

Young People's Experiences of GP and Mental Health Services

May 2025



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- Are you on a waiting list?
- Do you know how to contact your doctor?
- Do you feel listened to?

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Summary of Findings

Healthwatch Warwickshire have commenced a project to investigate any barriers faced by young people in accessing and receiving care from health services in Warwickshire. This project is aimed at 16-24 year olds, an age group expected to manage their health independently, however through our engagement we have heard from a wider age range. Through the scoping work and project, we have listened to parents and carers of young people, run networking events for partner organisations supporting young people, and heard from almost 700 young people directly. The feedback we have received has shown that whilst many young people are able to navigate their own health journey themselves, for some it is more difficult. Young people told us about how their circumstances, for example neurodiversity, anxiety or communication difficulties, impact on their experience of care and communication with their GP and mental health services. We heard mixed feedback on a variety of mental health services, including, for some, the challenges of transitioning between child and adult services, and being on a waiting list.



Next steps

Following our report, we encourage services and commissioners to:

- **Take in to account the impact of anxiety on communication, including the fear of using the telephone, when providing services accessible for young people.** We heard about the impact of anxiety which is potentially a major barrier for young people to independently manage their healthcare.
- **Address disparities in the experience of care, by collecting demographic information and engaging with young people to better understand how to meet their specific needs.** Our data shows that those with particular personal circumstances such as a disability, long term condition, or being supported by an EHCP, are more likely to feel that their experience of care and communication from health professionals is impacted due to their circumstances. We heard this from over half of those who identified as neurodiverse (including autism and ADHD) and from over half of those who identified as a different gender to that assigned at birth.
- **Address the issues raised about mental health services. This includes young people's experience of transition and communication between services, waiting times and lack of support whilst waiting. Address any disparity between quality and consistency of provision.** Provision of mental health services should take into account the findings of the recent Warwickshire JSNA: *Mental Health and Wellbeing of Infants, Children and Young People (2023)*, recognising there is a predicted increase, not only in number of young people in Warwickshire, but also in the number of young people with mental health needs.
- **Engage with young people directly when designing and evaluating health services.** We were pleased to find that young people were prepared to engage with us both through social media and in-person. Hearing from almost 700 young people across 3 surveys demonstrates a willingness to engage with services to drive improvements. Young people were keen to share their personal circumstances, situations, and experiences with us.

Background Engagement

During general engagement in the summer of 2024, Healthwatch Warwickshire noticed an increase in feedback from parent/carers and young people about some of the challenges they were facing when accessing support for mental health. Most of the feedback we heard about mental health services was negative, with common themes of access, waiting times, and lack of follow-on support. We also heard about the difficulty of navigating services if someone has multiple conditions.

Feedback from a parent: "My child is autistic and suffering with their mental health. The CAMHS team say they need to be seen for their autism and the autism team say they need to be seen for their mental health. No one is taking responsibility. The services are not listening or helping. The last time they were in hospital they were acting up in front of the mental health team who said they needed support with the autism. They are on the ADHD waiting list."

Over 2024, we ran three networking meetings in Rugby Borough aimed at agencies supporting young people and heard concerns about how young people can access healthcare. The comments below come from members of staff supporting young people through charities and education.

"What I am finding difficult is when a student phones the GP, they are being asked loads of questions. The doctor should be celebrating that they have called up."

"A young person might not engage if they don't have a smart phone, if they have poverty or neurodivergence – these are major barriers."

"At college we support young people to access services themselves and make the phone call. They will, but when faced with triage from the receptionist, young people don't want to speak to someone first. There is a huge stigma in speaking about mental health. People don't know that they don't have to tell the receptionist everything."

Background Engagement: Engaging with young people

Listening to young people: 1st Survey (Appendix 1)

In October 2024, we visited three Warwickshire colleges to engage with young people directly and further understand the issues. We asked:

What health services did you need in the last year and who made contact?

What makes it difficult for you to use health services?

What would make it easier for you to use health services?

We heard from 150 young people who told us about their experience of general practice, dentistry, pharmacy, mental health, sexual health and accident and emergency services. While many young people shared positive experiences, over a third of the feedback we heard was negative in sentiment.

- 54 people told us about having to wait or being on a waiting list for services (including orthodontist, CAMHS and neurodiversity assessments).
- 40 people told us about their inability, or preference, not to use the telephone when making appointments or contacting health services.
- 41 young people told us about their reliance on another person to contact health services. Reasons given included a lack of knowledge, not wanting to use the telephone, or anxiety.
- When we asked what would make it easier for the young people to use health services the most common response was for communication to be tailored to their needs.

Listening to young people: 2nd survey (Appendix 2)

We spoke to a further 99 young people at a South Warwickshire college in November 2024. 35 young people told us they did not know how to contact their GP and half of those told us they would like to know that information. We asked where people looked for health information.

How would you find out how to contact mental health services?

Over three quarters of respondents told us they would look online or ask college staff. Only three people told us they would go on social media.

How would you like that information to be available to you?

The three highest responses were: social media (with TikTok, Snapchat, YouTube and Instagram mentioned by name), online and via posters.

Young People's Project: Overview

Following this scoping work, Healthwatch Warwickshire developed a project to engage with young people aged 16–24 to investigate and understand how they access GP and mental health services in Warwickshire. We have captured young people's experiences, to find out what they need to manage their own health journey and identify ways to overcome barriers that restrict their access.

Aims

1. Collect feedback from young people about their needs and preferences regarding health services and identify any obstacles.
2. Collaborate with stakeholders to implement improvements based on these findings.
3. In partnership, provide guidance information for young people about the services available in Warwickshire and how to access them.

This project is ongoing until March 2026.

Methodology

Listening to young people: 3rd survey (Appendix 3)

Building on our previous engagement with young people, we targeted a questionnaire at 16–24-year-olds inviting young people to share their experiences of GP and mental health services. Through our survey we asked people to share demographic information so we could see if personal circumstances correlated to people's experiences. We asked questions about making GP appointments to discover any barriers or opportunities for support. We asked about mental health services, specifically mentioning CAMHS, Talking Therapies, adult mental health services, MIND, and the eating disorder clinic. We invited people to share their experience of care, waiting lists, and transitions between child and adult services. We invited people to tell us if they felt that their personal circumstances, impacted on their experience.

The survey was shared online through our own and partner's social media channels. Schools, colleges, and youth groups were contacted directly to support publicity of the survey. Healthwatch Warwickshire staff made 25 visits to schools, colleges, and youth groups to support young people to fill in the survey

in-person. The Warwickshire Youth Council and IMPACT Forum had the opportunity, during their meetings, to complete the survey.

This report is based on the findings of that 3rd survey (Appendix 3). Over the next few months, we will continue to engage with young people and work with partner agencies to provide guidance information in a suitable format for young people about the health services available in Warwickshire and how to access them. We will be sharing this report and working with managers and commissioners of services to address the issues we are hearing from young people.



