

'Don't presume we are fine just because we look OK':

The mental health needs and experiences of young people (aged 18-25) in Westminster, Kensington & Chelsea

Community engagement report
November 2023



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Introduction

Overview

Healthwatch RBKC and Healthwatch Westminster have developed this joint project to explore the mental health needs and experiences of young people who live or use services in the bi-borough. The project was created in response to a range of feedback and concerns about young people's mental health services, received through our targeted outreach and signposting services across Westminster, Kensington, and Chelsea.

The aim of this project is to understand young people's experiences of mental health, sources of mental health and wellbeing support, and experiences getting help for their mental health. We were interested in exploring the experiences of young people aged 18-25 because of evidence showing high susceptibility to poor mental health during the transition to adulthood.¹ Under the NHS Long Term Plan, there has additionally been an effort to expand young mental health services to target young adults up to the age of 25.²

We especially wanted to hear from young people from diverse backgrounds given the lack of data on certain sub-groups, such as young people who are not in education, employment or training (NEET), identify as LGBTQ+, or are from a range of socioeconomic backgrounds.

Overall, we found that there is a need for mental health services to be more accessible, and better integrated with community-based support systems and activities. Information about these services needs to be shared more widely, alongside information and resources to support young people's mental health. Finally, there is an opportunity for service providers to link up more effectively with schools, both in terms of tackling stigma around mental health, and offering early intervention and support. These themes are explored in more depth on page 11, where we set out our recommendations.

¹ [https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2022-follow-up-to-the-2017-survey#:~:text=Key%20findings,6%20\(16.7%25\)%20in%202020.https://www.mentalhealth.org.uk/explore-mental-health/statistics/children-young-people-statistics](https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2022-follow-up-to-the-2017-survey#:~:text=Key%20findings,6%20(16.7%25)%20in%202020.https://www.mentalhealth.org.uk/explore-mental-health/statistics/children-young-people-statistics)

² <https://www.longtermplan.nhs.uk/online-version/chapter-3-further-progress-on-care-quality-and-outcomes/a-strong-start-in-life-for-children-and-young-people/children-and-young-peoples-mental-health-services/>

Project implications

At Healthwatch, our mission is to embed resident voices and experiences at the centre of health and social care services. We focus particularly on addressing health inequities, eliminating barriers to care and developing recommendations to improve services for all.

The project's findings are crucial in understanding young people's mental health needs and identifying gaps in mental health and wellbeing support and services. This data is important in developing strategies to reach diverse young people, expand and tailor services for any vulnerable subgroups, and increase access to timely, effective and quality mental health care for all young people in the bi-borough.

We aim to continue our engagement with young people and relevant service providers through our Young Healthwatch, a network of young volunteers who are residents of the bi-borough. We will also be carrying out co-production and related engagement events for young people. The aim of these engagement events is to develop solutions to address key challenges to young people's mental health and monitor any changes to services.

Methodology

Healthwatch RBKC and Westminster developed the engagement plan with input from key stakeholders in mental health and young people's services, as well as the Healthwatch Advisory Boards. We developed a hybrid mixed-methods engagement strategy, involving online and in-person data collection, quantitative, and qualitative methods.

The first phase of the data collection involved a survey, which we drafted and reviewed with key partners and experts in young people's mental health. The survey included questions about young people's previous mental health experiences; sources of mental health and wellbeing support; experiences with mental health and wellbeing services; factors that positively and negatively impact their mental health; and demographic indicators such as age, gender, race/ethnicity, educational attainment, housing and financial situation, and other factors. All surveys were confidential and anonymised, but we gave respondents the option to share their email address to be entered into a prize raffle for a £50 Love2Shop voucher.

We published a digital version of our survey on the Healthwatch websites on 10 August 2023. We sent the survey link and flyers for the projects to our stakeholders and partners in mental health and young people's services,

including mental healthcare providers, employment and housing services, community organisations, youth clubs, community centres and schools. Our engagement staff additionally visited youth clubs, community centres and young people's employment forums across Westminster, Kensington and Chelsea to distribute surveys and flyers in-person. We heard from 65 people through our online survey and reached 13 people through handing out our surveys in person.

For the second phase of the data collection, we recruited 11 young people who are residents, or use services in the bi-borough to participate in focus group discussions. We conducted a preliminary analysis of the survey results, which we presented to and explored with the focus group participants. The purpose of the focus group discussions was to provide further context and qualitative data to our findings. For the focus group discussions, we asked participants whether the survey findings reflected their personal experiences or observations in the community, and explored explanations and contexts for some of our survey results. Participants were compensated with vouchers for attending the focus group discussions.

All participants received a debriefing, and a directory of local resources for mental health and wellbeing support. Residents may also contact us for mental health resources.

In total, this report summarises the input from 89 young people across our surveys and focus group discussions.

