

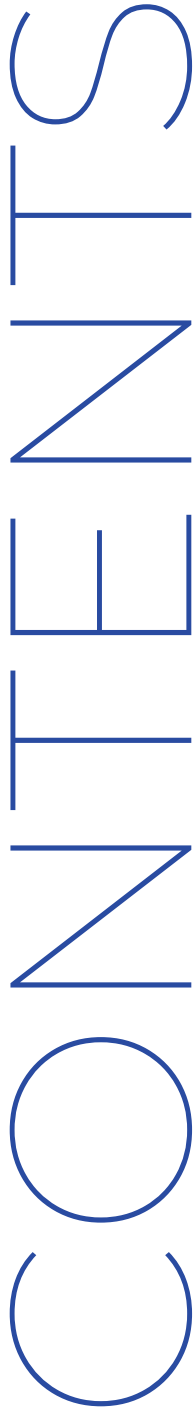


# Reviewing mental health provision for 16-25-year-olds in Liverpool

May 2024



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I would like to begin by thanking Merseyside Youth Association's RAISE Team for accepting the challenge to undertake this review at a time when, as a city, we are increasingly concerned about the poor mental health that many of our young people are experiencing.

As a nation, our recovery from the enduring legacy of the Covid pandemic is protracted, and there is indisputable evidence that the psychological impact has landed most heavily on children and young people.

As a city, Liverpool has many unique and undeniable strengths. It also has a distinct blend of challenges. These include higher than national rates of children living in poverty, living in the care system or seeking asylum. Liverpool has one of the highest rates of '*unaccompanied asylum seekers*' – a term which translates to experiencing multiple traumas in the birth country, then undertaking an arduous & hazardous journey without the protection of a trusted adult to arrive in an unfamiliar country.

Young people the world over are often let down by the adults who make the decisions in the communities in which they live. With little access to direct power young people are obliged to accept these systems which often compromise their well being.

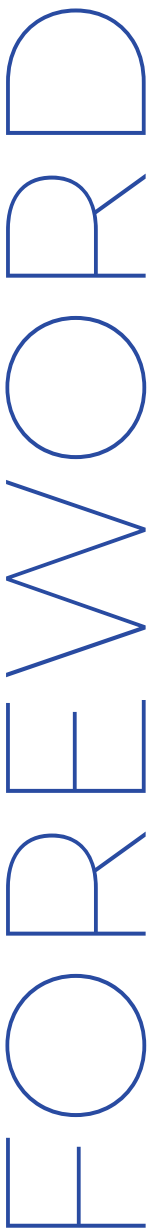
At the same time, 16-25-year-olds have an original and fresh perspective on the world, bringing new ideas and can offer the adult world a different vantage point on how their health needs might be better addressed.

This robust and well-presented review offers us a blueprint for a better way of working, inspired by the optimism of youth and showcasing examples of good practice.

It is not a panacea, and we are all mindful of the enormous pressures those working in the health and social care sectors are experiencing. The workforce is depleted in number, energy and contending with both vicarious trauma from working with young people facing adversity and trauma of their own.

Practitioners need increased opportunities for training in developmentally and culturally sensitive, trauma-informed care.

Our workforce needs to be better supported so staff can offer therapeutic interventions which are straightforward to access inclusive and effective.



REPORT FOR REVIEW

On behalf of the Children and Young People’s Mental Health and Emotional Wellbeing Strategic Partnership Board I offer my sincere thanks and appreciation to Rowena Jackson and all at the RAISE Team for presenting us with this review which gives us a way forward.

I also extend my thanks to all of the young people and the practitioners who participated in the preparation of the report and to all of our workforce and families who support young people on a daily basis.

I hope that the review can be shared with our colleagues at NHS England to provide an evidence-based summary of the mental health of Liverpool's young people and to offer a positive direction for the future.

Yours sincerely,



Dr Jane H Roberts FRCGP PhD  
GP

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Clinical Lead, Liverpool Place , Cheshire & Merseyside ICB  
Mental Health Primary Care Co-Lead Advisor, Cheshire & Merseyside ICB  
Coach & Mentor



The review was commissioned by NHS Cheshire and Merseyside (Liverpool Place).

It was conducted and reported on by Rowena Jackson, Merseyside Youth Association (MYA), supported by:

- Damian Hart, Principle Development Manager, MYA.
- Dr Cathy Street, Mental Health Consultant and Researcher
- Sal Edgar, Communications Consultant.

The Children and Young People's Mental Health and Emotional Wellbeing Strategic Partnership Board highlighted the need to review and strengthen mental health services for those aged 16-25 in Liverpool.

Since July 2023, Merseyside Youth Association's RAISE Team have been consulting with young people, their parents, and carers, alongside staff working in young people's mental health services. The aim is to highlight gaps in workforce knowledge, presenting recommendations to strengthen and develop services with a youth lens while sharing examples of local best practices.

### **Aims**

The review set out with four clear aims:

1. Evaluate the current mental health pathways for those aged 16-25.
2. Give young people a space to voice their thoughts and opinions on the current offer.
3. Highlight and share local good practices.
4. Support the development of an action plan for the the offer going forward, keeping young people's voices at the heart of this.

To successfully meet these aims, we consulted with young people and the local workforce. We consulted with over 120 young people and interviewed 30 professionals (see page 15 for a full list) and educational settings that work to support the 16-25 cohort.

### **Lines of Inquiry**

These rich conversations with professionals and young people highlighted our six lines of inquiry:

1. **Access to services.**
2. **Awareness of services.**
3. **Exiting services.**
4. **Diverse and vulnerable groups: access to and the use of local services.**
5. **Youth-friendly culture within mental health services.**
6. **Collaborative working and continuity of care.**

This review also identified two overarching key issues to be addressed:

**1. There is a lack of data regarding the demographics of Liverpool's young people with mental health issues and where they are presenting in local mental health services.**

**2. High thresholds within local services result in limited access to support for those with mild to moderate mental health problems.**

### **Best Practice**

Coinciding with the six lines of inquiry, best practices from local services have been highlighted. Due to capacity and limitations within the review, not all examples of best practices in the services were visited face to face. Instead, these are included in this report due to the high regard and fondness young people spoke of when reflecting on their experiences and the insight into the services from professionals. Sharing and promoting local best practices aims to inspire and enrich further development of the services across the city.

### **Key priorities**

A complete list of recommendations can be found on page 36. In summary, the following priorities are suggested:

- **Workforce Development** - develop the local workforce and address some apparent gaps in local expertise and knowledge about the needs of young people aged 16-25, with an emphasis on diverse, cultural and vulnerable groups across Liverpool.
- **Youth-Friendly Culture** - address ways local mental health services can foster a youth-friendly culture within their provision.
- **Promotion** - strengthen and further develop the awareness and promotion of services for young people and those supporting them.
- **Access** - consider how services may address current barriers and improve young people's access to services - including young people from vulnerable groups.
- **Collaborative Working and Continuity of Care** - support services to strengthen the collaboration and continuity of care for young people in Liverpool and develop a consistent approach to collecting, reporting, and analysing activity and outcomes data.

### **Conclusion**

The following report takes a deep dive into Liverpool's local landscape of young people's mental health services.

Young people's voices and experiences are considered and promoted at the heart of this review. Detailed key findings reveal how the 16-25 cohort and the workforce are experiencing access, awareness, and continuity of care.

The best practice examples and the recommendations put forward both reflect these experiences. They are intended to inspire local services as they embark on the journey to become more youth-friendly.

Nationally, there has been concern for some years about the poor access to mental health services experienced by young people aged 16-25.

The need to address this has been highlighted in a variety of reports (Future in Mind, Department of Health and NHS England 2015; Good mental health services for young people, Royal College of Psychiatrists, 2017) and a variety of reports by Youth Access setting out the evidence for the value of the Youth Information, Advice and Counselling Services (YIACS) model.

The latest You're Welcome Standards refresh also reflects this concern to improve the accessibility and appropriateness of services for young people.

The NHS's Long Term Plan for mental health 2019 reaffirms its commitment to putting mental health care on a level footing with physical health services.

However, in June 2023, Liverpool's Children & Young People's Mental Health and Emotional Wellbeing Strategic Partnership Board called for a review of current local services and provisions for this age group.

