetting. This young adult goes onto to talk about how these experiences of trying to access support have:

'set me up with the attitude where it is me against the whole world basically.'

The lack of available support for young adults who may not meet the criteria for certain services causes feelings of increased isolation.

Key learning: mental health services should ensure that there is support available to young adults struggling with an eating disorder as early as possible after identification. Early intervention for eating disorders is a key factor in recovery, but young adults are struggling to access this because of high thresholds for support.

Young adults with experience of homelessness

Young adults who have experience of being homeless expressed that their day to day lives will look significantly different to many of their peers. This means that additional flexibility is needed when trying to engage these young adults in support.

'a lot of mental health services want young homeless adults to participate in certain activities and do certain things but the thing that they sometimes don't acknowledge is that before they wanted to get help with their mental health they were living on the streets, they were taking drugs, so they have to be flexible with us as well.'

It is clear from this that in order to ensure young adults who face these additional disadvantages are able to access support, it needs to meet their needs by recognising how their current situation may impact on their ability to actively engage with support.

In addition, these young adults may face an additional barrier due to the fear of judgement and an assumption that by engaging with services they will be forced to give up unhealthy coping mechanisms that they may rely on.

'they'll make up an excuse and they'll say oh he's just going taking drugs and then obviously they push mental health services away because they think that potentially they could intervene'

This shows there is a fear amongst young adults of the perceptions that services already hold of them and that if they try and access support, they will intervene in parts of their lives that they don't feel comfortable with. It highlights the need for a more supportive and understanding approach that recognises the complexity of mental health issues and encourages open communication about mental health.

Key learning: greater recognition of the complexities of young adults lives. Services should focus on being flexible, meeting the person where they are and taking a psychosocial approach to support these young adults with their mental health.

Section Two: Young Adults' Experience Whilst Accessing Support

The impact accessing support has on young adults' mental health

As previously explored, we recognise that the challenges young adults face begin even before they reach the stage of seeking support, and this is marked by various barriers that intensify the difficulty of asking for help. In this section, we will move through this journey, delving into the experience of individuals once they are actively receiving mental health support.

Young adults should expect a high quality of care, which includes access to peer support, social support and to evidence based interventions . Conversations with young adults have revealed that gaining access to support not only significantly influences their mental health but also has enduring effects on various aspects of their broader lives.

'They [mental health services] showed me a better way...like you know, I used to think that living on the streets was the way I was gonna die but then I started getting involved with things and life changes you know.'

This statement reflects a transformative experience through engagement with mental health services. The young adult suggests that prior to receiving support they held a pessimistic view of their future. This suggestion, that mental health services **'showed me a better way'** highlights the positive impact mental health support can have on shaping people's lives and futures. This involvement appears to have provided this young adult with coping mechanisms and alternative perspectives that have clearly changed their outlook on life.

'I think that without people that support young people with mental health, I think that a lot of young people like myself wouldn't have hope.

'You know they can be family for people that don't have a family.'

For individuals facing hardships such as homelessness, it is evident that good mental health support has the capacity to instil hope and provide direction.

In addition to this, it has become clear that being supported to find the right support, and not just accessing the first thing that is available, can have a positive long-term impact on a young adult's mental health.

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[28] Royal College of Psychiatrists, 'Good Mental Health Services for Young People', fr-cap-gap-01-good-mh-services-for-young-peop.pdf

‘I got into the only therapy that has actually worked…in Wigan where I live, so it was really accessible. She literally pieced and broke down every bit of my PTSD anxiety and everything we worked for about 14-15 months.’

Long term therapy can be valuable for addressing deep-seated issues and promoting lasting mental health improvements. This narrative highlights the importance of accessible and effective mental health interventions, showing the positive impact of a tailored and thorough therapeutic approach in addressing specific mental health challenges over an extended period.

Unfortunately, many of the young adults we spoke to who had experienced good mental health support felt lucky to have done so.

‘And then we were just lucky when I was 16 that we found out about the Salford service and we were able to get support straight away.’

Young adults should not be made to feel fortunate or burdened by receiving a high level of support. However, in our conversations with people whose encounters have often not only been negative but have, in fact, exacerbated their mental health struggles, it becomes apparent why some may perceive their positive experience as lucky.

Later in this section, we will go into a detailed examination of these encounters, exploring the factors that contribute to their negativity.

However, it is important to acknowledge that while interactions with mental health services for most young adults are complex and include a range of both positive and negative aspects.

There are some young adults who are more explicit in stating that the support they have accessed has actively made their mental health worse. Whilst this is only a small selection of the people we have spoken to, we feel it is important to highlight, as no young adult who accesses support should go through experiences which makes their mental health worse.

When asked what the impact of accessing support has been on their mental health, one person simply stated:

‘It's been awful for my mental health.’

This young adult added to this by explaining how their experience accessing crisis support made them feel **'actively worse'**;

‘I also have been to the crisis café and that has made me feel actively worse, like the members of staff there are not competently trained in order to help look after people with mental health issues and I find that extremely worrying’

The use of this term **'actively worse'** emphasises this sense that the experience not only failed to provide the expected support but actually exacerbated the

individual's mental health in a moment of crisis. In this case, feeling like the staff at the service were not adequately trained to support them with the issues they were presenting with. This experience indicates a young adult being let down during a critical moment where they were seeking support.

When asked the same question, another young adult we spoke to articulated with a sense of deep distress and vulnerability about how accessing mental health support contributed to a significant decline in their mental health.

'I would say it has made me decline extremely. I think everyone would agree, family, staff at the hospital, staff at the old hospital erm friends..., I got worse in pretty much every way possible. I lost who I was, I lost my personality, I started self-harming, I was desperate to end my life'

This disclosure, including the description of losing their identity and personality, paints a vivid picture of the extent of the distress and suffering experienced. It highlights the need a comprehensive and compassionate approach in mental health care, to try and prevent such devastating outcomes.

In addition to this, the impact of not being able to access support when you need it takes an additional toll on someone's mental health.

'like at the beginning, when I was trying to figure it out it was really hard everyone kept saying yeh you're fine, or yeh it's too late to get stuff, we can't do anything, there's nothing for you and it was weighing me down significantly'

The sense of being weighed down indicates the emotional burden and impact on the individual's well-being caused by the lack of support and acknowledgement. It is clear that this additional emotional weight may have intensified the struggle, possibly leading to a sense of isolation and despair.

It is important that we acknowledge the young adults who have disclosed how accessing support has made their mental health significantly worse. Whilst this may not be a widespread picture, the fact that it has been something reported to us by a number of the people we have spoken to makes it worthy of recognition. No young adult who reaches out and accesses support should be put in a position where they feel their mental health has been adversely affected.

Communication

How someone is communicated with has a significant impact on their experience of accessing support. From this research, it is often evident that communication may be seen as an afterthought and can therefore, be potentially triggering, invalidating and leave people with additional emotional distress. What we have found is, that by simply thinking more about the ways in which we talk and respond to the problems that young adults bring to mental health services, we could potentially change the outcomes of those who have negative experiences.

When young adults seek crisis support, they deserve competent care that has a positive impact on their mental health. It is crucial that when a young adult reaches out for support, practitioners are attuned to their circumstances and make a concerted effort to communicate in an appropriate manner.

‘I was in A&E for my eating disorder… and the mental health practitioner that came to assess me would not stop talking about how much she needed to diet and how much weight she needed to lose for the next season of her wardrobe. I wish she understood how inappropriate that was to talk about’

Discussing topics triggering to a young adult's difficulties can cause them to feel a lack of respect and understanding from the practitioner. This ultimately causes more distress and may deter them from trying to access crisis support again, by eroding young adults trust in the support they will receive. This statement also highlights the importance of maintaining professionalism and sensitivity, especially when dealing with individuals struggling with conditions that involve body image and weight concerns. The lack of awareness or consideration demonstrated by the practitioner in this situation raises concerns about the quality of care provided and the potential impact that could have on the person seeking support.

In addition to this, young adults also report being cut out of conversations and communications about their support:

‘They called my parents in for a meeting, they didn't tell me I was supposed to be there’

Involving people in these conversations is important to build up a trusted relationship and avoid feelings of exclusion. But more than that, not including them can make young adults feel like their perspective on their mental health isn't valued and acknowledged. This also adds additional stress and worry onto someone who is already struggling.

Further to this, poor communication leaves young adults feeling like the onus is on them to chase up mental health services, and be the ones who are managing this communication.

'I feel like when you have mental health problems or physical disabilities or you know long term conditions, you become your own health secretary as well as trying to do life as a not completely you know healthy person. Uhm, so it's like while you're being, while you're finding things harder than the average person, you have to do more things than the average person uhm, and that's really difficult.'