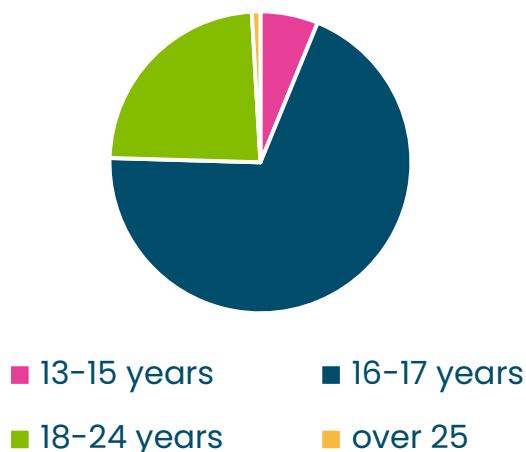
Healthwatch Warwickshire staff visiting colleges

Young People's Project: Survey findings

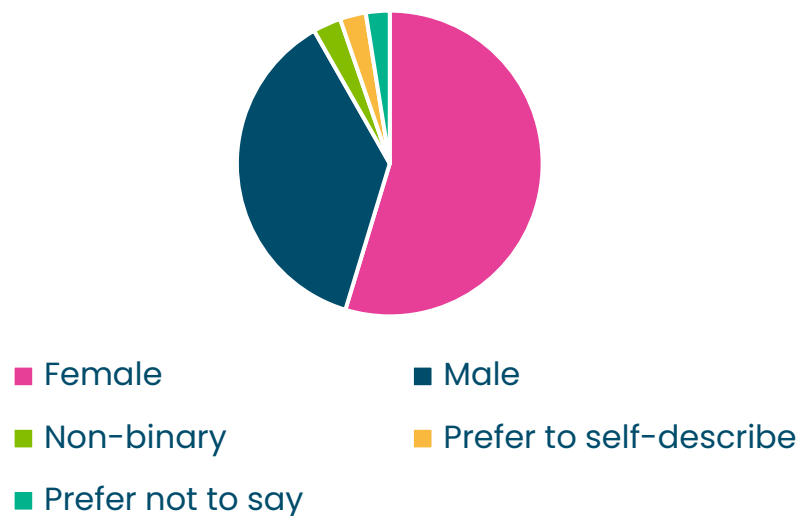
Who did we hear from?

We received 442 responses to our survey. Four survey responses were from parent/carers on behalf of a young person. We have included these responses in our analysis of the data.

What is your age?



Which gender do you identify with?



We invited young people to tell us about their personal circumstances

- 56 people told us they have a disability
- 45 people told us they have a Long-Term Condition
- 30 people told us they are supported by an EHCP (Education, Health and Care Plan)
- 21 people told us their gender is different to that assigned at birth
- 12 people told us they are a carer
- 62 people told us they are neurodiverse including autism (44) and ADHD (18)
5 of these people told us they are awaiting diagnosis
- We also heard from people who told us they have; dyslexia, anxiety, and are in care.

How young people describe themselves and their circumstances

"I don't like talking to people in new situations."

"My disability, I hate talking to people, so I always make my mum do it for me."

"My autism and anxiety make phone calls, speaking and planning difficult."

"Because English is my second language, it's hard for me to communicate."

"I struggle with answering questions, so my mum speaks for me."

"Having an undiagnosed autism/ anxiety disorder makes talking to people and navigating healthcare alone difficult."

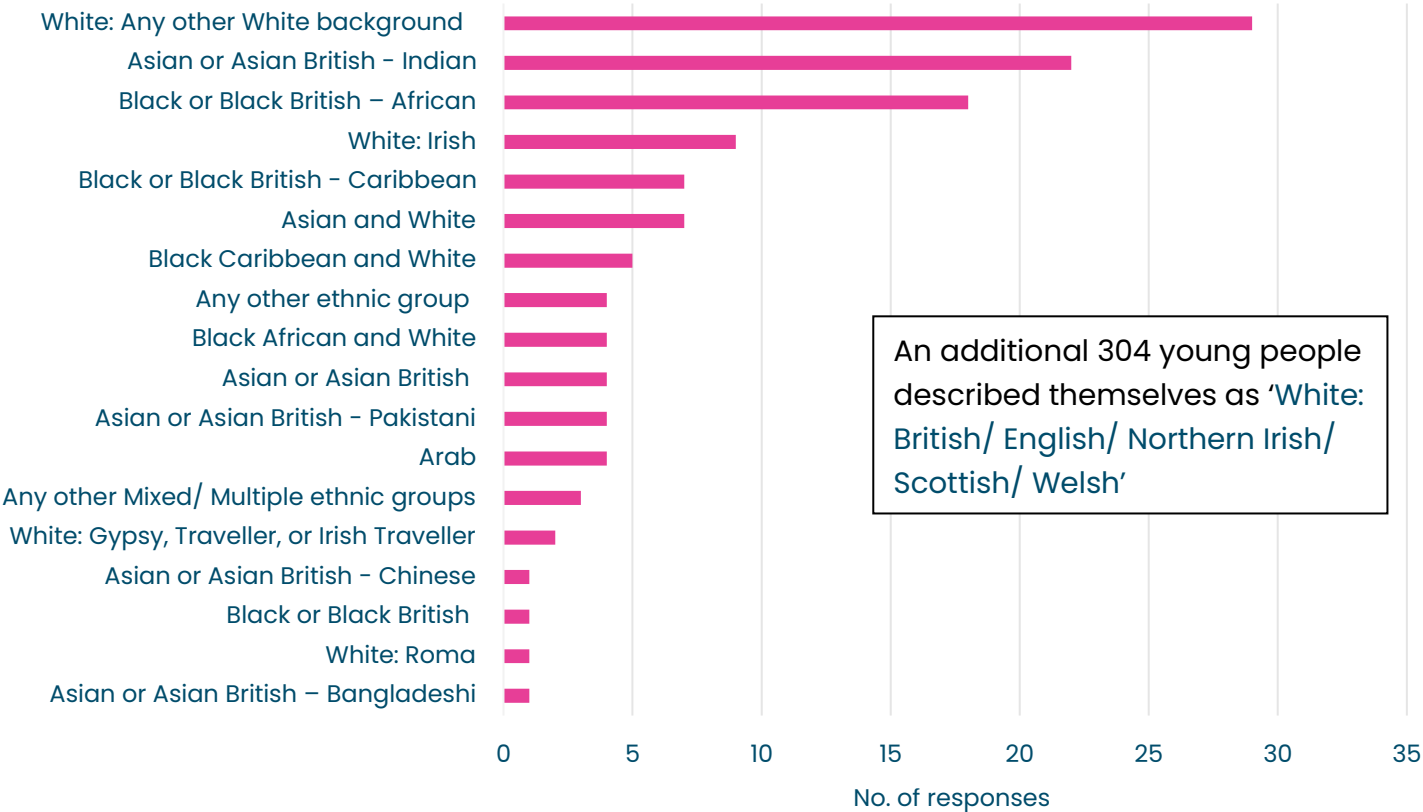
"I have anxiety, I also have a speech impediment, so phone calls are hard for me."

"I am experiencing period pains which impact my schoolwork (I cannot get out of bed for days) and feel I am not being taken seriously."

"I have many symptoms of stuff, just not diagnosed yet."

430 young people chose to share their ethnicity with us. 304 young people described themselves as ‘White: British/ English/ Northern Irish/ Scottish/ Welsh’ and 9 people told us they preferred not to share their ethnicity. We received responses from a further 126 young people (29% of all respondents) which are shown in the table below. 8 people who responded ‘Any other White background’ described themselves as coming from a European country.

What is your ethnicity? (Excluding 'White British...')



Where do you live?

