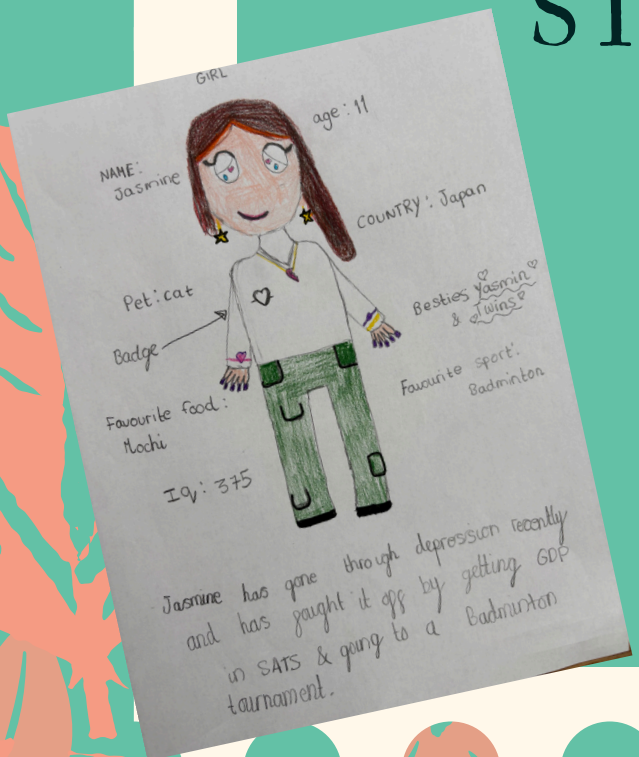
"IF IT'S NOT MADE WITH US, IT'S NOT FOR US"

THE STORY OF

YOUNG MINDS, REAL CHANGE:

SHAPING THE NORTH WEST LONDON ICB MENTAL HEALTH STRATEGY



A YOUNG PEOPLE'S ADVISORY GROUP (YPAG) PRODUCTION

POWERED BY The power of experience inclusion barnet

TABLE OF *Contents*

INTRODUCTION

We are the Young People's Advisory Group (YPAG) - a youth-led, supportive and inclusive team of young people aged 14-25 representing all eight North West London boroughs. We are known for shaping mental health research, leading projects and building diverse and strong links in the community. We sit within the ARC Outreach Alliance and are coordinated by Inclusion Barnet.

We were commissioned to work on the ICB's 5-year Children and Young People's Mental Health Strategy in North West London to embed young people's voices sustainably at the centre and throughout all threads of the work.

This has included attending, inputting and presenting in meetings, shaping the priority areas, bringing in other groups of young people, agreeing on fundamental principles for how to involve us sustainably in coproducing the strategy, and much more. The ultimate goal was and is for young people to truly feel part of shaping this strategy, and ultimately, future service provision.

As part of our work, we present this vibrant resource to introduce a diverse cross section of stories, insights and ideas from young people and parents to underpin the strategy. Coproduced with those involved, we delve into what **mental health means to them,** the areas that **need to change,** and finally, to create some **principles for delivering more effective and relatable services to underpin the strategy.**

We have drawn from existing links in the community and new ones thanks to collaboration with the strategy taskforce. We have conducted new peer-to-peer engagement and also brought in existing findings from the region to compliment this.

We are proud to say that the groups involved have been partners in creating this resource with some sections written completely by the groups themselves.

We hope you enjoy it,
YPAG

2 CAMHS YOUTH AMBASSADORS

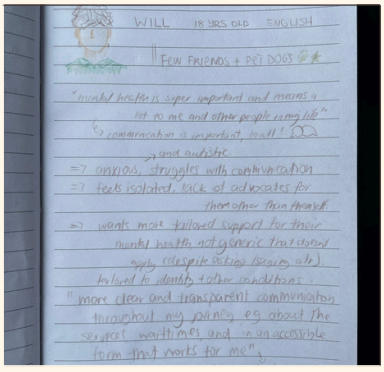
We met with three of the West London NHS Trust CAMHS Youth Ambassadors to speak about mental health in general and service provision - we did this through free-flowing conversation and an 'Avatar' activity' as a means to discuss mental health totally openly. The ambassadors work across Ealing, Hounslow, Hammersmith and Fulham and are aged 16-25.

WHAT DOES MENTAL HEALTH MEAN?

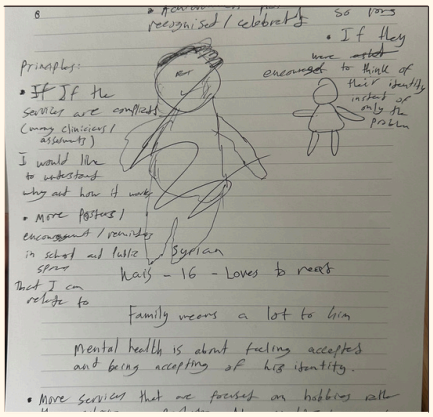
To the right is a word cloud of the feelings and thoughts the young people provided around definitions of mental health