This statement, where the young adult explains that they feel they are functioning as their own **'health secretary'**, highlights the increased burden and responsibility which falls on top of coping with their mental health. It also emphasises the dual role individuals with health issues assume – managing their health conditions while simultaneously navigating the challenges of everyday life.

Young adults further express that they feel like the communication around what is expected of them isn't always clear, and this lack of clarity can lead people to feel support has been withdrawn inappropriately.

'Because I didn't get in contact with them and I didn't action something, that service has been completely withdrawn from me, within a really short period of time.'

The statement underscores the importance if proactive and clear communication. It also raises questions about the flexibility and understanding within systems; we should be advocating for approaches that consider the diverse challenges individuals may face maintaining consistent engagement.

Services being the ones to take the lead on communications, including booking appointments and checking in with people could help ease this pressure, as one young adult suggests:

'So, like if patient care could be led more by services themselves or by GP's or the people that have referred us or are supposed to be checking in with us, like if appointments for the GP were made by the GP to regularly see us rather than us having to go and make an appointment for in 3 weeks' time, that would make a massive difference I think for a lot of people.'

It is clear from this that communication with mental health services doesn't always feel like a two-way street and services could do more to ensure young adults feel held in their communication.
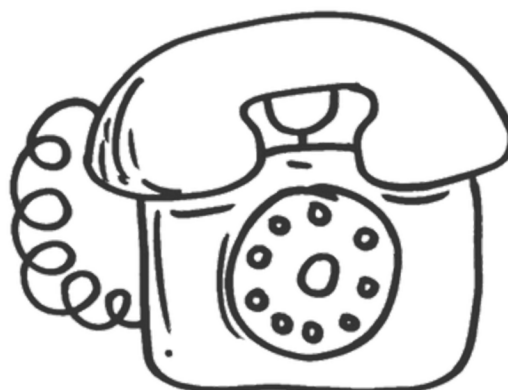
Communication: Care leavers

There are clearly various elements of communication that shape the experiences of young adults within mental health services. It is also important to consider that whilst empathetic and attentive communication can support the creation of a trusted relationship between young adults and mental health services, this process will look different for people based on their needs and experiences.

For the care leavers we have spoken to, they have reported a need for services to spend more time listening to what they have to say.

'Too often it feels like adults in services don't want to listen and just want to give advice before they know what is actually going on'

Listening and understanding the potentially complex situations that care leavers are in before trying to find solutions would be a more effective way of developing trusted relationships. This lack of understanding, and therefore the assumptions made about people's behaviours, can also hinder care leavers' ability to access support.

'Lots of professionals don't understand trauma responses to situations, so they may say that a young person is acting aggressive or unresponsive but what they don't understand is the why behind that behaviour.'

It is clear that not enough is being done to understand the behaviours and the needs of this cohort of young adults. Improved communication and listening will provide a better understanding of what type of support they need, and ensure they are able to engage with it.

'The people who are trying to understand you are really not understanding you, because they've not got the same life experiences, they are completely blissfully ignorant about what you are going through'

There is a significant gap when it comes to understanding from mental health services when it comes to what care leavers may have been through.

'They'll be like, look I know your stressed, but have you tried getting a bath and it's like you might have a nice bathroom, but a bath is a stressful experience for me...like you would have to clean it out with bleach before you get in it to stop yourself from catching something'

Tailoring advice and support to the situations that young adults are living is key if that support is going to be beneficial. There must be more care placed on how we communicate with people whose lives contain added levels of complexity. Building this trust takes time.

Care leavers, more so than other young adults, may have had contact with numerous professionals throughout their lives with varying experiences. From the people we have spoken to, it seems the process of creating trust is built on communication and starts with listening.

'I think there was three psychiatrists before there was one that I trusted. He just listened to what I was saying he would argue with my social workers [to back up what they were saying]'

Significant value that is placed on being listened to, and that is the only way we can understand what people are going through and put things in place to support them. In addition to this, the sense of having someone in your corner, who can advocate for you and support you to communicate to other professionals is key, particularly when you don't feel like your voice alone will change anything.

Key learning: There is a significant lack of understanding in traditional mental health services when it comes to the needs of care leavers. We recommend that there is greater access services that understand the care system and can offer support quickly and on a long term basis.

Communication: neurodiversity

Young adults with autism described difficulty being able to communicate within a traditional therapeutic setting. Individuals may find it difficult to express what they are feeling and start conversations about their mental health.

'Sometimes, with my autism I don't always know what I'm feeling, I just know that I'm feeling something'

Expressing emotions can be a challenge for individuals with autism, due to differences in communication and social interaction. It emphasises the complexity of emotional awareness, the unique nature of emotional processing and the potential impact of autism on communication and social interactions. There may be benefits found in using alternative communication methods such as queue cards, which may prompt or describe some of the feelings attached to certain emotions.

As well as feeling like they may struggle to communicate how they are feeling, young autistic adults also report that services don't understand neurodiversity enough to be able to effectively communicate with them.

'Lost all faith in the system. Can't trust a single therapist anymore, never met one who understands autism, meaning their methods of therapy do not work as they need to understand autism better.'

This implies there may be a gap in knowledge and expertise of therapists regarding neurodivergent conditions. Overall, there is a clear potential impact on trust in mental health professionals. This may contribute to a sense of isolation and hinder young adult's ability to seek and receive appropriate support.

In addition to this, the space in which young adults with ADHD/Autism access support can have a significant impact on whether they are able to communicate effectively. One young adult we spoke to needed to have a room big enough for them to get up and pace around, and their ability to do this aided the conversation.

Key learning: We recommend that services adapt their approach to support the needs of neurodivergent young adults. This includes building time into engagement process to understand the reasonable adjustments people might need.

Feeling invalidated

Young adults' experiences in mental health services are complex. From our evidence, the experience of accessing mental health services is influenced by many factors, such as the people they meet, how they have made them feel, the environment that they are in as well as many other things. In this section, we will explore what it is that makes young adults' experiences positive and negative.

Some of the negative experiences that young adults' have had rest on the fact that their feelings have been invalidated and they have left sessions, appointments or general conversations with people feeling like they have not been listened to.

When trying to access support in school, whilst also being on NHS waiting list, this young adult spoke to a member of staff about the struggles they had with ADHD and how that impacted their learning:

'They were trying to deny, deny, deny, telling me that just because I have low academic potential doesn't mean that I have ADHD... uhm, which was really sad... and I almost felt like I would actually be faking it.'

From this, we can see that the young adult has not been met with an open mind and the situation has been completely misunderstood. The person's experience of struggling with their mental health has been invalidated and the issue that they came to speak about was disregarded.

In addition to this, the young adult has left the conversation feeling not only sad, but they had also started to question their own experience and wonder if they had been exaggerating it. This experience could lead them to distrust in the people that they should look to for support; they feel like help is not available. Furthermore, it is possible that the young adult might start to believe that they don't need to reach out for help, which may lead to a deterioration in their mental health.

Another young adult had a similar experience, when they were looking to open up and seek help about suicidal thoughts that they were having. The conversation they had with a mental health liaison officer in college ended differently to what they had hoped for:

'I remember there was this, it was a person at my college, that was a mental health liaison officer, and when I told her, oh I'm feeling very bad, I have really intrusive throughs about suicide, she was like – have you tried mindfulness, and I was like no, not really. And she just sent me a link over email with this Headspace app and I was like, it's not really what I needed, even a 15-minute chat with someone could have helped more... I feel like she was quite rushed to sign-post different things'

This young adult felt comfortable enough to speak about a sensitive topic to someone who they saw as a trusted person they could get help from. As shown above, the conversation felt quite rushed and it wasn't really the type of help that they needed. It is possible that the severity of the worrying thoughts was not recognised by the mental health liaison officer, which could have had a really negative and potentially dangerous outcome. By actually having a conversation with the young adult, to see how they have been feeling, if they have a support network around them or to see what type of help they are looking for, would have been more helpful. This encounter has left them not feeling heard, with the potential of leading them to question the point in reaching out for help in the future.

The young adults that we spoke to also mentioned that the way that they were spoken to influenced their experience at a service:

‘I don't know whether it was like my mental maturity that when I was at 42nd street, but I just felt like they [staff] were more friendlier, and you know like, when I was at CAMHS, I sorta felt a bit patronised. Like spoken down to’

The language used by this young adult around being **‘patronised’** and **‘spoken down to’** could potentially lead to feelings of low self-esteem and frustration as a result of the services not taking them seriously.