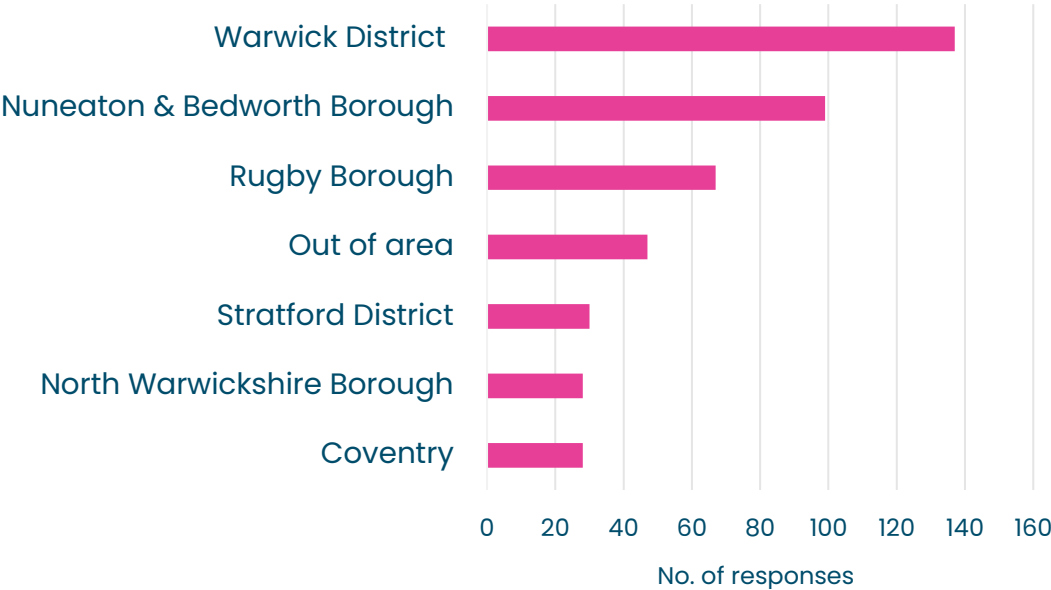


Image credit

389 young people from across Coventry and Warwickshire chose to tell us where they lived. We also heard from 47 people living in neighbouring regions, including, Leicestershire, Oxfordshire, Birmingham, and Solihull. This may be due to the survey being promoted online and the geographical spread of students who attend the colleges and groups we visited.

We heard from young people registered at 101 different GP surgeries, across 16 PCNs (Primary Care Networks) throughout the region.

Young People's Experiences of general practice

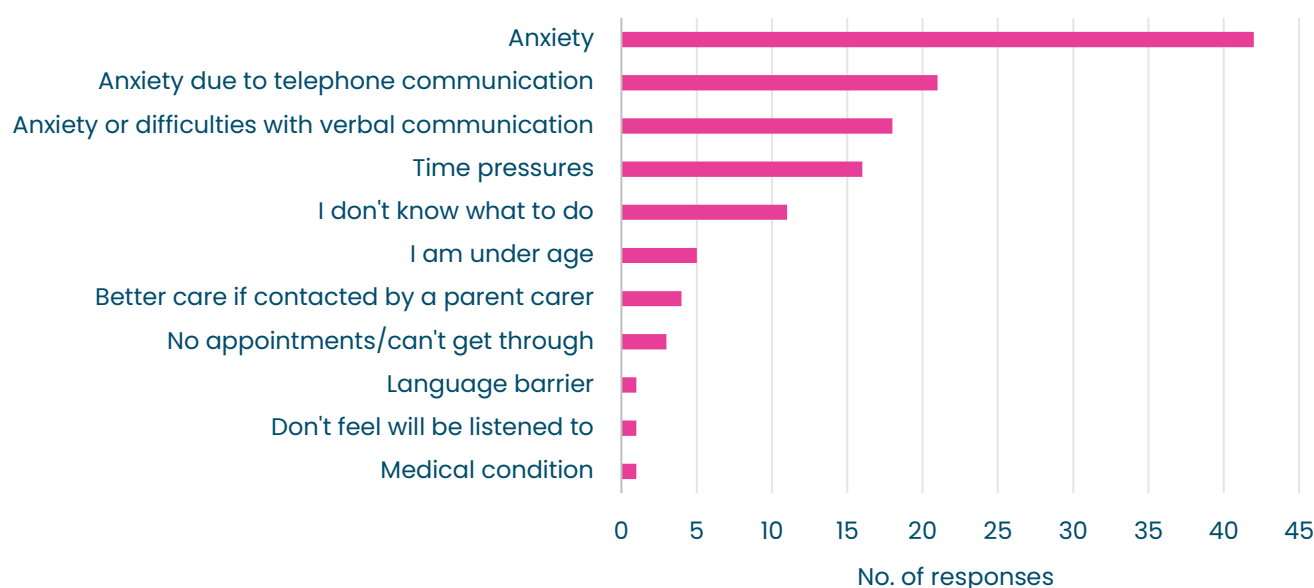
The majority of the young people we heard from, 79%, told us that they could get GP appointments when they needed them, whilst 21% said they could not. We asked the young people which surgeries they were with, who makes appointments and how appointments are made.

We asked: Do young people make contact with their GPs themselves? What are the reasons for, or the barriers to, this?

36% of young people (159) told us that they make contact with their GP themselves

62% of young people (272) told us that someone else makes contact with the GP on their behalf. Whilst almost two thirds of 16–18-year-olds told us that someone else makes their GP appointment, almost half of 19–24 years olds told us that someone else still makes their GP appointment.

What is the reason that someone else makes contact with the GP for you? (123 responses)



For many young people, someone else initiates contact with health services due to convenience or because they always have done. “I live with my nan, she calls if I am feeling poorly,” or it is “Easier for mum to do it”. But, about a third of the young people told us that someone else contacts the GP for them because they find it difficult for some reason. 123 young people provided further comments with the most common reason being anxiety, which in some cases was linked to communication methods, or social anxiety. All 7 people who told us that they experienced anxiety said that someone else makes appointments for them.

“I struggle with phone calls, and I don't have a way to get to the doctors on my own. Also, I have a lot of anxiety and prefer to have someone with me or contact for me.”

“I feel like my Mum will get through to them, and they will say no to me.”

“Mum does it for me. I don't like having to explain why I need an appointment to the receptionist. The reception area at the surgery is not very confidential, everyone can hear what you are saying in the waiting room. I find it uncomfortable to talk about my personal problems in this way. ”

“I can't make appointments online because the GP hasn't allowed it.”

“I have anxiety and struggle with speaking with people.”

“I find it difficult talking about what's wrong and this worsens anxiety.”

“I don't know how I am supposed to access my GP with any queries.”

11% of young people (50) told us they do not know the name of their surgery and two young people told us they are not registered at a surgery and would visit a hospital if medical care is needed. We heard that many young people are reliant on their parent/ carer to make appointments for them.

“Don't know how to contact, don't have a GP, I go straight to hospital if I need an appointment.”

“I don't have one – parents go to UHCW if they need anything.”