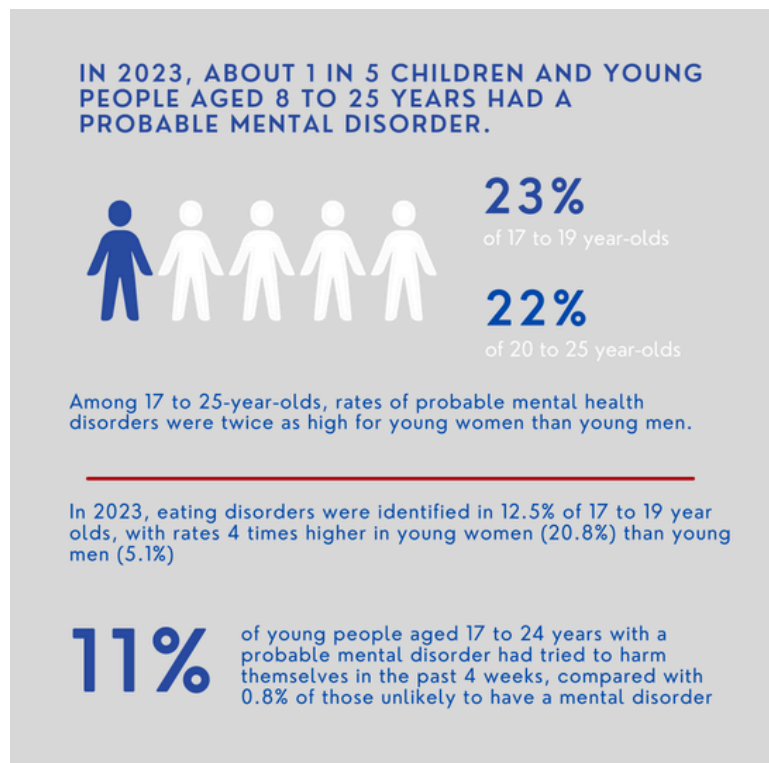
# THE NATIONAL LANDSCAPE

By 2023/24, investment in the NHS Long Term Plan aims to deliver timely, high-quality mental health support, including:

- Expanding services to ensure that at least an additional 345,000 children and young people aged 0-24 will be able to access support via NHS-funded mental health services and school or college-based Mental Health Support Teams.
- Developing new approaches to supporting young adults aged 18-25 that bring together partners in health, social care, education, and the voluntary sector. These will help young people who are facing a great deal of change in their lives at this time, which can affect their emotional wellbeing.
- All children and young people experiencing a mental health crisis will be able to access crisis care 24 hours a day, seven days a week, with a single point of access, including through NHS 111.
- The NHS will provide a single point of access and timely, age-appropriate, universal mental health crisis care for everyone, accessible via NHS 111.

Concerns about increased rates of mental health disorders among young people and the adequacy of mental health services to meet these higher levels of demand have increased. Worries about the impact of COVID-19 on younger people in particular, for example, isolation, disruption to education and numbers not returning to school/college.

Source: [Covid-19: Impact on young people's mental health \(2020\)](#).



Source: [Mental Health of CYP in England 2023 NHS Digital](#)



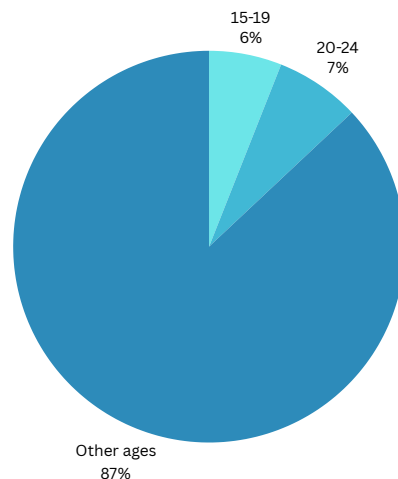
# THE LOCAL LANDSCAPE

Children and young people in Liverpool face a difficult start in life, with significantly higher levels of deprivation, child poverty and lone-parent families compared to the national average.

Source: [Vulnerable individuals and groups profile Liverpool City Region](#)

## Liverpool population census data 15-24-year-olds.

Source: [ONS Data](#)



Liverpool City Region has a significantly higher youth unemployment rate than the national average.

Nationally in May-July 23, 12.7% of 16-24-year-olds were unemployed.

Source: [Youth Futures Foundation Dec 23](#)

The Mental Health of Children and Young People in England, 2023 - wave four follow-up to the 2017 survey, identified one in five children and young people (8-25-year-olds) has a probable mental health disorder.

Based on GP registration data, there are 142,000 in Liverpool in this age bracket, which equates to 30,389 with a probable mental health disorder Fig 1:

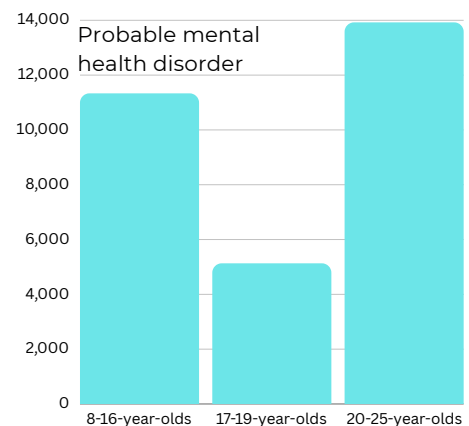


FIG 1.

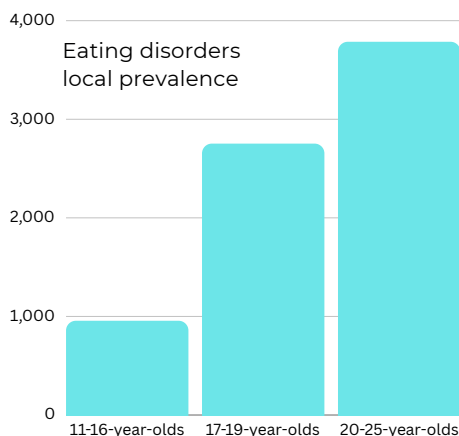


FIG 2.

Local intelligence such as the Oxwell Survey shows more concerning pictures:

- 53% (year 13) of students reported they had a mental health issue that affected daily life.
- Liverpool has the highest rate of violent crime in England, around 622 emergency hospital admissions for violence each year.
- 1 in 13 (752) of Liverpool's 16-17-year olds are not in education, employment or training, 1.6 times higher than England (7.6% compared to 4.7%).

Source: The Centre for Youth Impact 2023

# THE LOCAL LANDSCAPE

The NHS Cheshire and Merseyside Children and Young People's Mental Health Plan's ambition is for every child and young person with mental health needs to achieve their goals and life potential.

The plan has a number of priorities and delivery programmes for 2024-26:

- To design and develop an equitable mental health support offer for young adults aged 18-25.
- Inclusive co-production with children, young people and their families to support transformation and continuous improvement.
- Children and young people to have timely and appropriate access to emotional wellbeing and mental health support.
- Anticipate and support children and young people who may be experiencing a mental health crisis or escalating needs.
- Children and young people have timely and equitable access to high-quality and evidence-based eating disorder support.
- To provide high-quality, evidence-based specialist mental health care based on the needs of our Cheshire and Merseyside population.
- To design and develop appropriate places of care where we have gaps in our current support offer for children and young people with the most complex needs.
- To lead system change and transformation by actively engaging and developing opportunities for research and innovation.

In Liverpool, mental health support for children and young people aged 16-25 and their families is commissioned and delivered as a collaborative approach.

The Liverpool Child and Adolescent Mental Health Services (CAMHS) partnership of NHS providers and 3rd sector organisations work together to deliver services across different levels of need, from prevention - being mentally healthy - to high levels of specialist help.

Support for 16-18-year-olds and for 18-25-year-olds are outlined in the CAMHS snapshots that can be accessed from these links.



In addition to the CAMHS NHS commissioned support, young people can access Mersey Care NHS Foundation Trust services and telephone-based SHOUT support.



This assortment of providers has created a complex landscape that can be challenging to navigate as a young person, professional, or parent/carer supporting a young person.

# DATA

**Liverpool CAMHS provider data:** Alder Hey Children’s NHS Foundation Trust, Young Person’s Advisory Service (YPAS) and Kooth.

*Capturing data for this review has been challenging. Intelligence was gathered only from these three providers, and aggregated so therefore may include duplication. Because of this, there are concerns over data quality.*

From April 2022 to September 2023, there were over 5,600 referrals for young people aged between 16 to 25. Of these referrals, 92% were accepted. It could be assumed that around one-quarter of the young people with a probable mental health disorder are accessing support - based on the data we have received. There are concerns for the remaining three-quarter who have signs of mental health distress but are not accessing support.