Findings

Overview

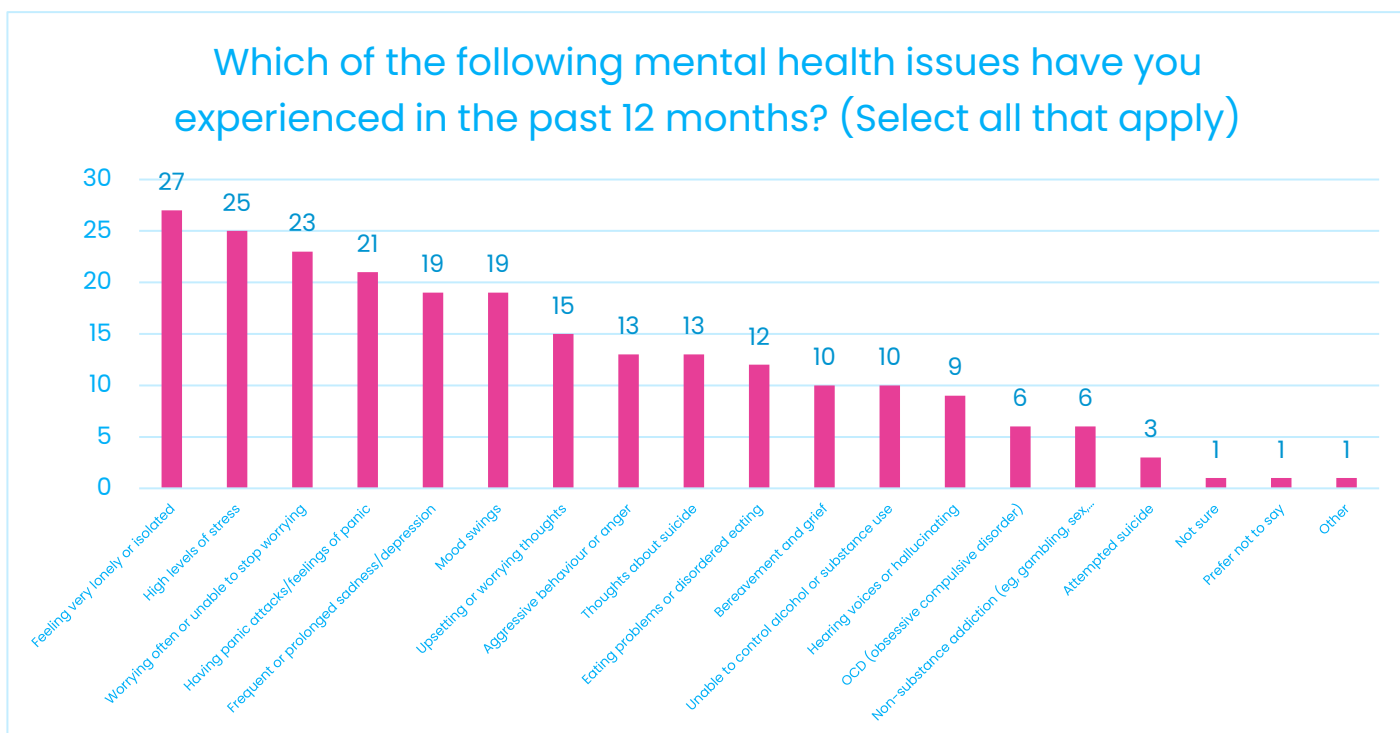
We heard from a total of 89 young people through the survey (n = 78) and two focus group discussions (n = 11). 65 people responded to the survey online, and 13 completed it in-person.

Among our survey respondents (we didn't collect demographic information from our 11 focus group participants), 25 were Westminster residents and 49 were from Kensington & Chelsea. The remainder (n = 4) either used services, went to school, or worked in the bi-borough. We heard from young people who were between the ages of 18 and 25, with the highest number of responses from 20-year-olds (n = 17) followed by 22-year-olds (n = 12).

The majority (n = 44) of our respondents identified as women and described their ethnic background as white (n = 41). In terms of social factors, most lived at home (n = 40) and described having more than enough money for basic necessities (n = 45). 26 people reported that they were currently working, while 30 were in further education or training.

Please see the Appendix (p14) for a more detailed breakdown of the demographic information.

What are the most common mental health experiences reported by young people?



We asked survey respondents which of the listed mental health events they had experienced in the last 12 months.

The most commonly reported mental health experiences among respondents were: feeling extremely alone or isolated (n = 27); experiencing high levels of stress (n = 25); and worrying constantly or being unable to stop worrying (n = 23).

Though fewer respondents reported more severe mental health experiences, the rates were still relatively high compared to rates among the general population. Among the 78 survey respondents, 13 people reported aggressive behaviour or anger; 13 reported having thoughts about suicide; 12 reported experiencing eating problems or disordered eating; 10 described being unable to control alcohol or substance use; 9 reported hearing voices or hallucinating; 6 reported non-substance addiction; and 3 people had attempted suicide in the past 12 months.