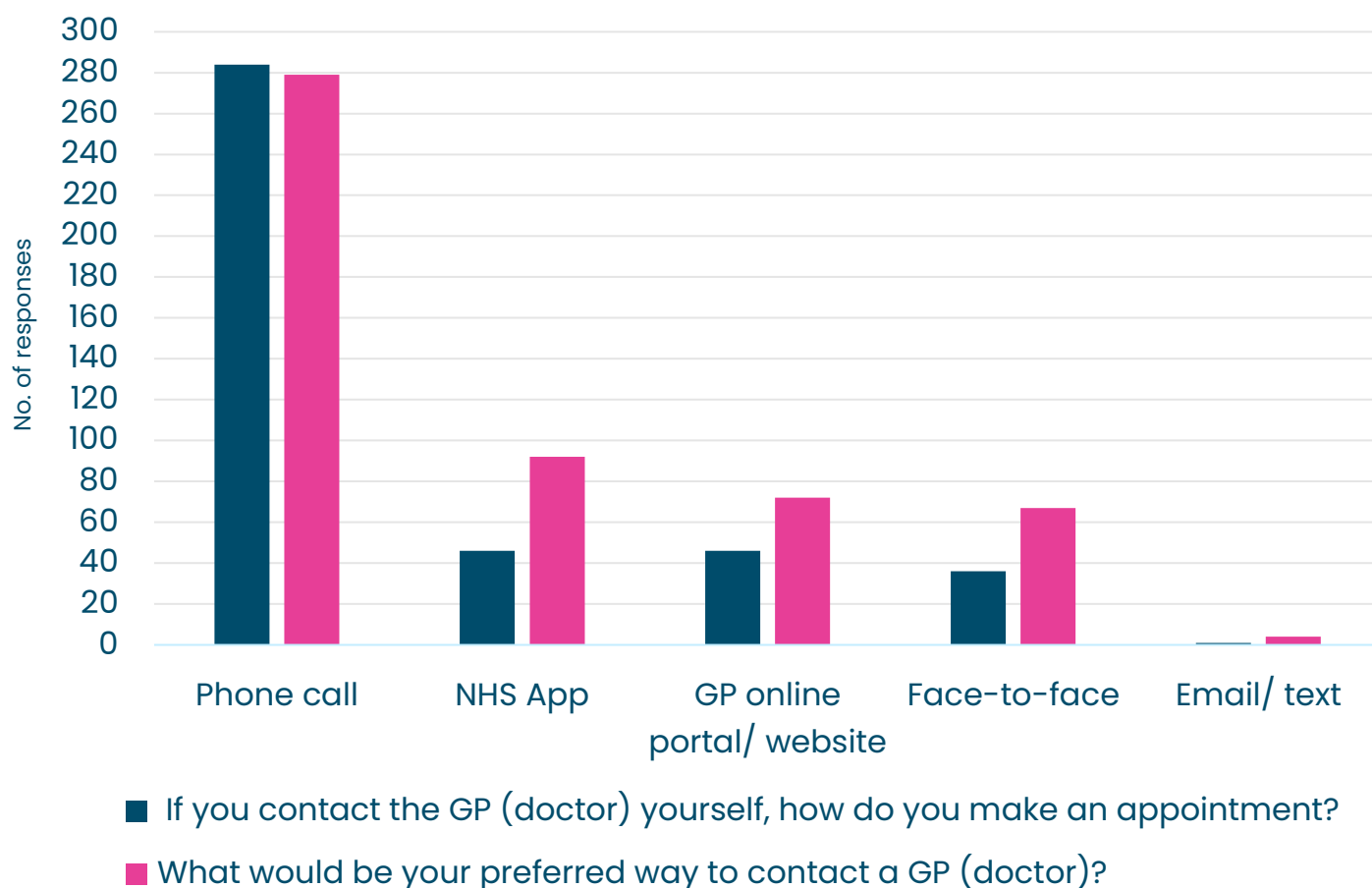
“I don't know where my GP surgery is or how to contact them. I would call 111.”

“Don't know – I don't pay attention to the name of the road where the surgery is or the name of the building.”

We asked young people how they currently make contact, and how they would prefer to make contact with GPs

For the young people who currently contact their GP themselves, many were happy with the contact arrangements. There was a preference to have more app, online or face to face options than there currently are.

How young people currently contact GPs and how they would prefer to contact GPs



We asked whether young people feel their personal circumstances impact on their experience of making an appointment with their GP.

20% of young people (87) told us that their personal circumstances impacted on their experience of making an appointment with the GP. This was more common for 19–24-year-olds than for 16–18-year-olds. This figure rose to 53% for young people who told us they were neurodiverse (including autism and ADHD)

and 57% for people who identified as having a different gender to that assigned at birth. People who told us they have a disability, long term condition, or are supported by an EHCP were twice as likely to tell us that their personal circumstances impacted on their experience of making an appointment. Many of the reasons given followed on from the previous responses, including communication difficulties and anxiety. Some people told us about previous trauma and negative experiences impacting on receiving care.

"I have a fair bit of trauma around talking to medical professionals so sometimes I find it hard. But also due to anxiety I struggle explaining conditions clearly."

"I often avoid making calls due to the anxiety that comes with autism, so when appointments through the app are unavailable, I often don't make appointments at all."

"My neurodiversity prevents me from using direct routes to appointments, meaning I don't get the care I need until a problem is more severe."

"I'm scared that I won't be taken seriously, or my mother will be informed. I also don't know who my GP is and can't find that out by myself."

"I feel unsure of what type of appointment to ask for as I feel I need to plan ahead due to my autism."

"Feel like my hearing stops me from calling them myself."

We asked whether young people feel their personal circumstances impact on either the experience of *care or communication* from their GP

17% (73) of young people told us that their personal circumstances impacted on their experience of care or communication from their GP. This figure rose to 42% for young people who told us they are neurodiverse (including autism and ADHD) and to 48% for those who told us they identified as a different gender to that assigned at birth. Response rates were more than doubled from those who told us they had a disability or are supported by an EHCP.

"Some doctors don't understand why I sometimes feel anxious or unable to communicate at appointments or tell me they don't believe I have autism."

"I struggle to speak. It is hard to say what is wrong. Feels like I need more time."

"I avoid telling GPs or doctors about being trans to avoid discrimination."

"If they give me something to read, I find it hard. I don't understand what they say."

"I honestly might prefer a certain gender of doctor to feel more comfortable."

"Stressful environment, difficult to get appointments created anxiety, lots of triggers for autism."

"I need things explained in a different way. I need to know exact details about future appointments, or I'll become stressed. I am uncomfortable or sensitive to some touch."

"I feel my experience with the GP has been negatively impacted due to institutionalised misogyny. Furthermore, the GP is not equipped to offer support for chronic illnesses with interconnected symptoms."

"I was told by a doctor to fill out a form, but I struggled to find it on the website directed, and I struggled to talk to the doctor as it was over the phone."

"My weight has always been a factor when I have been to the doctors, whether the medical issue is related to weight or not. This has stopped me from contacting the doctors for other problems."

We heard where staff made a difference for young people, by knowing them and taking their needs into account. We heard suggestions for what would make it easier for neurodiverse young people.

"Reception know me because of my condition, which makes it easier for them to look up my records and arrange the appointment for my medication."

"Staff know me because of my condition and say, 'hi are you back again'."

"My condition makes the doctors more likely to see me if I have a problem".

"I always feel that they make the environment calm and comfortable for everyone."

"It's not easy living this life, flexibility and understanding sure do help."

"It can be a bit hard to communicate with the GP if your accent is hard to understand. However, even if I have an accent, they will try their best to understand what I say."

From a parent/carer:

"For us, it is important doctors understand neurodiverse needs, and information processing differences. Summarising the information and giving extra time in the appointments to allow the young person to process the information."

