

Digital CYP Review

Findings Report – Focus Groups



Humber and North Yorkshire
Health and Care Partnership

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Introduction

A Children and Young People's (CYP) Mental Health Digital Review 2022 was developed in partnership with the Humber, Coast and Vale Health and Care Partnership Children and Young People's Mental Health Workstream and Hull and East Yorkshire Mind.

Background

The pandemic has had a significant impact on young people who were already experiencing problems with their mental health. It has both increased mental health need and made it harder to access support. Face-to-face services and peer support groups were cancelled. While it has been easier to access online or phone support, this does not meet the needs of some young people.

A survey from Mind nationally shows that almost nine in ten (88%) young people said that their mental health had got worse due to the pandemic. Reasons given for this included a loss of routine, social isolation and difficulties accessing online support.

Other research shows there has been an increase in symptoms of anxiety and depression amongst young people aged 15- 24, during the pandemic. A survey conducted by Young Minds (Jan 2021), found 75% of young people struggled to cope during lockdown stating loneliness, isolation, changes to academic learning, concerns about the future, and other fears had affected their mental health and wellbeing.

The impact of COVID-19 has highlighted the need for NHS Trusts, Local Authorities and the Voluntary and Community Sector to rapidly change and adapt the services they provide to support children and young people's mental health and wellbeing.

The Current Digital Landscape

According to Ofcom, in 2020, the majority of all children aged 5-15 in the United Kingdom accessed online platforms for recreational or educational purposes. Electronic devices such as laptops, tablets and smartphones were the most popular devices. One in five children who had been home schooling during the national lockdowns, did not have access to appropriate equipment for their home-learning needs.

The pandemic highlighted not only young people's reliance on digital technology, but the social and economic disparities, including digital exclusion and digital poverty, emphasising the need for more support, improved access to technologies and digital inclusion.

The National Scope

In 2020, The Cyber Smile Foundation shared their findings from a study into young people's understanding and perspectives of Digital Wellbeing in the UK. Over 1,000 young people aged

12-16, shared their relationship with technology, and how this impacted their physical and mental health.

Research indicated 60% of young people felt time spent online negatively impacted important areas of their life including sleep, diet, exercise, and study. Their internet and social media usage had doubled during lockdown, with the daily average time spent online among participants aged 12-16 years old increasing from three to six hours per day.

A further study into remote mental health interventions from Youth Access in July 2020, focused on a number of areas including perceptions of remote support, organisational barriers to implementing digital services, emotional safety and stigma, confidentiality, and safeguarding. Research found that whilst remote interventions are not suitable for everyone, online support can lead to positive outcomes amongst young people, including reductions in the severity of clinical symptoms, increased wellbeing and lower levels of suicidal ideation and stigma. The study also showed improved accessibility for those who struggled to access face-to-face services, such as young men, young carers, young people with disabilities, those living in remote locations and LGBTQ+ young people. Other benefits included shorter waiting times and no need to travel to appointments.

Objectives

The review was designed to gather information from children and young people, and parents and carers, in regard to the following outcomes:

- To understand what young people want and need from digital mental health support
- To understand when, where and how young people would like to be introduced to a service
- To understand when, where and how young people would want an assessment for digital mental health support to take place
- To better understand barriers to access of digital mental health support and how they could be overcome

Summary of Project

Following the Children and Young People's Mental Health Digital Review 2022, developed by Hull and East Yorkshire Mind in partnership with Humber and North Yorkshire Health and Care Partnership's Children and Young People's Mental Health Workstream, a series of focus groups were planned with both children and young people, and parents and carers, to better understand barriers to access of digital provision, and what children and young people want and need from digital mental health support.

Humber and North Yorkshire Health and Care Partnership's Children and Young People's Engagement and Coproduction Manager, along with Hull and East Yorkshire Mind's Marketing & Communications Manager, planned and facilitated a series of focus groups over the summer holidays, from July to September 2022, with support from place-based engagement leads.

Children and young people who had completed the online digital review survey and had expressed an interest in attending a follow up focus group, were invited to attend the first focus group in this series, on the evening of 26th July 2022.

Parents and carers who had completed the online survey and had expressed an interest in attending a focus group, were invited to a second online focus group, held on the evening of 27th July 2022.