Comparisons by demographic indicators

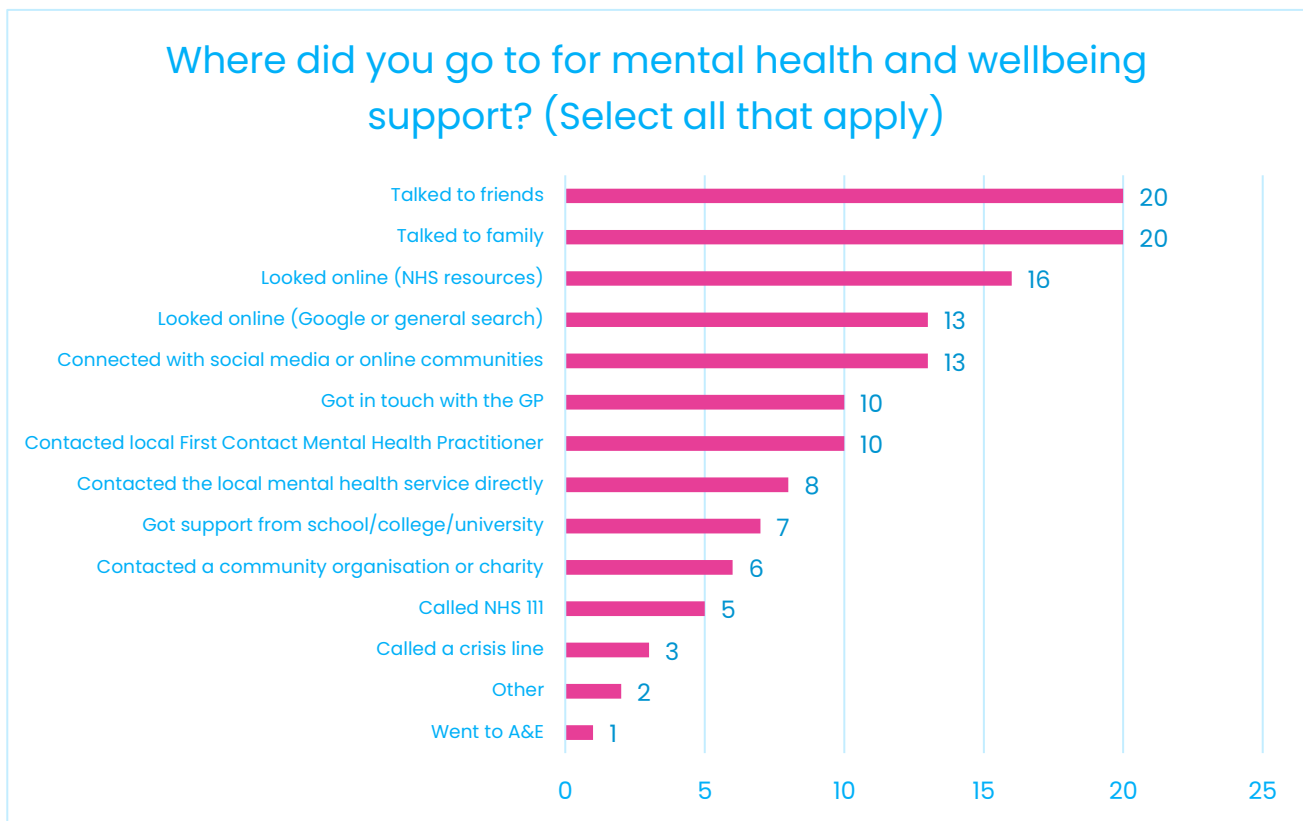
We compared the rates of mental health experiences between men and women. Men overall reported significantly higher rates of mental health experiences than women, especially in terms of addiction. 20% of men reported struggling with non-substance addiction compared to women at 2.3%.

Overall, we found that respondents who were aged 20 reported the highest rates of mental health events. Notably, those aged 18 reported higher levels of stress than any other age in our project, which may be linked with the high rates of school- or career-related pressures that we discuss in the next sections.

We also asked respondents a range of questions about their social factors and circumstances, such as level of educational attainment, employment, financial status, housing situation, and other key health determinants.

Given the small sample sizes, we are unable to generalise the findings to the wider populations. However, we did find that within our sample, those who identify as neurodiverse (n = 18) or NEET (n = 9) and report not having a strong support network (n = 9) had higher rates of mental health experiences in the past 12 months.

Where do young people go to for mental health and wellbeing support?



The majority of respondents reported relying on friends and family when experiencing mental health and wellbeing challenges. The next most common places where people went for support were online resources, with 16 people reporting looking at NHS resources online, 13 people reporting doing general Google searches, and 10 connecting with social media or online communities for support.

Interestingly, a smaller proportion of respondents sought support from medical professionals. 10 people said that they contacted their GPs, 10 contacted their local first contact mental health professional, and 8 contacted their local mental health service directly.

How helpful is the mental health and wellbeing support for young people?



Average: 3.15/5

We asked young people to rate how helpful they found the different sources of mental health and wellbeing support. Overall, they described this help as satisfactory, with an average of 3.15 out of 5 stars.

Respondents appeared to find the most commonly reported sources of support (talking to friends, talking to family and online searches) the most helpful, with an average rating of 3.61 out of 5 stars. Several young people expressed that seeking support from friends and family helped them to feel less alone and helped them gain perspective:

“It helped me look at my situation from a different point of view, and helped me realise I’m not alone and not the only one dealing with mental health challenges.”

“Talking to people helped me to reframe my thoughts.”

“It was helpful to have familiar people and friends comfort me.”

Those who had contacted their GP or the local first contact mental health provider found these to be less helpful, with average ratings of 2.2 and 3.2 stars out of 5 stars respectively. We heard mixed feedback about mental health services, though it seemed that those who were able to get connected with long-term mental health treatment through healthcare providers found the services helpful:

“CBT sessions were helpful in reducing my feelings of panic and anxiety.”

