



Children & young people's mental health

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healthwatch
Hillingdon

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Who are Healthwatch Hillingdon?

Hillingdon's local health and care champion.

We are **independent** and **impartial** and we have the power to make sure NHS and social care leaders listen to people's feedback to improve standards of care. **We advocate for patient rights** and can also help people find reliable and trustworthy information and advice.

We're **led by Hillingdon residents**, with charitable status. and **we support people to have their say** about health and care services to ensure local people get the support they need.

Together, we're making health and social care better.



Our vision

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



Our mission

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



Our values

- **Listening** to people and making sure their voices are heard.
- **Including** everyone in the conversation especially those who don't always have their voice heard.
- **Analysing** different people's experiences to learn how to improve care.
- **Acting** on feedback and driving change.
- **Partnering** with care providers, Government, and the voluntary sector – serving as the public's independent advocate.

Campaigning for improvements in mental health support for children and young people in Hillingdon since 2015



1. Make targets count
2. Help schools lead
3. Prioritise by need
4. Share good practice
5. Use voluntary sector expertise
6. Develop clear pathways
7. Care for families
8. Engage, listen, involve
9. Be autism aware
10. Review CAMHS spending

10 years on... the case for review



Since 2015:

- the prevalence of young people reporting a mental health disorder has risen from approximately **1 in 6** to **1 in 4**.
- about **1 in 5** children and young people aged 8–25 have a probable mental disorder.
- there's been a **47% increase** in treating children and young people with eating disorders.

(2023 NHS data)

The case for review

In 2023, NHS data highlighted:

- Approx 40% of children & young people with acute mental health cases identify as LGBTQIA+
- 1 in 8 young people between 18 & 25, who identify as LGBTQIA+ have attempted to end their life, and almost 50% of transgender young people have considered ending their life.
- Amongst 7-10 year olds, 19.7% of boys are considered as having a probable mental health disorder compared to 10.5% of girls.
- There is disparity in young people from ethnic minority backgrounds (young black men in particular) accessing mental health & emotional wellbeing support.

The case for review

NHSE funding for Hillingdon to deliver a 2-year population health management project to understand the needs of the local population of children and young people.

A proposal was put forward to the North West London Integrated Care Board (NWL ICB) for a voluntary sector-led initiative in Hillingdon that aimed to:

- Consolidate existing feedback from children & young people across the voluntary sector partners.
- Identify children & young people at highest risk of health inequalities and discrimination.
- Further understand what children, young people, and their families need from services to support them to thrive - not just survive.

Due to our previous work, and our independent role, voluntary sector partners proposed Healthwatch Hillingdon to facilitate engagement across the local community.



The project

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Methodology (Feb– Nov 2024)

1. Established a Voluntary Sector Forum/Task & Finish Group

- Collate and consolidate existing feedback from children, young people and families
- Understand challenges and barriers across the system
- Understand what is needed to enable support in the community
- Support and maximise opportunities for engagement with children, young people and families
- Thank you to P3, Hillingdon Autistic Care & Support (HACS), MIND, LINK, Children & Adolescents Bereavement Service (CABS).

2. Designed and delivered a borough-wide survey

- Disseminated via schools, colleges, social media, community groups

3. Carried out targeted engagement with children and young people (aged 11-25), and parents

- events, workshops, focus groups, interviews, outreach
- Libraries, faith centres, youth organisations, schools, Uxbridge College, Youth Justice Service, Youth Participation Team, Universal and Targeted Youth services, Family Hubs, Children's Centres...

Outcomes

- **311** children and young people responded to our survey
- A further 180 children and young people (and parents) participated in focus groups, workshops and interviews – **we've engaged with around 500 children and young people!**
- Produced a podcast in partnership with the Youth Urban Arts Foundation
- More young people know about services and how to access them.
- Report sent to the NWL ICB
- Final report for the public in draft and to be published (very soon!).
- Invited to deliver training for teachers in Hillingdon
- Young Healthwatch Hillingdon podcast on managing exam stress now in the Hillingdon 16+ education prospectus
- Positive feedback from children & young people about their involvement and the opportunity to influence service provision for the future.