In addition to the two online focus groups, Humber and North Yorkshire Health and Care Partnership's Children and Young People's Engagement and Coproduction Manager worked with place-based engagement leads to plan a series of face-to-face focus groups with the hope of engaging children and young people, representative of communities across the ICS geography, including those who are digitally excluded or experience other barriers to access online.

However, despite the willingness and support of partners from Hull, East Riding and North Yorkshire, to host and promote these focus groups, just two planned in-person focus groups took place due to barriers such as:

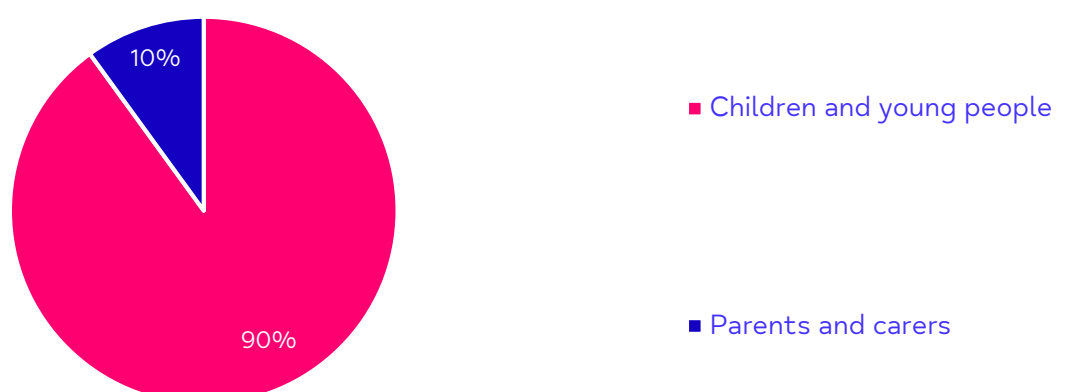
- Group disruption due to summer holidays
- Limited availability of engagement leads due to annual leave and other commitments
- Limited opportunities to engage with existing groups within the set timeframe, without impinging on their planned activities or social time
- Chaotic lifestyles of some young people
- Time constraints for completing focus groups

Because of these barriers, young people were also given the opportunity to contribute feedback through an alternative method, including:

- A planned one-to-one in-depth interview at a time convenient to them
- Spontaneous email correspondence
- Spontaneous text message correspondence
- Spontaneous telephone call
- Through their group leader
- Through peer-led discussion (North Yorkshire Youth Council only)

A total of twenty respondents, eighteen children and young people, and two parents/carers contributed to this qualitative research.

% of CYP and Parents and Carers taking part in focus groups



Two respondents joined the online children and young people's focus group on 26th July 2022, through MS Teams, for children and young people who had completed the online survey. One young person was aged 16, identified as non-binary, and lived in Bridlington. The other young person was an 18-year-old female from Leeds. It is not clear how this young person had accessed the online digital review survey as it was targeted to residents living within the Humber and North Yorkshire Health and Care Partnership geography, however the feedback shared by this young person was still relevant and echoed much of the feedback collected through the other focus groups.

Focus Group 2 (Parent/Carers Online)

Two parents/carers attended the second focus group on 27th July 2022, through MS Teams, for parents and carers who had completed the online survey. Both respondents were female. One was a parent from Hull with two children, a son aged 18 and a daughter aged 12 with support needs around emotional resilience and anxiety. The other respondent was both a parent and a carer from Scunthorpe, with a teenager experiencing anxiety around socialisation and exploring their gender, an adult child, and a 9-year-old, as well as kinship custody of her teenage nephew, who has mental health support needs in relation to childhood trauma. Both respondents had supported young people in their care to access mental health services. One of the two respondents was also an educator in a local primary school in Key Stage 2 and had witnessed a rise at work in the numbers of children needing mental health support.

Focus Group 3 (LGBTQ+ Children and Young People In-Person)

The first in-person focus group was conducted with eleven LGBTQ+ young people, aged 12 to 16, from the Step Out group in Hull on 30th August 2022. Four of these young people identified as non-binary, three as male, one as gender fluid, one as a trans guy, one as a demiboy, and one did not specify their gender. Ten out of the eleven had accessed digital mental health support previously. Unfortunately, voice recordings on both devices ceased after the first few minutes, therefore quotes from this group are limited.

