healthwatch
Portsmouth

Mental health experiences of children and young people in Portsmouth

Executive summary

Healthwatch Portsmouth (HWP) receives ad hoc feedback from members of the public sharing negative experiences when seeking information, diagnoses, or treatment for children with social, emotional, mental wellbeing, neuro-divergent and behavioural conditions.

Local feedback echoes national and local data confirming escalating levels of anxiety, depression and eating disorders in school aged children and young adults. Ad hoc experiential feedback provides indicators of individual experiences but carries risks of being unrepresentative. This study reviews a substantial selection of data in which we have asked three key questions:

1. What factors impact mental wellbeing in CYP in Portsmouth?

2. Where do CYP in Portsmouth prefer to seek support?

3. What indicators or factors would encourage or improve service take-up and engagement with services by CYP?

We have reviewed eight sources of pre-existing information that capture detailed feedback from 1,534 children and young people (CYP) and 125 parents and carers in Portsmouth. Our study highlights experiences, preferences, and insights into local service improvements.

Key findings include

➢ Many young people are unsure how to seek mental health support, and may be discouraged due to stigma, fear, anxiety and long waiting times

➢ 95% of Portsmouth parents and carers have encountered hurdles when attempting to get support for themselves and their children

➢ 90% of parents said their needs were not met due to poor or confusing signposting and often being passed from one service point to another

Our reporting summarizes data that aligns to our questions and shows consistencies between CYP and parent/carer feedback on some issues.

Finally, we refer to the Youthwatch Hampshire Project 'Friend in Need.

Our Ten 'calls to action' (Section **8**) include 12 recommendations which reflect improvements that CYP, parents and carers consider to be important.

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1 - National context

NHS Reporting

Nationally, the NHS reported (November 2023[1]) that one in five CYP in England aged eight to 25 had a probable mental disorder in 2023. Among 17 to 19-year-olds, the proportion was 23.3%, while in 20 to 25-year-olds it was 21.7%.

"The report shows the continued unprecedented pressures faced by young people and reflects the increased demand for NHS children's mental health services…. Although the NHS is providing support for more CYP than ever before… it is vital that any child or young person struggling, or their family, reaches out for help so they can get the care they need" [2].

Healthwatch England

Based on a report published by MIND, Healthwatch England reported (September 2024) that "75% of CYP who experience mental health problems aren't getting the help they need".

2 - Portsmouth's context

Portsmouth services for CYP experiencing mental health problems range from

- Community based wellbeing groups and activities
- Information and advice (e.g. GP services) – also known as Tier 1 services
- Targeted help and support (e.g. through schools, community mental health support teams, educational psychology) – also known as Tier 2 services
- Clinical assessment and therapeutic interventions for CYP with moderate to severe conditions (Children and Adolescent Mental Health Services – CAMHS) – also known as Tier 3 services.

Portsmouth Education Partnership

Portsmouth Education Partnership (PEP) leads and coordinates delivery of Portsmouth's schools and education service. This includes the Portsmouth **Social Emotional and Mental Health Partnership (SEMH)** spanning Tier 2 and Tier 3 services. The SEMH brings together expertise from **Hampshire & IoW Healthcare NHS Foundation Trust (The Trust)**; Portsmouth City Council, schools and VCSE partners.

Services supporting the SEMH partnership include CAMHS, School Nursing, Educational Psychology, Multi-Agency Behaviour Support Service, Mental Health Support Teams, Inclusion Outreach Service and Early Help and Prevention Service".

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[1] NHS England » One in five CYP had a probable mental disorder in 2023
[2] Claire Murdoch, NHS Mental Health Director

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Through collaborative working, the PEP aims to meet the needs of:

- pupils at risk of, or already being excluded
- pupils on reduced timetables
- severely and persistently absent pupils
- pupils at risk of, or already experiencing a range of concerning emotional welfare issues and behaviours e.g. anxiety, self-harm
- pupils at risk of harm.

PEP provides support and guidance for children and young people's social, emotional and mental health (SEMH) through the Portsmouth Mental Health Hub aimed at "helping professionals and families to identify children's SEMH needs at the earliest opportunity and enable them to access the most appropriate support as soon as possible".

The PEP provides information on help and resources on its website on the following:

- Supporting children and young people who have been bereaved by suicide
- Portsmouth SEND Local Offer
- Back to Basics
- Simon Says
- Portsmouth Young Carers Service
- Family Hubs
- Early Help and Prevention Service
- Little Blue Book of Sunshine Portsmouth edition e-book
- Supporting service children and families in Portsmouth

3 - Office for Health Improvement and Disparities Data (OHID)

Data provided by OHID (March 2023)[3] in many respects shows a more challenging environment in Portsmouth for CYP than elsewhere both regionally and nationally, thereby exacerbating poorer mental wellbeing.

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[3] Child Health Profiles

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Child Population	Portsmouth	Regional	National
Children aged 0 to 19 years (2021)	48,500 23.4%	2,140,800 23.0%	13,040,500 23.1%
Children aged 0 to 19 years in 2031 (projected from 2018)	51,500 23.1%	2,150,700 22.3%	13,357,000 22.5%
School children from minority ethnic groups (2022)	27.4%	28.7%	35.0%
School pupils with social, emotional and mental health needs (academic year ending 2022)	**4.3%**	**3.0%**	**3.0%**
Children living in poverty (financial year ending 2021)	21.4%	14.3%	18.5%

Although the rate of **child inpatient admissions** for mental health conditions in Portsmouth is 84.5 per 100,000 the trend is reducing to a level closer to that of England as a whole. (N.B. It is unclear if this is due to reduced levels of in-patient availability).

The rate of self-harm (10 to 24 years) at 494.5 per 100,000 is worse than that for England.