As more and more people learned about our project:

- Our involvement and influence in decision-maker and provider meetings increased.
- Interest in our Young Healthwatch Hillingdon volunteering programme increased.
- We were able to facilitate greater knowledge of voluntary sector services and increased joint working.



**Listening to what
children and young
people have to say**

We asked about:

- What negatively impacts children and young people's mental health and wellbeing
- What children and young people do to manage their mental health
- Where they would seek support if they were struggling with their mental health
- Barriers to seeking support
- Their awareness of the support available for children and young people in Hillingdon
- Any previous experiences of using mental health services
- What children and young people need from services to feel supported
- What they would do (if they were in charge) to support children and young people's mental health



What do you think they told us?



True or **False**:

In our survey, stress about school, college, or University was the most commonly reported factor negatively impacting children and young people's mental health.

True!

138 (44%) children and young people cited this as the most significant factor for them.

What do you think they told us?

True or False:

The majority of children and young people said they would be more likely to seek support for their mental health from a GP than they would family.



False

Children and young people said they would be more likely to seek support for their mental health from family or friends first before approaching a health professional.

What do you think they told us?

True or **False**:

Most of the children and young people who completed our survey said they would prefer online counselling over face-to-face support.



False

68% said they would prefer in-person 121 or group counselling.

What they told us (survey summary)...

Main factors impacting CYP mental health:

Relationships – family, friends, romantic

Stress at school – exams and educational expectations

Bullying and discrimination – at school and cyberbullying (particularly CYP who are neurodiverse and LGBTQ+)

Negative effects of social media including gaming – world events, unhealthy influencers, conflicting information, sedentary and isolating activity.

Societal expectations – unrealistic life expectations, body image and personal appearance.

Seeking support:

CYP

1. Ask family
2. Ask friends
3. GP/Social media platforms

Parents

GPs!

Barriers to seeking support:

Long waiting times – appts to see GP, wait times between GP referral to CAMHS, wait times between CAMHS triage and treatment.

Awareness of available support – what's out there, where to look for help/trustworthy advice

Lack of trust/confidence in statutory services – safeguarding triggers, parental consent, feeling unheard and not taken seriously. Experiences of rejected referrals from CAMHS and falling through the gaps leaves CYP feeling dismissed and unimportant, fear of judgement and discrimination (LGBTQ+ black and ethnic minority groups).

Social stigma – fear of bullying and discrimination, being perceived as 'weak' especially for boys (particularly prevalent in accessing school MH services), parental and cultural beliefs, and parental fear of authorities.

Accessibility of services – travel requirements (cost implications), appointment times, engagement methods (digital/f2f/groups), language (clinical), environment (triggers for autism), administrative requirements (form-filling).

Barriers to Accessing School-Based Support

Stigma and Fear:

- Boys afraid of appearing weak
- LGBTQ+ students fear being outed
- Students fear bullying for seeking help

Environmental and Systemic Issues:

- Noisy, inflexible settings distress neurodiverse students
- Poor transitions disrupt support for looked after children and youth justice-involved
- Mental health staff turnover and concerns about discretion

Confidence in safeguarding

- Understanding protocols
- Fear of family involvement



Mental Health Challenges in School Settings

Top Concern: 44% of CYP cited school stress (exams, academic pressure, future uncertainty) as their biggest mental health challenge.

Key Stressors:

- Rigid academic expectations
- Inadequate emotional accommodations
- Excessive screen time and social media anxiety

✓ When Support Works:

- Consistent, empathetic teachers
- Tailored group sessions and open conversations

✗ When It Doesn't:

- Inconsistent training
- Stigma and fear of judgment
- Disconnected, unrelatable mental health sessions

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

What they told us (survey summary)...