In-Depth Interview (Young Person Online)

Another in-person focus group was planned and promoted to young people in North Yorkshire, which was due to take place in Harrogate on 5th September, but unfortunately only one young person signed up, so the focus group was cancelled. However, that young person was still able to contribute significantly through a planned one-to-one in-depth interview, held online via MS Teams on 6th September. This young person was a 15-year-old female from Harrogate, who had previously accessed digital mental health support. She was the only young person to take up the offer of feeding back through an alternative method. This young person offered to share the key questions with other young people at the North Yorkshire Youth Council meeting, collate any feedback, and send it on after their meeting. However, no additional feedback was shared.

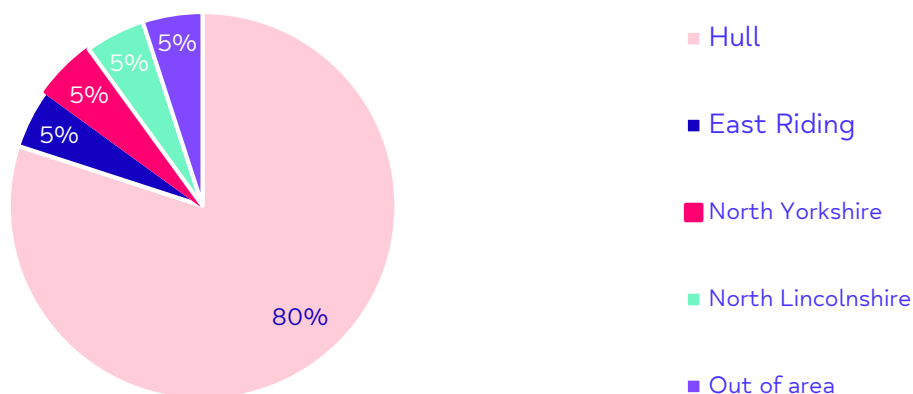
Focus Group 4 (Young People In-Person)

The final focus group was conducted in-person with four young people from The Warren Youth Project, aged 16 to 25, on 7th September 2022. Two respondents were female, one male and one identified as non-binary. All four respondents had experience of accessing mental health support, though only two of them had accessed digital mental health support previously.

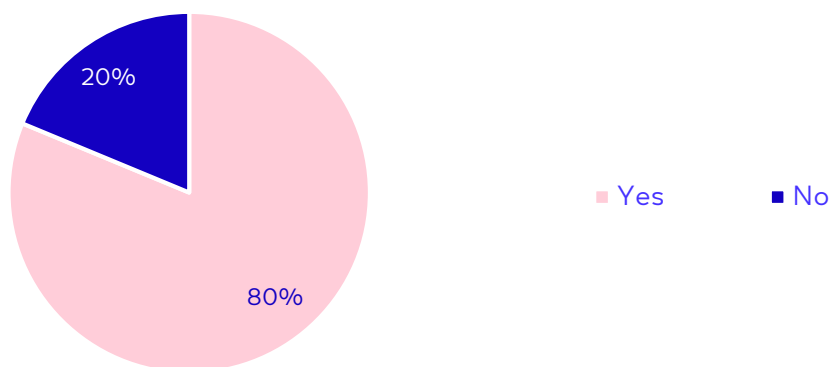
All attendees of the focus groups were gifted vouchers of their choice for a total of £15. It was also offered to parents and carers, with a specific focus on supermarket vouchers to help with the cost of living crisis.

Focus groups – continued

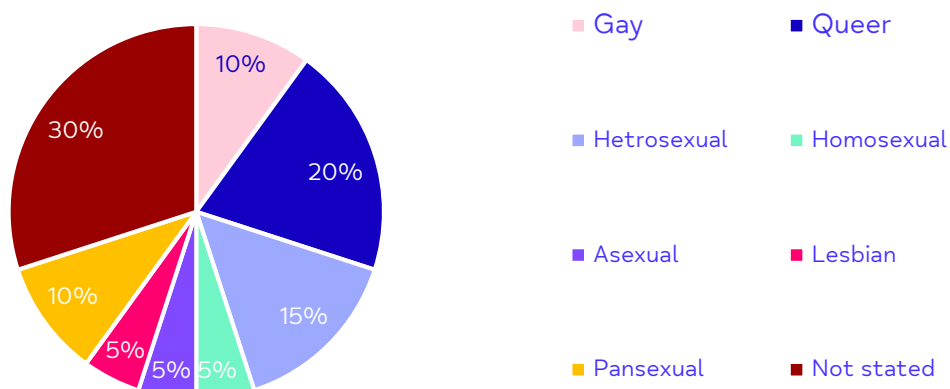
Locations of those taking part in focus groups