Similar to this account, a few other young adults also expressed being made to feel like they're an **‘inconvenience’** and a **‘burden’** to the mental health services they attended. This influences how the young adult perceives the service and whether they choose to attend future sessions if they leave them feeling low.

It comes as no surprise that speaking about one's mental health, especially to someone you don't know, can sometimes be overwhelming and daunting. Young adults have explained to us that a friendly welcome at the service can make a huge difference in how they feel and engage in the sessions.

‘The receptionist is really lovely, I'll always talk to her about you know, whatever topics you know, uhm, all the people are really nice, its important… you don't feel that you're scared’

‘…if you talk to (name redacted – reception staff member) when you come in, she's always really nice and welcoming and that's the first person here when you come in and that just kind of eases me, like I get anxious every time… then I hear (name redacted)'s voice and I'm like I'm fine, I know where I am, but it's those kind of things, it sets a vibe that helps you just calm down’

As shown in the two examples, a warm and welcoming first impression can put people at ease when coming to the service. Being able to talk to a member of staff evidently makes people feel like they are being treated as human beings. Therefore, creating a space where the young adults feel safe and are able to relax is really important for their well-being. Furthermore, this is also likely to increase the possibility of them being fully engaged and attentive in the session, as there is one less thing to worry about.

Within one to one sessions, young adults can often feel invalidated when they are not given the space to explore certain issues.

'because it felt like the practitioner was just like rushing, and asking very cynically, like oh like how many times do you think about that, and it was just about working through…and then rushing to provide a solution in the form of work sheets'

Feeling rushed, and the focus being on quick solutions did not meet the young adults need for a more reflective and empathetic therapeutic process.

ARE YOU EVEN LISTENING TO WHAT I'M SAYING?

Feeling invalidated: young carers

Like many of the young adults we have spoken to, for young carers there is a lack of understanding when it comes to their specific experiences and how these experiences impact on their mental health. There is also a need for a greater understanding and sustained support for individuals who have been caregivers and are navigating grief after the conclusion of their caregiving roles.

These examples convey the need for greater recognition and support for the grief experienced by young adults who have been caregivers. There is a clear description of a common sentiment among former caregivers highlighting the emotional impact of transitioning from a role of caregiving to suddenly being without a clear purpose. This shift may contribute to a sense of loss and disorientation which mental health services need to be better aware of.

'I think there should be more understanding of carers grief. When you have been a carer for years, then you suddenly find yourself without a purpose and feel like you are just being bounced around waiting lists and counselling sessions. There was much long-term support in terms of teaching coping mechanisms or signposting to carer bereavement groups [there are also sometimes] time scales on carer bereavement groups...if the death was over 6 months ago you can't join'

'I may not be a young carer now, but that experience stays with for the rest of your life and when you lose that person your whole world as you know it is over. This needs to be better acknowledged. It's a hard role to be in, but losing that sense of purpose was the worst thing I ever experienced'

Key learning: increased levels of specific, ongoing support for young adults who may have had caring responsibilities when they were younger and are dealing with the grief that surrounds the transition out of having a caring responsibility.

Feeling invalidated: young adults from racialised/global majority communities

From this research, it has become clear that there is a need for a greater understanding of what culturally appropriate support looks like, and how to ensure that young adults from racialised communities have access to support which validates and understands their experiences. When services cannot support young adults in accessing culturally appropriate care, people are left feeling invalidated.

In this example a young adult from a South Asian background had asked for access to culturally appropriate support from their NHS provider. Unfortunately, this experience reflects a lack of cultural consideration:

'One service provider I was referred to was an African based therapeutic service'

There was no one from their background working at this service. This haphazard approach to seeing and understanding people's cultural needs can be really damaging. It highlights a lack of care and also shows that there are generalised assumptions made about specific cultural experiences and the needs of those who are not white.

'The biggest challenge I have faced is trying to find culturally competent services'

The challenge reported in finding culturally competent services suggests a limitation in the options available. This limitation could impact young adult's ability to access appropriate mental health support. Cultural competency ensures mental health support is accessible and relevant to those from diverse cultural backgrounds, fostering a more inclusive and effective healthcare system.

Key learning: Mental health services need to do more to understand the intricacies that exist within different cultures – moving beyond surface level understandings and assumptions about someone's background. This should be an ongoing process of learning and it should include the perspectives of racialised communities.

Choice

Choice is an essential part of ensuring young adults receive good mental health support. We recognise that choice comes up in a variety of different ways, this can mean choice of intervention, practitioner, space and so forth. This research has highlighted that more often than not, decisions are made for young adults, with them having very little say or autonomy. The following analysis will look at the different ways that choice, or lack of it, is a crucial part of young adults' experiences of getting mental health support.

This young adult, like many others, spoke about how being on the waiting list is the only option for them:

'I'm still looking for the trauma therapy really, that I don't have to wait 14 months for or have to pay. Not quite worked it out yet'

A large proportion of young adults disclosed that even before accessing help from mental health services, some decisions are already made for them. Given that a lot of young adults may be in some form of education, or might be working full time, they might not have the money to pay for private mental health support. Being told that the waiting list is 14 months long but also then not having a lot of disposable income suggests that a lot of young adults are forced to either pay or wait.

For the young adults we spoke to, it was a reoccurring theme that they often did not have a choice in the type of support they accessed. This young adult expresses how having access to a various types of support would have been beneficial for them:

'I think definitely access to a range of different people not just a counsellor like you need a psychologist, you need a psychiatrist, and you need counsellor support as well... You need people who are gonna understand mental health a lot better. Like I went to CAMHS and the counsellor was really bad...I went for about 2 weeks and then they discharged me, because they thought I was okay, even though I tried to kill myself'

Having access to various types of support alongside the choice of intervention would clearly positively impact young adults mental health. This highlights how those young adults, who need a higher level of support, will often need a variety of professionals involved in their care.

As seen in the example, the young adult's experience at CAMHS was described as **'really bad'**, with them being discharged too early. Having no say in whether or not you are ready to be leaving the support can also affect young adults, making them think that they are not able to get the necessary support, which has the potential to prevent them from trying to access any other support that suits them better.

'I only had CBT because it was the only thing available and I didn't know what it was'

When young adults aren't given choice, they are put in a position where they have to take the only support available, which is not always what that person needs.

Contrary to this experience, the following quote shows what the positive impact of the right support, that also provides autonomy and choice, can do for a young adult:

'There's no pressure in those groups, that you come to those groups every week and say something, you can just sit there if you want... and listen to what they're just saying... and you can just draw'

Being in a group setting where there is no pressure to talk or share at every session provides a different experience. This young adult is able to join the conversation if they feel comfortable doing so, and can also practice other methods of therapeutic activities through drawing.

Additionally, many young adults mentioned that having access to group space can sometimes be more beneficial for the improvement of their mental health, as they are able to feel as a part of a community and share their experiences with other people who are struggling with similar things. It was often said that young adults wish for more group therapies, as this is not always an option at the mental health service that they are at.

'I think it would be great if there were more groups for young people who need, uhm, just time with other young people, because I have been in hospital for a while and I, basically didn't have any friends.'

'I think there should be a space where there are a couple of people who are there to share their past experiences, and from what they are sharing the other people might get the confidence to share their experiences as well.'

'I think there could also be more support groups in the community where you can sign up to programmes you think will help you.'

MORE COMMUNITY SPACES!

WHERE CAN WE EXPRESS OURSELVES?

Having choice and a say in who you work with is also important for young adults and contributes to feelings of being seen, adding the level of trust within the relationship.

'And whether the person's comfortable with, I think there should be like a preference as well, not to be like I dunno, I think for queer people maybe it would be easier to speak to someone else who's queer'

This statement suggests a consideration for the comfort and preferences of young adults who are seeking support, particularly within the context of discussing issues related to queerness. This suggestion advocated for the incorporation of preferences into the mental health support system. It suggests that individuals should have the option to express preferences, indicating a desire for a more personalised and tailored approach.

Getting the relationship right can have a significant impact on young adults getting support which meets their needs.

'Erm, I'd say both depended on the person and the services, because erm for me personally, I sort of have to click, if I don't click, I'll just shut off'

It is clear here that without that relationship young adults may not be able to share important details in relation to their mental health.

Mental health services should also make sure that young adults feel empowered to be able to vocalise when they feel the relationship isn't working.

Lastly, the need for choice was also very apparent when it came to the settings in which young adults received their mental health support. Often an overlooked part of mental health support, the environment in which help was provided can have a long-lasting impact on how the young adult feels about certain places and spaces, and how these feelings then also influence their recovery.