Out of 9 **wider determinants of health**, CYP in Portsmouth have poorer values than the national average in 6 categories including numbers of:

- First time entrants to the youth justice system
- Children in relative low-income families
- Households with children homeless or at risk of homelessness
- Children in care

4 - Healthwatch Portsmouth: The challenges Portsmouth residents are facing

Healthwatch Portsmouth commissioned a three-part community-based study[4], initially by the University of Portsmouth and secondarily by Portsmouth City Council to explore the experiences and unmet needs of individuals living in deprived areas of Portsmouth with regard to access to health services, education, housing, good quality employment, support networks and social arrangements.

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4 The challenges Portsmouth residents are facing Parts 1, 2 & 3.

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Findings – and solutions proposed – through these studies are supportive of detailed research into the challenges parents and young people face in relation to escalating levels of mental ill-health.

5 - Children and young people in Portsmouth experiencing challenges to their mental health and wellbeing

Healthwatch Portsmouth (HWP) is the independent patient voice for people who use – and rely on - NHS care; working collaboratively with system leaders; and applying our unique position to challenge and champion best practices on behalf of patients and users of care.

Previously, HWP's involvement in, and knowledge of, mental health and wellbeing support services for Children and Young People (CYP) in Portsmouth had been gained through individuals' feedback and experiences when seeking information and help. Typically, discovering 'what, where, and how' to find support is triggered at a point of crisis. But experiences of navigating those sources of help was sometimes likened to 'driving on unfamiliar roads without Sat-Nav'. An impressive list of help and resources on PEP's website sits incongruously against parental frustration and OHID statistics about the social, emotional and mental health needs of CYP in Portsmouth.

HWP's objectives

To identify (either by initiating a bespoke programme of community engagement with CYP, or from existing local data sources):

4. Those local factors which impact mental wellbeing in CYP
5. Where CYP in Portsmouth prefer to seek support
6. Indicators and factors that would encourage or improve service take-up/engagement with services when CYP need them
7. In order to reflect the needs of CYP and their families, apply findings from Objectives 1-3 to inform local system recommendations which could also support and improve planned changes by NHS Hampshire & IOW who are reviewing clinical pathway in community mental health services.

Methodology

Our initial starting point to gather information for this study assumed the need to design a bespoke online survey, aiming for a minimum cohort of 100 CYP within a core age group 11 to 21. Our survey is shown in **Appendix 1**. Our survey timeframe would be between July until late September 2025. This was drafted but not delivered.

To achieve our project timeframe and reach our target cohort (with a representative cross section of young people in Portsmouth) we contacted voluntary and social enterprise (VCSE) and statutory sector colleagues engaged in both mental health and working with CYP in the City.

While this could inform us about opportunities and locations to engage with CYP we hoped that collaborative approaches, working with stakeholders in the sector we could negotiate access to established meeting points, activity groups and services leading to either direct or indirect engagement with CYP in the presence of trusted adults who would help by promoting our online survey.

Through our contacts it became apparent that substantial and current sources of information have been gathered over the previous two years. Some is in the public domain (e.g. #BeeWell). Other, locally commissioned reports have been shared with HWP (The full range of sources is referenced in **Appendix 2**). Importantly, the information focuses on Portsmouth and comprises feedback from young people and parents, giving their experiences from seeking and accessing help (including information, support, and referrals for clinical treatment) as well as wide ranging suggestions about what would improve access to timely, holistic, information and support from CYP mental health services.

Based on the substantial availability of existing information, we decided to undertake an in-depth and document review of what it tells us before initiating further surveys.

Our aim was to extract and compare findings against our survey questions (Appendix 1 and expected this would highlight gaps and areas which had not been covered sufficiently to provide answers to our questions:

1. What local factors impact mental wellbeing in CYP?
2. Where would Portsmouth young people prefer to seek support?
3. What indicators or factors would encourage and improve service take-up and engagement by CYP when they need them?

A core purpose of Healthwatch involves gathering patient and service user lived experiences from accessing local health and care services. In the context of this study, support, treatment, and information services for CYP mental wellbeing are provided through Hampshire & IoW Healthcare NHS Foundation Trust (formerly Solent NHS Trust), Portsmouth City Council (Health & Care Portsmouth, Portsmouth Education Partnership), schools, and voluntary and community sector organisations.

Data sampling populations

Information and data extraction sources that we have used are cited in **Appendix 2** of which #BeeWell has the greatest number of respondents.

We found variations in data across CYP aged 12 - 25. We found the most comprehensive data sets about health and wellbeing relate to CYP of school age (mainly year 9 and year 10). Data covering young adults up to the age of 25 is

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comparatively sparse. Our findings are therefore based on information and feedback from CYP of school age plus that of parents and carers. The tables below provide further details.

#BeeWell Portsmouth Particpants - 2024			
Source:	#BeeWell Neighbourhood Data Hive		
	Portsmouth North n = 475	**Portsmouth Central** n = 334	**Portsmouth South** n = 89	**Total** 0
Female	210	134	28	372
Male	195	150	48	393
Other	28	25	0	53
Y8	0	0	0	0
Y9	258	198	42	498
Y10	216	136	47	399
Non-FSM	362	240	0	602
FSM	95	83	0	178
non-SEN	385	265	32	682
SEN	74	61	12	147

In addition

Number of young people, parents and carers in Portsmouth taking part	
1316	completed the 2023 BeeWell survey of young peoples' wellbeing and experiences.
105	completed a survey led by Health & care Portsmouth and Solent NHS Trust
113	young people from five youth groups took part in focus groups coordinated by Motiv8 and Barnardo's
125	Parents and carers of CYP

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6 - Themed findings

Appendix 3 sets out full details from our desk-top study. Our findings summarize key messages and themes that we have identified in our desk-top review (**Appendix 3**). We found close consistency between the eight information sources (listed in **Appendix 2**) plus themes which are expressed by both CYP and Parents. We have structured our findings within the framework of our three questions.

Originally, we had hoped to access information covering a wider age range (12 – 25). Nonetheless, we believe that the available sources of information used in this study (provided by CYP of secondary school age) provides rich and valid intelligence about the needs, issues, experiences and preferences of CYP as well as parents and carers.