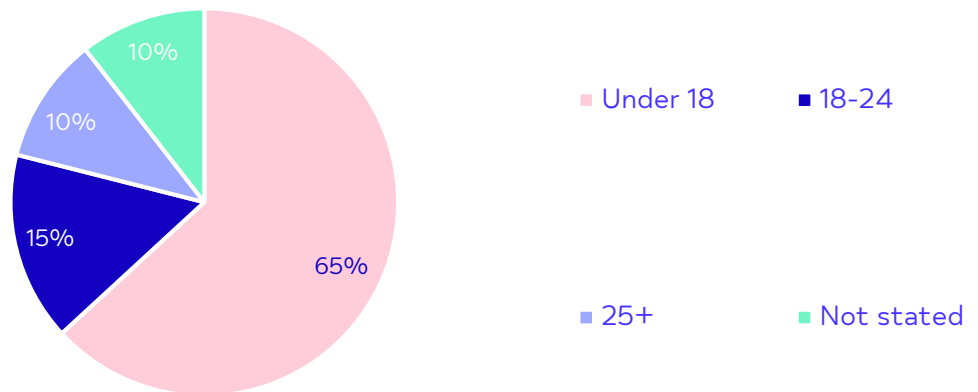
Have you used digital mental health support before?



Sexual orientation - Self described through open ended questions



Ages



Outcome 1

Outcome 1: To understand what young people want and need from digital mental health support

Questions asked during focus groups and in-depth interview

- What would good digital mental health support look like?
- What types of mental health support would you(ng people) want online?
- When, where and how would you(ng people) want to access digital mental health support?

Outcome 1 Findings:

Key themes included:

- Flexibility / Different options
- Help to identify support needs
- Consistency of support
- Everything under one trusted website and/or app
- Accessibility / Simplicity

Flexibility / Different options

Throughout each of the focus groups and the in-depth one-to-one interview, flexibility was a dominant theme, with feedback centralised around respondents wanting different options to suit different preferences and needs. This included flexibility around the different types of support and resources on offer, such as access to online counsellors, forums, videos, podcasts, distraction techniques, information, links to trusted sites, etc.

“Having different activities that can suit everyone, like how to cope if there’s no one there who they can go to, as a last resort, or activities for how they can get their brains distracted. Maybe

having a little community area where you have the choice to talk over the phone or over messages if they want to contribute, have little 'off' discussions and topics. ”

Non-binary young person, aged 16

Flexibility was also discussed in terms of having access to online counsellors and crisis support around the clock. Several young people expressed needing more support on an evening and through the night.

“I think there should be more things that are quite accessible on times, because a lot of the time your mental health tends to get worse in the middle of the night, and you're sat over thinking things and you sometimes can't access a helpline when it's quite late.”

Non-binary young person, aged 15

The majority of respondents raised the issue of flexibility in the means of contact with those professionals. Suggestions included having a choice of online chat, voice call, video call, text message, and Whatsapp message. Some young people shared their anxieties or dislike of voice calls or video calls, preferring a messaging option, whereas others expressed a desire to have that choice, depending on their comfort level and level of privacy at the time, and depending on the intensity of support needed and the time they have available.

Using a laddering technique to understand the functional and emotional needs behind these suggestions, it became clear that the underlying issue was accessibility, with the vast majority of both children and young people, and parents and carers consulted with, having previously experienced barriers in trying to access mental health support at a time when they had felt vulnerable. Several respondents shared their frustrations, anger, anxieties and mistrust around not being able to get the right help at the right time.

*“People are dying. Children are dying. Everyone is f***ing dying because this system is absolute bulls**t. I'm sorry but it is. There's no accountability. So when someone dies everyone says 'It's such a tragedy. Why didn't they reach out?' but it's because there's nobody to reach out to. There's no-one. And how many times have we been told it's gonna get better and there's gonna be more support?”*

Female, age not specified

Help to identify support needs

Another theme raised by some respondents was a requirement for help with identifying their support needs and navigating the system. Several respondents acknowledged that although young people may be aware they are struggling with their mental health, they do not always know at the point of access what the problem is, the range of support available, and what that support might entail. Some respondents expressed a need for guidance in identifying their needs, as well as the relevant support options available to them, as part of a digital offer.

Sometimes you don't really know what's wrong, you just know that something is wrong, so maybe there could be a questionnaire that could lead you in the right direction.