Preferred Methods of Engaging with Mental Health Services

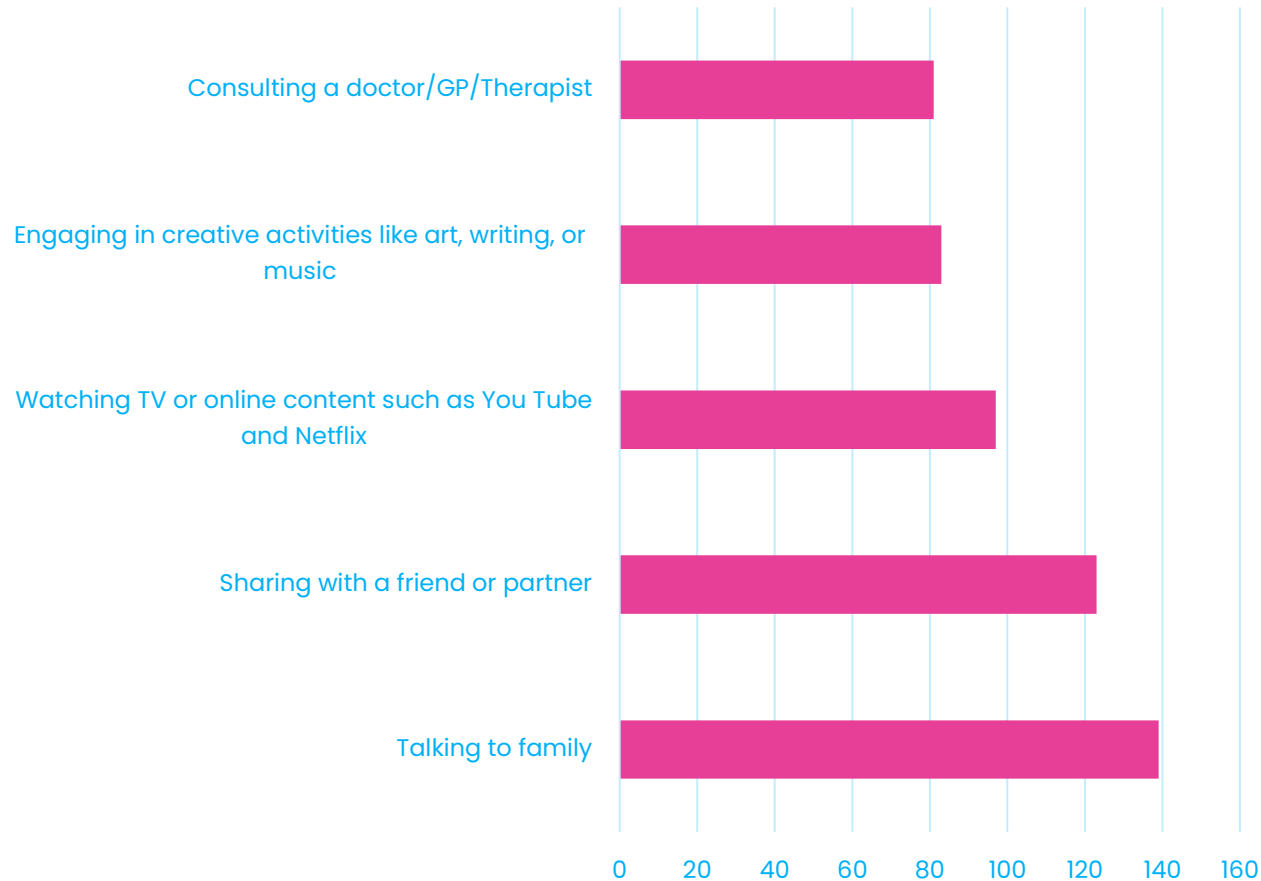


- In-person one-on-one counselling or therapy (55.19%)
- In-person group therapy or support sessions with others (13.42%)
- Online (apps or virtual counselling) (20.51%)
- Via telephone (9.62%) ■ Textina (0.51%) ■ Other (0.76%)

I prefer going online where no one really knows me...to avoid discrimination.

What they told us (survey summary)...