Question 1: Local factors impacting the mental wellbeing of CYP

1a. Children and Young People say factors which have negative impacts for them, include:

1 Finding Information	2 Loneliness	3 Discrimination
4 Inequalities	5 Sleep	6 Physical Activity
7 Substance Uses	8 Stigma	9 Information overload

1 – Finding information – CYP are generally unsure **how or where to access information** to get support when they need it.

2 - Loneliness - affects a higher proportion of SEND children than those who are non-SEND. However, 10% of all children report 'often' or 'always' feeling lonely.

3 - Experiences of discrimination - affecting CYP includes discrimination against people on a range of protected characteristics (Disability (SEND); Race; Gender; Sexuality).

4 - Wellbeing inequalities - Transgender and Gender-Diverse young people score lowest on both 'Wellbeing' and 'Life Satisfaction' compared to other groups.

5 - Sleep - Almost half (45%) CYP report NOT getting enough sleep to be able to concentrate.

6 - Physical activity - On average, 39% of CYP meet daily recommended levels for physical activity with boys scoring 47%, girls 30%, and SEND 35%.

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7 - Substance use - Self-reported, recent uses of substances include vaping among year 9 and year 10 students ((Vaping 4% and 7% respectively); Alcohol (12% and 22% respectively); Tobacco - 97% have 'never tried'.

8 – Stigma – increases anxiety and can be reinforced through labelling and bullying

9 – Printed Information on paper formats can lead to 'information overload'. If it's excessive it can discourage engagement and prevent a young person from taking their need for help any further.

1b. Parent say factors which have negative impacts are:

- **95% of parents and carers report difficulties they have encountered** when accessing support. **90% of parents and carers[5] said their needs were not met** when initially seeking support with children experiencing long wait times, unclear signposting and being passed from one person to another without getting help.
- **92% of parents and carers rated their overall experience from contacting services 'unsatisfactory'**
- frequent **rejections of help due to eligibility criteria not being met** and often, **no alternatives were offered**
- **Communication**s – a lack of effective, regular comms to support better access
- Parents and carers experienced barriers in accessing and using services with **long waiting times; a lack of understanding and difficulties with the referral process;** little or no interim support during waiting periods discourages families from continuing their engagement.
- **Socio-Economic Pressures** Parents link wider socio-economic pressures to worsening mental health in children[6].
- Parents are frustrated by **CAMHS eligibility thresholds** for help being too high, feeling their child is rejected without an alternative offer of help. This is **particularly strongly experienced by parents of ND children** with mental health needs who are excluded from CAMHS support.
- **ND-specific pathways** - Lack of neurodiversity-specific support pathways has led some families to disengage from services.
- **Neuro Divergent children** School exclusions due to behavioural factors among neuro-divergent children link closely to their mental health and wellbeing.
- **Inequities** - Inconsistent access across education settings (mainstream vs. ND vs. private/home-educated); ND children often excluded from MH services despite comorbid needs; Access to support from marginalised groups; Understanding religious / cultural context

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[5] Health & Care Portsmouth: Parent/ Carer views on mental health and wellbeing support and services for children, young people and families in Portsmouth

[6] On average, 24% of children in Portsmouth live in poverty with levels rising to 46% in some wards; higher-than-national average hospital admissions for self-harm among young people.

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1c. Factors which parents feel would be 'helpful' for improving CYP mental health and wellbeing
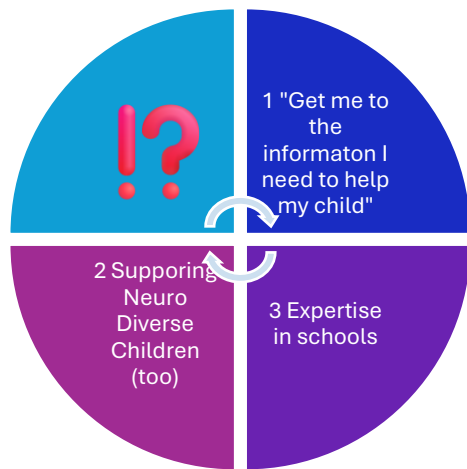
1 - Navigating to my help

Parents who are unfamiliar with what is available and where to find concise and simple information need help to get help.

Parents say that getting help would be improved through

efforts to reduce waiting times for help or treatment/s

- **Interim support**
- **simpler access** to advice and information
- helping **improve awareness** of signposting pathway options for CYP, parents and carers
- a **comprehensive mental health support hub – single point of access**
- improving the **understanding of the needs and concerns of young people**
- **flexibility on timings and locations** of appointments
- the **ability to self-refer** with **simpler referral systems**
- service **pathways that join up**
- access to **earlier** intervention and diagnosis

2 - Expertise: School workforce training and support:

- Improved (content and spread) of training for professionals in education settings
- Equitable and accessible points of mental health expertise in all education settings for both CYP and parents/carers) including:
- specific support for neuro-diverse (ND) children
- early opportunities to discuss concerns in education settings with parents evening meetings which can address children's emotional wellbeing
- school curriculum learning could include 'understanding and taking care of my emotions and mental wellbeing'

3 - Access to support for Neuro Diverse children:

- Early intervention with shorter waiting times
- Awareness and understanding to support ND children with comorbid mental health problems
- Improved access to mental health service for ND children

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Question 2: Preferences when looking for support

2a. Children and young people say

When considering their preferences, CYP prioritise these factors as important for supporting mental health and wellbeing:

1 Prefered sources	2 Safety & Belonging
3 Engagement	4 Trust
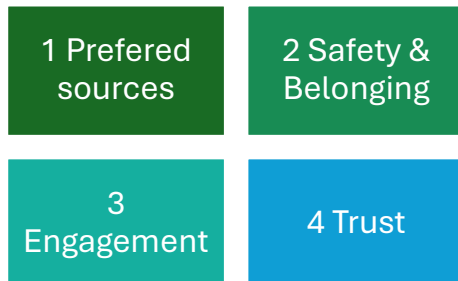
1 – First points of support when initially choose to seek help with personal struggles include: social media, searching websites, chatting with peers or trusted adults (in preference to approaching formal services).