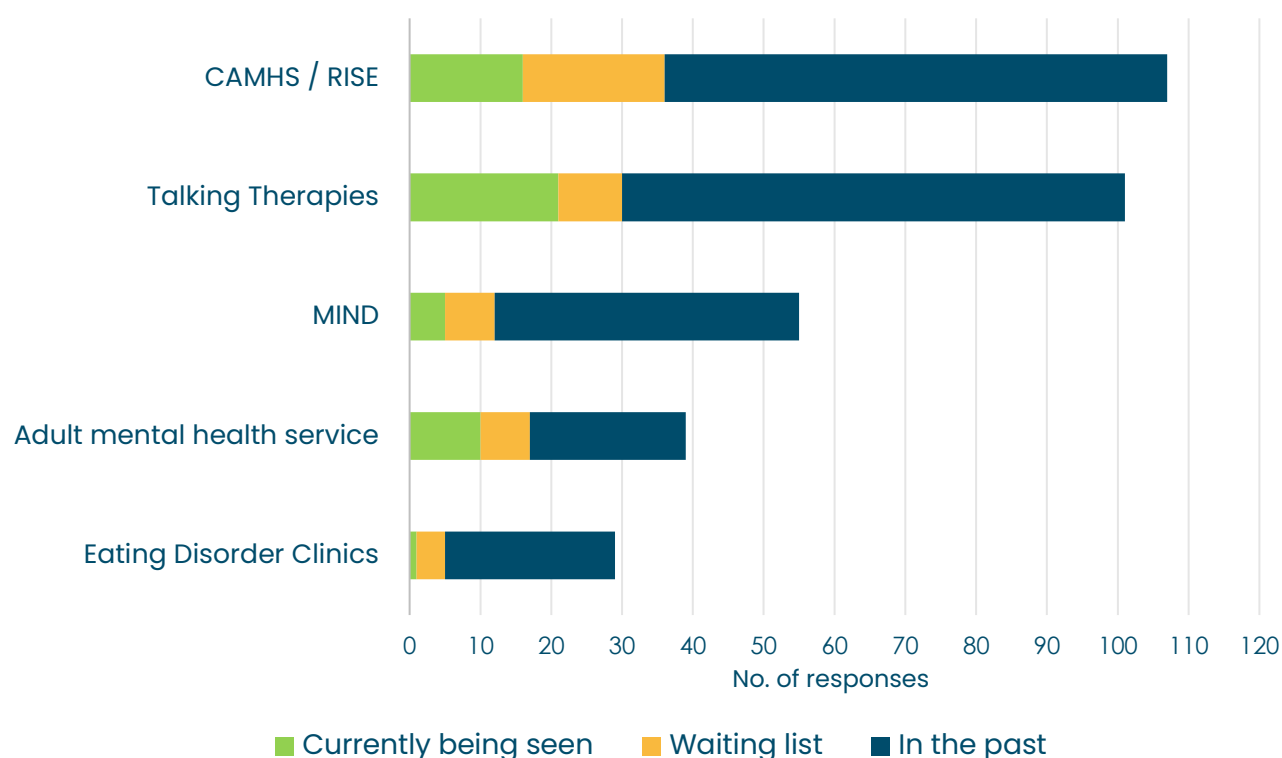


Young People's Experiences of Mental Health Services

We asked young people whether they had been in contact with any mental health services in the last 12 months.

Only young people who had been in contact with mental health services chose to complete this section. We heard from 184 young people who shared their experiences of mental health services.

Which mental health services have you been in contact with?



35 people told us about other mental health services including CASS (Community Autism Support Service), school or college mental health support, Crisis team, Kooth, and private services for neurodiversity or gender assessments. Individuals who told us that they were neurodiverse, including being autistic or having ADHD, and individuals who identified as being a different gender to that assigned at birth were twice as likely to tell us that they had been in contact with CAMHS and MIND and were more likely to have had contact with Talking Therapies. Females were twice as likely as males to have had contact with CAMHS, Talking Therapies and MIND.

Two people told us they had contacted services and had no response and one person told us *"I'm too scared to access any."*

We asked whether any support had been offered to those on waiting lists

70 people told us about their experience of being on a waiting list and 11 of those told us that they had been offered support whilst waiting

Currently waiting for CAMHS 3 years: "While waiting, I have had therapy from the doctors, a counsellor, school and college support."

Currently waiting for adult mental health services 6–8 weeks: "Free apps were recommended."

54 young people told us they had not been offered support whilst waiting.

Currently waiting for CAMHS 1 year: "I haven't been contacted while on the waiting list."

Previously seen by CAMHS, MIND and Talking Therapies after a 2 year wait: "I was offered no support from any professional while on the waiting list. I was not given any contact details I could use if I needed help in the meantime."

Currently waiting 2 years for CAMHS: "There was no support whilst waiting for CAMHS assessment."

Currently waiting 2 years to see a psychiatrist for ADHD diagnosis, and several months for adult mental health service: "Was turned down by NHS Talking Therapies due to my needs being 'too complex' and was told to go private for support and psychiatric services. Was turned down multiple times by adult mental health services to see a psychiatrist, despite all professionals telling me it was necessary before they finally accepted my referral . Have been given no support despite multiple requests for it."

Currently waiting 1 year to be seen by the eating disorder clinic: "No one cares till you're skinny."

We asked: If you are being supported by a mental health service, have you any concerns about the transition from child services to adult services?

140 people told they had no concerns about the transition, but we received very few comments to explain why.

"I have been assured of the process when I turn 18."

"I feel okay, as they have explained the process."

"I am not planning on accessing adult services."

35 people told us they were concerned about transitioning between children's and adult mental health services. Almost two thirds of these respondents left comments based on personal experiences of a poor transition.

"I have not been transferred to, or had contact from services, after CAMHS."

"No hand over, I spent my time chasing."

"During the period between, when I was 17, I didn't really have much support as they didn't know whether to do CAMHS or adult services."

"I've transitioned and so far, it has been so bad, mix ups and miscommunications and no respect/triggering."

"I had a horrid transition. I was stuck without support for a month. Transition led to being on another waiting list as an adult."

Some young people were unclear about the process.

"My main concern is that I will still be on a waiting list when I turn 18 and what happens next?"

"Will it be automatic, or do I need to make the switch myself?"

We invited people to tell us about their experience of care from mental health services.

106 young people told us about their experience of care from mental health services.

35 comments were positive

"They were really nice and understood everything they didn't judge."

"Actually, pretty helpful – Talking Therapies visited my school."

"The service employees have been really helpful, understanding and supportive when I contact them."

"Counselling at college was alright. Got a lot off my chest in the one session."

13 comments were mixed

"It didn't help me much, but I felt seen and heard."

"Sometimes it feels a bit intense and like they don't care, other times I feel like I am being listened to."

"Help for crisis has taken too long. Easy to lose help if I miss an email, text or letter. Has helped me out of life-threatening situations. Provided me with life and daily support. Short and long-term support."

"I was provided with a quick and easy diagnosis of OCD and given good resources, but once I had completed them there was no follow up, no support."

"I had a decent counsellor for Talking Therapies but after three sessions the session stopped. I wasn't told about it and a new counsellor wasn't arranged."

58 comments were negative

"It wasn't good. It didn't really help me. It felt like the person wasn't really there for me. It was someone else to speak to me about stuff that I didn't need to hear."

It was a waste of time and didn't talk about what I needed. I haven't bothered to go for support anywhere since. I have improved over time without therapy."

"I wouldn't go back to it again. I was in and out of hospital for mental health. When I came out, I wasn't able to talk to people and I wasn't eating, but the service dropped me because I wasn't in hospital...My friends say that adult mental health services are even worse. It feels like the services are bad because they don't help with what they can't see. I'm not getting any support at all now."

"CAMHS - all they told me to do was take a bath and go for a walk and I would be fixed. It didn't work. They told me all I was doing was for attention and I just need more attention from my parents."

"I was ill for 3 years but was only offered proper help days before I was going to die. I had help from CAMHS, yet they didn't help, and people kept leaving."

"I had counselling from Talking Therapies, and it felt quite detrimental. It put thoughts in my head. It would twist my thoughts about my childhood and made it seem more negative, and my Mum had to help me unpick them. The counsellor said I definitely didn't have Aspergers' but now I am diagnosed with it."

"I haven't found them very helpful and have felt my problems and feelings haven't been taken as seriously as they should have been."

"I was ignored and neglected until I was in serious danger."

We asked whether young people felt their personal circumstances impact on their experience of care or communication from mental health services

10% of young people who responded to the whole survey (43), told us that their personal circumstances impacted on their experience of care or communication from mental health services and 26 people shared reasons why. For those who described themselves as neurodiverse (including autism or ADHD) this rose to 37%. Over half of those who identified as a different gender to the one assigned at birth told us that their personal circumstances impacted on their care or communication from mental health services.

7 people described experiencing barriers to accessing support due to their circumstances

"Parents' backgrounds are not educated about mental health, and this means that they don't believe it exists."

From a parent/carer: "She has selective mutism and does not engage if she does not feel safe."

"My ADHD has caused me not to be able to access medication."

"I get turned down for support since it will not benefit me due to my complex needs but am given no alternatives despite needing support."

6 people told us about their struggles with communication impacting on their experience

"I struggle to connect and open up."

"Telephone appointments do not allow me to fully express the struggles I face, because I can't focus on a voice on the phone."

"I managed to conquer my inability to communicate. I now trust the people I see but it took a long time to build the trust."

5 people told us that they had experienced a poorer experience of care due to their circumstances

"They don't take me seriously."

"Often shamed for needing help."

"They gave me less options of help and care."

4 people felt that their personal circumstances were blamed which prevented them receiving the mental health support they needed.