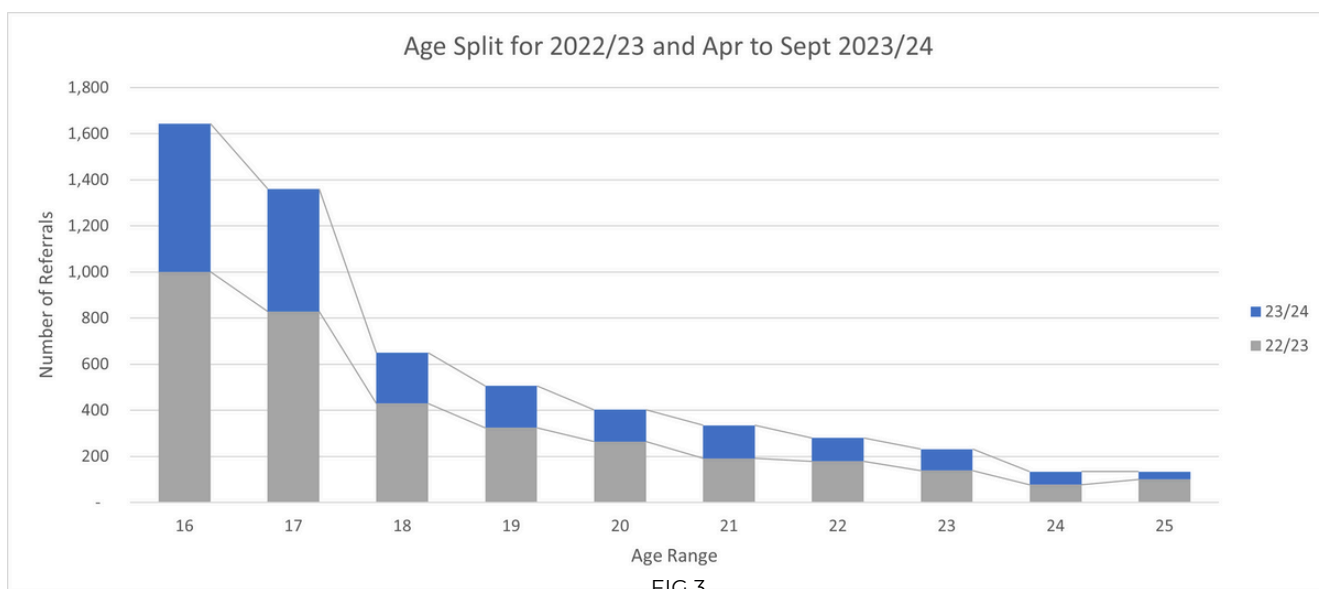
Source: Mental Health of Children and Young People in England, 2023 - wave 4 follow up to the 2017 survey

Over half of the referrals were for young people aged 16 and 17. Given Liverpool's large student population, it would be useful to investigate this further and include the activity from Mersey Care NHS Foundation Trust, who also support young people and young adults within this age cohort.

However, there are several caveats regarding this, as duplicates could occur within the data, (given that this data is aggregated) i.e. the same young people accessing different services and intelligence about mental health services within colleges and universities. It has been difficult to source patient level data including from our adult mental health service provided by Mersey Care NHS Foundation Trust.

Was Not Brought (WNB)\* cases were 90% higher than the previous year. The number for the six months of 23/24 was approximately the same as for the whole of 22/23.

*\*WNB is the alternative terminology used for children and young people rather than Did Not Attend (DNA).*



# DATA

In 2022/23, there were 1,477 children in care in Liverpool. The first two quarters of this financial year almost match the entire year's numbers in 2022/23. The increase could be due to genuine need or perhaps more accessible access to services for children in care. However, there are only small numbers of children in care reported within the 16 to 25 data collection:

- 160 referred in 2022/23.
- 142 referred in Apr to Sept 2023/24.

Two of the three providers could not provide data on those with neurodevelopmental conditions, which is another data quality issue in this dataset.

78% of the young people were recorded as being White British.

6% did not have their ethnicity recorded, which improves the validity of the data.

When looking at ethnic minority young people, they are twice as likely to access a non NHS provider (16% vs 11%). (Fig 4)

## ***Ethnicity Split 2022/23***

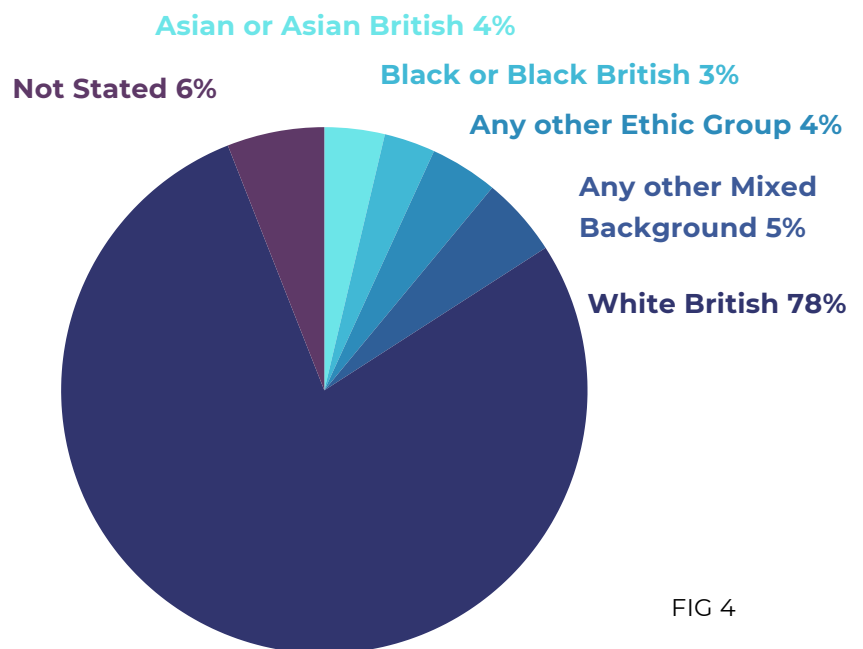


FIG 4

## ***Gender Split 2022/23***

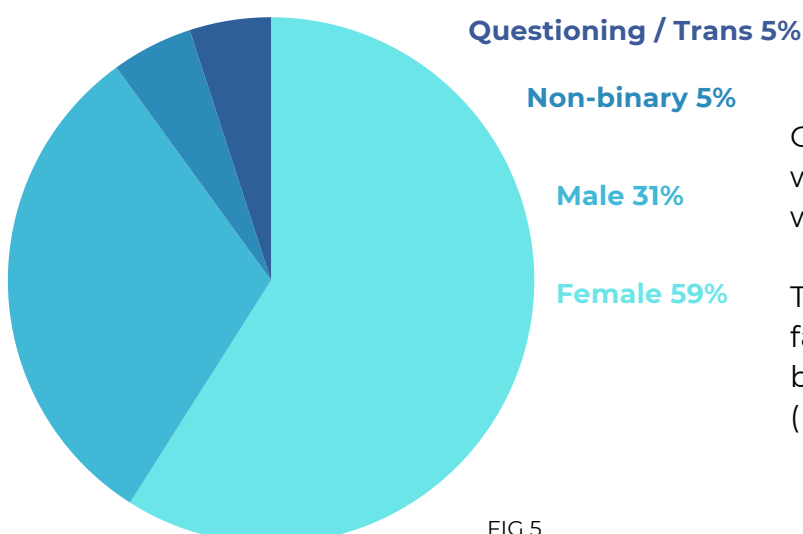


FIG 5

Of the referrals, approximately 60% were female and approximately 30% were male.

The remaining young people were fairly equally split between non-binary and questioning/transgender. (Fig 5)

# AIMS AND SCOPE OF THE REVIEW

The Children & Young People's Mental Health and Emotional Wellbeing Strategic Partnership Board asked Merseyside Youth Association's (MYA) RAISE Team to conduct this review, keeping young people's experience and voice at the heart.

The review, which was undertaken during the period July-December 2023, set out to understand the strengths and weaknesses of:

- The current provision available.
- Awareness of the provision – how information about services is communicated to young people, professionals, parents, and carers.
- Provision accessibility – who is using services, where they are most likely to access them, when (e.g. at crisis point), and why.

The scope of the review did not include services for young people with neurodiverse conditions, as a separate all-age disability Joint Strategic Needs Assessment (JSNA), which focuses on ASD/ADHD and learning difficulties and assesses the neurodevelopment pathway, is concurrently underway. However, in some consultations, issues concerning services for young people with these difficulties were raised and briefly reported on.