THEIR STORIES

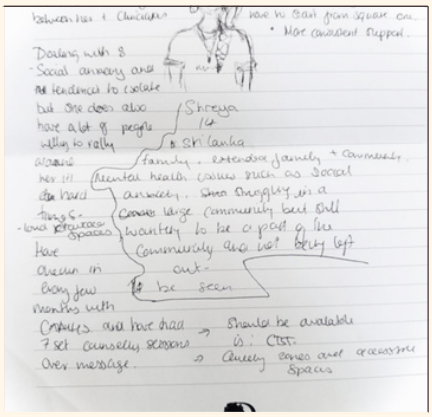
The following images are the fictional characters created in the workshop as part of the 'Avatar' activtiy, all with a unique set of circumstances and experiences



BOY, 18



BOY, 16



GIRL, 14

WHAT NEEDS TO CHANGE

The areas for change that came out of the activity were:

- A lack of advocates for neurodivergent young people
- A cultural disconnect when communicating with clinicians
- A desire for clearer, more accessible information throughout care journey
- A need for activities in the community with a dual focus on hobbies and mental health support
- A need for embedded recognition for young people navigating services and in education for achievements and meeting milestones

PRINCIPLES FOR BETTER SERVICES

- A care journey that is clear and transparent with communication from professional that works for me as an an individual, not generic
- If services are complex, I want to be informed why and how it all works

- More messaging about young people's mental health in school and public places
- If a service is desgined focus on what young people like e.g. hobbies as it will be more attractive and focus on identity, not solving a problem!
- Communication between services so we don't always have to start from square one

QUOTES

"Autistic and anxious and struggled with communication. Feel isolated"
Boy, 18

"Struggling in a large community, but still want to be part of the community and not be left out"
Girl, 14, Sri Lankan

"More clear and transparent communication throughout my journey e.g. about the services wait times and in an accessible form that works for me"
Boy, 18

"I feel isolated from the community and my achievements are not recognised or celebrated.
More services that are focused on hobbies or identity rather than solving a problem e.g. doing cycling. So I can do my hobby and get support too"

Boy, 16, Syrian, (living in North West London)

3 YPAG ENGAGEMENT PROJECT

PURPOSE

This was a project led by YPAG to capture insights from young people aged 14-25 from across North West London. We did this to understand the priority areas in mental health research for young people and to gauge the diversity in experience of access to support across cohorts of young people in the region.

We are including this as the findings are highly applicable to the aims of the strategy and come from across all eight boroughs.

PARTICIPANTS

Over 300 young people started the survey and 110 completed all 22 questions .

- Of those who reported their ethnicity, Asian (Indian, Pakistani, Bangladeshi, Chinese, any other Asian background) was the most represented (48), six were Black and 28 were White.
- 32% of respondents were 16 years old which was the most represented group, closely followed by 17 year olds at 23%.
- Of those who reported their borough, Ealing (31) was the most represented and Harrow second (24), with Hounslow at 3 responses.
- Slightly more cisgender males (45) than cisgender females (38), transgender male (2) and one transgender female

Respondents included young people from young carer groups, clinical young stakeholder groups, youth clubs, contacts within schools, universities, youth councils and many more associated groups across the region.

WHAT NEEDS TO CHANGE

Self-Diagnosis

- 30% of respondents identified lack of resource availability as a key reason for self-diagnosing rather than seeking professional help.
- A perceived risk of misdiagnosis and worsening mental health
- Over-reliance on social media and unverified sources
- Can lead to stigma, invalidating others, or delaying real treatment

Support systems and prevention

- Only 32% were interested in using digital tools for prevention
- 57% had negative experiences with existing digital tools.
- 74% felt AI was not appropriate as mental health support, only 6% supported its use
- 81% made comments suggesting they would feel more valued by receiving a care package while waiting for professional support

Support in Education

- Schools scored low-to-moderate in effectiveness (2.7 out of 5)
- Lack of consistent support, especially for neurodiverse or minoritised students
- Concerns around rigid academic structures and inadequate training for staff.
- Asian respondents were the only cohort where more reported not accessing support than accessing it in education
- 31% recommended more staff training

Crisis Care

- Delayed or ineffective communication from crisis teams
- CAMHS staff perceived as needing more training, especially around sensitivity
- Waiting times are long, and interventions often come too late
- 69% would prefer to speak with a trusted person in a crisis, 28% would call a helpline, and 21% would delay or distract themselves.
- Black/African/Caribbean youth reported the *least difficulty* accessing crisis care (2 out of 5 difficulty) but had the *worst communication experience* with staff (1 out of 5 satisfaction)

OUR PRINCIPLES FOR BETTER SERVICES

Through this project, we've learned where services are working and where they fall short. These principles reflect what we believe is needed to create better services for all young people in our communities:

Listen, and don't assume
Our lived experiences matter. Services should listen directly to young people instead of making assumptions about what we need.

Clear and fair access
No one should feel forced to self-diagnose because of a limited amount of resources, long waits, or confusing pathways. Services must be clear, accessible, and consistent.

Humans first, digital second
Technology can support us but they should never replace human care. Young people want real conversations, empathy, and trusted relationships at the heart of their support.