“Weekly counselling meetings helped improve my dealing with bullying and problems at school.”

“Dealing with mental health teams or doctors, they don’t try to help. They just push drugs.”

We also asked participants how mental health and wellbeing services can be improved. We heard a range of feedback relating to accessibility, awareness, service quality, continuity of care, and stigma. We have provided some quotes

shared by participants, but will be discussing this in further depth in our Recommendations (p10).

“Improve access, less waiting times and helping us to understand where to go in which situation.”

“Offer a more general counselling option for people, or longer-term therapies. Decrease waiting times and let us know where we are on waiting lists.”

“Medical insurance should comprehensively cover mental health and counselling services; we should also have specific agencies and mechanisms to supervise, evaluate and standardise the development and quality of mental health services, and increase training and supervision of mental health professionals.”

“More advertising and publicity of services offered and reduce stigma to show that mental health challenges are normal.”

“Improving mental health and wellbeing services and support requires collaboration and effort at all levels of society, including governments, healthcare providers, educational institutions, community organisations and individuals.”

“Promote collaboration and integration between different agencies and professions to provide more comprehensive, continuous and integrated mental health services. This can be achieved through mental health awareness campaigns and advocacy in schools, workplaces and communities.”

What are the key factors that affect young people’s mental health?

We heard from young people about the different factors that positively or negatively affect their mental health.

The primary negative factors that were raised in the survey responses and focus group discussions include academic and work pressures, financial stress, excessive worry about the future, social isolation, social media, and discrimination and social inequalities.

Several young people described worries about the cost of living and housing crises in London. The majority of the survey respondents reported that they currently lived with family members (n = 40), with multiple expressing fears about being unable to secure housing after moving out from their family’s homes. During the focus group discussions, participants additionally highlighted the ways in which the COVID-19 pandemic and shifts to remote learning and

work have worsened people's feelings of isolation and loneliness. One young person, who was in university during the pandemic, shared:

"I think lots of people dropped out or took time off due to COVID. Many of them decided they didn't want to do online study at all, and they decided to do something else. I also took a year off and I decided to go work instead. Because I was just like, all this online learning from home on your own, it's not something that's sustainable."

In terms of factors that support young people's mental health, respondents emphasised the importance of having strong support systems with friends and family; healthy habits such as exercise, nutrition and sleep; feeling productive or having direction with school or work; and socioeconomic stability.

Limitations of findings

Accuracy of survey findings

We decided to incentivise participation in the project and offered survey respondents an opportunity to enter a raffle for a voucher. However, we found that this resulted in several repeated entries from individual participants, which we were able to identify through the email addresses that people shared when they completed the survey. Though we removed duplicate entries from our analysis, having an incentive may have meant that some participants provided inaccurate details in order to be eligible for the project and be included in the raffle.

While we were able to reach diverse young people across different age groups and from a variety of social backgrounds, we didn't hear as much from certain subgroups in terms of ethnicity, religion, gender identity and sexual orientation, and migration status.

Representativeness of participants

We aimed to hear from young people who had limited support or were at higher risk of poor mental health outcomes, such as young people who are NEET. However, as we carried out our in-person data collection and engagement through community organisations, youth clubs and existing services, we weren't reaching as many people who lacked support or didn't use services.

All of our communications materials, surveys and outreach were in English language. During the in-person engagement and outreach visits, Healthwatch staff weren't accompanied by any interpreters. This may have resulted in the exclusion of non-English speakers from our project.

Self-selection bias

Research has shown that, in voluntary studies, people who already have existing health conditions or experiences are more likely to look for and participate in research that pertains to their conditions or experiences.³ Though we tried to combat this by conducting in-person outreach and engagement, a larger proportion of our survey respondents were people who voluntarily filled it in online. Therefore, there is a possibility that there is a bias in our findings due to participant self-selection, which may explain why the rates of poor mental health outcomes found in this study are higher than those of the general UK population.

³

<https://www.sciencedirect.com/science/article/abs/pii/S0306453021003887#:~:text=Self%2Dselection%20bias%20refers%20to,its%20presence%20in%20stress%20studies>

Recommendations

We asked young people about how mental health and wellbeing services and support could be improved to better meet their mental health and wellbeing needs. The following recommendations were developed based on the feedback that was shared by 89 young people across the survey responses and focus group discussions.

1. Expand and integrate wrap-around wellbeing supports and social prescribing into mental health services for young people

Young people shared that, when contacting mental health services for support, they were rarely connected with wider community-based supports and activities.

Given that the most prevalent mental health challenge reported among our participants was feelings of loneliness and isolation, and that the most common sources of support for participants were their friends and family, there is a need for mental health services to better connect young people with community-based supports and ways to expand their social networks. Leveraging resources at the community and grassroots level can also be a way for services to address long waiting times and high demand of mental healthcare.

2. Increase access to mental healthcare services, especially long-term counselling and talking therapies

Long waiting times and lack of medical insurance coverage for counselling and other mental health services were found to be a significant barrier to getting formal mental health support.

Participants discussed how expanding mental health services and offering more diversity in forms of mental health support would help to reduce waiting times. One participant suggested that services inform young people of their position on the waiting lists as well. Several people also expressed frustration with their experiences seeking help from GPs, who tended to prescribe medication rather than linking patients to longer-term mental health treatment like talking therapies.