'The NHS Eating Disorder ward was too much like a prison, had bars on the doors. Makes you desperate to get out. A dehumanising experience and just a really uncomfortable space'

As seen here, the experience of being in a place that is prison-like, but is actually meant for one's recovery, can do more damage than good. This places additional distress on a young adult who is already struggling with their mental health, which can slow down their recovery. An experience like this can put off young adults, or anyone, from wanting to access help in places like this again, leaving them desperate to search for other forms of help.

Similarly, this young person expressed dislike towards clinical settings, as they found them quite unsettling, cold, and not very welcoming. Having said this, they recently had a positive experience at a ward, where choice was at the centre of the approach.

'I mean even now when I'm on the ward, they always make the effort to say, do you want to do it in your room, do you want to do it in the quiet room? And I am able to choose... it feels just so caring and lovely, because if the first thing they say to you is about you and what you want, then immediately go into that little meeting or session feeling that they care about me'

Evidently, the act of being asked simple questions as to what room they would prefer to be in can have a huge impact on how the young adult feels about the practitioner as well as themselves. The young adult feels cared for, which is what everyone should feel when accessing mental health services. **"simple"** yet effective questions like these can make sure that the young adult is feeling comfortable, that they do not find the room triggering and that they are able to open-up about their mental health issues to the practitioner.

Looking after the young adults and making sure that their needs are met is an important part of a person-centred and trauma-informed approaches, therefore when care and consideration is used appropriately, the young adults can effectively focus on their recovery by feeling comfortable in spaces. This shows that when things are done right and with consideration at the centre of the approach, the young adults can have a much better outcome from accessing help in these spaces.

Consistency of care: young adults with experience of homelessness

When it comes to good mental health support, consistency was raised as an integral part of this process. This was a point raised specifically by young adults with experience of homelessness.

It was described to us that accessing support may be the one constant in their lives and so showing up and doing what you say you are going to do goes a long way in creating trust.

'You know if you're not consistent with someone and you're not reliable, but say no I'll be there for you but, then you're not actually there for them, it's two completely different things'

There is an implication here that mental health services being consistently present and reliable is crucial in creating a healthy and supportive environment. Inconsistent or unreliable support can contribute to feelings of abandonment, isolation or mistrust. For those who are experiencing homelessness and have lots of insecurity around their housing – the emotional toll of unreliable support from services can be particularly significant.

Representation

Having services that reflect the population that they support is key in ensuring people feel seen and understood. Representation has been mentioned as another important factor that has a significant impact on young adults getting help from mental health services. Young adults reported that being able to see themselves reflected within the services they use would mean there is a greater level of relatability and mutual understanding. This would allow them to build a safe and trusting relationship, where young adults feel comfortable to openly talk about their mental health and the issues they are facing.

Unfortunately, for many of the young adults we have spoken to, this was not the case. The following examples demonstrate a how lack of representation through age, lived experience, race and religion shaped the experiences of young adults using services.

Age:

Age and generational differences were one of the most mentioned factors that affected the level or relatability between young adults and practitioners. We recognise the length of time it takes for people to train to become mental health professionals and so having young adults working in services in certain roles would not be possible. But this research has shown that creating specific roles for young adults to provide mentoring,

support in running groups can provide a potential additional offer for young people who want that peer to peer connection.

'I'd say the older generation, they don't necessarily get it, more than like our generation. Sort of think like we are a bit more open minded in away'

'Err, get someone who's around their age so that they understand them instead of like being older coz like when I first came, I thought they were teachers... say if I spoke to someone that's 15, I could like relate to them so... it makes them care more'

From these statements, we can see that young adults do not always feel understood by those who are older than them. In the first quote, it becomes clear that there is a perception that some adults might not be as open-minded towards the views or lifestyles of young adults. Both, those working in mental health services and the wider population, can sometimes struggle to understand and empathise with the things that young people are going through. This may lead to young adults to not want to disclose certain experiences surrounding their mental health. Alternatively, if people do talk about the things they are going through, young adults may have their experiences dismissed, with them being labelled as just something **'all people your age go through'**.

The second quote also raises an important point. This young adult explains that speaking to someone who is closer in age creates a more caring interaction. This might be linked to the idea that people of a similar age have more things in common, as well as sharing a greater understanding of what they all (as a generation) might be going through.

We recognise that this is a complex topic and not all young adults would want or value talking to someone their own age. Furthermore, this is also not to say that other practitioners cannot empathise with the issue's young adults face. Everyone in a service plays a vital role supporting young adults, and what would be a helpful addition to this is the option for people to have access to talk to their peers, through mentoring or group sessions and so this should be something that is considered when running a service.

When provided with the opportunity to speak to someone closer to their age, or someone who is mindful and aware of the things young adults are going through, it can have a positive impact on the persons experience of getting support.

Lived experience:

Within the research, young adults also report that lived experience was also quite important in raising the levels of their feelings and experiences being understood.

'You understand that that they have training and stuff but some... they can't really understand unless they're in your shoes... you can't really expect them to understand unless they've been through the same thing'

'Young people are not looking for scientists who are doing it, they are looking for us like who are saying it and experiencing it for themselves... who have definitely been a part of it'

The emphasis in these examples is placed again on relatability. Young adults acknowledge that mental health staff receive training and will have the qualifications to support them with their mental health.

However, it is clear that there is an additional benefit in receiving support and advice from someone who has been through a similar experience, or had some shared identity-based lived experience, like the LGBTQIA+ community.

The phrase **'not looking for scientists'** highlights the preference for individuals who speak from personal experience, rather than experts who may be more detached form the lived reality of the issues they are facing. There is a clear desire for more connection through shared experiences and young adults may find a stronger connection and resonance with those who have directly encountered and navigated similar challenges. Overall, this underscores the importance of recognising the limits of understanding that training and qualifications can provide and the unique value that personal experience brings to emphasising with certain situations. It advocates for a more inclusive approach, one that acknowledges the depth of understanding that can be gained through lived experience insight.

Race and religion:

Race and religion emerged as crucial aspects in the discourse on representation. Regrettably, a number of the young adults we have spoken to shared instances of discrimination tied to their race or religion, which has significant consequences on their ability to access mental health support. Some young adults also report feeling safer and more comfortable speaking to and getting support from people within their own community. Therefore, enhancing representation in mental health services and fostering stronger ties with local religious and community organisation could potentially alleviate these challenges.

For example, this statement shows that this young adult was trying to get help from their school, to talk about the racism and bullying they were facing from other students. Instead of support, their experience was invalidated:

'I think I am an example of it [racial discrimination] existing because of the way, erm, because they didn't want to believe me because I am a person of colour'

This young adult experienced discrimination from other students, but also from the staff, as they were not prepared to believe that they were being racially abused. The lack of action in supporting and protecting the student from racism has not only invalidated their feelings, but can also lead to them facing further barriers when speaking up about their experiences in the future. The staff member's dismissal of racism in school further adds to the wider system of oppression, letting racist behaviour in schools, and possibly other parts of society, slide by and carry on. This admission provides insight into the complexities of navigating situations where race becomes a factor in interpersonal dynamic and the psychological toll it can take.

Furthermore, these two experiences show how racial discrimination in the mental health services has meant that young adults have had search for judgement-free help elsewhere:

'I was racially abused, so I had to switch to family and church support. Just because with my ethnicity and background, they [family and church] take me for who I am and not my skin, so I feel safe there and safe in sharing my experience on what I have been through'

'I actually tried to access health care, erm, support but I felt because I was a person of colour, they discriminated against me, and they didn't give me the attention so I had to turn back to my church, and so I spoke to my pastor and he was there for me and helped with everything'

As seen in both quotes, these young adults reported the racial discrimination they faced. As mentioned in the first quote, it does not appear that the mental health services provided a safe space for the young adult to be in, resulting in them having to look for help elsewhere. Similarly, in the second quote, the young adult did not receive the right support and care whilst trying to open up about their mental health, which is extremely invalidating and can lead to further deterioration of their mental health. Services should be judgement, oppression and racism-free zones where people can seek help, however, on these occasions we have been shown the exact opposite. This may lead young adults from global majority backgrounds to form distrust in services, without really knowing how they can challenge the racist behaviour presented there.

A notable sense of safety and comfort arises when these individuals connect with others who share their identity and can empathise with their experiences. Mental health services ought to consider fostering a more diverse workforce, ensuring that the broad spectrum of young adults feels confident in seeking support that resonates with their unique experiences.

Additionally, efforts should be directed toward establishing stronger relationships with religious and community groups, creating clear and trusted pathways for individuals to access additional support when needed.

It is positive that some of the young adults we have spoken to have felt like they have been able to get support from within their community. However, people shouldn't have to rely on this because mental health services have let them down.