Care while we wait
Waiting for professional help should never mean being left without support. Simple gestures like regular check-ins, updates, or small care packages can make us feel valued rather than forgotten and neglected.

Education must step up
Schools and colleges need to provide consistent, inclusive support. Staff should be trained and prepared to respond to the needs of all students, especially those who are neurodiverse or from minoritised backgrounds. It should not just fall on the weight of teachers who are responsible for safeguarding, pastoral and SEND teams.

Crisis means now
When young people are in crisis, support must be immediate, sensitive, and reliable. This requires trained staff, timely responses, and trusted people available when we need them most.

Fairness across communities
Mental health services must recognise and respond to the different experiences of young people from diverse backgrounds. Equity in access and quality of care is essential.

QUOTES

Self-diagnosis

“Would do it because of waiting lists for professional diagnosis”
Female, 20, Asian

“There is worry/anxiety about getting a diagnosis”
Male, 17, Asian

Support sysems/prevention

“Wary towards online support, as AI may lack the emotion and empathy needed to deal with mental health problems.”
Male, 19, Asian

“I’d like a guide of how to combat certain symptoms and versatile items that work for most mental health conditions so it may support them through difficult times”
Gender recorded as ‘other’, 16, Black

Support in Education

“Poor. Lack of understanding of neurodivergence, lack of understanding as to why I was struggling. Expectation that because I was smart, I couldn't have mental health problems”
Female, 22, White

“Their experience was ok. They supported them but they also felt their sessions were rushed and they wanted to get rid of them from the room”
Transgender male, 14, White

Crisis care

“More people to talk about my problems with without being judged”

“Awareness that it might be difficult to reach out to speak. Not to judge in the way you speak to young people, especially if they have self harmed.”

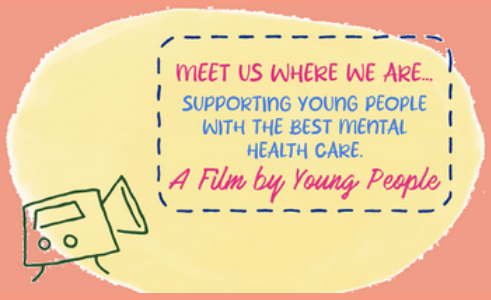
“Clear communication of why something is going to happen and outlining next steps involved (and timelines)”

YPAG members and researchers from Imperial College London at a project workshop

Contact us to learn more about this project

4 IMPROVING MENTAL HEALTHCARE: AN ANIMATED FILM

*This was written exclusvely by the young people involved



We're a group of five 16–19-year-olds from Northwest London, with ideas on how to make mental health support better for young people. We heard about the opportunity to make a short animated film through a poster advert in healthcare, community and research groups.

The project was led by NIHR Applied Research Collaboration Northwest London, at Imperial College London, and funded by Chelsea and Westminster Hospital Trust.

Correspondence to: Dr Michaela Otis, motis@imperial.ac.uk

HOW DID WE MAKE THE FILM?

We had 4 workshops at The Circle, a crisis prevention service in Ealing.

- **Workshop 1:** We shared stories about mental healthcare, the good, the bad, and ideas for improving services.
- **Workshop 2:** We finalised the film script, and drew up a storyboard with an animation artist. We also chose the
- **Workshop 3:** We edited the film and chose a voiceover and background music.
- **Workshop 4:** We met with YPAG to share ideas on how to improve mental health services for young people.

WHAT IS GOOD MENTAL HEALTHCARE?

- Timely access to services,
- Being treated respectfully whilst using services, &
- Planning next steps & aftercare before leaving services.

WHAT NEEDS TO CHANGE?

Problems with existing mental health services

- LACK OF GUIDANCE: Finding the right support takes too long and is frustrating. If mental health problems go untreated it can turn into crisis. NHS sites are confusing, it's not clear what services are suitable for us.

"We might not feel comfortable talking to a parent or teacher and usually start online." (F, aged 19)

- LACK OF PROVISION: A lack of mental health support in schools means we're often told to just "do some exercise" or "have a bath", instead of being taken seriously.

"It's hard to know where to start or where we're welcome. We're often told we're either 'not sick enough' or 'too complex' and then bounced between services." (F, aged 17)

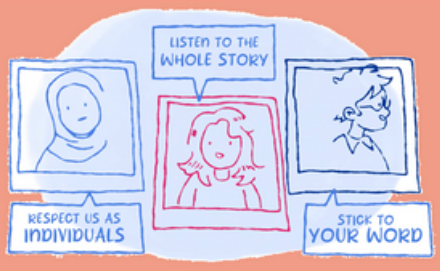
- LACK OF TRUST: Crisis lines can be helpful, but they're seen as last resorts and are stigmatised by young people. We've even been hung up on many times.

"Mental health crises are life-threatening. If you lose contact with us, it could be the matter of life or death." (F, aged 19)

OUR PRINCIPLES FOR BETTER SERVICES

When looking for mental health support

- Services should be **clear, and easy to find (social media & in school)**
- There should be **services for everyone**, no matter the problem they are experiencing, including whilst on a waiting list.
- Self-referrals should be **confidential** - even for under 16s.
- If you say you'll follow up — please **keep your word.**
- Give us **tools to manage** our appointments digitally and hear from other young people who have used services before.