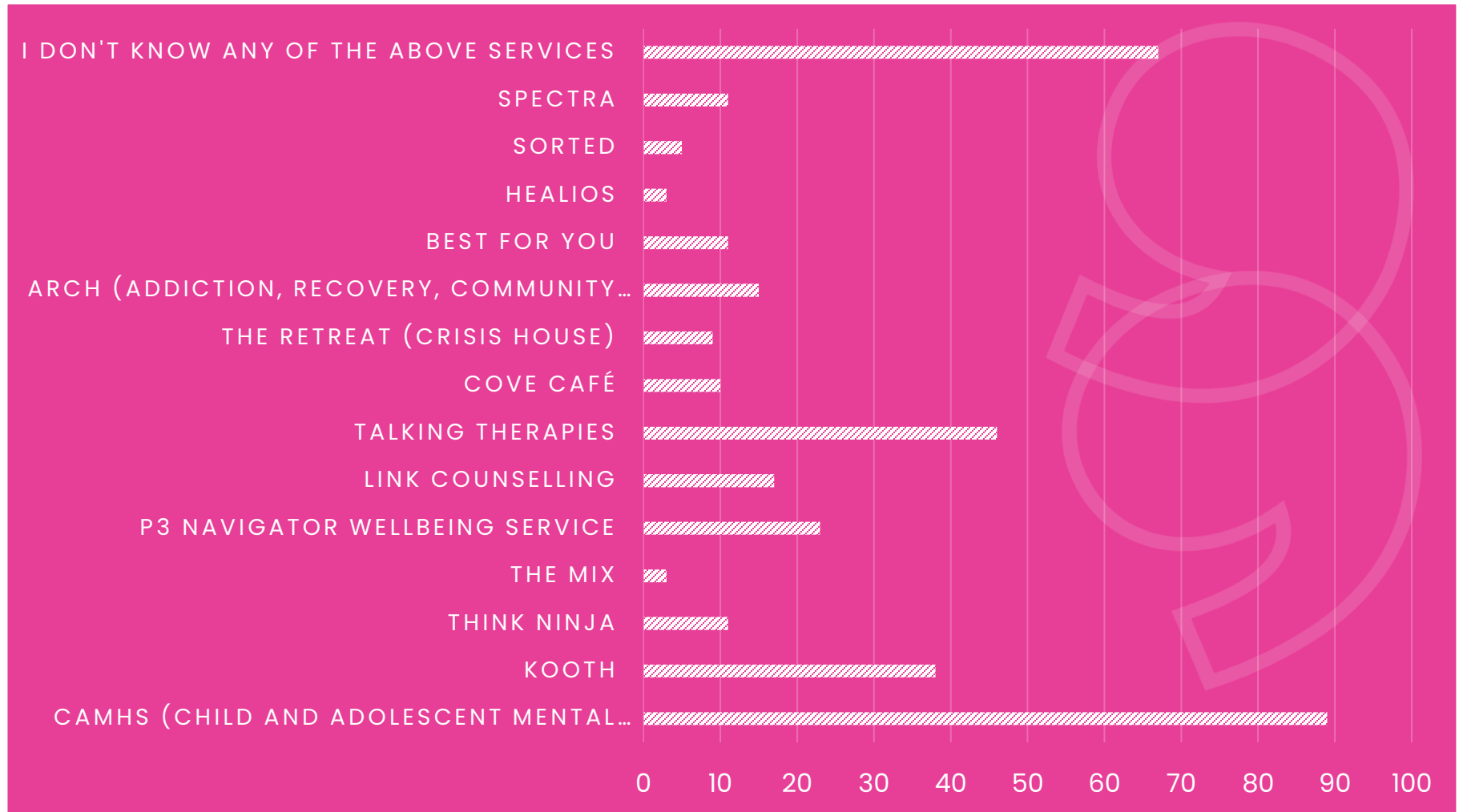
Coping strategies



However we also heard about children and young people resorting to **drug and alcohol abuse, violent behaviour, smoking, and self-harming.**

What they told us (survey summary)...