We want to recognise that again this topic is complex, and due to the sample size of this research we are not suggesting that this is the picture for all young adults from racialised communities. Within this research we have also found that for some, accessing support from within their community is not possible due to stigma/perceptions. Having a clear understanding of what each individual requires is key to provide effect support.

Key issues Young Adults are facing

Mental health does not exist in isolation to their surroundings, and within this research we explore some of the key issues that young adults face which may have an impact on their mental health and wellbeing. It is important services working with this age range understand these issues and are able to engage confidently in open conversations with young adults about them. In this section we will examine some of the issues that came up most commonly for young adults we spoke to, exploring how they impact their mental health and giving some insight into how we can better understand and support them.

Social media :

Social media was named consistently as an issue that is prominent in the lives of young adults. However, what also became clear is the complexity of subject. It is important that we understand these complexities and the varied impacts and interactions that social media and its use has on people's mental health. Before we begin looking at this issue in more detail, we also want to note the important role that social media plays in young adults' lives – and it isn't all negative. Young adults exist online almost as much as they do offline so it is important to understand these nuances.

To begin with, spending so much time online often means that young adults are comparing their lives to the curated ones they see on social media.

'I think the kinda culture of comparing yourself and if you're not doing that then you're not succeeding or you know having, having no representation of you know people who aren't young and successful and rich'

This admission highlights the existence of a culture of comparison, it suggests that young adults are constantly surrounded by online content, which showcases a very particular vision of what **'success'** looks like. This feeling of falling behind and being successful may be having a significant impact on people's mental health.

'and you see with other social media influencers and stuff, because when you are a teenager you are quite impressionable... you're impressionable and will listen to anything really.'

> **'I think as well a lot of the age of people accessing social media is getting younger and younger and there is a lot of good things that people can access with social media but I think uhm, it can also have quite a negative effect of people's mental health.'**

This statement highlights the vulnerability and impressionability of young adults particularly in relation to the content they interact with on social media. This age group are often in a formative stage, susceptible to external influences and may be more prone to adopting behaviours or perspectives presented to them. If young adults are consuming content from online influencers that promote an unrealistic and unachievable lifestyle, it may leave them feeling disappointed and frustrated with their own lives. In addition to the comparative element of social media, young adults, in particular young men, are consuming content which may promote a highly stigmatised perspective on mental health.

> **'especially for males as well I think we are always taught like boys don't cry and stuff like that. Especially with people like Andrew Tate around as well. It doesn't help at all. And social media which I personally don't have any social media for that reason…the reason why people look up to people like Andrew Tate is kind of, because they see him as a role-model; he has a cult following so they will take his world for gospel.'**

This statement touches upon societal expectations and the impact of influential figures on perceptions of mental health. The reference to **'people like Andrew Tate'** bring attention to the influence of public figures on attitudes towards mental health, they may perpetuate harmful narratives.

The decision this young adult makes to not have social media suggests a conscious effort is being made to avoid these potentially negative influences. It is important that we are aware of the people who hold these cult followings online, understand the messages they are promoting to young adults, and why these messages are cutting through. There is a clear need for positive role models, who promote healthy perspectives on mental health, especially considering the potential impact of influential figures on a large audience.

Having access to people being open and normalising conversations about mental health online is important to challenge negative stereotypes, and can also play a role in making young adults feel less alone. However, having so much unrestricted access to content about mental health can also have damaging effect on young adults' wellbeing.

'We all see hundreds of mental health videos on TikTok, Instagram, twitter, just any social media. Because you just end up looking at them, because you relate and then you get more and then the algorithm gives you more and more. And then coz, well let's say like every time you go on TikTok, every hour you're seeing 5 videos of people struggling with their mental health, to the same degree that you are, you will just think it's normal because everything you see is like oh, that teenager, that teenager, that young person, that adult. They're all struggling with this'

This statement explores how young adults who use social media on a regular basis are governed by the content promoted by their algorithm. This suggests that for those who are regularly engaging with content related to mental health their algorithm will shaped around this. The repetitive exposure to mental health content potentially influences young adults' perceptions of normalcy. If everyone on their feed is depicted as struggling, it may show the viewers a belief that such struggles are pervasive and a standard aspect of life. This may have an impact on young adults feeling like they are not able to reach out for mental health support.

'But uhm, I have a self soothe box that I made with an occupational therapist, I know that I can do things on my phone that can help uhm, but not if my TikTok is full of triggering things that week.'

This admission further shows how the content young adults view on social media is solely dependent on the algorithm which has been created for them. It is clear that whilst social media may be used as a form of distraction and escapism, this can be waylaid when their algorithm is promoting triggering content.

This young adult continues to explore their own interactions with mental health related content on social media by addressing the type of posts they are viewing.

'They joke about it as well. I obviously completely understand that people use humour as a coping mechanism and you can joke about your problems, you shouldn't have to hide your problems but, if you're seeing loads of videos joking about self-harm, or what your arms look like or other areas where there might be issues, or why you have certain features on your body, and it just and then everyone, you read the comments and there's literally thousands of comments of people saying 'haha that's me', 'haha relate'

There is recognition here, that humour can serve as a tool for processing difficult emotions and experiences. However, this statement also raises concerns about the nature of humour when it comes to self-harm or body image. It suggests that a continuous stream of content joking about sensitive topics may have potential consequences on individuals' perceptions of these issues.

This may range from desensitisation to these issues, to a potential distortion of the seriousness of such challenges. This statement prompts a critical reflection on the culture that is created by such online content and the potential implications for the mental health and wellbeing of the young adults, particularly those who relate to this content. Online content created by other young adults who are struggling with their mental health raises considerations about the fine line between openness, humour, and maintaining sensitivity toward serious mental health issues.

'**Especially when people like really, really, like to talk about it...like some people like online and stuff like that will make a joke about self-harm, like no one wants to see that...it's depressing. And then it becomes a place where you just almost don't have to think about what you are posting.'**

It is clear that seeing content around topics like self-harm can have a damaging impact on people's mental health. The way in which young adults are sharing content around mental health then becomes so normalised that it potentially becomes difficult for people to be able to see the potential impact. It also highlights that young adults use social media platforms to share their experiences, connect with others around certain topics and potentially also talk about ways of coping.

These reflections showcase the complexity of young adults' interactions with social media and the various ways that this can impact on their mental health. There is a large amount of content online which may be warping people's perspectives on what their lives should look like, in addition to this there is also as significant amount of content that is being consumed by young adults (often produced by their peers), which is explicit in showcasing people struggling with their mental health.

It is important that mental health services are aware of the types of content that young adults are consuming (or potentially creating) and how this interacts with their perceptions of mental health. Understanding these nuances is also important, as telling young adults not to exist online is not a realistic solution. There are benefits that people get from using social media and so we need to focus on ensuring we are able to talk about young adults about their social media use.

Cost of Living Crisis:

In additional to the pressures of becoming an adult, the people we have spoken to also report the strains that they are currently facing with the cost of living crisis, and the impact that this is having on their mental health.

There is a clear worry amongst young adults we have spoken to about the rising cost of being able to afford essential items.

'the cost of living crisis. Now it's more on my mind do, I just, I don't even buy milk or apples anymore (laughs) because they've gone up in price so much'

The extra cost of essential items highlights how the cost of living crisis is affecting this young adults' own choices and behaviours. There is a sense of being forced to limit themselves, as they are not able to afford the things they would have before. The fact that this young adult mentions that this is something that is now increasingly on their mind suggests an added level of stress around managing money and consequently an impact on their mental health. There is also potentially an additional impact on their mental health if they are not able to afford the basics that support a healthy diet.

In addition to rising costs of everyday necessities the current economic climate also means that many of the young adults we have spoken to are struggling with finding work that is able to support themselves to live independently.

'It's just uncertainty, like it's so hard to get a job, it's so hard to get a well-paid job and find affordable housing'

Whist not explicitly stated, the mention of uncertainty and difficult suggests the potential emotional strain associated with navigating these challenges. Job insecurity and housing concerns can contribute to increased levels of stress and anxiety.

There is a need for a greater understanding of the impact that the current financial climate is having on young adults' mental health, and a recognition that this is the first time they may be dealing with all of these pressures on their own.

'like to understand how it even impacts them or like when they get their first job, how much can I spend on a food shop when it's really expensive'

This statement also suggests that finding jobs, managing money and budgeting are areas that young adults could benefit from having some additional support around.

'I can't afford to move back to my parents' and I don't want to, so I'm kinda struggling'

This admission highlights the transitional period of young adults' lives. Life transitions, especially those involving financial independence and living arrangements, can be emotionally and practically challenging. The financial constraints faced by young adults and a lack of support from family plus a desire (and a feeling like they need to be) independent contributes to challenging and stressful period of their lives.