When in treatment or hospital for mental health support

- Staff should know about **neurodiversity**, and diverse identities.
- **Avoid jargon** and repeated forms. Use **compassion**. Trust takes time to build. Don't rush or judge me. Don't try to give solutions.

"Talk from the heart so it's just two people having a conversation... Offloading from a week can feel like it's been a month when you're in crisis. We might just need to get it all out". (F, aged 16)

"Listen to the whole story, not just the tip of the iceberg." (F, aged 19)

- **Quiet & private spaces** and sensory rooms help us to self-regulate.
- Please **include us** in decisions on our care, and let us set the pace.
- Prepare us with **skills and plans** we can use in the future.
- Keep us **informed**, so that things aren't being decided without us.
- **Check in** on us after we've gone. We'd appreciate a friendly call.

Credits: Film and storyboard images by SPARK media. Workshops in collaboration with HFEH MIND, and NWL Provider Collaborative. Film will be available on NIHR ARC NWL.

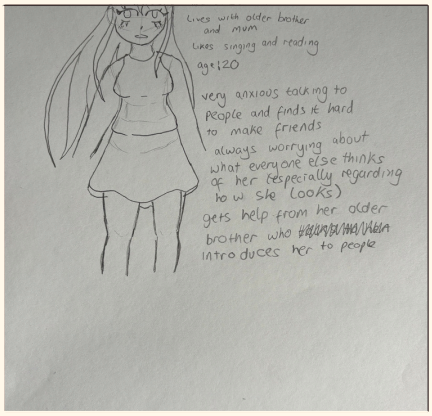
5 MIND YOUNG ADVISORS

We ran a workshop with some of the Young Advisors of Hammersmith, Fulham, Ealing and Hounslow Mind at their South Ealing Youth Hub. The Young Advisors are aged 11-18, passionate about creating positive change in mental health for young people who live, work or study in the boroughs above. We ran our avatar activity with the group. Participants were aged 17, 18 and 19 years old.

THEIR STORIES

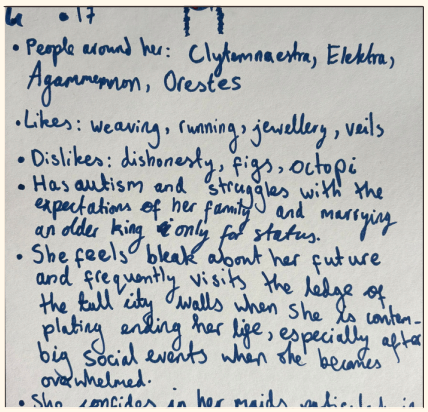
The following images and descriptions are the fictional 'avatar' characters created in the workshop, all with a unique set of circumstances and experiences

Serena likes singing and reading and lives with her older brother and mum. She can find it hard making friends and worries what other people think.

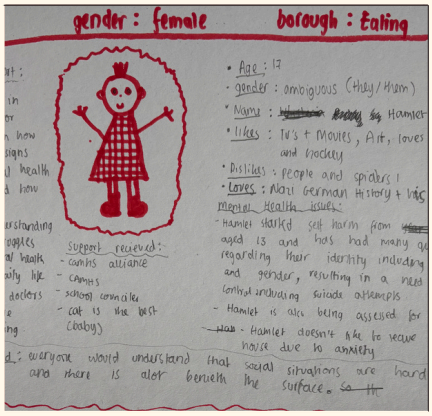


Female, 17

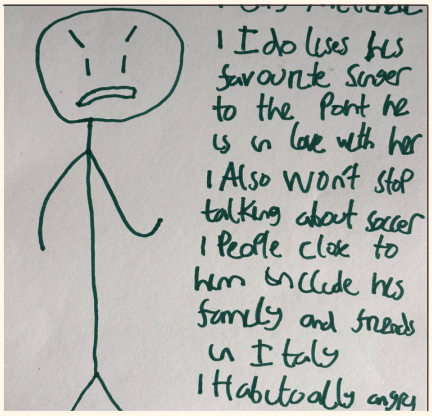
Iphigenia has friends around her and likes weaving, running and jewellery and dislikes dishonesty. Iphigenia has autism and struggles with expectations of family and worries about the future and can become overhwelmed socially. She confides in people who make her feel better



Female, 18



Gender fluid, 17



Male, 19

Hamlet loves TV, movies, swimming, their cat and much more. Hamlet doesn't like to leave the house and is questioning their identity, sexuality and as a result likes to be in control

Gary idolises his favourite singer and loves soccer and has his family and friends around him. Gary has been experiencing mental health problems since he was 15 and is taking medication.