2 - A sense of safety and belonging: Over 80% children report feeling 'fairly safe' or 'very safe' in their local area while some 52% 'feel they belong' in their school.

3 -Engaging in activities: including arts, sport, exercise and gaming (with greater levels of engagement among Year 9 pupils than Year 10s).

4 - Trusted school adults are a source of help, with English teachers tending to be seen as particularly approachable when it comes to having mental health conversations

Under their preferences, we identify
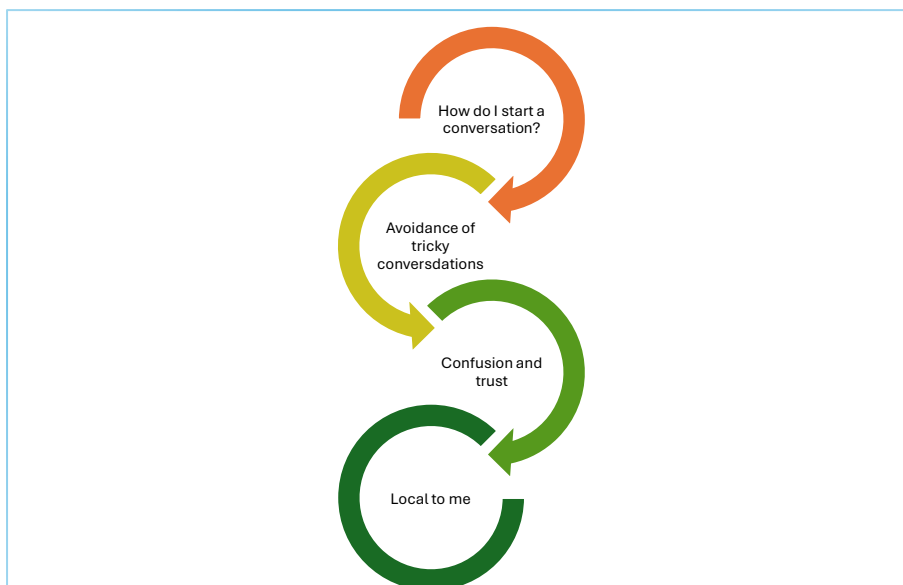
1. Being confident in **knowing how to start conversations** which involve mental health disclosures is difficult, made worse by not knowing how to access support. Speaking to parents may not be easy due to fears of negative reactions and misunderstandings.

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2. **Informal routes** initially when looking for support. These include talking to friends, peers or trusted adults (in school). Online (social media) sources are preferred as these don't require 'tricky' conversations when accessing information and advice. Preferred social media platforms include TikTok, and Instagram as well as visiting different websites.

3. **Caveat:** Social Media sources are very unlikely to provide localised information or specific sources of help and when it comes to developing local information, KEEP IT SIMPLE!

4. **Referral pathways** are confusing.

5. **Important qualities in professionals** when looking for help include skills in engaging 'easily' with young people as well as 'approachability', 'friendliness', 'relatability' sensitivity and discretion – a major barrier to support is stigma through labelling and bullying.

6. **Local access to support** where possible, to avoid travel costs.

2b. Parents and carers say

When approaching others for help, parents show a patterned order of preference about who they talk to:

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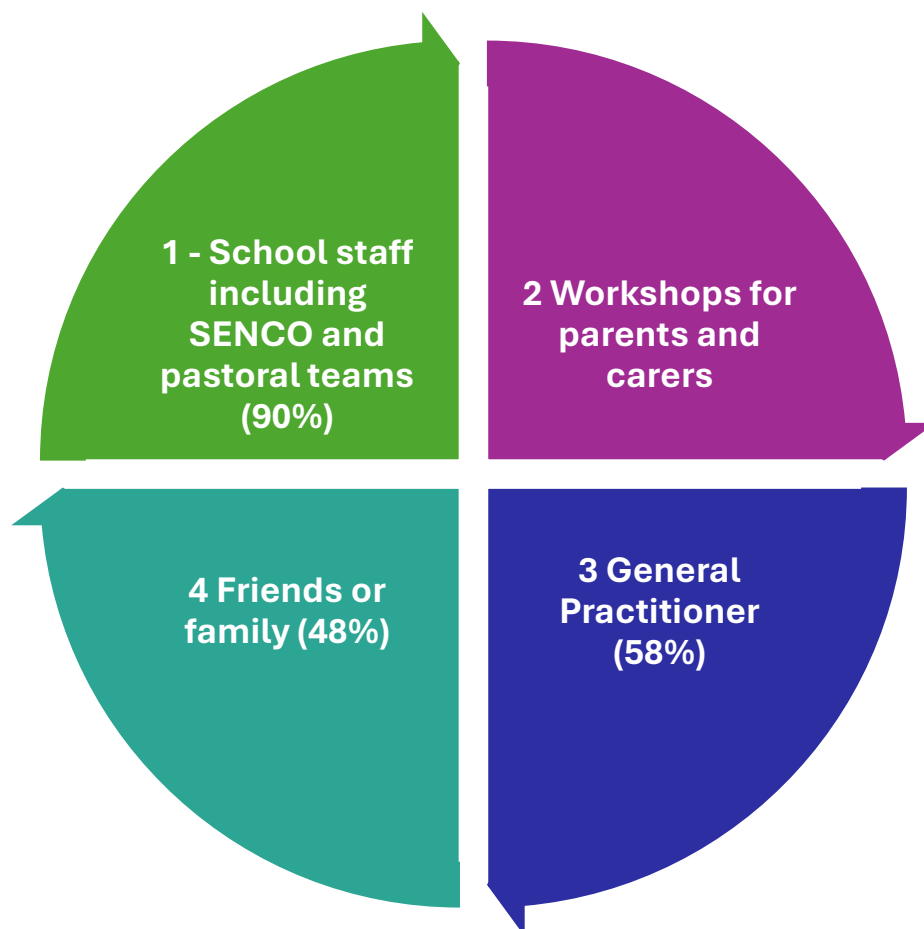
Question 3: Encouraging and improving service take-up and engagement by CYP

3a. Children & young people say

To enable better take up of services, CYP suggest:

Early access to support with shorter waiting times - crucial for in increasing take-up and engagement.