“Things get blamed on autism instead of getting help.”

“People blamed all my problems on autism and neglected other symptoms, preventing help.”

“A lot of it is blamed on adoption, not looking for any other diagnosis.”

3 people told us about the impact of anxiety on receiving care.

“I have anxiety and that can hinder communication via phone calls and makes the waiting list (haven’t been told approximately how long it will take to be seen or how to expect to be contacted) incredibly stressful.”

1 person told us how multiple conditions can lead to overlap in appointments and missing mental health support.

“I had appointments for my back condition when I was supposed to be at counselling. I missed school due to back pain so missed the mental health support.”

The variety of feedback we heard about mental health, reflects the varied services provided or accessed, and the different complex circumstances experienced by young people. Three case studies have been included in Appendix 4 to show the ‘bigger picture’ for individuals accessing mental health services. As with the feedback regarding care and communication from the GP, themes of anxiety and communication issues are apparent, alongside concerns that other circumstances, such as neurodiversity, can impact on care being received for mental health.



Young People's Project: Discussion of Findings

Communicating with young people

Throughout our engagement we heard from many young people who were confident to manage their own health journey and to contact and access services when needed. However, a third of our respondents told us about their challenges in accessing primary care, which is often the gateway to other services. Some young people are reliant on their parents/carers to provide support to access services, but this support is not always guaranteed. This is reflected in some of the feedback we have heard from partner organisations who support young people to contact their GP. According to the NHS website:

“When you are 16, you are treated the same as an adult, and parent and guardian access stops. The GP surgery must get your consent before sharing your data. You can ask your GP surgery if you want your parents or guardians to have access. They do not have the right to have this in the same way they do when you're a younger child.” (NHS: 2024)

During general engagement we heard feedback from a local parent who explained that their surgery discourages parents to make appointments for their children.

“Once my children turn 16 the receptionists have told me that I can no longer make appointments for them, I can't check when the appointment is, so I have had to talk my 16-year-old through what to do. Young people can be very vulnerable when they go to university – they are reliant on housemates to help them if they need health care.”

Having heard from young people about the impact of anxiety on their ability to communicate and the fear of using the telephone this is potentially a major barrier for young people to independently manage their healthcare and should be taken in to account when providing any services accessible to young people.

Personal circumstances

Throughout our survey we found the response rate for certain questions correlated with people's personal circumstances. When we asked young people whether their circumstances impacted on their experience of making an appointment with their GP, responses were doubled for those who identified as having a disability, long term condition or are supported by an EHCP. The response rate was even higher for those who identify as neurodiverse (including autism and ADHD), and who identified as a different gender to that assigned at birth. Whilst there may be some overlap in these categories, fewer than half of the 21 respondents who identified as a different gender to that assigned at birth told us that they were autistic or neurodiverse. We only received one comment relating to the experience of being transgender on receiving care, so it may be other, related factors, which cause young people to feel their experience of care is affected. We asked about people's ethnicity but did not see any correlation between this and people's perception of their care. Two people told us they did not feel that their ethnicity had any impact on their care *"I don't feel race is a problem."*

Feedback received from parent/carers, featured in the recent Warwickshire County Council *SEND and Inclusion Strategy* (2024a), echoes the feedback we heard through our survey:

"Current services, such as Children and Adolescent Mental Health Services (CAMHS), Occupational Therapy and Speech and Language, do not take account of the complexity and range of needs of neurodivergent children and young people."

A Joint Strategic Needs Assessment (JSNA) for Autism and Attention Deficit Hyperactivity Disorder (2019) applied national prevalence estimates, suggesting there will be an estimated 4,894 people living with autism in Warwickshire and 3,467 in Coventry in 2025, with this number slowly rising. Since the Health and Care Act 2022, there is a statutory requirement that regulated service providers must ensure their staff receive learning disability and autism training appropriate to their roll, including the Oliver McGowan Mandatory training (NHS England:2025a). Training such as this, alongside local awareness raising such as the Warwickshire County Council Impact Group's video *Wrong Size Fits All* (2024b) may provide valuable further insights into the experience of neurodiverse young people.

National research has shown that autistic adults are more likely to experience determinants of poor health, have a co-occurring mental, physical or other neurodevelopmental health condition, and are more likely to have symptoms of

and be diagnosed with a mental health condition (NHS England: 2025b). NHS England guidance (2025b) invites all ICB's to “develop a local commissioning strategy to ensure appropriately adjusted and tailored mental health provision is available for autistic adults, informed by local and national statistical data” and to “develop and maintain a well-trained workforce.”

Our data shows that those with particular personal circumstances such as a disability, long term condition, or being supported by an EHCP, are more likely to feel that their experience of care and communication from health professionals is impacted due to their circumstances. We heard this from more than half of those who identified as neurodiverse (including autism and ADHD) and those who identified as having a different gender to that assigned at birth. To address these disparities, services can collect demographic information and engage with these groups to better understand how to meet their needs.

Mental health services

The feedback we heard about mental health services was mixed; this reflects the range of services offered. Whilst Coventry and Warwickshire Partnership Trust (CWPT) provides most of the NHS based mental health support in Warwickshire there are separate services offered by other organisations such as, college mental health counsellors, social prescribers, MIND, community connectors and online platforms such as Kooth. For CWPT and other organisations, different support is available across different areas for example, some schools have access to the mental health in schools' teams, whilst college students may have dedicated college staff for support. Looking at our data, we must take into account the different forms of support available to young people.

Those who identified as neurodiverse, and those who identified as a different gender to that assigned at birth, were almost twice as likely to have contacted mental health services, compared to all respondents. Those who identified as female were more likely than those who identified as males to contact mental health services. Females were more likely to feel that their personal circumstances impacted on their experience of care with one respondent citing “institutionalised misogyny,” for symptoms being dismissed.

Over half of the feedback we heard about mental health services from young people was negative. We heard issues about transition between services, integration between services, lack of support whilst waiting, and a variation in quality and consistency of provision. Data from CWPT shows 11,900 children and young people received at least one contact with CAMHS between 2023-2024 with

96% of children and young people being seen for treatment within 18 weeks. The waiting times for autism assessments in early 2024 were 48 weeks (CWPT: 2024). The rates of children and young people with mental health conditions have increased from about 1 in 8 children and young people in 2017, to 1 in 5 by 2023 nationally (The Kings Fund: 2025). Combining this with the fact that the number of children and young people aged 0–24 in Warwickshire is expected to increase there is a combination of a predicted increase in the population, and an increase in the prevalence of mental health issues in young people (Warwickshire JSNA: 2023). The Kings Fund recommends “Every ICS strategy includes specific focus on children and young people’s health, wellbeing, and health and care services, including clear pathways to ensure that local systems are sufficiently prioritising children” (The Kings Fund: 2025).

Continued engagement with young people

We were pleased to find that young people were prepared to engage with us both through social media and in-person. Hearing from almost 700 young people across 3 surveys demonstrates a willingness to engage with services to make things better. Young people were keen to share their personal circumstances, situations, and experiences with us. We encourage services and commissioners to engage with young people directly when designing and evaluating health services.

Thank you to the young people who shared their experiences with us. Thank you to the local schools, colleges and youth groups that shared our survey and invited us to visit. Thank you to Warwickshire County Council’s IMPACT SEND youth forum and Youth Council for supporting our engagement.

Responses to this Report

Dr Imogen Staveley, Chief Medical Officer
Coventry and Warwickshire Integrated Care Board

It is fantastic to see so many young people give their feedback for this report with the intention of influencing the way services are shaped for the future. This is a really helpful and insightful piece of work.

The Integrated Care Board, Coventry City Council and Warwickshire County Council have recently produced our Children and Adolescents Mental Health Local Transformation Plan (LTP) for 2025-27 that recognises many of the issues raised in this report. We are also currently scoping and compiling an ADHD Transformation Programme.