We also need to recognise that for a lot of young adults relying on support from parents may not be an option, so having services that can support people through these struggles is vital.

Section Three:
Supporting Young Adults After a Service

What has become clear from this research is that young adults encounter problems at every stage of their journey through mental health services. We have seen the difficulties that people have had trying to gain access to the right support, and how their experiences within services can often have a negative impact on their mental health. It also then becomes evident that we need to offer a better level of support to young adults after they are discharged from mental health services.

There are a number of ways that we can better support young adults after they have finished with a service. Here we will touch on a couple of those including, easier ways to re-access the support if needed, more help to ensure young adults are able to develop healthy coping mechanisms outside of the therapeutic setting, and recognising that reaching the age of 25 brings another cut off for those accessing CYP services.
It is recognised that people's mental health does not exist on an upwards trajectory and despite someone having accessed support, there may be points within their life that they need to re-access services. For some young adults, this process can be difficult to navigate.

'Having that support impacted it in a good way, but then not having anything after it impacted it in a negative way…I think just like finishing with someone and then not having that support after you've finished with someone. But then trying to access support or get support after that it's finished, it's just extremely stressful'

It is evident from this example that it can be a struggle to get further support once you have been discharged from a service. Furthermore, it shows that young adults may not always be ready to finish with a service in such an abrupt way.
This young adult suggests a phasing out of support over a longer period of time for those who are struggling with things ending:

'I suppose maybe could have been like once a week for the first month or something, and then once every two weeks'

This process can be much more straight forward. Having a gradual tapering off of the support might be able to provide young adults with a better way of adjusting to life where they are no longer accessing professional support every week. It is an unrealistic expectation for anyone to be able to manage their mental health entirely after going from constant support to nothing.

WHERE TO NOW?

Whilst this is a difficult change to get used to, it has been suggested that the acknowledgement of sessions coming to an end, as well as the implementation of healthy coping mechanisms that are suitable for the persons needs, can make this adjustment process smoother. As suggested by this young adult, the mental health practitioner could ensure that appointments are scheduled in less frequently, and the topic of leaving is introduced prior to the last session.

One young adult spoke to us about their experience of re-accessing a service they had already used when they felt like they were struggling again:

'I accessed [a] service a couple of years ago, uhm I was going back to a service that I used before, and the process to get in was so straight forward, I literally called my GP saying I want to go back to Gaskell house, they said yeh we'll put in that referral, got a call uhm from IAPT maybe a couple of months later, uhm and they said yep we can get you back into Gaskell house and then I was in pretty quickly'

This example shows that having a clear pathway back into support can limit the levels of stress someone faces and allows them to feel empowered to be able to ask for help again when they feel like they need it.

As well as being able to re-access a service, it became clear that for some young adults being able to support themselves outside of a therapeutic setting was difficult. We listened to people who told us that once they had left their session (both after leaving the service and in between appointments), they struggled to manage and utilise the methods they may have learnt.

'Therapy is really good, but I don't feel much benefit beyond the therapeutic hour, which is frustrating, I wish I felt more empowered to be more self-sufficient but that's the struggle.'

This admission reveals a nuanced perspective on therapy, whilst there is a clear positive impact, there is a frustrated desire for a more lasting impact and increased self-sufficiency. This statement captures the challenges that young adults may experience in translating therapeutic benefits into daily life.

'and I've also got ADHD as well, so like it has been good but trying to remember what they've said is quite difficult, so I think in the time I'm having counselling it's good but the lasting impact probably not, no.'

'Yeah, I think all of them to be honest were very positive and made me feel a lot better for a couple of years until something different kinda hits'

'The only downside to that now is that I cant access any help from the NHS for the next 6 months because I've come out of it, and that's what they've told me to do. So it's a little bit hard now. Uhm and I'm probably about 3 months on so I'm kind of in a block where I'm like nothing is working that I've been taught.'

These statements show that there should be a consideration of additional resources or strategies to allow young adults to be able to use therapeutic tools in daily life. It also asks the question of whether people have enough access to the right support and that there is a clear role for ongoing support in the form of activity-based groups, peer support etc.

Peer support groups are specifically mentioned here as having opportunity to connect with their peers who may be experiencing similar things is something that has been brought up in this research.

We commonly recognise age 18 as a cliff-edge where many young people can no longer access CAMHS and have to make that transition into adult services. For people who are accessing CYP services in the VCSE sector, getting to the age of 25 can become another one of these cliff-edge moments, which is often not acknowledged.

Young adults accessing support in these places may require additional support to transition into adult services (if needed) or to find equivalent support groups. One young adult reflected on this challenge and the need for a focus on healthy endings around the 25 age as well as 18.

'Services change quite dramatically in terms of accessibility after you are 25. Something I have become quite interested in is when you are working with people in that later category a huge problem that I have witnessed...people become really sceptical about what actually happens after I'm 25, because you become not dependant but you get used to accessing these services...so I think there is a lot about healthy endings around the 25 mark...like when I'm 26, what can I engage with?'

This highlights the challenges young adults who are accessing support through CYP services have when it comes to transitioning out after the age of 25. As mentioned in the quote above, often young adults are not made aware of the changes that

come with going into adult services. There is a clear need to recognise that this may be a challenge for this group of people, and we should be advocating for continued and accessible support for mental health beyond this age threshold.

Additionally, there needs to be further consideration for those who are reaching the age of 25 and how the majority of CYP service are not longer available to them. When someone turns 18, there is an aspect of legality that comes with it, they are now legally an adult and can no longer access children's services. When you reach 25, this moment does not bring the same change and therefore, is often not as recognised as a potential cliff edge.

There are a number of ways this affects young adults. A lot of the time, the same services they were previously accessing are no longer available for them. Peer support and creative groups can suddenly disappear from their daily lives when often these were the things that made their mental health better, gave them a sense of community and allowed them to learn new skills. The same services are not as prevalent for adults over the age of 25.

Furthermore, it is important to consider how this cut off point also affects different groups of young adults with varying life experiences. For example, those young adults who are carers might have had to grow up at a much faster age, picking up and handling a lot more responsibilities than other people their age.

There needs to be an acknowledgement that every person lives with a different timeline, which is not always linear, and they will experience life at their own pace. There should be a greater emphasis placed on young adults having an element of choice when it comes to leaving CYP services, as everyone's path into adulthood is different.

WE NEED MORE FREE + ACCESSIBLE SPACES FOR YOUNG ADULTS!

Conclusion and recommendations

Conclusion

It should be clear from the extensive information provided in the report how many young adults in Greater Manchester are not receiving personalised, accessible and stigma free mental health support.

What we have seen is that before young adults are accessing support there are extensive barriers which make this process far more difficult than it should be. We have shown how negative early experiences, extensive waiting times, issues navigating the mental health system and feeling like you're not 'ill enough' for support, all prevent young adults from being able to access the right care for them. These challenges are exacerbated for young adults who face additional disadvantages, those from racialised communities, those with co-morbidities and those experiencing homelessness, all come up against more barriers. This has to change. Mental health services need to reflect on the accessibility of their services and consider how they can do better to ensure young adults get the help they need.

When considering peoples experiences in services, this research found that young adults often don't feel acknowledged or understood. We have explored a number of reasons which contributed to young adults feeling this way, including poor communication, invalidation of people's feelings and the lack of representation within services.

Overall, many of the young adults we have spoken to reported that accessing support had a negative impact on their mental health. People deserve to have access to mental health care which reflects them, understands their needs and supports them to improve their mental health. It is everyone's responsibility to ensure that we take the steps needed to improve things.

This report highlights the extent of the failure that young adults have experienced, and there is not one solution that will change this. As we have done so at the beginning of the report, it is important to recognise the depth of the pressures that mental health services are under, and the impact that these pressures have on their ability to deliver timely mental health support to young adults. Therefore, what we want to emphasise is the recommendations we have made, which feature good practice that should already be happening regardless of external pressures. One thing we see as a priority to ensure is that when young adults are receiving mental health support, they are met with a system which listens, takes people's concerns seriously, makes people feel safe and empowers young adults to know the tools they can use to support their mental health.

General key recommendations

▬▬▬ :Actions that are or should already be happening/that the transformation work already picks up on.

▬▬▬ :Actions that are specific to young adults, that can be done within existing resources.

▬▬▬ :Actions that are specific to young adults, that can be done with additional resources.

Waiting lists:

It is probably unsurprising that a large proportion of young adults reference waiting lists as a key barrier to them being able to access support. Although we appreciate that waiting lists are a particularly challenging national issue, we have focused this recommendation on how young adults can be better supported while they are waiting.