The intended outcome of the review was to identify recommendations:

- How to make existing pathways to relevant mental health services more straightforward.
- To confirm what services are offered to the 16-25 age group and where improvements might be needed, where necessary.
- To identify new approaches to respond to the needs of young people within the 16-25 age group.

The review also sought to identify areas of good practice in Liverpool that might be shared and more widely rolled out across the local area.

Six key lines of inquiry (Fig. 6) were identified in the early stages of the process, informing the activities undertaken to gain insight. These lines form the framework of this report.

Line of Inquiry	Breakdown
<p>1 Access to services</p>	<ul style="list-style-type: none"> <li>• How, where, and who/what are young people being referred to?</li> <li>• Referral types, accessing crisis care, GP access, self-referral, or medical referral.</li> </ul>
<p>2 Awareness of services (communication &amp; promotion)</p>	<ul style="list-style-type: none"> <li>• Marketing approaches, use of on and offline communication channels, word of mouth, gaps in awareness.</li> </ul>
<p>3 Exiting Services</p>	<ul style="list-style-type: none"> <li>• Stepping up/down services, transitions, social inclusion, aftercare and follow-ups.</li> </ul>
<p>4 Diverse, cultural and vulnerable groups: access to and use of services</p>	<ul style="list-style-type: none"> <li>• Are young people in these groups who need mental health support accessing care, and receiving the right care for their needs?</li> </ul>
<p>5 Youth-friendly culture within mental health services</p>	<ul style="list-style-type: none"> <li>• What is a youth-friendly service to young people vs. the actual delivery of services?</li> <li>• Physical environment, appointment types, communication, etc.</li> </ul>
<p>6 Collaborative approach</p>	<ul style="list-style-type: none"> <li>• Services and professionals working collaboratively to ensure young people have consistent care and avoid falling through the gaps.</li> </ul>

FIG 6.

# METHODOLOGY

The review gathered views from a broad range of professionals, young people, parents and carers.

## 10 Consultations with young people

## 29 Consultations with professionals

Drawn from: Mersey Care NHS Foundation Trust adult mental health services (including Early Intervention in Psychosis - EIP), Alder Hey Children's NHS Foundation Trust, Child and Adolescent Mental Health Services (CAMHS), Adult Mental Health Services (AMHS), Liverpool City Council targeted services, Liverpool Healthwatch and GP/primary care providers, and a variety of voluntary sector partners, including Kooth, Young Persons' Advisory Services (YPAS), and Barnardo's Action with Young Carers. Also supporting the student population, U-cope and local alternative provision for excluded young people.

## 2 Online surveys

Disseminated via social media, the Liverpool CAMHS newsletter and website, the two surveys explored:

1. Experiences young people have had with the services and the support they've received.
2. Awareness of the provision available and how it's accessed.

The consultations, which covered a range of themes, including suicide and eating disorders, were held in a variety of locations attended by young people with groups of between 7 and 14 (see Appendices for the complete list of themes). They drew on the Lundy Model of Participation (see Resources).

In addition to speaking to young people, professionals working with young people, commissioners, and providers of provision, insight was also gathered from families and their wider networks – friends, colleagues, etc.- through online surveys.

These consultations represented diverse, cultural and vulnerable groups - as outlined on page twenty-three.

We intended to deliver targeted consultations with specific groups; however, this was not always possible, although we were satisfied that we spoke with several young people representing these groups. In addition to these young people, we have also drawn on desk-top research to further explain their needs and why they must be included to affect change and transformation of services to be more responsive to this age group.



# FINDINGS

## 1. ACCESS TO SERVICES

Relevant to the You're Welcome Standard 3: making young people welcome, access to services was highlighted as young people and professionals spoke of the barriers they experience.

Five key issues were identified:

1

The services landscape is perceived as confusing for young people and those supporting them.

2

The thresholds for services are too high.

3

Traditionally, young people do not access GP services.

4

Referral pathways are unclear and often prevent easy access by young people.

5

Support whilst waiting requires further development and promotion. This includes a better understanding of the local Waiting Well social prescribing offer.

Numerous services, organisations, and groups in Liverpool support young people's mental health. However, its vast range of services and their specific criteria often create difficulties for young people in understanding the support available and how to access them. Throughout the review, young people voiced their lack of awareness of services and described how they struggled to navigate and access support. This view was echoed by those supporting young people.

A key barrier to accessing services was the complexity of the offer:

- Finding the services compatible with a young person's needs.
- Meeting the criteria - age limits, residency/postcode and thresholds.
- Completing the referral process.

## What young people said about...

### ...where to go if they were in crisis...

“ ‘I wouldn't have a clue where to go’ ”

### ...what's available, and where they would turn to for support locally...

“ ‘School/college - Very hard to access, they tend to pass the buck onto other services.’ ”

“ ‘Nowhere. Too many people I know have had bad experiences.’ ”


“ ‘At first, friends, but you would need alternatives because they won't be available 24/7.’ ”

“ ‘It's overwhelming and confusing.’ ”

“ ‘SHOUT, Samaritans, Childline or CAMHS’ ”

“ ‘Hub of Hope’ ”

Young people felt they rely on online services because of their accessibility and limited or no waiting times. Although most would prefer local face-to-face support, online is currently the most attractive option for them; if they were more aware of in-person services, they would be more enthusiastic about accessing them.



I was told that because I do not have an active plan to kill myself that my depression wasn't severe enough to access the service as there wasn't enough space.

One young person spoke of the impact of not having met the threshold of the NHS CAMHS service had on them.

Like many, they waited for an initial assessment for several weeks without support. However, following their assessment, they were turned away from the service for not meeting its threshold for referral, as they did not pose a current threat/risk to themselves or others.

Subsequently, they became apprehensive and hesitated to reach out for support again, fearing the prospect of going through another long process, just 'to be told no again'.

Experiences such as these became a common theme within the consultation with young people and the workforce. Professionals and members of a Multidisciplinary Team (MDT) shared that the workforce found service thresholds challenging to navigate, acknowledging how difficult it was to be able to signpost young people when it was unclear which services a young person might then be able to access.

***Despite working collaboratively, the gap in awareness and knowledge of service criteria means that professionals are still extensively challenged in finding the appropriate support for some young people.***

This poses the question:

*If professionals who are consistently immersed in services struggle to navigate this offer, how can young people experiencing challenging mental health issues find the support they need?*

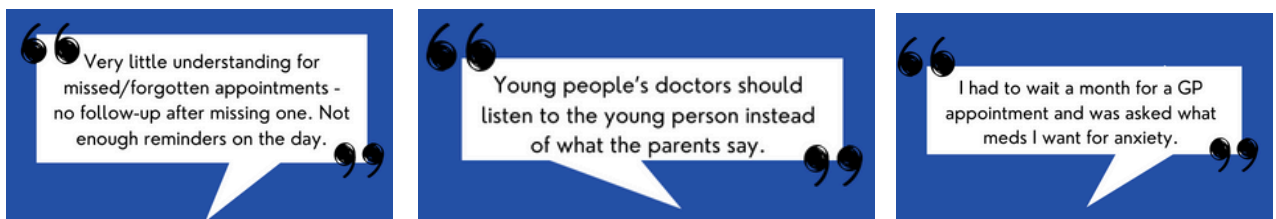
Reflecting on their experiences of attempting to access services, young people spoke of how complicated the process had been. They talked about having to gather the courage to seek a referral or self-refer and how disheartening it felt to be rejected by a service. After such a rejection, many spoke of how they:

- experienced **'hopelessness'**
- became **'disheartened'** in finding support that was right for them.
- felt that not meeting service thresholds made them apprehensive to reach out to another service, as they did not want to repeat their story for the same result.

When considering service access, it was recognised by the workforce and confirmed by young people that visiting their GP is no longer a first port of call for many reasons. These views correspond with those highlighted in the national report from Young Minds: First port of call: The role of GPs in early support for young people's mental health (2021). During consultations, the young people said their GP service was not youth-friendly due to.

- Lack of flexibility with appointments, & appointment reminders,
- Early call-in times for appointments
- Clinical physical environments; and
- Experiencing parental overshadowing.

### What young people had to say about youth GP access and experience...



## BEST PRACTICE

Talking Therapies at Mersey Care appointed a University and Young People's Champion to collaborate with education settings, meet young people in their spaces, advocate for young people's mental health, promote Talking Therapies, and ensure that professionals and young people know how to access the service.

It is also the role of the Young People's Champion to attend promotion events, liaise and link with other young people, hear their experiences of the service and to gather their feedback.

## IN SUMMARY

These findings highlight the need for Liverpool's workforce to better understand young people's mental health and social needs, advocating for tailored training and support amidst staffing challenges.