Awareness of services





Targeted engagement with vulnerable children and young people

Targeted Engagement:

- Collaborations with voluntary sector and community groups and Youth Service
 - Delivered 15 focus groups and workshops with children and young people of a range of backgrounds and ages.
 - Summer programme of events with partners to maximise outreach
 - Over 100 children and young people directly participated in workshops
 - Around 80 more participated in informal conversations/interviews
- 
- **Looked after children**
 - **Children and young people who identify as LGBTQ+**
 - **Children and young people who are neurodiverse**
 - **Children and young people within the Youth Justice System**
 - **Children and young people from minority ethnic backgrounds**

Young people with autism

What negatively affects the mental health and wellbeing of CYP who are autistic/neurodiverse:

Loneliness and isolation – challenges in understanding social norms makes it difficult to build meaningful relationships

Life transitions – such as changing school/college affect people with autism to a greater extent than people who are neurotypical

Transition to adulthood – particularly transitioning into work environments

Bullying and discrimination – exacerbates feeling of isolation, disconnection from society and loneliness.

Mohammed's story

Mohammed, a young Black man, originally from Somalia, living with autism, has been navigating depression and the challenges associated with mental health stigma in his family and community.

He often feels uncomfortable, embarrassed, and unsupported due to societal perceptions. Experiences of bullying at school and within his family have compounded these challenges, leaving him feeling isolated.

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

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

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

Long waiting lists, inconsistent care, and dismissive attitudes from some doctors have left him feeling unsupported. He has been waiting over three years for Talking Therapies and believes more tailored, empathetic care is essential.

Cultural stigma remains a significant challenge for Mohammed, particularly within the Somali community. He shared,

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

Young people with autism

"...children with autism need compassionate care."

Barriers to seeking support:

Lack of social skills - there's a tendency for these CYP to withdraw from society as a way of coping, and this means they are unlikely to 'reach out' to services or anyone else for support.

Fear of being ridiculed and bullied – we were told of traumatic experiences of being bullied by peers for being neurodiverse. Boys especially said they would not seek support with their mental health for fear of peers finding out.

Previous negative experiences – challenges with engaging in traditional CBT, noisy environments, clinical settings (lighting etc.)

What services could do to better support CYP who are neurodiverse:

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

Befriending, coaching & mentoring - suggested as early interventions that would support young people to feel less alone and disconnected from wider society.

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

Be more flexible – consider the environment and offer more home visits where cyp who are neurodiverse feel safe.

Discreet support outside of the school environment - due to concerns around bullying and discrimination

Be more autism aware – CYP who are neurodiverse find the traditional delivery of therapies difficult to engage with as they can be abstract and conceptual.

Looked after Children

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

What negatively impacts mental health and wellbeing:

Home environment – tension within the family home.

Challenges within relationships – disagreements with friends/challenges within social groups

Social media – challenges in discerning fact from fiction and potential to be negatively influenced.

Life changes and transitions – changing schools and in particular homes and people for this group of cyp.

Substance misuse - described as both a coping mechanism and a growing crisis amongst young people

Barriers to accessing support:

Safeguarding protocols – leave cyp feeling a lack of control and created distrust.

The formality of meetings - services can be too formal and clinical. CYP find approaches to counselling overly structured, which prevents them feeling able to comfortably express themselves, especially to someone they don't know and who they believe would not understand them.

Fear of being dismissed – cyp feel they won't be taken seriously because of their age.

Long waiting lists for support – leave cyp feeling they're not a priority and searching for support elsewhere.

Language and vocabulary – formal and clinical language is difficult to engage with.

Cultural beliefs and differences – some cultures don't acknowledge mental health concerns, also generational distrust of services.

Inconsistency of professionals – and having to build new relationships.

LGBTQ+



Barriers to seeking support:

Fear of discrimination – CYP feel that professionals could be judgemental, and they won't be taken seriously.

Trust – that confidentiality will be respected.

Requirement for parental consent (if under 16)- cyp fear that they will be 'outed' to their families without their consent.

Lack of understanding of LGBTQ+ issues and preferences – cyp feel there's a lack of LGBTQ+ representation in services, consequently they feel misunderstood.

Fear of repercussions – linked to fears of being 'outed' and the risk of bullying.

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

What services could do to better support CYP who identify as LGBTQ+:

More targeted provision for LGBTQ+ people – this could be support groups specifically designed for cyp where they feel safe, included and understood.