Non-binary young person, aged 16

Consistency of support

Discussions highlighted the importance of consistency of support, particularly in relation to online counsellors or crisis support, due to the time it takes to build a relationship and feel comfortable enough with someone to open up. One young person described how having to repeat their story to different people creates a barrier to them accessing support.

Everything under one trusted website and/or app

Another very prominent theme throughout all of the discussions was the need to have everything under one trusted website and/or app. Focus Group 3 (LGBTQ+ Children and Young People In-Person) unanimously agreed that having one hub website or app, from a trusted organisation, with links to other trusted websites would be something they would access. Young people and parents and carers in each of the other focus groups and the in-depth interview, shared the desire for trusted information from one reliable source.

“It would have everything young people might need for their mental health on one website or app, and you know if it’s NHS it’s going to be accurate information.”

Female, aged 18

Accessibility / Simplicity

Improved accessibility, and in particular simplicity in terms of how the information and support options are presented, was another key theme. Several respondents described how too much text or information is a barrier to access and raised the issue that navigating sites can be extremely challenging for children and young people who are neurodivergent, have other additional needs or disabilities, or are in a heightened state because of their mental health needs at the time.

“It was awkward to work out on the website when I tried. I didn’t know what to do. It wasn’t easy to find what you needed.”

Gender not specified, aged 14

Very similar suggestions were made across the different groups, including the use of colours, sub-sections, concise summaries with links to further information, and clear headings such as ‘I want crisis support’ or ‘I want distraction techniques’, to make the information more accessible.

[Focus Groups - Outcome 1 findings.docx](#)

Outcome 2

Outcome 2: To understand when, where and how young people would like to be introduced to a service

Questions asked during focus groups and in-depth interview

- What would a good introduction to a service look like?
- When, where and how would you(ng people) like to find out about a service?
- What would be useful to know about a service?

Outcome 2 Findings:

Key themes included:

- Testimonials
- Waiting times
- Promotion
- Consultation and coproduction
- Introduction from a trusted source

Testimonials

Feedback around when, where and how young people would like to be introduced to a service, fell within five key themes. The first theme was testimonials from other young people. Some discussions indicated a preference to learn about a service and its effectiveness from the perspective of young people who have accessed that service, rather than from the professionals within that service. One respondent suggested that animations of young people's personal experiences of a service would create an introduction that was more inclusive of younger children.

“It would be good to have people’s opinions of how a service or website has helped them. Like has the website helped them and how.”

Female, aged 18

Waiting times

In consideration of what would be useful to know about a service, a common theme was around waiting times. Some young people shared instances of waiting much longer than expected to receive support, or not receiving any support from point of contact until they reached crisis point, and the impact that has had on their trust and engagement with services.

The parents and carers consulted with emphasised accurate waiting times as a key piece of information that they would look for when introduced to a service.

“I think knowing the timescale is really important. I actually ended up leaving a job as a public servant because I didn’t know how long it was going to be until my daughter got the help and support she needed, so I couldn’t commit to working shifts because I couldn’t leave her.”

Parent from Hull

Promotion

Much of the feedback around when, where and how young people would like to find out about a service, was focused around various aspects of promotion, and provided some key insights into the effectiveness of different methods within different locations. Some of the feedback was contradictory with some suggesting that posters and flyers are ineffective, but others suggested that they would read a poster or flyer if on display in their school or youth centre.

One respondent suggested that having posters on toilet cubical doors is worthwhile for promoting mental health support, as it gives people something to read while in the toilet, in a private space, and if the posters had a QR code, individuals could easily scan the QR code and save the details for later.

Several respondents identified schools as important partners in promoting mental health support, not only in having information available to children and young people, but also in PSHE/RSE lessons, and having specific training for school staff about the support available, delivered by the service providers.

“The service could train school staff.... Even having something like ‘if you want to know more about this service, go see so and so in your school’.... If you don’t have the access to look at the web page when you’re at home, you can speak to someone at school.”

Female, aged 15

Online promotion was commonly suggested, particularly through social media platforms such as TikTok, Instagram, and Twitter; where content is brief, quick, engaging and can be shared easily. However, it was also widely acknowledged by respondents that promotion through a variety of methods across a range of settings was necessary in order to reach a broad spectrum of children and young people with varying needs across a range of backgrounds. Suggestions included promotion at bus stops, on buses (particularly those with Wi-Fi where young people could access information online there and then), through TV advertising, through existing trusted websites, in shops, in coffee shops, in libraries, at events, on ‘automated advertisement boards’, and through other visual signage.