Additionally, a city-wide 'no-wrong-door approach' to facilitate early intervention in mental health, prioritising reduced waiting times, comprehensive support, and adherence to accessibility standards, is needed.

# FINDINGS

## 2. AWARENESS OF SERVICES

Many young people reported a lack of awareness of the range of services and support available for this cohort. Interviews with the workforce echoed this, acknowledging that targeted communication of services could be strengthened and would benefit from investment.

Key findings regarding promotion of services were:

1

From those aged 16-25's perspective, much of the current marketing for young people's mental health services focuses on issues that aren't always relevant to them.

2

Some services and their thresholds are hard to understand for young people, those working with them, and parents and carers.

3

Lack of awareness around access to crisis care.

Young people reported that although broad promotion exists, it's not always directly targeted toward them and, therefore, does not reach them. For example, many services use leaflets or posters in GP surgeries, hospitals, and other support services. Those not attending these venues are not exposed to these awareness messages.

Services lack promotional presence in youth-friendly spaces such as clubs, public transport, games cafes, and education settings. This creates a perception in young people that services are not made with them in mind.

Although local services are on various social media channels and have dedicated websites, young people spoke of not seeing effective promotion online, reporting they do not follow or engage with many services online.

As many of these local services support an all-population age range, it's challenging to target this specific age group. When young people explored services' online presence in the consultations, many didn't engage with the material, commenting that although these services all supported young people aged 16 - 25, they **'don't look like they're made for me'**.

Young people did not engage with the materials for a variety of reasons:

- loud colours used
- large amounts of text
- Images of people in the service who appeared unhappy and had complex language.

These factors led young people to be **'put off'** reading through online promotions as they are not young people-friendly, commenting that they would **'scroll past'** it.

Young people from Barnardo's Action with Young Carers felt the description of services online can be complex, and the language used can be difficult for some to understand. They raised the concern that there is not always somebody available at home to help them navigate services online, understand if they are suitable for them, or complete online referrals. With this in mind, the young people reported that some online promotions are more of a barrier to the service than explaining how to access it.

They called for clear and concise promotion of services, outlining the relevant thresholds. Some suggested they should be codesigned with young people to ensure they were appropriate.

One professional spoke of their experience supporting a young person in a crisis and attempting to find them the most effective care. With the complexity of geographical barriers, age limits and high service thresholds, they needed guidance on where to signpost them. **'I contacted everyone, hoping someone would take them'**. With the support of the MDT group and other professionals, the young person received the care they urgently needed. Reflecting on their experiences, the workforce agreed that there is a need for more apparent promotion of services and work on clarifying and simplifying referral pathways. This would allow services to be more effective in seamlessly signposting to one another without being redirected elsewhere when making a referral.

Young people reported similar; there were gaps in knowledge, consistently reiterating they would not know where to turn in a mental health crisis. Those aware of crisis care spoke of only online or telephone support, such as Hub of Hope and Samaritans.

# BEST PRACTICE

Many young people identified Brownlow Health Central as a youth-friendly service and highlighted its online promotion and social media activity focused on engaging young people.



# IN SUMMARY

The findings highlight that services should implement a targeted communications strategy for 16-25-year-olds online and offline, utilising opportunities such as public transport, universities, workplaces, youth hubs, and social venues to effectively reach and support young people, their families and supporters.

Additionally, improved accessibility of literature and promotion of services are needed, as well as ensuring a clear geographical understanding of where to access crisis care.

# FINDINGS

## 3. EXITING SERVICES

Exiting services became a key line of inquiry, as the 16-25 cohort presented the issue of falling through gaps between services. Young people spoke of their experiences when accessing services and exiting them.

Gaps young people experienced when leaving services included:

1 Support accessing Adult Mental Health Service (AMHS) after CAMHS.

2 Lack of effective signposting and support when accessing it.

3 Absence of follow-up check-ins from services once discharged.

### Three key findings were identified:

1. Young people call for further support as they transition between services and access signed services and groups.
2. Young people feel nervous leaving a service and sourcing a new one that fits their current needs.
3. Studies show only a quarter of young people successfully transfer from CAMHS to AMHS\* when ongoing mental health needs are identified and this service move is recommended by their clinician.

Young people reflected on their experiences as they moved from CAMHS and attempted to access AMHS. They highlighted a lack of support and no clear guidance on where to access support next and how. Young people reported struggling to access adult mental health support once discharged from CAMHS, or in some cases, not accessing it at all.

\*Source: British Journal of General Practice 2022



## When discussing where young people turn to for support after leaving CAMHS, young people said...



Repeatedly, young people spoke of how, when leaving a service, they often experience nervousness finding new appropriate support and self-help groups.

It was suggested that follow-up appointments be created at set times after discharge: one month, six weeks, etc.

Young people voiced how ensuring set follow-up appointments, such as a phone call or in person, would ease the sense of abandonment that’s often experienced. This would also be a valuable method of providing support as young people navigate and access a new service or support group.

## BEST PRACTICE

The U-Cope service supports university students in Liverpool dealing with self-harm or thoughts of hurting themselves. Personalised safety plans are developed, and students are offered help with coping strategies tailored to their needs.

Regarding exiting services, U-Cope helps students write a goodbye letter in their final session to reflect on their progress and outcomes achieved; four weeks later, there is a follow-up session to check all is well. Top-up sessions or signposting to other services can be offered at that point.

## IN SUMMARY

These findings present the need for clear transition plans developed collaboratively between young people and professionals.

These plans should be followed through to ensure a smooth transition and exit from services, with an emphasis on promoting social inclusion and creating seamless transitions into community groups and local support to mitigate feelings of abandonment.

# FINDINGS

## 4. DIVERSE & VULNERABLE GROUPS:

### Access to and use of local services

It has been widely documented that young people in a range of vulnerable groups are at higher risk of experiencing mental health difficulties, including high rates of anxiety, depression and suicide risk.

A key line of inquiry was the access and use of services by young people from diverse and vulnerable groups, including those who:

- 1 Identify as LGBTQ+.
- 2 Recognise as neurodiverse.
- 3 Are from diverse, cultural or ethnic minorities - the global majority.
- 4 Are young carers.
- 5 Are care experienced.
- 6 Are Not in Employment Education or Training (NEET).
- 7 Have a dual-diagnosis, which, for the purpose of this report, refers to young people experiencing mental health difficulties whilst using substances.
- 8 Have SEND, sensory and hearing impairments, including life-threatening and life-limiting conditions.
- 9 Are in the criminal justice system or are at risk of offending.

These groups include university students who, whilst academically successful, may be very isolated, struggling with living away from home for the first time and where recent reports have highlighted very high rates of mental health distress and risk of suicide.

Young people of different backgrounds (diverse and vulnerable groups) spoke of experiences with the local services; many referenced their disengagement that came either:

- after recently entering a service and feeling it did not fit them; or
- due to long waiting times and, in some instances, not feeling a sense of inclusion within the service.

Despite these young people feeling more at risk of mental health issues, many voiced their hesitancy to turn to local services for support due to the fear that professionals may not be able to empathise with the issues they are facing. An example of this is highlighted in contemporary research indicating many services have a lack of understanding of LGBTQ+ needs.

**“Professionals don’t always understand what it’s like when they haven’t had that experience”**

Young person talking about levels of discrimination they have experienced, and also the fear of being rejected when ‘coming out’ as LGBTQ+

*This raises the question: Do services possess sufficient skill, appreciation and understanding of the specific needs of these **diverse and vulnerable groups** to provide appropriate support?*

Young people from cultural and ethnic minority groups told us it is easier to access online support as they felt that services did not always understand their identity, so it was easier to access anonymised support. However, the Liverpool CAMHS Partnership has recently undertaken research to explore how access can be improved for this group. Their findings suggest the following are needed:

- Support in their community, places of worship and community centres, and small community organisations that are culturally relevant and competent as opposed to the current reliance on GPs.
- Face-to-face support rather than online.
- The opportunity to receive support to help their parents and carers understand their mental health issues and challenges.
- Practitioners skilled and experienced in trauma-informed practice appropriate to different racial groups to break down systemic barriers.
- Better information sharing across small community groups to gather a culturally relevant understanding of how local young people see and perceive mental health, particularly the language used to provide accessible information.

Members of the workforce also told us that engaging with some groups of young people can be a challenge. Staff commit to working with them but lack the skills, knowledge, and cultural competence to keep them engaged within the service. This leads us to recommend that workforce development is required to strengthen their cultural competencies and commitment to service user engagement.