Some people also discussed how they had to seek private counselling and therapy because of long waiting times getting help through the NHS, and were frustrated with the high costs of private care and lack of insurance

coverage. One participant highlighted how the long waiting lists for services through the NHS, compounded by the disparate access to private mental health care, has increased inequalities in young people's mental health. Therefore, expanding health insurance coverage to counselling and other mental health treatment can help promote equity in mental healthcare access.

3. Provide more online information and resources for young people's mental health

Another key barrier to getting mental health was lack of awareness of the services available and where to go. Given that one of the primary ways in which our participants sought help for their mental health needs was through online searches, it is important that services prioritise the quality and accessibility of their online resources.

Participants suggested that services provide more information and resources online about the services that are available, and having specific web pages or sections for young people. They also suggested having more guidance about where to go for different kinds of mental health needs and what to expect when they seek different forms of help.

In addition, some people discussed wanting more tools and resources for self-management and self-care, provided by both healthcare services and community organisations.

4. Address mental health stigma in schools, healthcare, and community settings

Participants in both the survey responses and focus group discussions shared their challenges speaking about mental health and seeking help because of mental health stigma in diverse settings, including within healthcare.

Several young people described a need for more public health programming to combat mental health stigma, normalise mental health challenges, and encourage dialogue around mental health issues. Young people shared that there is still widespread mental health stigma in schools, and several highlighted that mental health education should be built into schools' health and wellbeing curricula. Some suggested having youth representatives or spokespeople for young people based in the community to encourage dialogue and share mental health resources.

5. Increase offers of mental health and wellbeing support in schools, especially in handling academic stress and career pressures

School and work-related stress was one of the most prominent themes that young people highlighted as having a negative impact on their mental health and wellbeing.

Participants suggested offering more programming and support for young people in schools, healthcare and community settings to help with handling academic stress, career pressures, and excessive worry about their futures. Some examples include mentorship programs and career-specific counselling, offered by schools and community organisations. They also suggested providing more resources, information and guidance for alternative pathways in terms of education, training and careers.

Next steps

After publishing this report, Healthwatch RBKC and Healthwatch Westminster will be hosting a hybrid co-production event to share our findings on young people's mental health. The event is open to young people, mental health service providers and community organisations that work with young people in Kensington, Chelsea and Westminster. The aim of the event is to discuss key themes from the project and explore interventions and next steps, in alignment with our recommendations. Insights from our co-production event will be incorporated into our ongoing work on young people's health and wellbeing.

We are also recruiting young people through our project and community networks to join Young Healthwatch, a network of young volunteers to support our ongoing research projects, communication campaigns and signposting services. Young Healthwatch volunteers will provide valuable insight and perspective to our projects and priorities and can serve as community ambassadors championing key health issues and concerns for young people in the bi-borough.

If you are interested in supporting our work, being involved in Young Healthwatch, or remaining informed about our ongoing projects please email info@healthwatchrbkc.org.uk or info@healthwatchwestminster.org.uk.

Acknowledgements

We would like to thank all the team members and Advisory Board members of Healthwatch RBKC and Healthwatch Westminster for their contribution to this project. Thank you to local youth worker Abdurrahman Elguerbouzi for his support in the data collection.

This project wouldn't have been possible without the support of the partnered organisations and individuals in helping us to reach young people in the bi-borough, as well as the collaboration of young people in sharing their valuable experiences and perspectives with us through the survey and focus group discussions.

Chelsea Theatre

The [Chelsea Theatre](#) is a creative community hub, offering diverse programmes including dance, music, theatre performances and more. It offers a youth theatre for young people to express develop skills in acting, writing, directing, and set design. The youth theatre is open every Monday from 6-9pm for young people aged 13-25.

Earls Court Youth Club

The [Earls Court Youth Club](#) is a youth club that provides a range of activities, such as cooking, sports, homework club, art and many more for young people aged 9-25. Their senior club is available to young people aged 13-19, and up to 25 years for young people with special educational needs or disabilities (SEND).

St. Andrews Youth Club

The [St. Andrew's Youth Club](#) is a community-based youth club in Westminster which provides a sense of belonging, fun and informal education to over 500 members. Their cohorts range from aged 8-18 years old. The Club is open seven days a week, in which senior programmes for young people between 9-18 are from Monday-Thursday.

London Tigers Charity Youth Club

The [London Tigers Charity Youth Club](#) is a youth club in Westminster that empowers pathways to success, personal growth, volunteering, mentorship, leadership, and employment opportunities. The service offer a range of sports activities for young people of which include cricket and football, and mentorship programmes. The club is open between 9am – 10pm from Monday to Friday.

Marylebone Bangladeshi Society Youth Club

The [Marylebone Bangladeshi Society Youth Club](#) is a youth club based in the heart of the Bangladeshi community, located around the Church Street ward. The service offer a range of recreational and educational services to empower young people. The club is open between 10 am – 5pm from Monday to Friday.

Amberly Youth hub and Churchill Gardens Youth Club

The [Amberley and Churchill Gardens youth hub](#) is a project organised by Future Men, which offers service for young people in Westminster, Kensington, and Chelsea. The service offer a range of activities, such as music, careers advice, sports, cooking, training, workshops, trips and residential. This is aimed to engage young people in developing self-esteem, healthy eating and fitness, and employability.