'My life should not be a crisis'.

Promotion methods: Social media platforms (TikTok and Instagram) with 'CYP-co-designed' content

- **Information signs** that tell young people where they can get help. Let us co-produce clearer, simpler, concise information**.**
- **Digital tools** are more useful and effective than traditional paper leaflets.

'Give me clear information with links to help me meet my personalized needs'.

- **Increase community-based activities** that align with young people's interests.

3b. Parents and carers say

1. Early **Access routes** including the ability to **self-refer** directly to services.
2. **Early intervention**, timely help without waiting until crisis point.
3. **Joined-up working –** Collaborated service models between provider organisations would encourage confidence about local services PLUS consistent MH provision across all education settings
4. Improving responsiveness through a centralised 'no wrong door' Mental Health hub. **Advice hubs / early intervention** and support while waiting for specialist input (this supports and encourages engagement).
5. **Activities** for CYP
6. **Person centred planning –** Remove rigid pathways that prevent tailored support and treatment based on person-centred care planning
7. **Increasing the number of youth centres** with MH-trained staff and free or low-cost, supportive community activities outside home/school
8. **Parent support groups** running alongside CYP interventions
9. **Better promotion of the MHST offer**
10. **Focus on wellbeing when addressing poor attendance**

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7 – 'Friend in Need' Project

In addition to feedback from Portsmouth CYP and parents, it is relevant at this stage to reference 'Friend in Need', a project developed and co-produced by young people through 'Youthwatch Hampshire' (a part of Healthwatch Hampshire).

The Friend in Need project was initiated through a group of proactive volunteer students who had noticed a decline in their peers' mental health. Following a survey (2024) they found that most respondents did not know what to say or do to help when a friend was experiencing poor mental health.

Frine in Need is a toolkit and resource aimed at tackling some of the common forms of anxiety and depression that affect so many young people. Friend in Need project published[7]. It can be used in multiple ways across several platforms and help to start conversations with those who might be struggling and point them towards organisations who can help.

Although the Hampshire toolkit includes local resources available to young people in the County, it could be adapted for CYP in Portsmouth.

8 – Recommendations

A: Recommendations: What we've learned from CYP

1 - Inequalities – The data from CYP highlights gender, sexuality, SEN and TGD inequalities in wellbeing, and the importance of recognising religion to families.

- **Recommendation: Services across the local system continually review how their actions can contribute to tackling inequalities experienced by people with protected characteristics.**

2 - Capacity, access and communication – Long-waits and confusing entry routes demonstrate the importance of clearer, simpler, more accessible entry points into services for CYP experiencing mental health problems. Families have told us that communications by service providers are inadequate in keeping them informed and providing encouragement to families (with interim supports) during painfully long waits.

- **Recommendation: that system leaders prioritise the need for proactive measures to prevent or minimise situations deteriorating, leading to avoidable impacts and escalated demand on stretched resources**

3 - Peer and trusted adult support – CYP clearly articulate the importance they attach to (1) informal peer support and (2) adults with whom they feel able to trust as 'early points of support' when seeking information, help and support. And yet,

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[7] www.healthwatchhampshire.co.uk/post/friend-in-need-project-published

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these 'points of support' do not receive formal recognition (and investment) as having value within a proactive, asset-based approach to Tier 1 models of early intervention.

- **Recommendation: The Portsmouth Education Partnership considers how it could co-produce (1) ways to increase awareness of, and support, informal peer support and (2) training to support 'trusted adults' within education settings.**

4 - Online access and digital tools - CYP use online and social media-based information.

- **Recommendation: It is important that online and digital tools are reviewed through local advice on safe (and unsafe) platforms, as well as information about the limitations of generic online information with local signposting information about services that CYP in Portsmouth can access.**

5 - Co-production – opportunities are identified by CYP to co-produce information about resources, and in ways that that are useful and helpful to CYP. Resources could include the 'Back to Basics' programme and social media campaigns.

- **Recommendation: Co-produced resources are developed which tailor pathways that encourage take up and engagement by CYP.**

6 - Peer group activities - safe peer groups play an important role in reducing isolation where they align to young people's interests. Groups and activities for CYP span VCSE, Education, Housing and other community sectors in the City. CYP have said that public transport costs can dissuade engagement in activities, even if these are things that a young person would ideally wish to join. It is important that information sources are maintained through online/social media platforms as well as in physical locations.

- **Recommendation: Peer group activities which support and enhance mental wellbeing are supported through integrated information and communication.**

B: Recommendations: What we've learned from parents and carers

7 – Joined up and accessible services: Extreme levels of dissatisfaction (90% of parents/carers had unmet needs and 92% rate their experiences from seeking support as 'unsatisfactory'. These statistics demonstrate that services designed to help and support the needs of those who depend on services are falling short. Overhauling failing systems involves removing 'demand led waste' as well as minimising system generated distress for the customer.