In producing the LTP, the ICB spoke to a variety of stakeholders including (most importantly) a number of young people who use our services and their families. We heard similar messages to those contained in this report. Commissioners who are recommissioning services for 2026 in Warwickshire have also recently undertaken their own engagement with children and young people, parents, carers, service providers and professionals in Warwickshire about children and young people's mental health services. Again, they have heard very similar views to those expressed in this report.

Almost all of the issues highlighted in the report relating to the mental health and emotional wellbeing of children and young people are identified as areas to address, redesign or improve in our transformation plans and, in our plans, to recommission services for 2026 onwards. Commissioners would like to ensure the workstream and individual project leads have access to the findings in the report as they build detailed plans on addressing many of these issues.

General Practice's across Warwickshire continue to adapt and expanded their methods of communication and booking to ensure that everyone can use the medium that works best for them whether this be phone call, NHS APP or online forms. This should enable everyone to be able to make enquiries, book appointments or organise a phone call with the appropriate member of the wider General Practice team.

This report highlights that gaining access to General Practice services is particularly hard for people who are anxious or neurodiverse. This has been recognised and significant training has been put on for all members of practice staff on Learning Disability and Autism to help them to meet the demands of their entire patient population. The Primary Care Team have taken note of this Healthwatch report and will use the valuable findings to feed into future improvement work.

We want to maximise the amount of co-production as part of finding and implementing solutions. The best way to ensure all voices of children and young people are heard is to work together in partnership so commissioners would welcome working with Healthwatch and other organisations working with children and young people to assist us with this.

The ICB are committed to improving our services, breaking down barriers to access and working with young people to find our best solutions.

**Tina Swain, Director of Operations for Children and Young People
Coventry & Warwickshire Partnership NHS Trust**

Coventry & Warwickshire Partnership NHS Trust are grateful to the young people who took the time to share their thoughts on mental health support and the barriers to accessing the help available.

We know that some young people feel anxious when communicating with health professionals' and that their particular circumstances, and experiences, can feel like a further barrier to accessing the help they need. However, we are committed to reducing these barriers and supporting young people to get the right help at the right time by the right person: using the feedback to develop a new approach in providing help for children and young people at the Trust.

We also acknowledge concerns about the experience of transition and communication between services and we are actively working on improvements in this area, to ensure that we take a 'whole child' approach, coordinating different elements of support and maximising 'waiting well' programmes between referrals and appointments. If a young person needs to transition it should feel seamless and well-coordinated with the young person and their family.

We are committed to working alongside children and young people through the development of a Children and Young Peoples Board. Together we will evaluate and design our services to ensure that the voice of our young people at its heart.

**Judith Abbott, Specialist Support Lead Mental Health
Warwickshire College Group (WCG)**

I would echo and agree with the findings. I am sure the next steps will be considered carefully, and I look forward to hearing about any developments.

I would like to comment on all the points raised in this project, but my response would probably run to ten pages long, so I am just going to mention one small area and that is the barrier that young people (16-18) face when trying to call, if their anxiety allows, their GP surgery for an appointment.

Working with young people can involve signposting or suggesting they contact their GP. This can take weeks of careful planning, mind mapping and preparation, but when you get the response of 'I am going to phone' it is an amazing relief and commendable. Sometimes the young person will call or it could be a member of staff with them present, either way we are just thankful that they want to take this step.

But, here lies the barrier. Invariably the young person will put the phone down. Why? Because they are now asked a list of questions which for many young people feels intimidating, overwhelming and personal to them along with they do not know who they are speaking to. In their minds they have phoned to make an appointment with a

GP or a medical professional, and that is what they would like to do, not go through the whys and wherefores (This can be seen on page 4).

My thought is, could a 'flag' come onto the screen to highlight the young person is 16-18 and an appointment be made straight away, before a list of questions is asked. Rest assured they are phoning because they require help and support.

An addition to this is that 16-18's do not realise that they can take their parents' names from their records as next of kin. I do think this needs to be explained to them at this point as well.

Finally, I would like to mention that some young people who have successfully attended their GP appointments have been quite clearly told to 'Go back to college, they will be able to support you!' We are not medical professionals.

I have found during my time in post as WCG's Specialist Support Lead - MH, that young people will not go out and source support, but they will when it is 'on their own turf' so to speak. This is why we have an amazing bank of external agencies that support us. An example of this is mental health awareness week, 12th May 2025. WCG has over 70 agencies coming to visit both staff and students 'on their own turf' They will all be extremely busy having important conversations, sharing advice, taking referrals and offering support. Thank you all in advance.

I wholeheartedly agree with Healthwatch Warwickshire in conducting this project and asking the WCG Students for their 'voice'. It has been a pleasure supporting you with this and I am happy to in the future if required. As I have said before 'we (WCG)' are holding many young people who are between services, and we (WCG) would welcome support with this.

IMPACT Forum

Warwickshire County Council's Young Person's Forum for SEND

IMPACT feel the report highlights issues that are important to young people, and they are committed to working with Healthwatch Warwickshire and health partners to address the challenges that young people face when accessing health services, and in particular working together to coproduce a Young Inspectors Programme including visits to health settings to provide feedback and recommendations.

Glossary

Adapted from Warwickshire County Council SEND Inclusion guidance: [Definitions and Key terms](#) (2015)

ADHD/ ADD Attention Deficit (Hyperactivity) Disorder is a lifelong neurodevelopmental difference which is characterised by hyperactivity, impulsivity and inattention.

Autism (Autistic Spectrum Condition-ASC or Autistic Spectrum Disorder-ASD) Autism is a lifelong neurodevelopmental difference which affects how people communicate and interact with the world. One in 100 people are on the autism spectrum and there are around 700,000 autistic adults and children in the UK.

CAMHS Child and Adolescent Mental Health Service. In Warwickshire these services are known as Coventry and Warwickshire Rise. Rise is a family of NHS-led services providing emotional wellbeing and mental health services for children and young people in Coventry and Warwickshire. Rise aims to build resilience and empower children and young people (as well as the adults in their lives) to know where to go for help and advice. It's made up of a number of different services, each led by mental health specialists. These services assess and treat children and young people with emotional, behavioural or mental health difficulties. They range from basic pastoral care, such as identifying mental health problems, to specialist 'Tier 4' CAMHS, which provide in-patient care for those who are severely mentally ill.

EHCP Education, Health and Care Plan details the education, health and social care support that is to be provided to a child or young person who has Special Educational Needs or a Disability. It is drawn up by the local authority after an Education, Health and Care Needs Assessment of the child or young person has determined that a plan is necessary, and after consultation with relevant partner agencies.

Special Educational Needs and Disabilities (SEND) A child or young person has SEND if they have a learning difficulty or disability which calls for special educational provision to be made for him or her, namely provision different from or additional to that normally available to pupils of the same age. A child of compulsory school age or a young person has a learning difficulty or disability if he or she has a significantly greater difficulty in learning than the majority of others of the same age.

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Appendices

Appendix 1: Young people's engagement 1st Survey

Healthwatch Warwickshire would like to hear from young people



We want to know what health services you use and how easy it is to get help with your health. Are health services listening to you and where do you go for health information? You don't have to give your name, all responses are confidential.

Service	I needed to visit in the last year	I made contact myself	Someone contacted them for me	Did you get to speak to someone? Who? Do you feel your concerns were listened to?
GP (doctor)				
Pharmacy (chemist)				
Dentist				
Mental Health				
A&E (Accident & Emergency)				
Sexual Health				
Anywhere else? _____				

What makes it difficult for you to use health services? (Please tick any that apply)

- ☐ Waiting times are too long ☐ I prefer not to use the telephone
☐ It's hard to book an appointment ☐ I don't know where to go
☐ I'm worried about privacy/confidentiality ☐ It's hard to get there (e.g. no transport)
☐ I don't feel comfortable talking to doctors/nurses
☐ I don't find it difficult
☐ Other (please explain): _____

What would make it easier for you to use health services?