Amberly youth hub runs 3:30–8pm on Tuesday and Wednesday. They also provide service from 4:00–8:30pm on Thursday and Friday.

Churchill Gardens youth club runs from Monday, Wednesday, and Friday from 6–9pm and Tuesday and Thursday from 4–7pm.

Westminster City Council Employment Service (HELP)

The [Homeless, Employment, learning, Prevention \(HELP\)](#) forms a part of the Westminster Employment service (WES), aimed to support young people who fall within vulnerable sub-groups facing barriers to employment, through a range of employability sessions and 1 to 1 coaching services.

The Rebel Business School

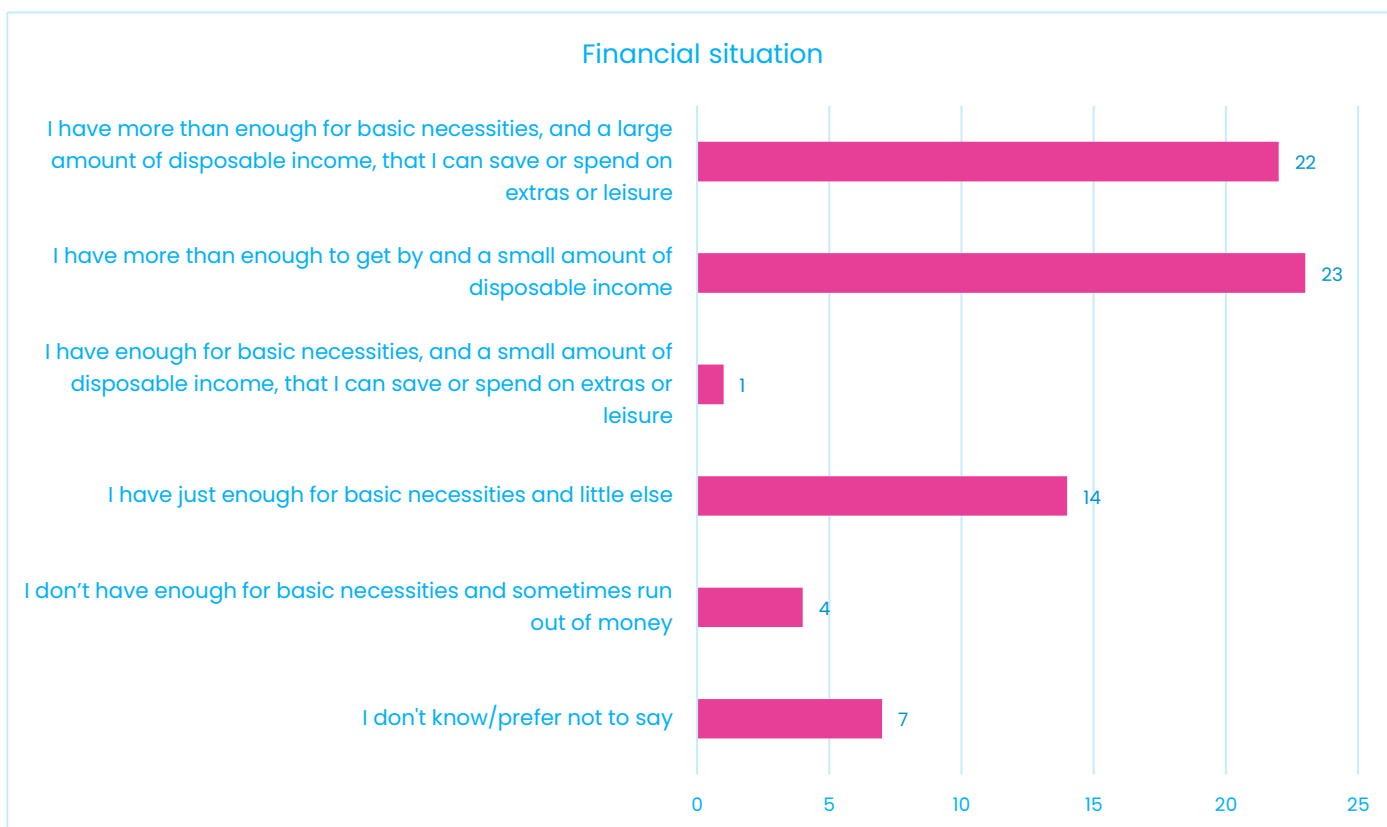
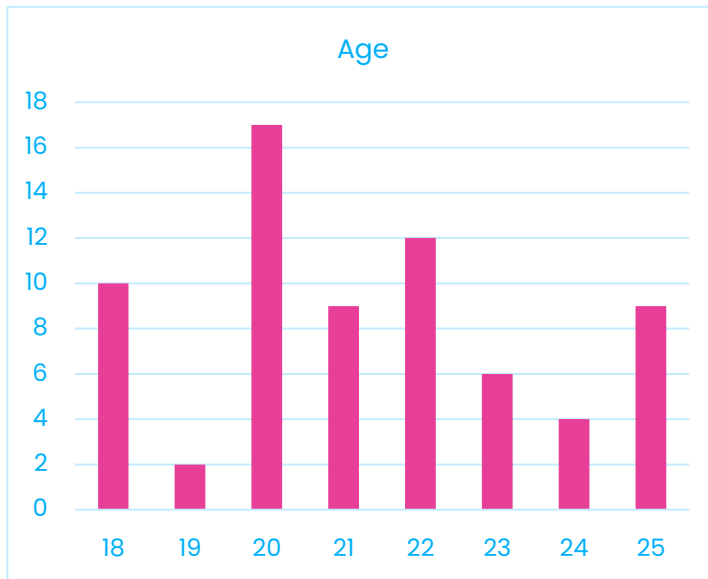
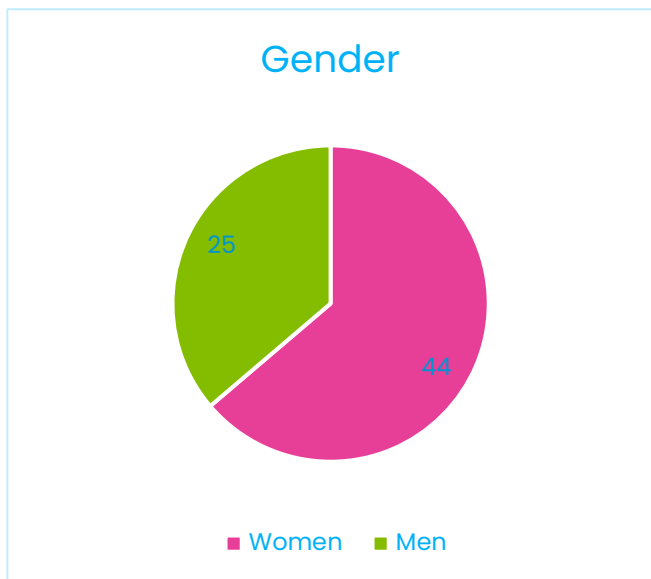
The [Rebel Business School](#) is located in Harrow Road, Westminster. The service includes free self-employment training, which consists of online and in-person classes to support individuals pursuing self-employment.