- **Recommendation: Joined up, and improvements based on co-production models between services have become an important priority if CYP and Parents (customers) are to be provided with the tools to navigate unfamiliar services and access pathways.**

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- **Recommendation: A Systems Thinking Check and Intervention approach (already extensively developed within Portsmouth City Council) is considered to ensure service pathways focus on 'What matters most' to the customer.**
- **Recommendation: Consideration is given to self-referral routes to services; 'early intervention' pathways; school-based wellbeing hubs.**

8 - Exclusion of ND children: Experiences (repeated) where neurodivergent CYP with comorbid mental health needs are excluded from Tier 3 services suggests the need

- for inclusive, flexible criteria to allow access to help and support
- to redress variances in reported support from GPs suggesting gaps in knowledge, understanding and expertise in neuro-diverse conditions
- to provide solutions which can address the needs of CYP who do not meet CAMHS eligibility criteria
- **Recommendation: access pathways for neuro-diverse CYP are reviewed to improve levels of inclusiveness in line with concerns expressed by CYP, parents and carers.**

9 - Workforce development:

- **Recommendation: Feedback highlights the importance of wider workforce training on engaging with confidence and skill with young people concerned about their mental wellbeing or who have complex needs. Upskilling local workforce would help reduce instances where parents feel they are being passed from 'pillar to post' when seeking help.**

C: Plus

10 – 'Friend in Need' Project: In Section 7 we have cited the Friend in Need project because it has been developed with, and by young people in the County and has been shared across all 11 Hampshire Local Children's Partnerships which connect with each school in the local area.

- **Recommendation: That the Portsmouth Education Partnership supports development of local resource information for children and young people and promotes rollout of the toolkit in Portsmouth schools and colleges.**

9 - Appendices

Appendix 1

HWP Survey (final version)

Young People's Accessibility to Mental Health Support Services

Section 1: Seeking Mental Health Support

1. Have you ever looked for mental health support for yourself?

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2. What made you decide to seek support? (Select all that apply)

- o I was struggling with my mental health and needed help
- o Someone else (family, teacher, friend) suggested I seek help
- o I felt desperate
- o I learned about a service and felt it could help
- o An online situation
- o Other (please specify):

3. Did you find a mental health service when you looked for one?

Section 2: Experience with Mental Health Services

4. Which service supported you? Select all that apply.

- o GP (General Practitioner
- o CAMHS (Child and Mental Health Services)
- o Scholl College Therapist
- o NHS talking therapies (IAPT)
- o Private therapist
- o Online mental health support (apps, helplines, forums)
- o A local service (e.g. Portsmouth Mental Health Hub
- o Other (Please specify)

5. Can you tell us what was the main issue you were seeking support with? (Optional)

6. How would you rate your experience with this service?

	Agree	Disagree
It was safe and easy		
It was helpful		
I felt heard and understood		

7. Would you use this service again? Yes / No

(Rate on a scale of 1-5, where 1 = Very Poor and 5 = Excellent)

Section 3: Barriers in Accessing Support (For those who could not find or use a service - If you answered "No" to Q3)

8. If you found a service but could not use it, what were the reasons? (Select all that apply)

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- o Long wait times
- o Time of appointment
- o Did not meet the criteria
- o Service cost money
- o Service was too far away
- o Could not get to service
- o Lack of availability (no appointments, service not accepting new patients)
- o Was not appropriate for me due to my disability
- o Other (please specify)

9. Have you ever been denied access to a mental health service after seeking help? Yes/ No

10. If you were denied access, which service denied you?

11. What reason was given for denying you access?

- o I did not met the eligibility criteria
- o I was put on a waiting list and never received support
- o The service was not available in my area
- o The service could not support my specific mental health needs
- o Don't know
- o Other (please specify)

12. If you were denied access, did the service offer you any alternative support?

- o Yes, they referred me to another service
- o Yes, they provided self-help resources or advice
- o No, they did not provide any support
- o Other (please specify)

Section 4: Preferences for Mental Health Support (For all participants - If you answered "No" to Q1, Q3, or Q9, you will be directed here)

13. Where would you prefer to seek mental health support? (Select all that apply)

- o Family
- o Friends
- o School/college Therapist
- o GP (General Practitioner)
- o NHS mental health services (e.g., CAMHS, IAPT)
- o Online resources (e.g., mental health apps, forums)
- o Local mental Health support (e.g. Portsmouth Mental Health Hub)
- o Youth clubs/community organisations

- o Social media or online peer support
- o Other (please specify)

14. **How would you prefer to engage with the services? (Select all that apply)**

- o Face-to-face sessions
- o Online support
- o Phone or video call sessions
- o Text-based support (e.g., chat services)
- o Peer support groups
- o Group therapy or peer support groups
- o Club or project
- o Other (please specify)

Section 5: Satisfaction and Recommendations for Improvement (For all participants)

11. What would help your mental wellbeing?

Section 6: Demographics

12. How old are you?

13. Do you have a disability (yes / No)

14. What area do you live in (postcode)

15. What is your ethnicity

- o Any other ethnic group
- o Arab
- o Asian / Asian British: Bangladeshi
- o Asian / Asian British: Chinese
- o Asian / Asian British: Indian
- o Asian / Asian British: Pakistani
- o Asian / Asian British: Any other Asian / Asian British background
- o Black / Black British: African
- o Black / Black British: Caribbean
- o Black / Black British: Any other Black / Black British background
- o Mixed / Multiple ethnic groups: Asian and White
- o Mixed / Multiple ethnic groups: Black African and White
- o Mixed / Multiple ethnic groups: Black Caribbean and White
- o Mixed / Multiple ethnic groups: Any other Mixed / Multiple ethnic groups background
- o White: British / English / Northern Irish / Scottish / Welsh
- o White: Irish
- o White: Gypsy, Traveller or Irish Traveller
- o White: Roma

- o White: Any other White background
- o Prefer not to say
- o Any other ethnic group

16. What gender do you identify as?

17. Are you a carer (yes/No)

Appendix 2 – Data source documents

1. Hampshire, Isle of Wight, Portsmouth, Southampton - #BeeWell: #BeeWell Headline Findings – Autumn 2024 Survey Results
2. Hampshire, Isle of Wight, Portsmouth, Southampton - #BeeWell: #BeeWell Headline Findings – Survey 2023 (Published March 2024; Updated September 2024

The #BeeWell Survey

#BeeWell has been developed in response to a growing concern for the wellbeing of young people in the UK, and is a collaboration between The University of Manchester, The Gregson Family Foundation and Anna Freud. The programme is delivered across Greater Manchester as well as Hampshire, Isle of Wight, Portsmouth and Southampton (HIPS).