The local workforce from within the Youth Offending Service shared how many young people within the service experience mental health difficulties. The prevalence of mental health needs amongst children within the youth justice system is higher than within the general population of adolescents. Of those children sentenced in the year ending March 2020 with a completed [AssetPlus assessment](#), there were concerns about mental health in 72 per cent of cases.

Parents and the workforce raised concerns about young people and dual diagnosis. They have been frustrated by the lack of clarity of support available and how to access it.

***The following were highlighted as needs to best support young people from diverse and vulnerable groups to access services:***

- **inclusive physical environments**
- **greater understanding of the needs of young people within diverse and vulnerable groups**
- **easily accessible mental health bases in local communities.**

## BEST PRACTICE

Several services were identified as having youth boards, including Mary Seacole House, YPAS and Barnardo's Action with Young Carers, and we recognise there are others.

Comprising 12 volunteers aged 18-26, Mary Seacole aims to provide a platform for young volunteers to shape the service and raise awareness for issues that young people face, particularly concerning race and mental health.

## IN SUMMARY

Services are urged to prioritise capturing and monitoring demographic data on young people within these diverse and vulnerable groups. This data should help understand who is accessing services, when, where, how, and why, as well as explore their engagement approaches.

This intelligence should address critical issues faced by young people within these groups.

Action plans within services should be developed to actively listen to these groups' voices and make appropriate adjustments to how their support is accessed and delivered. This may include hosting training sessions to other providers, such as neurodiversity awareness.

# FINDINGS

## 5. YOUTH-FRIENDLY CULTURE WITHIN MENTAL HEALTH SERVICES

The World Health Organisation describes youth-friendly services as equitable, accessible, acceptable, appropriate, and effective, and the You're Welcome Standards focus on making young people welcome and developing digital approaches to their wellbeing and healthcare.

In Liverpool, targeted services support young teenagers, young adults and older adults. With varied age ranges, it can be challenging for some services to adapt to youth culture and create youth-friendly environments. Three key findings were highlighted:

1

Traditional adult mental health organisations don't offer a youth culture.

2

Gaps in knowledge/lack of confidence in the workforce lead to a lack of youth-friendly mental health environments.

3

Lack of social prescribing opportunities. Young people express a want for social prescribing and more support when on a waiting list.

Young people between 16 and 25 experience many transitions in education, personal life, and the health care system. Through these transitions and changes, many services do their utmost to ensure young people feel comfortable and welcomed into their service. However, young people felt that many did not meet their needs due to a lack of youth culture and a sense of services being more focused on older adults.

They often feel a lack of belonging in traditional mental health services that offer rigid appointment structures, creating a sense of pressure and a "deadline on getting better." Limited choices and lack of autonomy discourage young people from seeking help.

Young people told us they wanted flexible and anonymous drop-in centres with a person-centred approach. They also seek autonomy in their care, looking for more diverse support options beyond talking therapy and medication: the opportunity to discuss art-based therapies, fitness classes, and community integration for improved mental well-being. Many value social prescribing and want multiple intervention methods.

**Young people** felt youth culture should encompass this and much more, including:

- the physical environment where support is accessed
- opportunities for support
- youth participation groups
- social prescribing opportunities.

All those who work with young people are responsible for capturing youth culture. However, when interviewing professionals from various roles who work closely with this age group, some felt unsure about how they might go about this.

**Professionals told us:**

- It can be difficult to **'hit the mark'** on youth culture when caring for such vast age groups and ensuring their service appeals to all.
- Some professionals lack confidence and knowledge in youth mental health, creating barriers in their workplace.
- There are knowledge gaps ranging from youth services and referral pathways to understanding the adolescent brain.
- Services can struggle to tailor themselves to youth-centred approaches due to these challenges.

The knowledge gap and lack of confidence in youth mental health risk undermining youth-friendly approaches and participation, and the absence of welcoming environments that encourage youth participation poses a crisis for young people in need.

## BEST PRACTICE

Many young people praised the YPAS Hubs for their inclusivity, non-stigmatised environments, and the range of services they provide. This approach to offering non-clinical, community-based, 'one-stop-shop' hubs for young people is based on the Youth Information, Advice and Counselling (YIAC) model. The components that contribute to the success of this model are highlighted in an evaluation report by Hassan, S.M., Worsley, J., Nolan, L. et al. An exploration of young people's, parent/carers', and professionals' experiences of a voluntary sector organisation operating a Youth Information, Advice, and Counselling (YIAC) model in a disadvantaged area. *BMC Health Serv Res* **22**, 383 (2022).

They include facilitating access and engagement: opportunity to self-refer, choice of location, timely provision of therapy and support in a non-clinical environment, age appropriate services, a non-hierarchical workforce, inclusive support for family and carers, a focus on wider, often social, issues, and collaboration with partner organisations.

# IN SUMMARY

These findings highlight the need for changes in physical environments, referral types, access methods, promotion, and available services. Mental health support should also be increased in places where young people frequent, such as educational settings and sports clubs - such as MYA's Talent Match - and education for the workforce on youth mental health should be provided.

Services must ensure flexibility and accessibility in appointments, actively listen to young people, involve them in patient participation groups, and develop youth champions to foster a youth-friendly culture.

Staff also need training on the mental health disorders that are especially prevalent in this age group. This includes training on adolescent brain development and risk-taking and adopting standards involving young people in their care and service development.

# FINDINGS

## 6. COLLABORATIVE WORKING

Many of the consultations highlighted the lack of collaborative working between different agencies, including appropriate signposting and referring. This lack, in turn, was impeding continuity of care. Without continuity of care, young people are at risk of falling through the gaps in mental health services and support. Strong communication between a young person and all those who are supporting their care ensures that all are working towards the same goal and provides a young person-centred approach to their care.

Many young people reflected on their experiences accessing support in multiple forms:

- 1 Traditional services.
- 2 The voluntary and education sector.
- 3 Leaning on their loved ones.

For some, accessing support from multiple means has created barriers to receiving adequate support.

Young people and professionals talked about the challenges of overlapping services, different geographical barriers and complex pathways impeding seamless care. They highlighted that some professionals struggle to efficiently guide young people to appropriate services due to these issues. With regard to collaborative working, they highlighted:

1. Young people can experience difficulties following through with their care plans or completing tasks set by professionals.
2. There is a need to involve relatives to ensure they understand the treatment and care that may be offered to the young person and can support the continuity of this care.
3. Limited awareness and different approaches to safety planning - including that some are not particularly youth-friendly - can lead to disjointed care.
4. An improved and up-to-date understanding of which services are working with young people, their offer and referral pathways is needed across Liverpool; strengthened MDT processes may help with this.



While calling for greater involvement of relatives, some caution is needed; young people described how the over-involvement of loved ones can result in the loss of autonomy for young people. One young person, aged 16, shared their experience while seeking support regarding an eating disorder from a GP.

Reflecting on this experience, the young person shared how they did not feel involved in developing a plan for their care, referencing, “**The doctor didn’t even speak to me, just my mum**”. This experience highlights the need for young people, their caregivers, and professionals to work collaboratively to create the most appropriate and effective support system for young people.

## BEST PRACTICE

The Early Intervention in Psychosis team (EIP), provided by Mersey Care NHS Foundation Trust, strives to provide a collaborative approach and strong continuity of care between professionals and families to ensure a young person-focused approach. EIP offers families a range of support and educational opportunities, including groups to help understand psychosis, its causes, effects, and how these present in individuals, as well as sessions on stress management and medication.

EIP also accepts referrals from and works with a broad range of agencies to keep the referral pathway as straightforward as possible, thereby supporting early engagement. Outreach work is another facet of the service.

## IN SUMMARY

These findings highlight the need to improve collaborative working across the different services working with young people in Liverpool. Complicated geographic arrangements, highly variable referral pathways, and safety planning processes need to be addressed.

The findings also suggest that current practice regarding the involvement of parents, carers and wider family needs to be reviewed in order to ensure that this is responsive to the young person’s wishes and needs.

# DISCUSSION

**Through a wide-ranging consultation, this review explored the experience of Liverpool's young people when accessing mental health services.**

**To support this, interviews with the workforce aimed to highlight local best practices and discuss the need for development. These conversations took place at a time of widespread concern regarding the prevalence of mental health issues among young people and the high-pressure services are under to support them.**

Nationally, there is widespread concern regarding the prevalence of poor mental health in children and young people. [NHS Digital](#) recorded that 1 in 5 aged 8-25 years had a probable mental health disorder in England ([2023](#)). Statistics such as these call for easily accessible and effective mental health support. However, nationally, it is recognised that high referral rates and long waiting times, services are under pressure. Source: [British Medical Association \(2023\): Mental health pressures in England](#).