WHAT NEEDS TO CHANGE

- Not enough training in school on spotting signs of mental health issues and how to help
- Not enough understanding amongst health professionals and family of how struggles with mental health impacts daily life
- Not enough emphasis on recognising neurodiverse traits in young people from earlier on (primary school) to enable better support

OUR PRINCIPLES FOR BETTER SERVICES

- More education and training on how social situations are different for everyone and that everyone's experience of them is different
- Find methods for identifying autism earlier and combine this with plans at home to alleviate pressure on young people e.g. skipping family dinner when feeling overwhelmed

This image captures the group working together. Their faces are concealed to maintain their anonymity

4 HEALTHWATCH HILLINGON REPORT SUMMARY

Healthwatch Hillingdon engages with different groups of young people conducting surveys, focus groups and more to collect feedback on what improvements need to be made. As Hillingdon is a borough in West London, it provides us with essential information.

One of our members of YPAG was involved in compiling this report and wanted to summarise the findings to be added into the startegy

4 HEALTHWATCH HILLINGON REPORT SUMMARY

PURPOSE

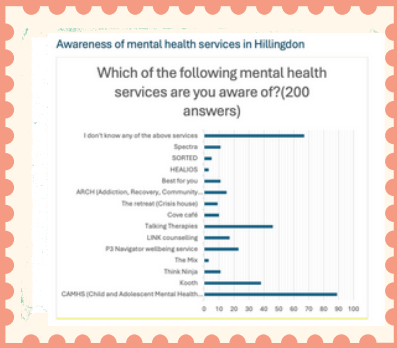
To understand the mental health experiences of young people in Hillingdon, identify those most at risk of health inequalities and inform improvements to services - you can see the areas for change and our recommendations/principles below...

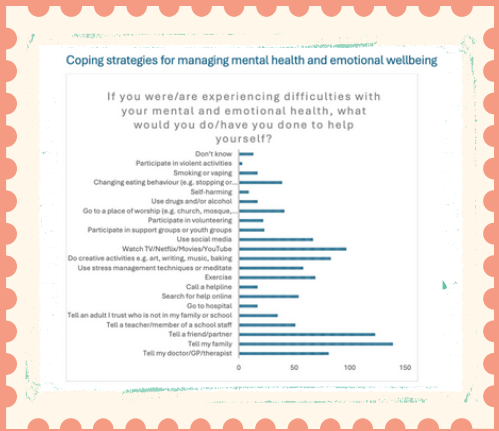
PARTICIPANTS

- 400+ individuals (young people and parents)
- 311 survey responses and 15 focus groups
- *Focus on:* LGBTQ+, neurodiverse (ADHD/ASD), ethnic minority young people, looked-after children
- *Supported by:* P3, HACS, Mind, LINK Counselling, Harlington Hospice (CABS)

DEMOGRAPHICS

- 44% aged 16–17, 26% aged 18–25
- 55% female, 34% male
- Ethnicities aligned with local census
- 60% heterosexual
- 67% reported no disability





MENTAL HEALTH STRESSORS

- School/college pressure, family issues, financial worries, body image, bullying, loneliness
- High levels of stress, isolation, and unhealthy coping (e.g. vaping, substance use)

"Hearing from someone like us makes a bigger impression than a health professional"

SUPPORT PREFERENCES & BARRIERS

- Prefer in-person support and talking to friends/family
- Barriers: stigma, fear of judgment; young people not recognising they need help
- Many unaware of how to access support
- CAMHS widely known but seen as clinical, slow, and inconsistent

SERVICE FEEDBACK

- Of those who accessed services, 90/311 were mostly satisfied, areas for change are:
- Shorter wait times
- Less limitations on number of sessions
- Less staff changes
- More tailored, person-centred support

“Referral wait is too long”
“I would prefer not to have to jump from therapist to therapist”

LGBTQ+ YOUNG PEOPLE

- Feel misunderstood (cultural stigma) and isolated by peers and professionals
- Engage with young people with autism on things they care about
- Need autism-friendly environments, home visits, support tailored to interests

“One I told them I had autism their approach completely changed, they treated me like a child and gave me Lego or something like that”

“Engage with young people with autism through what they’re interested in”

NEURODIVERSE YOUNG PEOPLE

- Feel misunderstood (cultural stigma) and isolated by peers and professionals
- Engage with young people with autism on things they care about
- Need autism-friendly environments, home visits, support tailored to interests

“One I told them I had autism their approach completely changed, they treated me like a child and gave me Lego or something like that”

“Engage with young people with autism through what they’re interested in”

YOUNG PEOPLE FROM ETHNIC MINORITIES

- Long waiting times
- Cultural stigma and fear of judgment and language barriers
- Concerns around confidentiality
- Skepticism about 'western' medicine and unrelatable mental health talks, discrimination.
- Call for culturally competent care, faith-based approaches, and early education
- Single point of access to mental health support with human operator
- Reduce waiting times

"Art therapy isn't okay for everyone"

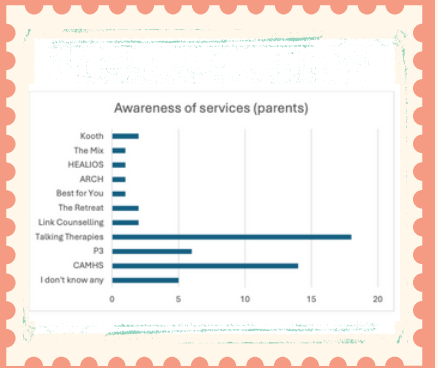
BOYS & MEN IN YOUTH JUSTICE

- Distrust clinical services like CAMHS as too clinical, feel misunderstood.
- Fear of break in confidentiality is a barrier to support
- Generational distrust within families e.g. adults encouraging illegal substance use as a coping mechanism.
- Prefer LINK as counsellors listen, peer support, and role models