In HIPS, #BeeWell has produced annual survey reports for 2023 and 2024. Of 22,000 pupils in years 8 and 10 who took part in 2023, 1,316 were from Portsmouth[8].

3. Hampshire & IoW Healthcare NHS Foundation Trust: Children and Families Participation Team Impact Report – Deep Dive into Services
4. Portsmouth Social and Emotional Mental Health Partnership: 'Improving mental health access and support for CYP in Portsmouth'
5. Portsmouth Social and Emotional Mental Health Partnership: 'Improving mental health access and support for CYP in Portsmouth' You Said! What we are doing..!'
6. Health & Care Portsmouth: Parent/ Carer views on mental health and wellbeing support and services for children, young people and families in Portsmouth
7. Health and care Portsmouth: Improving mental health access and support for CYP in Portsmouth
8. Health and care Portsmouth: Improving mental health access and support for CYP in Portsmouth You Said, What we are doing…! Feedback from CYP

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[8] Hampshire, Isle of Wight, Portsmouth, and Southampton #BeeWell Headline Findings Survey 2023 Published March 2024 Updated September 2024

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Appendix 3

1 - Local factors that impact mental wellbeing in CYP

Research studies involving (1) CYP) and (2) parents which have been undertaken in 2023 and 2024 indicate factors which impact mental wellbeing in children both negatively and positively.

1a - Children & Young People's Responses

Positive impacting factors	Negative impacting factors
Motivating influences to get help or support with personal struggles include: • influence of peers • influence of adults • awareness through social media	**Lack of information** Many young people were unsure how to access support or didn't know where to go if they feel the need to get help / support
Young people preferences: • friends • online • trusted adults before formal services. • online/social media-based support • peer groups • app-based tools	**Loneliness** • SEN YP reporting "often/always feeling lonely": 13% (Non—SEN: 10%) • 10.2% overall report often/always feeling lonely (range 8–20% across neighbourhoods) **Peer pressure:** • Almost 1 in 4 (24%) report being easily pushed by friends
Sense of safety and belonging: • Over 8 in 10 reports feeling 'fairly safe' or 'very safe' in their local area • Around 52–55% feel they belong at school (slightly higher in Year 9 than Year 10)	**Experiences of discrimination** **Disability discrimination** • SEN YP: 30% **Race Discrimination** • Black: 80% • Asian: 68% • Chinese: 68% • Mixed: 63% • 'Any other' ethnic group: 60% **Gender based discrimination** • 20% of young people reported experiences of discrimination based on gender identity **Sexuality**

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	• over 70% of gay/lesbian young people report discrimination
Engagement in activities: • Year 9 pupils more engaged in arts, sport, exercise and gaming than Year 10s	**Wellbeing inequalities:** • Emotional difficulties: 16.8% overall; boys 6.1%, girls 24.7%, questioning 23.4%, TGD 34.5% • TGD young people report lowest wellbeing (18.9/35) and lowest life satisfaction (5.3/10 vs average 6.6/10)
Trusted school adults: • Teachers, especially English teachers, seen as approachable adults for mental health conversations	**Sleep:** • Only 55% report enough sleep to concentrate (boys 62%, girls 50%, TGD 42%)
Suggestions to make things better: • early access • trusted communication • less stigma • more activities.	**Physical activity:** • Only 39% meet daily recommendations (boys 47%, girls 30%, SEN 35%; range 26–49% across neighbourhoods)
	Substance use: • Vaping: 4% (Y9) → 7% (Y10) recent use • Alcohol: 12% (Y9) → 22% (Y10) recent use • Tobacco smoking very low (97% never tried)

1b - Parent Responses

Positive impacting factors	Negative impacting factors
Parents feedback on accessing support: **Waiting lists** • Shorter waiting lists/quicker access • Help whilst on waiting lists **Finding help** • Better access to advice for YP and parent/carer • More awareness/better signposting of pathways/ options available • All round MH support hub needed **Service ways of working**	**Experiences of services** • Parent Carer Survey shows 90% said needs were not met when initially seeking support. CYP also reported long waiting times. • Majority of parents and young people rated their overall experience poorly (90% unmet, 92% unsatisfactory) • Parents reported frequent rejection due to eligibility or criteria; often no alternative offered.

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• Ability to self-refer/better referral system • More joined up approach between services • More early intervention needed/early diagnosis • Understanding CYP needs and flexibility to meet needs inc timings/location of appointments	
Parents comments about staff training/support: • More trained professionals in education settings • Team of mental health experts in schools **Support/information/access for CYP and parents/carers via schools** • Support for ND children • Same access to information/support across all education settings not just mainstream school • Improvement with initial meetings with schools • Compulsory part of school curriculum to learn about emotions and mental health • Parents evening/support also focusing on child's emotional wellbeing	**Reasons for being unable to use service** Barriers include: • long waiting times • lack of understanding • referral issues
Parents views on ND Support: **Service access and support** • Early intervention • Shorter waiting lists **Comorbid MH and ND** • Understanding and supporting comorbid mental health problems • Better opportunity for ND children to access MH services	**Neuro-diverse exclusions** **Structural local risk factors:** • Around 24% of children in Portsmouth live in poverty, rising to 46% in some wards. • Portsmouth has higher-than-national hospital admissions for self-harm among young people. • Parents linked these wider socioeconomic pressures to worsening mental health and

	the need for earlier, more accessible support.