“Something where it’s really quick, like 30 seconds, and it’s on your feed. Something like ‘are you struggling with...blank? If so, go visit this page’.... you don’t want it too long. You don’t want paragraphs. You want it to be engaging?”

Female, aged 15

Consultation and coproduction

A common sub-theme during discussions around promotion was the need for consultation with children and young people, and for services to coproduce their promotional materials with children and young people. However, the theme of consultation and coproduction also spanned beyond promotion, to include the importance of involving children and young people in the design and evaluation of services.

Young people in Focus Group 4 (Young People In-Person) all agreed that young people’s voice and opinions needed to be reflected in the review of digital mental health support, but considered current practices of consultation around mental health services to be tokenistic. Some respondents shared their distrust of services and professionals that ask young people’s views but nothing changes as a result, or they are not updated about the outcome.

*“I don’t want this [focus group] to just be another example of us actually opening up and pouring our hearts out, opening up to you, and it just being another sh*t-show, and it being ‘Oh well we can’t do anything’. I don’t wanna sit here and open my heart up for it to be another one of those. Because it happens every time. “*

Female, age not specified

The feedback collected through the one-to-one in-depth interview heavily emphasised the need for genuine collaboration with young people in the design of services. The young woman interviewed described examples of where adults had clearly created content under the guise of it being produced by young people.

“It just came across as like an adult has made this and it had nothing to do with young people. It seemed so detached and like something that would not happen. The analogy was just really farfetched. So you need a video created with young people, where it's not playing to stereotypes.”

Female, aged 15

Introduction from a trusted source

Another key theme on the topic of how respondents wanted to be introduced to services, was about the introduction coming from a trusted source. The parents and carers identified schools, youth services, social workers, family support workers, and the NHS as being trusted sources that could introduce children, young people and their families to digital mental health support services. Children and young people consulted identified the media, family, friends, schools, and other young people, as trusted sources for introducing them to a service. Suggestions were made of having young-person-led ‘walk through’ videos capturing the step-by-step process of a young person accessing a service, to help demystify what that would involve. Some respondents identified Kooth as a service that was introduced through a trusted source. One respondent described Kooth as being ‘heavily promoted in schools’ and described the trust that staff within her school had in the service.

“After I found out that Kooth were being cut, I was speaking to the teacher about that and they were like ‘it was so important as a teacher because I could just instantly refer someone to that and know that they're almost in safe hands’, so that was a good point of reference.”

Female, aged 15

[Focus Groups - Outcome 2 findings.docx](#)

Outcome 3

Outcome 3: To understand when, where and how young people would want an assessment for digital mental health support, such as counselling, CAMHS and Mental Health Support Teams, to take place

Questions asked during focus groups and in-depth interview

- For services that require an assessment, such as counselling, CAMHS and Mental Health Support Teams, what would a good digital mental health support assessment look like?
- When, where and how would you(ng people) want an assessment to take place?
- What would be useful to know about an assessment?

Outcome 3 Findings:

Key themes included:

- Knowing the questions prior to the assessment
- Completing assessment on own terms
- Additional support to complete the assessment
- Approach

Knowing the questions prior to the assessment

The feedback on when, where and how young people would want an assessment for digital mental health support, such as counselling, CAMHS and Mental Health Support Teams, to take place, fell under four key themes, the first of which was about some respondents wanting to know the questions prior to the assessment.

“I’d like to know what kind of questions are going to be included before the assessment and a level of how personal it’s going to get.”

Non-binary young person, aged 16

Exploration of the needs behind this theme suggested that for some respondents, mental health assessments had negative associations with having little or no control, and feeling uncomfortable, exposed, or further traumatised, at a time when they were already feeling vulnerable. Their responses seemed driven by their psychological needs for control and avoidance of pain, by alleviating their anxieties and giving them a greater sense of predictability and control within that situation.

“There should be trigger warnings that the questions might be upsetting, and if it said the questionnaire can be completed at a later date, and it saves what you’ve done, so you don’t have to do it when you first log in. So if you’ve logged into the website or the app it can be revisited when you feel comfortable with the topics listed in the questions.”