"Connection should be before correction"

PARENTS

- Need better awareness of and communication from services
- Want to be involved, trained, and respected as experts in their child's needs
- Need support for their own mental health
- Young people with SEND cases being labelled as behavioural over mental health challenges
- Dislike virtual appointments, prefer face to face for their children



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

RECOMMENDATIONS

- Faster access to services
- One hub to access all services
- Reduce stigma and improve trust: "connection before correction"
- Invest in peer support, safe spaces, and early intervention
- Improve cultural competence, representation, and service transparency regarding confidentiality and safeguarding
- Youth-led decision-making
- Discreet mental health support in schools to prevent bullying
- Culturally sensitive. Train families in mental health first aid.
- Invest in social media to spread trusted information and support.

7 PRIMARY & NURSERY YEARS

YPAG conducted engagement with two primary schools and one nursery through a structured survey and the interactive ‘Avatar’ activity previously mentioned.

The images below are examples of their creative work (there are no identifying images or words).

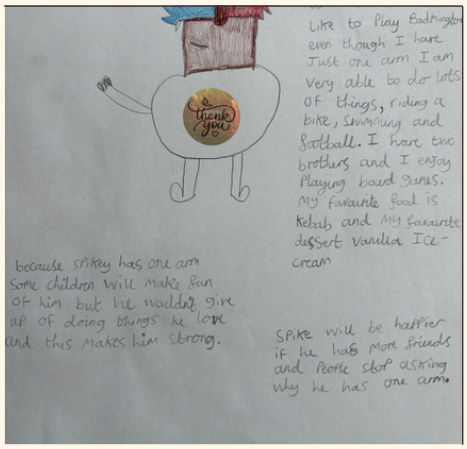
Total: 151 children aged 2–11, 25 boys and 28 girls.

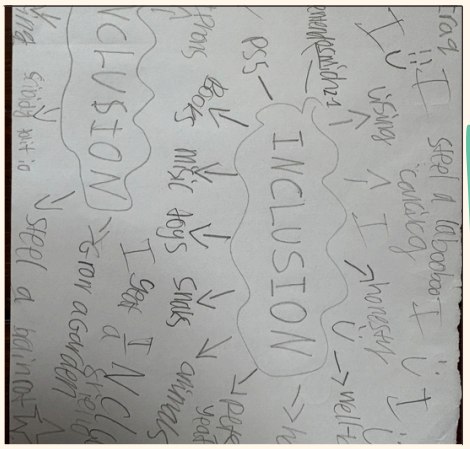
Schools:

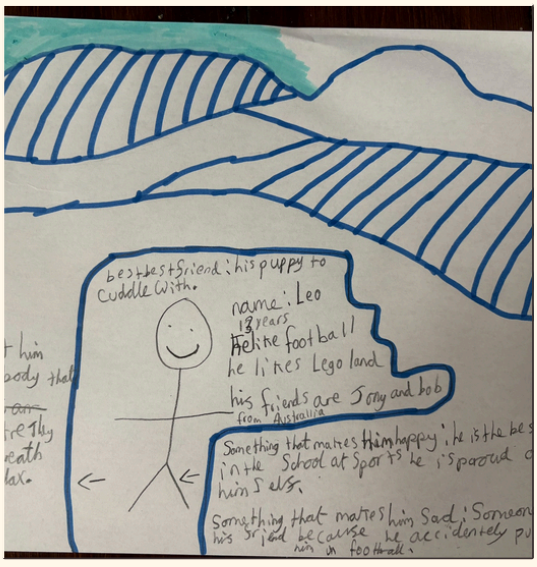
- Queens Park School
- St Augustine’s School

Nursery

- Dorothy Gardener







WHAT DOES MENTAL HEALTH MEAN TO CHILDREN?

- Health & Wellbeing - “Having a healthy wellbeing”
- Emotions & Regulation - “Feeling happy and not stressed”
- Hobbies and Activities (n=15)

“How your brain works and how you feel inside”

“A quiet place to relax at school."

“More outdoor time and people to talk to you when you need them."

WHO OR WHAT HELPS WITH MY MENTAL HEALTH?

- Hobbies are central to mental wellbeing (n=38)
- Support from family, friends, and teachers matters deeply
- Outdoor time, nature, and trips offer vital emotional release

“Things that help with my mental health wellbeing is things I enjoy like skateboarding or scrapbooking and spending time with family.”

“Going outdoors more and having more PE time."

CASE FOR CHANGE

- Safe, quiet spaces at school are needed for calming down, with support from teachers and professionals
- Trips and breaks are a recurring concern
- Affordability – Requests for “fun things that don’t cost money”
- A desire for more outdoor time/activities and more time away from studies in school
- A desire to learn more about mental health and what it means at school and the community

“Longer break and lunch, and more trips."