Furthermore, services high thresholds are resulting in many children, even from vulnerable groups, being turned away from support, as noted by the [Department of Health \(2016\): Mental health and wellbeing of looked-after children: Government response to the Committee's Fourth Report of Session 2015-16](#). These high thresholds appear to act as more of a barrier to the services than a baseline for intervention. [The World Health Organisation's \(2021\): Mental Health of Adolescents](#) research shows, mental wellbeing in childhood and early adulthood impacts on one's mental state later in life, as well as relationships with sleep, exercise, emotional regulation, and problem-solving. For reasons such as these it is vital that this cohort has access to appropriate and effective support nationally.

Locally, the 16-25 cohort has been identified as needing stronger, appropriate services to support their mental health. Many factors may contribute to this, such as Liverpool's higher rates of deprivation and lone parent families compared to the national average, higher rates of youth unemployment, and the highest rates of emergency hospital admissions due to violent crime than any other city in England.

Exposure to experiences such as these in childhood or adolescents call for local, strong, well-equipped services for children and young people.

## **Local consultation and interviews resulted in six key lines of inquiry being identified. These are as follows:**

### **1. Access to services**

This line of inquiry identified concerns held by young people and professionals alike regarding the complexity of the current mental health offer, particularly unclear referral pathways and a lack of knowledge of who offered what. A particular concern was how difficult it is to see a mental health professional in person at an early stage of their difficulties. Liverpool's Talking Therapies were highlighted as an example of best practice, as the service's young person University Champion works to help young people understand how, where, and when to access their service.

### **2. Awareness of services**

The second line of inquiry found that many young people do not relate to the promotion of mental health services in Liverpool. They talked about existing promotion as irrelevant to them regarding where this information was promoted and the issues it concerned. For example, there appeared to be nothing about school or college difficulties (anxiety around exams) or the issues that most concern young people under 25. Young people praised the Brownlow Health GP service for its youth-friendly and relatable online promotion.

### **3. Exiting services**

The consultation revealed a need to improve transitional care in Liverpool. Young people talked of only receiving leaflets and being expected to navigate the transition between services, including CAMHS and AMHS largely on their own. The access problems discussed above and the limited awareness of appropriate services are clearly linked. Despite these limitations, local good practice was identified - the transition process between eating disorder services EDYS and FREED, was described as being very informative and inclusive of young people, ensuring that they were supported and included in the various meetings held to agree a transition.

### **4. Diverse and vulnerable groups: access to and use of local services**

While exploring diverse and vulnerable groups access and use of local services, it was found there is a major gap in the tracking of young people's data.

Many young people feel existing services do not fit with their needs or their hesitancy to even approach services for fear that the staff will not understand them or be able to help. However, young people praised the YPAS Hubs for their inclusivity and safe spaces provided for all young people.

## 5. Youth-friendly culture within mental health services

The fifth line of inquiry found that many traditional mental health services currently do not have a youth culture. Various professionals working in mental health services in Liverpool shared their concerns about a lack of knowledge and skills to work in a youth-friendly way; they referred to being unclear about what young people might find engaging and were clearly much more confident working with an older age group. Mary Seacole House was identified as an example of best practice; this service has recently developed a youth board wherein young people aged 16-26 work with the staff to develop a positive youth culture.

## 6. Collaborative Working & Continuity of Care

The final line of inquiry highlighted young people's desire for more opportunities for their caregivers to be educated and involved in their care. The Early Intervention in Psychosis service was highlighted as an example of best practice, as they offer support and education for caregivers alongside young people's care. Furthermore, the workforce voiced the need for more MDT focusing on seamless signposting for young people while supporting each other's services.

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Many of these key consultation findings echo previously reported concerns about mental health provision for this age group, both locally and nationally. Many of them do not require commissioning new services but rather point to the need to skill up the local workforce to have the confidence to work in different ways to engage with 16-25-year-olds. They also highlight the complexity of existing referral pathways, which must be streamlined, simplified, and promoted more clearly. The following recommendations, grouped by theme, aim to address these issues.

# RECOMMENDATIONS

## The review has highlighted two overarching issues:

1. There is currently very little data about how and where young people aged 16-25 are presenting in Liverpool's mental health services. This needs to be addressed if the planning and capacity of services is to match local needs.
2. Overall, high service thresholds seem to apply in many of Liverpool's services, meaning that there is a very limited offer for young people with mild to moderate mental health problems.

## Recommendations have been grouped into five key themes:

1. **Workforce Development**
  2. **Youth-Friendly Culture**
  3. **Promotion**
  4. **Access**
  5. **Collaborative Working and Continuity of Care**
- 

### Young People's Workforce Development

The review highlighted a need to develop the local workforce and address some apparent gaps in local expertise and knowledge about the needs of young people aged 16-25.

1. A comprehensive programme of training in mental health problems common to this age group, and the evidence base for early intervention; adolescent brain development, risk-taking behaviours and other social and emotional needs.
2. Secure and up-to-date knowledge of referral pathways and processes across Liverpool and skills in signposting young people to appropriate services.
3. There is good practice in the local area of multidisciplinary communication and planning ways of working that need to be disseminated.
4. Some practitioners can be supported to take the lead on building up their expertise in the workforce and become champions for this age group.

## Youth-Friendly Culture

Many young people shared their experience of accessing services and the feeling of estrangement this resulted in. To address this, these recommendations suggest ways local mental health services can foster a youth-friendly culture within their provision.

- 1.Changes in physical environments - less clinical, more welcoming and youth-friendly (influenced by them). Make waiting rooms more appropriate for young people.
- 2.Referral pathways need to be clear, with as few steps as possible, and widely promoted across the information channels young people tend to use.
- 3.Where young people wish to be seen in person (as opposed to online), this should be available earlier in the referral pathway, which will support a more proactive and preventative approach to addressing needs early.
- 4.Services to support flexible and accessible appointments, listen to young people and give them time, including longer appointments if necessary.
- 5.Opportunities for the participation of both young people and their families need to be strengthened; feedback from this consultation highlights the need for young people's voices to influence the need for the service design and delivery.
- 6.Develop youth champions across the workforce to develop a youth-friendly culture.
- 7.Develop training for staff on developing a youth-friendly culture with adult mental health services, including training on adolescent brain development and risk-taking.
- 8.Adopt You're Welcome Standard 1: involving young people in their care, service design, delivery and review. Staff should encourage young people to be involved in their care, and their views should be included in service design and development.

## Promotion

To strengthen and further develop the awareness and promotion of services for young people and those supporting them, services should consider the following:

- 1.A communications strategy that targets 16-25-year-olds on and offline. This could include promoting services, support, and self-care in places relevant to young people, e.g. on social media, public transport, universities and colleges, places of work and youth hubs and social venues, including NEET providers and training providers, shopping centres and housing providers.
- 2.Communications that raise awareness of where young people can go when in a crisis, addressing the different geographical boundaries that apply to Liverpool.
- 3.Communications targeting mental health service providers *and* organisations that provide wider support to 16-25-year-olds to educate and raise awareness of the mental health and emotional wellbeing support available and how young people can access these services. This will support a collaborative approach to being able to signpost young people to services appropriate to their needs.

The following recommendations highlight how services may address current barriers and improve young people's access to services.

1. All services to adopt a 'no wrong door approach' to seeing young people as early and quickly as possible. This will support early intervention and prevention of mental health difficulties.
2. Services to develop a wider and more diverse local offer e.g. social prescribing opportunities and social inclusion activities to provide greater choice.
3. Consider a move towards more hub-type services, including GP and primary care as the key entry point into NHS Services.
4. Develop provisions in the venues where young people go – education, sports clubs, games hubs, faith and community centres etc.
5. When exiting services, young people need clear transition plans to be created collaboratively with professionals and followed through.
6. Focusing on access and use of services by young people from **diverse and vulnerable groups**, the following are recommended:
  - Services to prioritise monitoring data of young people's engagement to support service development for young people.
  - Workforce to develop a deeper understanding of the critical issues faced by young people within these groups. Services that champion the needs of these groups to work collaboratively to raise awareness and understanding of:
    - Their approach to supporting the mental health needs of these young people; and
    - The specific needs of the young people they support.
  - Cultural and faith community leaders need capacity-building skills to work in partnership with mental health services to ensure promotion and accessibility.
  - Develop action plans within services to hear young people's voices from these groups and make them more accommodating for all.
  - Pathways for dual-diagnosis.