Non-binary young person, aged 16

Completing assessment on own terms

Another theme was respondents wanting to complete the assessment on their own terms, which overlapped with the previous theme, with suggestions indicating an emotional need to create a sense of order and control. These included completing the assessment within a ‘safe space’ such as their own home, being able to complete the assessment in instalments to help regulate emotion, having a choice of communication methods to create a greater level of comfort and choice, and being able to access the information they had provided previously to keep track and help alleviate stress.

“I’d rather do like an online assessment form....Where it saves everything you’ve filled in, then we can keep track of it, as well as obviously the professionals. So....if you’ve lost track of what’s going on and you’re getting a bit stressed, then you and them can both get your files to see this is what I discussed, and it’s a bit easier.”

Male, aged 24

Additional support to complete the assessment

Another theme on the topic of what a good assessment would look like, was about having additional support to complete the assessment. Respondents from Focus Group 3 (LGBTQ+

Children and Young People In-Person) raised the point that children and young people with special educational needs and disabilities may need additional support to complete an assessment. Other discussions echoed this point and also identified a need for additional support for children and young people in a heightened emotional state, as a result of being in crisis. Descriptions of what this additional support would look like ranged from ‘walk-through’ clips of a young person completing the assessment, guidance from a professional, and support from loved ones.

“It could explain what is going to happen in the assessment survey and what the outcomes could be, and if you need any additional support, like a contact number, or anything like that, and if you need any help with the assessment survey, a contact there that can assist, or tips on how to ask a relative, or friend, or family friend, to step in and help go through it with them.”

Non-binary young person, aged 16

Approach

The final theme of feedback collated under outcome 3: to understand when, where and how young people would want an assessment for digital mental health support, such as counselling, CAMHS and Mental Health Support Teams, to take place, was the approach of professionals conducting assessments. Several respondents shared their experiences of professionals not listening to young people, not trusting their judgement, and not believing them.

“I feel deeply that children who are accessing help in this way are going to be honest. I don’t think anybody who is experiencing low mood or anxiety isn’t deliberately going to lie or be seeking attention, or deliberating going to dramatise, so I think that the questions should be in the same vein as they would for anybody who was seeking a mental health assessment, such as ‘Do you feel like harming yourself?’.”

Parent and carer from Scunthorpe

[Focus Groups - Outcome 3 findings.docx](#)

Outcome 4

Outcome 4: To better understand barriers to access of digital mental health support and how they could be overcome

Questions asked during focus groups and in-depth interview

- What would make you(ng people) more likely to access digital mental health support?

Outcome 4 Findings:

Key themes included:

- Digital exclusion
- Limited storage for apps
- No data
- Age restrictions
- Lack of awareness of services, who they are targeted at, and what support they offer

- Lack of trust, based on previous experiences
- Waiting times
- Difficulties navigating certain websites on phone
- Level of information
- Trusted information
- Trusted, experienced, trained professionals
- Privacy

Respondents shared examples of their experiences of these barriers, as well as their perceptions of how these barriers were experienced by other children and young people, and explored ways in which these barriers to access could be overcome. Their feedback included:

Digital exclusion

Some respondents raised the issue of young people and families who do not have internet access or cannot afford the devices needed to access digital provision at home. Schools and libraries were suggested as settings that could provide spaces and equipment to children and young people who are digitally excluded.

“If school know that a child doesn’t have that at home, maybe they could provide that in school. Or during lockdown they got all the laptops or Ipads, so maybe they could have them on loan to the family so they can access it.”

Parent from Hull

Limited storage for apps

Some respondents suggested that services should create both a website and an app to provide that choice to users. Apps were generally considered to have superior functionality on mobile phones, though websites were considered to offer greater accessibility across a range of devices.

“Maybe a website is more accessible. If someone doesn’t have a phone or storage or anything, they can still easily get it up on a laptop, or a computer at the library or nearby to them.”

Female, aged 18

No data

Several respondents raised the issue of no data as a barrier to access. Suggestions were made that buses, coffee shops and youth centres offering free Wi-Fi could be part of this solution, though some noted that due to the public nature of these locations, they may not be ideal for a child or young person accessing digital mental health support. One respondent explained that some websites can be accessed without data.

“We kind of expect, don’t we, that every child and young person has access to some device, but they might not have the data.... I use the Young Minds website and most mobile providers offer free data for certain things, so anyone can access the support.”