“I think there should be an area to calm down with paints, flowers, music, and stress balls.”

- A need for parents and teachers to provide integrated support for young people
- Structured time to reflect informally with peers, take breaks and speak to adults with high mental health literacy in school and community settings.
- Healthcare professionals not being open about their own lives to create rapport
- Hospitals can be scary and intimidating environments
- Animals/pets in healthcare settings when appropriate to ease nerves of young people
- Concern about the impact of cost of living (e.g. price of food) on health and wellbeing and parental health

QUOTES

“I like doctors talking about feelings”
Girl, 3
“I prefer speaking to dad then a doctor”
Boy, 4
“Pets in hospital would be better”
Girl, 4
“Hospitals are scary, people are angry”
Boy, 2
“Tips everywhere to let out your worries”
Boy, 11
“I want a bench outside with lots of teachers to talk to”
Girl, 9
“Sometimes I just want to play basketball in my room when I'm upset”
Boy, 9
“There should be more time just to read the books you like in class”
Boy, 9
“More breaks outside and more playing”
Age and gender unknown
“My parents and my teachers my friends all help me”
Boy, 8
“I think there should be an area to calm down with paints, flowers, music, and stress balls.”
Girl, 8

PRINCIPLES FOR BETTER SERVICES

- **Promote Outdoor and Recreational Time**

Create regular opportunities for young people to spend time outdoors and engage in non-academic activities. This helps reduce stress, supports physical health, and builds resilience

- **Embed Mental Health Education**

Ensure that schools and communities provide accessible, age-appropriate education about mental health including what it means, how to talk about it, and where to find support.

- **Address Socioeconomic Barriers to Wellbeing**

Recognise and respond to the impact of the cost of living on young people's mental and physical health, as well as on family wellbeing. Services should be sensitive to financial pressures and work to reduce related inequalities.

- **Strengthen Integrated Support Networks**

Encourage parents, teachers, and other adults to work together in a coordinated way to support young people's mental health, ensuring consistent messages and care across home, school, and community settings.

- **Create Safe Spaces for Reflection and Connection**

Provide structured but informal time during the school day for young people to take breaks, reflect, talk openly with peers, and access trusted adults who have sgood levels of mental health literacy.

- **Foster Authentic Relationships with Professionals**

Encourage healthcare professionals to build rapport by being appropriately open and human in their interactions, helping young people feel understood and supported.

- **Make Healthcare Environments Youth-Friendly**

Redesign hospital and clinical spaces to be less intimidating and more welcoming for young people, reducing fear and stigma associated with seeking help.

- **Incorporate "Animal-assisted" Support Where Appropriate**

Use animals and pets in healthcare and community settings, when suitable, to help ease anxiety and create a calming, supportive atmosphere.

8 ‘MAKE IT HAPPEN’ PARENTS GROUP

"Make it Happen" is a support network for parents of disabled children in Westminster. YPAG met with the group’s coordinator and six parents as part of a focus group. Details of the parents can be seen below, their names have not been included to preserve their privacy:

- Parent 1 has a 24-year-old with ADHD and an 11-year-old with autism. Also, Parent 1 is a family support worker.
- Parent 2 has two autistic children aged twenty-three and sixteen
- Parent 3 has two children. A 10-year-old and 15-year-old, both autistic.
- Parent 4 has a 10-year-old with autism
- Parent 5 has a 21-year-old autistic son
- Parent 6 has an autistic son

WHAT NEEDS TO CHANGE

Emergency treatment

- Getting emergency treatment is problematic with no psychiatric help and delays.
- Lack of guidance after leaving hospital for recovery period
- There is a worry that staff are overburdened

Quotes

“There was a delay/a gap where there was no guidance. Families get anxious”
“There are too many grey areas”

Navigating services and specific treatment

- There can be more of a focus on physical health, without disregarding mental health
- Link workers are not commonplace enough
- Issues often start at school, there is a perception that if a mother is involved there is a automatic referral to social services, but not for dads which isn't right
- Pathway for parents to find support for their neurodivergent children for drug and alcohol misuses is unclear
- Provision needs to be individualized, too frequently neurotypical and neurodivergent interventions are the same and not enough consideration is given for alterations
- Uncertainty about CAMHS services, what they offer and how to feedback
- Need to embed regular check ins during CBT treatment, especially for autistic young people

Quotes

"Link workers understand the system and what families need"
"You're moved around different teams – there needs to be a clearer pathway"
"We couldn't access support - we visited the GP eight times. Even the way the building looked was off-putting – I don't know if that is thought about"
"Sensory room at Chelwest – it shouldn't be assumed that adults should or should not be present. It may not be the same for neurotypical and neurodivergent young people."
"Are there specialisms in CAMHS, and how do you feedback? Is there accountability?"