Step one: open and honest communication should be provided about waiting times for services and this should be information that is both readily available on a services website, and also communicated at initial assessment. The information should be accurate and honest.

Step two: ongoing communication whilst they are waiting for support:

- Message updates to let young adults know where they currently are on the waiting list.
- Check ins with young adults to ensure that they are managing their mental health while they are waiting. There should be an awareness of other psychosocial services that may be able to support young adults in the meantime by providing ways to manage wellbeing.

Step three: provide an additional offer of support that young adults can access while they are waiting. Many you adults we spoke to have asked for greater opportunities to connect with their peers and more access to creative projects.

They also express a frustration that they have left school without knowledge and understanding of who to talk to and how to manage their mental health. Therefore, some of the areas for additional support we suggest:

- Increasing access and availability to peer support groups.
- Increasing availability and access to creative based groups/projects.
- Regular drop-in sessions for young adults waiting for a service, where they can have a chat with staff, access advice and support with any issues they are facing.
- Education sessions and workshops ran in schools and colleges to help ensure young adults are leaving education with this knowledge.

Increased levels of support for young adults to navigate the mental health:

Knowing where to go to get the right support and how to get there can be really challenging for young adults, even more so when they are already struggling with their mental health. Young adults report being stuck in between services without getting the support they need, having to chase services for updates on referrals and being turned away when they don't meet the criteria. This is made even more difficult as they may be transitioning between young peoples and adult services, which often look very different.

More support is needed to ensure that no young adult who reaches out for help is left without any support. We recommend that services develop **'young adult champion'** roles to help get them the right support.

Step one: identify staff within your service who may have the knowledge, experience or interest in working with young adults to be a point of contact for young adults who are struggling to get access to the right support.

Step two: dedication of funding to the creation of a specific young adult champion role. This would be a role for a young adult, who would receive the training required to be able to work with 18–25-year-olds until they have gained access to the right support. The role would be a combination of supportive navigation, mentoring/peer support and advocacy to ensure that young adults are not being left without any support. The role would also be a key point of contact for other staff members who are working with young adults, to support and disseminate information and to ensure we are making it **'everyone's business'** to know the best ways to work with and support young adults.

Greater understanding of the key issues that young adults are facing:

Young adults expressed they often don't feel services understand their lives and the issues they are facing. This means they can find it difficult to speak to services about things which may have an impact on their mental health.

All staff should have greater awareness of the types of issues young adults are facing, the language they are using to talk about things and the skills to approach and engage in conversations about them. We recognise that we cannot know everything, but there are steps we can take to ensure this gap in understanding is being bridged.

Step one: review of current training/induction packages received by staff in the mental health trusts. Identify whether the current levels of training meet this recommendation and provide staff with insight into the needs of young adults.

Step two: involve young adults with lived experience in running sessions for staff that explore some of the key issues they are currently facing, how they impact their mental health and how mental health services can start conversations and support young adults through this.

Development of structures to support and involve young adult lived experience practitioners:

Young adults told us that they are using services where they do not see themselves reflected. This creates a gap in understanding and language; there would be better **'engagement'** if this was changed and young adults were involved in the design, planning and delivery of services. Services can learn from young adults but it needs to be a purposeful and non-tokenistic way.

Step one: development of an inclusive, participatory, system wide approach to involving young adults in training and inductions for staff. This should include support and training for young adults to enable them to be actively involved in the design and delivery of induction sessions, training packages and staff development in a constructive way.

Step two: we know that young adults with lived experience want to work within the mental health system, but too often there are barriers that prevent this. The creation of entry level peer mentor roles where young adults can utilise their age and lived experience to support others. These roles should also include clear development opportunities through formal training and support with career development.

Step three: young adults feel disconnected from the systems which fund the services they use, which can make them feel misunderstood. Young adults should be involved in shaping and influencing funding systems.

The 'little' things are part of a much bigger picture:

Young adults we have spoken to reported that it is often the **'little' things** which make a difference to how a service is experienced. The interactions with staff, the type of support received, the space where the support takes place are all reported as being important. And when young adults reflect on negative experiences it has been because they haven't felt heard and their needs haven't been understood. Though not named explicitly, it is the principles of trauma informed care that young adults value as being important.

Step one: we are developing a tool kit in collaboration with young adults which will contain examples of good practice, how to guides based on what young adults have told us and podcast style conversations with young adults. The resource's will be directly linked to the trauma informed principles and will provide practitioners with additional tools to ensure they are able to make young adults feel heard and their feelings validated.

Step two: work with service user voice organisations such as Healthwatch to support young adults to visit services and see how the tool kit is being used and assess the impact it has had on their work with young adults.

Specific learning and recommendations:

We want to recognise that the broad recommendations outlined above would help improve experiences for all young adults. However, throughout this report we have also made specific recommendations to ensure better support for cohorts of young adults who face structural inequalities and marginalisation, and may find it harder to access mental health support.

Mental health services and systems should dedicate resources and focus to improving connections and joint working with community / religious groups in their area to improve choice and better **meet the needs of global majority communities and religious populations.**

More co-ordinated approach between GP, University and Local Mental Health offers to support a seamless connection throughout the pathway, **preventing students from falling between the gaps.**

Access to **eating disorder** support should focus on early intervention vs high thresholds of access, progressing FREED offers across GM.

Support increased awareness of complexities of young adult lives in mental health services, **particularly for people who may have experienced homelessness, young adult carers or who are care leavers.**

Recommendations to approach support in a **psychosocial context**, with understanding of **trauma informed practice**.
Closer working relationships to be developed with care leaver support provision to jointly support young adults with severe mental health needs.

Children and Young People's services and adult services to explore approaches to supporting young adults to develop self-management skills to support appointment engagement, and to identify how **reasonable adjustments to appointments could support increased engagement from young people**.

Involvement of young adults in identifying communication and environmental considerations to improve engagement in mental health support, **particular where there are experiences of neurodivergence**.

Appendices

Appendix 1.

Data collection:

When it came to data collection, we focused on qualitative and ethnographic methods that included semi-structured interviews and focus groups. Ethnographic research is centred around understanding people's experiences, perspectives and everyday practices. There are a variety of different techniques that can be used including, observations, informal conversations, interviews, surveys etc. Ethnography is used largely to understand the experiences of a particular group or community and it can provide a far more in depth and cohesive understanding of certain issues, often from those marginalised and overlooked groups in society. Often, one of the argued drawbacks of ethnographic approaches is the length of time it can take. Within this research project our focus was on the depth of insights gathered over the volume of young adults spoken to.

In order to ensure a wider group of young adults were able to share their thoughts and experiences, we also put out a short survey which could be completed completely anonymously.

Our aim was to speak to young adults who had experience of dealing with mental health issues. We recognised it was important to hear from people who had used services and/or had a diagnosis of a mental health condition. But, it was equally important to speak to those who had never accessed formal support, understanding why and exploring the potential barriers they have faced. Despite the wideness of the scope, we also did a lot of work to ensure we were hearing from young adults from groups evidenced as being at a higher risk of experiencing poor mental health. This approach had been outlined in the briefing paper set out at the start of the project.

Interviews:

Conversational interviews are a way to bridge the gap and remove the idea that the researcher is the expert, and the participant is there simply to provide information. Young adults are experts of their own experiences, and accounts of these experiences is one of the most important ways of creating knowledge[1].

The semi-structured interviews were carried out on a 1-1 basis, though occasionally young adults were accompanied by a parent/carer. Interviews were recorded on an audio recording device to ensure accurate transcription. There were some young adults who didn't feel comfortable having their interviews recorded, and so to ensure their experiences and ideas were still represented in the work, notes were taken first hand during the session. We recognise the limitations of this in regard to the bias we have when deciding for example, what information is recorded.

There were eleven questions which made up the interview guide (see figure 2 for copy of interview guide) and the peer consultants were encouraged to ask follow-up questions where they felt there was more to explore or clarify. Throughout the interviews, young adult participants were reminded that there was no expectation that they answered any questions that they didn't feel comfortable with or that they share any experiences that they didn't want to.

[1] Cerwona, A, "What to Make of Identity and Experience in Twenty-first-century Feminist Research", in Buikema, R., Griffin, G. and Lykke, N. (eds.), Theories and methodologies in postgraduate feminist research. New York: Routledge, (2023)

Welcoming question/s:

How are you today? How was your journey/did you find the building alright?

Thank you so much for coming to take part in the research, do you have any questions before we begin?

these are examples, add any others that feel right.