Parent and carer from Scunthorpe

Age restrictions

Stories shared by some respondents indicated that age was a significant barrier to accessing support. There was some discussion about gaps between services, with one example of a young person aged seventeen and a half, being told that because of their age, children’s services could not help them so they would need to wait six months until they could access adult services at eighteen. Several respondents reported being told they were too young to access the help they needed. Solutions discussed were simply about services being more inclusive in terms of age.

“I couldn’t get the support I need because of how young I am. I’m 12 so age needs to not be a problem when you’re trying to get support.”

Trans guy, aged 12

Lack of awareness of services, who they are targeted at, and what support they offer

Respondents acknowledged the need for awareness-raising of digital mental health support available, and more clarity on the specific remit of that service, such as their targeted age range and the types of support they provide. There was some discussion around how the name of a service can be a barrier by indirectly limiting perceptions of who that service is for, for example, one respondent was surprised that they could have accessed Childline as they thought it was targeted at primary age children because of the word child in the name and promotion of the service in primary schools.

“Make it accessible by making sure people know who it’s for, what it does, and what they need to do to get help when they need it.”

Male, aged 15

Lack of trust, based on previous experiences

A common thread across the different discussions was that of trust. Numerous examples were shared of where young people had felt let down by services, at a time when they had tried to access support. A concerning number of respondents across each of the focus groups and the one-to-one interview, shared experiences of services not getting back to them, refusing access to support, and providing unhelpful and, at times, inappropriate advice.

“If you knew they’d get back to you when you’re trying to get help. I tried to get help several times in a few weeks and only one time did they get back to me. I contacted four helplines and none of them replied. It was a text message service, and they just didn’t get back to me at all. And one of them was Childline.”

Recommendations – based on findings

The following recommendations are based on the feedback provided throughout the four focus groups and the one-to-one in-depth interview conducted in this second phase of the digital mental health review 2022.

- Coproduction of digital mental health support with children and young people who are representative of communities across the ICS geography
- An accessible, 24/7 flexible local service, to compliment Childline and Young Minds national offer, with a variety of support options, resources, and ways to communicate with professionals
- A range of services and resources all under one trusted brand’s hub website and/or app; including recommended external links, access to online counsellors, mental health information, forums, articles, free online books, mindfulness activities, distraction techniques and games, videos, audios, podcasts, introductions to services, training for parents, testimonials, online triage, etc.
- Promotion of digital mental health support through a variety of platforms
- Introduction to a service, website, etc. from a trusted source such as school, professionals already involved with the family/young person, etc.
- Service provider delivered training/briefings on the digital support offer for the professionals already working with children and young people, such as school pastoral workers, youth workers, social workers, etc.
- Testimonials from other young people who have accessed the service
- Demystifying step-by-step ‘walk through’ videos/animations of a young person accessing the service
- Trusted mental health professionals who are trained to listen to young people and understand different needs
- Help to identify support needs and which service to contact to meet needs, and support navigating the system
- Consistency of support, preferably the same person
- Accessibility / Simplicity / Engaging concise information with links to further information that is easy to find/navigate
- A privacy ‘quick escape’ button that users can click on for an immediate switch to another site
- Countdown timer that users can set if required – for example if waiting for a call back, a young person could set a timer on the website/app to keep track of the time, while they occupy themselves with distraction techniques, reading, etc. on the site/app
- Accurate information about waiting times which is kept up to date
- Share assessment questions prior to the assessment to help alleviate anxiety of the unknown and to help the young person prepare their answers

- Enable children and young people to complete the assessment on their own terms in terms of pace and environment where possible, and offer additional support to complete the assessment if required
- Provide a portal for users to save any correspondence or online forms, to be able to keep track of what has been discussed and agreed
- Additional training on LGBTQ+ for all mental health professionals and volunteers, as young people consulted with recognised gaps in mental health professionals' knowledge and understanding of the nuances and challenges of this community
- Trauma-informed training for all mental health professionals and volunteers as set out by the ICS Children and Young People's Trauma Informed Care Programme
- Recognise young people as experts of their own experience, value their feedback, and embed it into continued service improvement

As part of our engagement and coproduction work we are committed to feeding back the difference made, to young people who share their experiences, opinions and ideas, and give their time in our consultation process. Please provide updates on any strategic decisions and service development influenced by the feedback shared in this report to Humber and North Yorkshire Health and Care Partnership's Children and Young People's Engagement and Coproduction Manager, Clair Atherton, at Clair.Atherton@nhs.net, to be shared with the children, young people, parents and carers consulted with.