Better representation of LGBTQ+ professionals – cyp feel strongly that they would be more likely to engage with professionals they could identify with.

More online support to preserve anonymity – such as online counselling and support groups that are for people who are LGBTQ+

Create LGBTQ+ friendly health centres – where professionals have an awareness and understanding of the issues surrounding LGBTQ+ cyp, and services are inclusive.

Be more LGBTQ+ aware - services to seek understanding about what it means to be LGBTQ+ and the specific support cyp need to build resilience.

Children and young people from black and minority ethnic backgrounds

Barriers to seeking support

Long waiting times Delays in accessing care discouraged many. One participant shared her frustration with waiting too long between a GP visit and a referral: *“The slow response has prevented me from seeking further support from services.”*

Fear of judgement and stigma - from family, friends, and professionals.

Concerns around confidentiality – fear of support and treatment being shared with family.

Cultural and religious beliefs - scepticism about ‘western’ medicines and interventions in a medical setting.

Lack of relatability - professionals delivering school-based mental health talks *“unrelatable,”* which made it harder to engage with them.

Fear of discrimination - some feel they will be treated differently due to their religion.

“mental health and emotional wellbeing are not considered serious enough to see a doctor.”

What services could do better:

Train mental health professionals to be culturally aware. One participant noted the success of her friend's therapy with a Muslim female psychotherapist, emphasising the value of shared cultural understanding.

Integrate faith-based approaches into mental health services. Participants expressed a strong preference for spiritual support alongside professional care.

Experiences and views of Parents and caregivers

- Parents most likely to be where many CYP turn for support
- Parents most likely to seek help from GPs

Key Concerns for Parents

- **Negative experiences with services:** Long wait times, poor communication, and children with SEND often rejected
- **Barriers to therapy:** Fear their child won't be accepted or supported
- **Lack of awareness:** Services feel disjointed; support often discovered through personal effort
- **Limited support for parents:** Many feel "abandoned" after raising concerns or post-treatment

What Services Could Do

- **Value parents as experts:** Avoid dismissing their concerns
- **Simplify communication:** Clear info on how services work and what's available
- **Accessible training:** Tailored to busy parents; include options like Mental Health First Aid
- **Single access point:** Make it easier to navigate and find suitable support





**Children and young
people's vision for the future**

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- If we don't support children and young people with their mental health and wellbeing early, they face significant challenges as adults.
- GPs and hospitals are overwhelmed with families in need of support.
- Suicide and self-harming rates amongst young people in Hillingdon, and across London generally, have risen.
- Children, young people, and their parents need the right support, at the right time, in the right place, and in the right way.
- We want to bring about positive change: identify solutions, break down barriers and galvanise services to work better together, with shared goals in supporting our children and young people to thrive, not just survive.

An urgent call to action



We need services to go 'ALL IN' and commit to making improvements



Aware of support across the community (recognise the voluntary sector as an equal partner in mental health provision).

Listen actively, and to act, and involve CYP in decisions about their treatment and the provision of services.

Language – non-clinical/formal to encourage CYP to engage.

Invest in relationship building to earn CYPs trust in services.

Neurodiversity aware – consider the needs of CYP who find it difficult to engage with traditional therapies and clinical settings.



A roadmap to improvement;

Our recommendations
for commissioners and
decision-makers

What CYP Want Schools to Do Differently; Inclusive, Effective Support

Better Support Systems:

- Consistent, discreet in-school mental health services
- Safe, inclusive spaces free from stigma or judgment
- Strong coordination with external mental health services
- Standardized, borough-wide support frameworks

Improved Staff Training:

- Spot early signs of distress
- Understand neurodiversity, LGBTQ+ identities, and cultural barriers
- Use relatable, non-clinical language to build trust

Curriculum & Environment:

- Embed emotional wellbeing education from primary level
- Run exam stress workshops and peer mentoring programs
- Ensure sensory-friendly, flexible spaces for neurodiverse CYP



Support schools to lead

By:

Improving consistency of mental health support in schools.

Investing in early intervention and prevention – introduce wellbeing classes as a standard across all schools.