*Underpinning these recommendations, the workforce must have an up-to-date overview of available support, referral protocols and thresholds.*

7. Adhering to the You're Welcome Standard 3 criteria concerning convenient access to services, choice of location and longer appointment times if necessary. Young people's preferences are considered: who they see and who can accompany them to the appointment.

*A deeper dive beyond this report is needed to understand the accessibility for young neurodiverse people aged 16-25 into mental health support. Young people spoke of long waits for diagnosis and support, which exacerbated their mental distress.*

## Collaborative working and continuity of care

Recommendations for services to strengthen the collaboration and continuity of care for young people in Liverpool include:

1. Develop a consistent approach across all providers to collecting, reporting, and analysing activity and outcomes data about how, why, when and where young people are presenting in Liverpool's mental health services.
2. More local MDTs to foster a collaborative approach to create a strong continuity of care.
3. Supporting young people in transition between services should also be a priority to improve continuity of care and prevent young people from dropping out of provision at key points.
4. Pilot tracking young people's transition from CAMHS to AMHS at three and six months.
5. Adopting You're Welcome Standard 2: explaining confidentiality and consent - in particular, allowing young people the options to attend appointments on their own, with impartial chaperones or a trusted friend instead of parents or carers if they wish.

Underpinning all of this is a need for a culture change in the way that services support families - ensuring they have adequate information to help young people and support their care.



# RESOURCES & USEFUL READING

## National resources and guidance

British Medical Association (2023) *Mental Health Pressures in England*. <https://www.bma.org.uk/>

Children and Young People's Mental Health Coalition (2023) *Children and young people's mental health: An independent review in policy success and challenges over the last decade* [www.cypmhc.org.uk](http://www.cypmhc.org.uk)

Covid-19: Impact on young people's mental health 2020 <https://lordslibrary.parliament.uk/covid-19-impact-on-young-peoples-mental-health/>

Department of Health (2016) *Mental Health and Wellbeing of Looked-After Children: Government Response to the Committee's Fourth Report of Session*. [www.gov.uk/government/organisations/department-of-health-and-social-care](http://www.gov.uk/government/organisations/department-of-health-and-social-care)

Department of Health and NHS England (2015) *Future in mind – Promoting, protecting and improving our children and young people's mental health and wellbeing* <https://assets.publishing.service.gov.uk>

Early Intervention Foundation (2020) *Adolescent mental health evidence brief 1: Prevalence of disorders* [www.eif.org.uk](http://www.eif.org.uk)

Early Intervention Foundation (2021) *Adolescent mental health evidence brief 2: The relationship between emotional and behavioural problems in adolescence and adult outcomes* [www.eif.org.uk](http://www.eif.org.uk)

Education Policy Institute (2023) *Children and young people's mental health services: Targets, progress and barriers to improvement* [www.epi.org.uk](http://www.epi.org.uk)

HM Inspectorate of Probation (2024) <https://www.justiceinspectorates.gov.uk/hmiprobation/research/the-evidence-base-youth-offending-services/specific-areas-of-delivery/mental-health/#:~:text=Of%20those%20children%20sentenced%20in,72%20per%20cent%20of%20cases>.

Mental Health of Children and Young People in England, 2023 - wave 4 follow up to the 2017 survey <http://www.liverpoolcamhs.com/wp-content/uploads/2024/04/Mental-Health-of-Children-and-Young-People-in-England-2023-wave-4-follow-up-to-the-2017-survey-NHS-Digital.pdf>

National Audit Office and Department of Health and Social Care (2023) *Progress in improving mental health services in England* [www.nao.org.uk](http://www.nao.org.uk)

National Collaborating Centre for Mental Health (2022) *Meeting the needs of young adults within models of mental health care* [www.rcpsych.ac.uk](http://www.rcpsych.ac.uk)

NHS Digital/NHS England (2023) *Mental health of Children and Young People in England, 2023 – wave 4 follow up to the 2017 survey* [www.digital.nhs.uk](http://www.digital.nhs.uk)

Royal College of Psychiatrists (2017) *Faculty Report Good mental health services for young people FR/CAP/GAP/01* [www.rcpsych.ac.uk](http://www.rcpsych.ac.uk)

The Health Foundation (2023) *Why policymakers need to focus on young people now. Learnings from the Young people's future health inquiry* [www.health.org.uk](http://www.health.org.uk)

The Health Foundation (2022) *Briefing: Improving children and young peoples' mental health services* [www.health.org.uk](http://www.health.org.uk)

World Health Organisation (2021) *Mental Health of Adolescents*. <https://www.who.int/>

Youth Access - National membership body - Youth Information, Advice and Counselling Services (YIACS). [www.youthaccess.org.uk/our-work/championing-our-network/yiacs-model](http://www.youthaccess.org.uk/our-work/championing-our-network/yiacs-model)

# RESOURCES & USEFUL READING

## Policy guidance, quality and service standards

National Institute for Health and Care Excellence (2016) *Transition from children's to adults' services for young people using health or social care* [www.nice.org.uk](http://www.nice.org.uk) guidance

Office for Health Improvement & Disparities (2023) *Guidance: You're Welcome: establishing youth-friendly health and care services* [www.gov.uk](http://www.gov.uk)

Youth Access (2018) *Another Way: Defining the functions and characteristics of YIACS* [www.youthaccess.org.uk](http://www.youthaccess.org.uk)

You're Welcome!: standards to help improve the quality of, and access to, health and wellbeing services for young people. <https://www.gov.uk/government/publications/establishing-youth-friendly-health-and-care-services>

## Key Liverpool reports

Liverpool City Council and Public Health Liverpool (2021) *Joint Strategic Needs Assessment (JSNA)* [www.liverpool.gov.uk](http://www.liverpool.gov.uk)

Champs Public Health Collaborative and Public Health Institute John Moores University (2021) *Vulnerable individuals and group profile: Liverpool City Region* [www.ljmu.ac.uk](http://www.ljmu.ac.uk)

Champs Public Health Collaborative and John Moores University (2020) *Children and Young People's Health and Wellbeing Profile: Liverpool City Region Update 2020* [www.ljmu.ac.uk](http://www.ljmu.ac.uk)

Liverpool City Council (2023) *Picking up the pieces: Children and Young People* [www.phar.liverpool.gov.uk](http://www.phar.liverpool.gov.uk)

Ofsted (2023) *Inspection of Liverpool local authority children's services* [www.files.ofsted.gov.uk](http://www.files.ofsted.gov.uk)

University of Liverpool (2022) *Networked Data Lab project 2: Children and Young People Mental Health in Liverpool and Wirral* [https://livrepository.liverpool.ac.uk/3165139/1/NDL2\\_CYP\\_Mental\\_Health\\_liverpoolwirral\\_report\\_revision\\_20220307\\_final.pdf](https://livrepository.liverpool.ac.uk/3165139/1/NDL2_CYP_Mental_Health_liverpoolwirral_report_revision_20220307_final.pdf)

## Participation and involvement of young people in mental health services

Hannah Sharp and Leanne Walker (editors) (2023) *Participation in Children and Young People's Mental Health. An essential guide.* Routledge. [www.routledge.com](http://www.routledge.com)

Royal College of Psychiatrists and College Centre for Quality Improvement (2022) *Standards for Community Mental Health Services Fourth Edition* [www.rcpsych.ac.uk](http://www.rcpsych.ac.uk)

UNICEF (2022) *Young People's Participation and Mental Health* [www.unicef.org](http://www.unicef.org)

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# APPENDIX

## **Consultation Themes**

- Suicide (three sessions)
- Eating Disorders
- Body Image
- Anxiety Low Mood
- Barnardo's Action for Carers
- YPAS GYRO Group
- YPAS Young Advisers
- LJMU Student Group
- Social Media

## **Vulnerable Groups - additional information**

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- Professionals on behalf of their organisations
  - Mersey Care NHS Foundation Trust
  - Young Persons Advisory Service
  - Kooth
  - Mary Seacole House
  - UCope
  - Youth Offending Service
  - Barnardo's Action with Young Carers
  - Liverpool City Council Targeted Services
  - Liverpool Healthwatch
  - Talk Liverpool
  - FREED
  - Eating Disorder Service - EDYS (Alder Hey)
  - Liverpool Light
  - Early Intervention In Psychosis (Alder Hey)
  - PSS: Parent - Baby Service
  - Dual Diagnosis
  - Step Forward
  - Liverpool City College - Welfare and Wellbeing Team
  - LJMU - Mental Health Society

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## CONTACT

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