Staffing and training

- Uncertainty around whether staff have the breadth of training required to handle both neurotypical and neurodivergent young people
- Not enough training for staff and parents. Training that occurs is often good
- There is a concern support teams are too small and/or unavailable when needed
- Building trust can be a barrier when there is significant turnover of doctors in care journey

- Mental health professionals are overwhelmed, and they might not have the capacity to take training and worse, to apply it because they are under constant pressure to keep to unrealistic targets regarding discharge or turning down referrals.
- Training opportunities that considering our caring responsibilities

Diagnosis

A diagnosis can be an unhealthy label for a young person and should be reviewed

Quotes

“Young people are growing – the diagnosis needs to be reveiewed annually”
“It is catastrophic to have outdated paperwork on a young person’ diagnosis”

Role of parents/adults in care

Advocates may not be suitable for parents – careful consideration should be given with health professionals and parents
Family context and dynamics needs to be understood by health professionals

Quotes

“Why is everything based on children? Adults can help children”
“Adults only listen when crisis is occuring”
“Care needs to be taken with appointing friends as advocates for parents – they may be negative influence”
“Parents should be involved the whole way”
“Give someone choice of parent representing them or not”
“With delicate issues like sexuality and transitioning, you can’t just cut off family as you need to understand the journey of the family”

OUR PRINCIPLES FOR BETTER SERVICES

Ensure Timely and Holistic Emergency Support
Emergency responses must be swift and include both psychiatric and physical health care, ensuring no delays or gaps in crisis situations.

Provide Clear Recovery Pathways After Hospital Discharge
Every individual leaving hospital should receive structured guidance, follow-up plans, and recovery support, reducing the risk of people feeling abandoned after acute care.

Strengthen and Sustain the Workforce
Staff should have manageable caseloads, access to support, and protected time for training, ensuring they can provide high-quality care without burnout.

Integrate Physical and Mental Health Approaches
Services must treat mental and physical health with equal importance, embedding holistic care throughout pathways.

Expand and Embed Link Worker Roles
Link workers should be available and well-integrated across services to help families navigate complex systems and access the right support early.

Promote Fair, Inclusive, and Early Support for Families
Schools and services should identify issues early, address biases in referral pathways (e.g., differences in response to mothers vs. fathers), and provide clear routes to support, particularly for parents of neurodivergent children.

Tailor Interventions to Individual Needs
Services must adapt interventions for neurodivergent young people, rather than applying neurotypical approaches by default, ensuring care is personalized and effective.

Improve Transparency and Communication About Services
Families and young people need clear information on what services (e.g., CAMHS) offer, how to access support, and how to give feedback, to build trust and engagement.

Invest in Training and Continuity of Care
Staff and parents should receive regular, flexible training that fits caring responsibilities. Training must equip staff to support both neurotypical and neurodivergent young people, and continuity should be maintained to build trust over time.

Adopt Person-Centred, Reflective Practice
Labels such as diagnoses should be used thoughtfully, regularly reviewed, and never define a young person's entire care journey. Regular check-ins during treatments like CBT, especially for autistic young people, should be embedded to adapt care as needs evolve.

8 SHARED PRINCIPLES

We have worked to group all of the principles in this resource together into ten core areas:

1. Clear, Transparent, and Personalised Journeys
Mental health support should be easy to find, clearly explained, and tailored to each young person's unique needs - not generic. Services must communicate openly about how systems work, what to expect, and why things may be complex, using language that is accessible and compassionate.

2. Humans First, Digital Second
Technology can enhance care, but it must never replace trusted relationships. Real conversations, empathy, and consistent human contact should be at the heart of support, from first contact to follow-up after discharge.

3. Care While You Wait
No young person should feel forgotten while waiting for services. Regular check-ins, updates, peer support, and meaningful interim activities help sustain hope, prevent deterioration, and show that their wellbeing matters.

4**. Crisis Means Now**
When a young person is in crisis, support must be immediate, sensitive, and reliable. Trained staff, timely responses, and trusted adults must be available without delay, integrating both mental and physical health care
.

5. Education as a Foundation
Schools and colleges play a vital role. Mental health education should be embedded into the curriculum, staff should receive inclusive training, and discreet, culturally sensitive support should be available in school to reduce stigma and bullying.

6. Connection Before Correction
Authentic relationships with professionals, peers, and trusted adults build safety and trust. Services must prioritise rapport, compassion, and youth-led decision-making over bureaucracy, jargon, and “fixing” mindsets.

7. Equity, Inclusion, and Cultural Competence
Mental health support must reflect the diverse experiences of young people. This includes fair access across communities, culturally sensitive approaches, early autism identification, adapting interventions for neurodivergent young people, and tackling socioeconomic barriers to wellbeing.

8. Integrated, Youth-Friendly Systems
Young people should not have to start from scratch each time. Services need to communicate effectively with each other, offer one clear hub for access, use link workers to guide families, and design spaces that are welcoming and youth-centred.

9. Holistic and Tailored Support
Mental and physical health must be treated with equal importance. Services should focus on identity, strengths, and interests - not just problems - using creative approaches like outdoor activities or animal-assisted support to build resilience and self-regulation
.

10. Recovery and Workforce Sustainability
Support should continue beyond hospital discharge through clear recovery plans, check-ins, and skill-building. Staff need manageable caseloads, ongoing training, and reflective practice to provide high-quality, person-centred care without burnout.

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