Training teaching and support staff to recognise warning signs and understand the impact of mental health challenges.

Investing in peer support and mentoring initiatives to build trust and effective relationships with children and young people.

Providing clear pathways to services and support in and outside of school.

Ensuring a joined-up approach to support in and outside of school – often where communication issues occur.



- **Clear Pathways:** Develop a single point of access (app/website/phone) for CYP, families, schools & professionals
- **No Wrong Door:** Redirect, don't reject – ensure CYP always reach appropriate support
- **Early & Timely Help:** Invest in accessible, age-appropriate, needs-led support
- **Strong Partnerships:** Embed voluntary sector services alongside CAMHS – equal partners in the system
- **Support Schools Directly:** Better tools & referral routes for schools, GPs & A&E staff at the front line
- **Inclusive Support:** Tailor services for neurodiverse CYP, LGBTQ+ youth & ethnically diverse communities
- **Family & CYP Voice:** Actively involve CYP and families in shaping and reviewing support
- **Community-Driven:** Invest in local groups, youth services, faith organisations – mental health is everyone's business



Review the accessibility of services to improve access and outcomes for:

Children who are neurodiverse – review therapeutic practices, spaces, and language. Some therapies such as CBT are too abstract. Utilise expertise from HACS and CAAS.

Children who identify as LGBTQ+ - greater awareness of the specific challenges these young people face and how they impact their mental health – stigma, bullying and discrimination, fear of ridicule and social isolation.

Children from ethnic minority backgrounds – greater cultural awareness and understanding of cultural and religious beliefs.





Discussion

Let's discuss...

- What currently works well in your school?
- What could schools do differently, or start doing, to improve mental health and emotional wellbeing support for CYP?
- What barriers or challenges might there be to making changes/improvements?

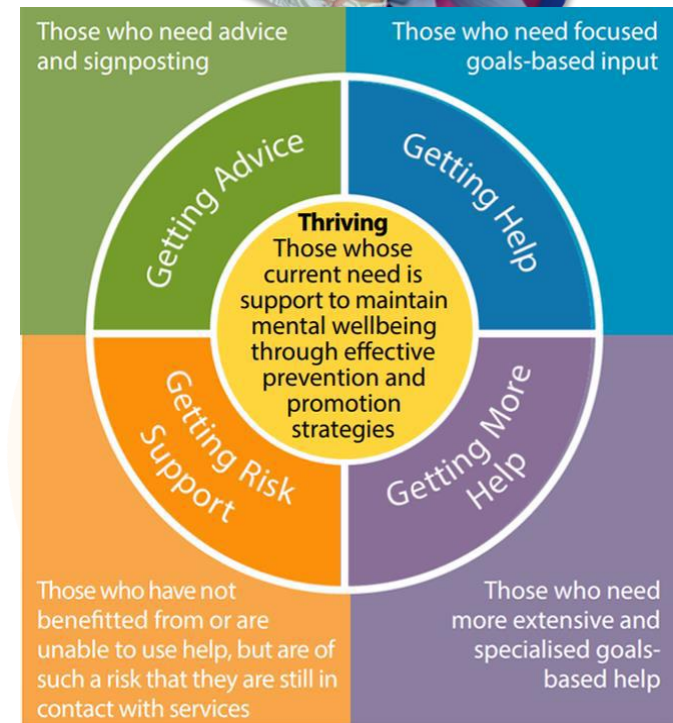


Current developments in Hillingdon

Current developments in Hillingdon

- The Thrive framework
- New CYP Champion role in primary care
- New online directory for CYP, families and professionals

[tps://careandsupport.hillingdon.gov.uk/](https://careandsupport.hillingdon.gov.uk/)



Thank you!

Our Young Healthwatch podcasts for further insight into children and young people's views on mental health:

- [Young Healthwatch Hillingdon Podcast – Exam and School Stress | Healthwatch Hillingdon](#)
- [Young Healthwatch Hillingdon Podcast – Mental Health Mythbusting | Healthwatch Hillingdon](#)
- [Young Healthwatch Unfiltered](#)

Any final questions or comments?



For more information

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