Appendix

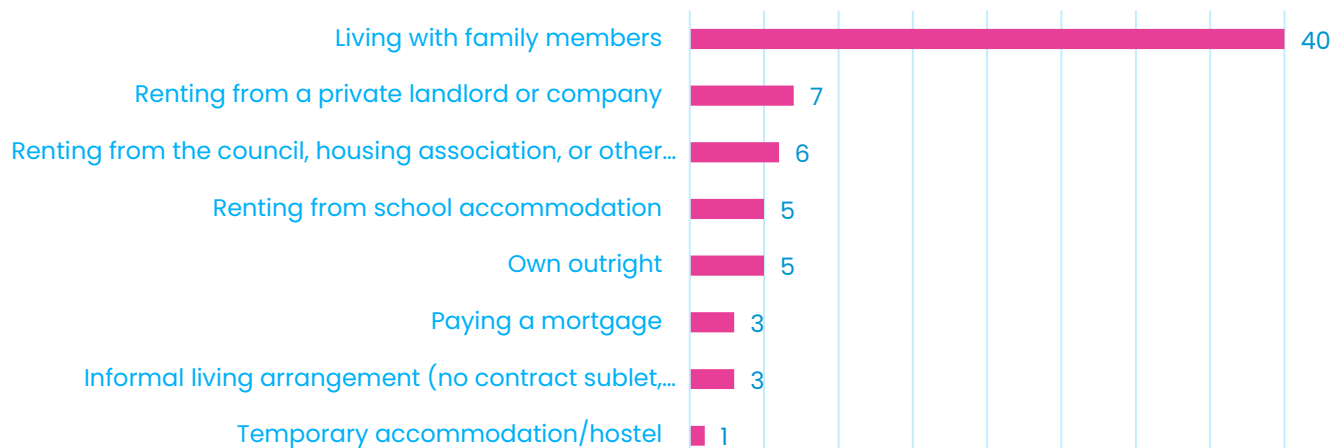
The following data includes only the participants who completed the survey (either online or in-person). It does not include demographic data from the 11 participants who participated in the focus group discussions, as we didn't ask participants for demographic information.

Note that this data includes all the residents we spoke with at our community forums and outreach events, across the two boroughs of Westminster and RBKC. We have not differentiated between residents from Westminster and RBKC. Where