1. **Have you ever accessed support for your mental health?**
   *if the answer is **yes**: can you tell us about what this experience was like including positive and negative experiences?
   *if the answer is **no**: is there a reason why you have not accessed MH services?

2. **(Ask if they answered yes to Q1) Can you tell us which support you used and what they were for?**

3. **(Ask if they answered yes to Q1) What has been the impact of accessing these services on your mental health?**

4. **Is the space in which you are accessing support important? If so why/what should that space look like? (prompt might be to ask about the look, feel, smell sound etc.)**

5. **What would you say are the most important things services need to think about when delivering MH support for young adults?**

6. **As a young adult do you feel acknowledged and understood by mental health services?**

   Follow up: what is it that makes you feel acknowledged and understood?

7. **Do you think there are any barriers in the way of young adults accessing mental health support? If so what are they?**

8. **Do you feel like there is a stigma attached to talking about your mental health?**

9. **What are the key issues that young people are facing that mental health services should be aware of?**

10. **Is there anything in particular that you do to look after your mental health?**

11. **In an ideal world, where you are in charge of running mental health services what would you change and why?**

Figure 2. Interview guide.

Focus groups:

The focus groups also followed a semi-structured approach, in total we conducted 8 focus groups: two of these were hosted online by 42nd Street, and we used connections with organisations working across Greater Manchester to support us in hosting the remaining six. Two sessions were held with Manchester Mind's CYP service, one with Greater Manchester Youth Network, one with Oldham Youth Council and two with Depaul (sites in Salford and Manchester). The groups were made up of a series of questions and activities, (see figure 3 for focus group guide),

which sought to focus in particularly on young adults' ideas about how mental health services can work better for them and the barriers that might get in the way of them accessing appropriate support. A deliberate choice was made in the focus groups to move away from focusing explicitly on personal experience.

In both the interviews and focus groups, young adults were given a participant information sheet to read and a consent and monitoring form to sign when they were satisfied with the information and have been given the chance to ask any questions.

Young Adult Peer Research project – focus group session plan

Ice breaker:

We have a number of different icebreaker activities to use at the start of a session to provide people a chance to get to know each other a little better:

Question one: in an ideal world where you ran mental health services what would you change and why?

Ask people to chat with the person next to them and on a post it note write down some ideas and then stick it to the page in the middle.

We will then go through them and discuss as a group. The idea being that even if there are some people who feel less comfortable speaking in a bigger group they will have still had the chance to contribute their ideas in other ways.

Energiser activity:

To break things up a little bit here we would introduce a quick energiser activity. This could be some form of physical poll to get people up and moving.

Question two bullseye activity: where do you feel most supported with your mental health?

The second question is thinking about the spaces in which young adults feel most supported with their mental health and to explore this topic we will use the bullseye activity.

For this activity we will have a bullseye drawn on a big piece of paper, on the inner circle get people to write the places they have felt most supported and then on the outer rings the places where people may not have felt very supported. Have a discussion about some of these places and any thoughts that may have come up through this activity.

Barrier wall activity:

For the final activity we want to get people thinking about the barriers that young adults face when they are trying to access support for their mental health and wellbeing. We will have a wall drawn on a big piece of paper and ask people to add their thoughts to this.

Figure 3. Focus group guide.

Survey:

Whilst this research has been focused on taking a qualitative approach, we also wanted to ensure that young adults who didn't have time or didn't feel comfortable sharing their experiences could do so anonymously. The survey was made up of a combination of multiple choice and open text box questions that were based on questions asked in the interview alongside some additional statement-based questions.

Rationale:

The rationale behind taking this approach was to ensure that young adult participants felt the research process was a safe, non-judgemental space for participants to explore their ideas and experiences with a peer who can understand them from a personal perspective. The ability for us to interpret and understand is heavily dependent on our own characteristics and experiences[2]. Having young adults' reflections on all parts of the process, from designing the questions to analysing the data provides us with a much deeper understanding of what participants are communicating to us. Furthermore, by providing employment opportunities for young adults, giving them space to take ownership over the project and develop skills in research, analysis and public speaking we are able to support their professional and personal development.

Evaluation of methods:

Overall, the research methods used proved to be a highly effective way of meeting the research question. The use of peer research meant that there was a shared experience between the researchers and participants which provided a greater level of understanding which impacted on every aspect of the project.

It proved much easier to build a rapport, the conversations were relaxed and open and in turn the data collected was raw and honest. The continued peer consultant involvement in the analysis of the data has ensured that the focus of this report is through the eyes of young adults.
Additionally, using qualitative methods enabled us to gather in depth information regarding the experiences and ideas of young adults.

There are limitations to any research method and the key drawbacks for us to reflect on includes, the bias we hold as researchers when dealing with such a substantial amount of data. We have to make decisions about what the most important pieces of information and experiences are to share. There are further limitations when it comes to scale. Whilst taking a qualitative approach provides us with in depth insights, the process of engaging a diverse range of young adults takes a significant amount of time. With a small team using semi-structured interviews and focus groups we were limited in the number of people we were able to include in the research. Despite we feel it is still appropriate to make generalisations as the findings reflect the information from larger, national pieces of research.

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[2] Dowling, R. (2016), "Power, Subjectivity, and Ethics in Qualitative Research", in Hay, I. (ed.), Qualitative Research Methods in Human Geography, Ontario: Oxford University Press

Appendix 2.

Monitoring form breakdown

How young adults engaged with us:

152 young adults took part in the project overall. As stated earlier in the report this was done through a mixture of an online survey and in person and online focus groups. See below for breakdown break down.

29%

Online survey

71%

Interviews/focus groups
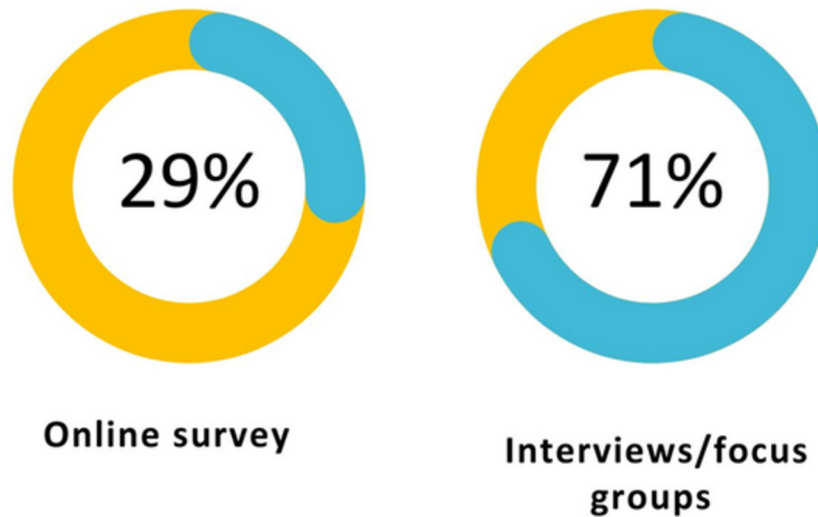
Who engaged with us:

The data below provides an indication of the range of young adults who participated in the research. This information has been taken from monitoring forms that participants completed before taking part in an interview or focus group.

Ethnicity:	Total percentage:
White English	46.4
White British	9.3
White Latvian	0.7
White Northern Irish	0.7
Roma	0.7
Asian or Asian British: Pakistani	7.1
Asian or Asian British: Indian	4.3
Asian or Asian British: Bangladeshi	1.4
Asian or Asian British: Chinese	0.7
Black African, Caribbean or Black British: African	10
Black African, Caribbean or Black British: Caribbean	6.4
Mixed or multiple ethnic groups: White and Black Caribbean	6.4
Mixed or multiple ethnic groups: White and Black African	4.3
Mixed or multiple ethnic groups: White and Asian	0.7
Mixed or multiple ethnic groups: White and Turkish	0.7

Sexuality	Total percentage
Heterosexual	56
Bisexual	18.7
Gay/Lesbian	9.7
Asexual	2.2
Pansexual	1.5
Demisexual	0.7
Queer	2.2
Prefer not to say	9

Gender	Total percentage
Male	57.9
Female	34.5
Non-Binary	7.6

Disability	Total percentage
None	45.4
Behaviour and emotional	18.4
Learning disability	9.2
Autism	6.6
ADHD	4.6
Sight	2.6
Hearing	2.6
Mobility and progressive conditions	2.6
Manual Dexterity conditions	3.9
Diabetes	0.7
Prefer not to say	3.3

Area of Greater Manchester	Total percentage
Manchester	27.5
Salford	20.8
Oldham	12.8
Tameside	9.4
Trafford	7.4
Bolton	5.4
Stockport	4.7
Bury	4
Rochdale	4
Wigan	4

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