2 – Where young people prefer to seek support

2a - Children & Young People's Responses

Preferences	Limiters
Preferred sources: • Friends / peers • Trusted adults in school • Online/social media (TikTok, Instagram, apps > websites)	**Barriers to access:** • Many young people are unsure how to access services • Confusing referral pathways
Professional approach: • Wanted: approachable, relatable professionals • Young person's friendly communication valued	**Family factors:** • Parents may not be seen as first person to contact due to fear of reaction or misunderstanding
	Stigma and peer factors: • Stigma and bullying discouraged disclosure • Young people feared being labelled "sensitive"
	Information issues: • Paper leaflets not engaging • Information overload

2b - Parent Responses

Preferences	Limiters
Preferred sources • School staff (89.6%) • GP (58.4%) • Friends/family (48%)	**Accessibility** • 95% say not easy to access MH support • 90% said needs not met when first seeking support • Parents reported unclear signposting • Felt "passed around" between services
What helped locally: • Initial advice from school SENCOs • Support from pastoral teams	**Eligibility & thresholds** • CAMHS thresholds considered too high

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• Workshops for parents and families	• Frequent rejection with no alternative offered
	Neurodiverse exclusions • ND children often excluded from MH services, even when they had additional mental health needs

3 – What would encourage service take-up / engagement?

The tables below show what (3a) young people and (3b) parents believe would improve access to mental health support and care as well as issues where they suggest system solutions are needed to encourage service take-up.

3a – Children & Young People's Responses

Enablers	Blockers
Early access: • Shorter waiting times were seen as crucial to increasing engagement.	**Information overload:** • Overloading with generic information discouraged engagement. • Young people wanted personalized, clear resources.
Promotion methods: • Services promoted via social media platforms (TikTok and Instagram) with youth-designed content were preferred.	**Lack of awareness:** • Many reported limited knowledge about how to access MH professionals, which reduced uptake.
Digital tools: • Apps and online resources are considered engaging and useful. • Seen as more effective than traditional paper leaflets.	**Poor service experience baseline:** • In Portsmouth, 92% of CYP rated their initial access/experience poorly, showing that improving service quality is essential for better engagement.
Suggestions to make things better • Early access to support, not only at crisis point • More community-based activities that align with young people's interests • Clearer, simpler information (not overloaded) • Less stigma and better anti-bullying approaches	**Personal barriers** • Social anxiety when joining groups • Cost/travel difficulties

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3b – Parent Responses

Enablers	Blockers
Access routes: • Parents wanted the ability to self-refer directly to services.	**Waiting times:** • Long waits without interim support discouraged families from continuing engagement.
Joined-up working: • More collaboration between services would encourage parents to seek help.	**ND-specific pathways:** • Lack of neurodiversity-specific support pathways led some families to disengage from services.
Advice hubs / early intervention: • Accessible **advice hubs** and support **while waiting** for specialist input encouraged engagement.	**Equity concerns:** • Inconsistent access across education settings (mainstream vs. ND vs. private/home-educated) • ND children often excluded from MH services despite comorbid needs • Access to support from marginalised groups • Understanding religion
Activities for CYP: • More youth centres with MH-trained staff • Free or low-cost community activities outside home/school	**Poor service experience baseline:** • In Portsmouth, 90% of parents rated service access/experience poorly, highlighting why major changes are needed to improve take-up. • Lack of ability to tailor support or treatment around a personalised care plan based on a child's needs
Suggestions to make things better • Early intervention, not waiting until crisis point • Improved responsiveness through a centralised MH hub where families can access timely help • Easier parent/carer referral routes into services	**Challenges around access and support** • Finding out how to access support and what support is available • Untimely support

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• Consistent MH provision across all schools and education settings • More opportunities for CYP to access safe, supportive community activities • Parent support groups alongside CYP interventions • Support for ND children • Better promotion of the MHST offer • Focus on w child's wellbeing when addressing poor attendance	

4 – How can findings contribute to clinical pathway reviews of community mental health services (Hants & IOW)

4a – Children & Young People's Responses

Positive indicators	System challenges
Peer and trusted adult support: • Findings highlight the importance of embedding peer support and trusted adults in clinical pathways.	**Inequalities:** • Data highlights gender, sexuality, SEN and TGD inequalities in wellbeing, showing pathways must address these explicitly. • Understanding the role that religion has
Online access and digital tools: • CYP want online/social media-based access, which should be reflected in redesigned pathways.	**Capacity and access issues:** • Long waits and confusing entry routes demonstrate the need for clearer, more accessible entry points into services. • Lack of contact / communications
Co-production: • Co-produced resources with young people (e.g., Back to Basics programme, social media campaigns) demonstrate how pathways can be tailored to real needs.	

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Peer & group activities
- Safe peer groups to reduce isolation
- Activities aligned with young people's interests

4b – Parent Responses

Positive indicators	System challenges
Access routes: - Parents strongly support **self-referral routes**, early intervention options, and school-based wellbeing hubs — these should be built into future pathway redesign -	**Service dissatisfaction:** - High dissatisfaction (90% unmet, 92% unsatisfactory) shows that current pathways are failing and require overhaul. - Joined up approach between services (including schools) to make navigating (unfamiliar) services and pathways more manageable and less stressful - Improved oversight and coordination of pathways and information about services
Workforce development: - Evidence points to a strong case for more trained school staff and improved GP understanding of CYP mental health. - More / trained professionals in education settings - Key qualities: Empathetic, skilled, knowledgeable; understanding trauma; ND interactions with mental health; comorbidities in MH - Joined up services – not silos	**Exclusion of ND children:** - Repeated reports of neurodiverse CYP with comorbid MH needs being excluded - highlighting the need for inclusive, flexible criteria. - Support services which embrace / positively meet the needs of neurodiverse CYP - Variances in / poor support from GP / GP understanding - Strict CAMHS criteria is challenging / excluding
	Wider local risks: - Poverty (24% rising to 46% in some wards) and higher-than-national self-harm admissions mean pathways must also integrate preventative services and address wider social determinants of mental health.

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