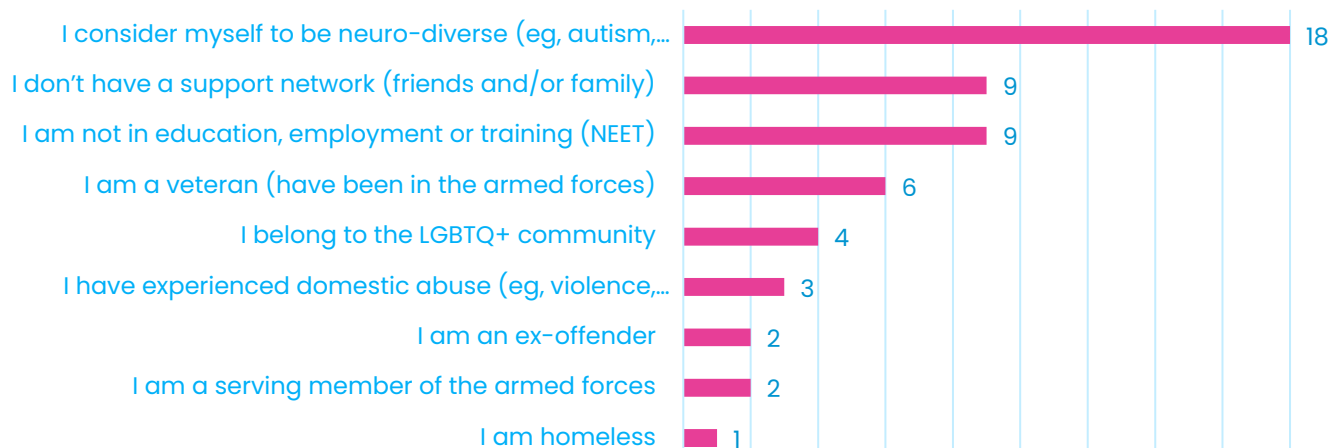
the data was not collected or participants preferred not to disclose their information, we have categorised these as “not known”.



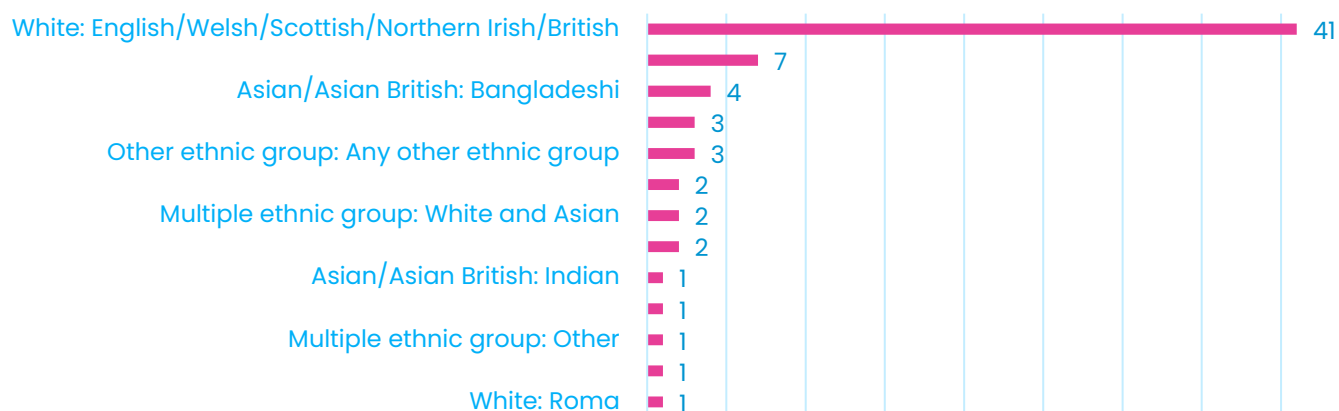
Current living situation



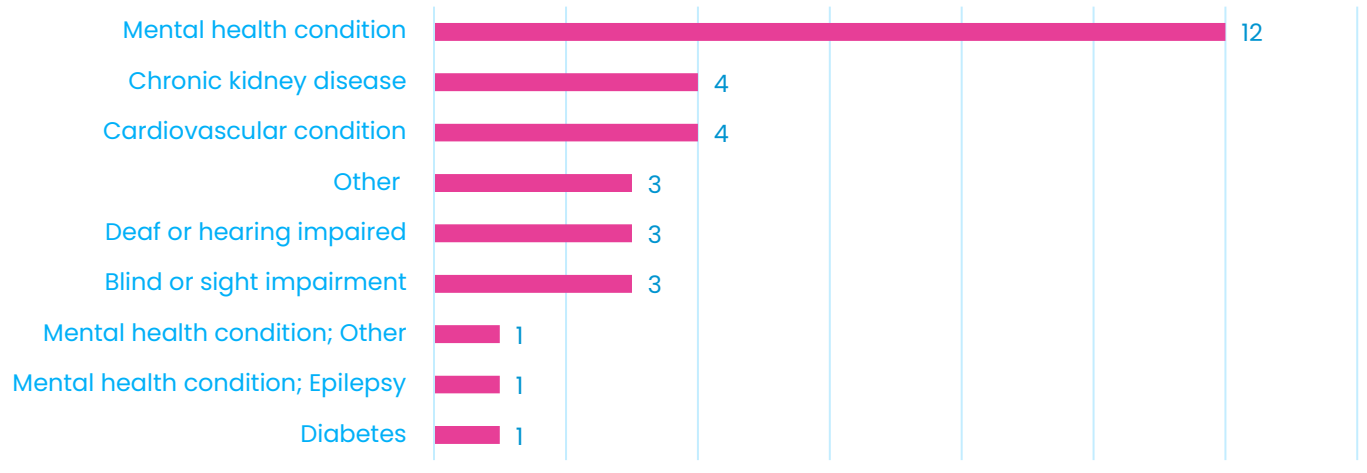
Identity statements



Ethnic group



Reported health conditions





healthwatch
Kensington and
Chelsea

healthwatch
Westminster

The Stowe Centre
258 Harrow Road
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