Where do you look for health information?

- ☐ Online
☐ NHS App or website
☐ Friends/Family
☐ School/College
☐ Social Media
☐ GP or health professional
☐ Other (please tell us where) _____

☐ I don't look for health information

Please tell us which gender you identify with.

- ☐ Female ☐ Male ☐ Non-binary ☐ Intersex
☐ Prefer to self-describe ☐ Prefer not to say

Please tell us your age.

- ☐ 13-15 years ☐ 16-17 years ☐ 18-24 years
☐ Prefer not to say

Please select any of the following that apply.

- ☐ I have a disability
☐ I have a long-term condition
☐ I have an EHCP
☐ I am a carer
☐ My gender is different to that assigned at birth
☐ Any other situation you would like to tell us about _____

Please select your ethnicity

- ☐ Arab
☐ Asian or Asian British – Bangladeshi
☐ Asian or Asian British – Chinese
☐ Asian or Asian British – Indian
☐ Asian or Asian British – Pakistani
☐ Asian or Asian British – Any other Asian or Asian British Background
☐ Black or Black British – African
☐ Black or Black British – Caribbean
☐ Black or Black British – Any other Black or Black British Background
☐ Mixed/ Multiple ethnic groups – Asian and White
☐ Mixed/ Multiple ethnic groups – Black African and White
☐ Mixed/ Multiple ethnic groups – Black Caribbean and White
☐ Mixed/ Multiple ethnic groups – Any other Mixed/ Multiple ethnic groups background
☐ White: British/ English/ Northern Irish/ Scottish/ Welsh
☐ White: Irish
☐ White: Gypsy, Traveller, or Irish Traveller
☐ White: Roma
☐ White: Any other White background
☐ Any other ethnic group ☐ Prefer not to say



Fill in this survey online here



Thank you for taking the time to answer these questions.

Appendix 2: Young people's engagement 2nd Survey

GP	If you need to see a doctor, do you know how to make contact yourself? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	If no, would you like to be able to make contact yourself in the future?	What information do you need to make contact with a doctor? (For example, contact details, method of booking etc.)	
	How would you like that information to be made available to you?		
Pharmacy	Have you heard of or used any of these pharmacy services?	NHS Pharmacy First	NHS Sexual Health <input type="checkbox"/> NHS Contraception <input type="checkbox"/>
		Smoking Cessation	Medication Advice
	Are there any other services you have heard of or used?	Further comments	
Mental Health	Which of these support services for mental health have you heard of?	NHS Talking Therapies	NHS 111
		CAMHS	MIND
	Are there any other services you have heard of or used?	How would you find out how to contact these services?	
	How would you like that information to be made available to you?	Further comments	

Please tell us which gender you identify with.

- ☐ Female ☐ Male
☐ Non-binary ☐ Intersex
☐ Prefer to self-describe ☐ Prefer not to say

Please tell us your age.

- ☐ 13-15 years ☐ 16-17 years
☐ 18-24 years ☐ Prefer not to say

Please select any of the following that apply.

- ☐ I have a disability
☐ I have a long-term condition
☐ I have an EHCP
☐ I am a carer
☐ My gender is different to that assigned at birth
☐ Any other situation you would like to tell us about _____

Please select your ethnicity

- ☐ Arab
☐ Asian or Asian British – Bangladeshi
☐ Asian or Asian British – Chinese
☐ Asian or Asian British – Indian
☐ Asian or Asian British – Pakistani
☐ Asian or Asian British – Any other Background
☐ Black or Black British – African
☐ Black or Black British – Caribbean
☐ Black or Black British – Any other Background
☐ Mixed/ Multiple ethnic groups – Asian and White
☐ Mixed/ Multiple ethnic groups – Black African and White
☐ Mixed/ Multiple ethnic groups – Black Caribbean and White
☐ Mixed/ Multiple ethnic groups – Any other background
☐ White: British/ English/ Northern Irish/ Scottish/ Welsh
☐ White: Irish
☐ White: Gypsy, Traveller, or Irish Traveller
☐ White: Roma
☐ White: Any other White background
☐ Any other ethnic group
☐ Prefer not to say
 Any other ethnicity _____

Appendix 3: Young people's engagement 3rd Survey



HWW Young People's Survey

Introduction

Following feedback, we are investigating the barriers young people face when they need to see a GP (doctor) or need support from mental health services.

What difference will your feedback make?

We would like to hear about the experience of contacting services and receiving healthcare from people aged between 16-24. We will share this feedback with those who run and commission health services for young people. The aim is to help the young people of Warwickshire to be able to have support from a GP (doctor) or mental health services when they need it.

Who are Healthwatch Warwickshire?

Healthwatch Warwickshire are an independent service for everyone who uses health and social care in Warwickshire. We help people understand the health and social care system through signposting. Together with our volunteers we make your voice heard to help improve NHS and Adult Social Care services, so the care you receive meets your needs.

You will be able to read our findings, and find out more about our other work, on our website. www.healthwatchwarwickshire.co.uk

Tell us a bit about you.

By telling us information about yourself, throughout these questions, you will help us better understand how people's views may differ depending on their personal characteristics. However, if you do not wish to answer all the questions you do not have to. For more information about how we use your data, please see our privacy notice on our website.

Thank you for taking the time to answer these questions.

If you need more information about our organisation or you would like to tell us in more detail about your experiences, please contact us:



Call: 01926 422823



Email: info@healthwatchwarwickshire.co.uk



Website: www.healthwatchwarwickshire.co.uk

Posting back: Write FREEPOST HEALTHWATCH WARWICKSHIRE on your envelope to post your questionnaire back to us for free.



Fill the survey in online
by scanning QR Code

1. Are you?

☐ A young person ☐ The parent/carer of a young person ☐ Healthwatch staff

2. Please tell us which gender you identify with.

☐ Female ☐ Male ☐ Non-binary ☐ Intersex
☐ Prefer to self-describe ☐ Prefer not to say

3. Please select your ethnicity

☐ Arab
☐ Asian or Asian British – Bangladeshi
☐ Asian or Asian British – Chinese
☐ Asian or Asian British – Indian
☐ Asian or Asian British – Pakistani
☐ Asian or Asian British – Any other Asian or Asian British Background
☐ Black or Black British – African
☐ Black or Black British – Caribbean
☐ Black or Black British – Any other Black or Black British Background
☐ Mixed/ Multiple ethnic groups – Asian and White
☐ Mixed/ Multiple ethnic groups – Black African and White
☐ Mixed/ Multiple ethnic groups – Black Caribbean and White
☐ Mixed/ Multiple ethnic groups – Any other Mixed/ Multiple ethnic groups background
☐ White: British/ English/ Northern Irish/ Scottish/ Welsh
☐ White: Irish
☐ White: Gypsy, Traveller, or Irish Traveller
☐ White: Roma
☐ White: Any other White background
☐ Any other ethnic group (Please tell us more) _____
☐ Prefer not to say

4. Please tell us your age.

☐ 13-15 years ☐ 16-17 years ☐ 18-24 years ☐ Other, please tell us your age _____

5. Please select any of the following that apply.

- ☐ I have a disability ☐ I have a long-term condition
☐ I have an EHCP ☐ I am a carer
☐ My gender is different to that assigned at birth
☐ Any other situation you would like to tell us about (for example, neurodiversity/autism)

6. Please tell us where you live

- ☐ North Warwickshire Borough ☐ Nuneaton/ Bedworth Borough
☐ Rugby Borough ☐ Warwick District
☐ Stratford District ☐ Other _____

7. What is the name of your GP practice/ Doctor's surgery?

8. If you need to see a GP (doctor), do you make contact yourself?

- ☐ Yes, I make contact myself ☐ No, someone else makes contact for me

9. If someone else makes contact for you, is this because you find it difficult to contact the GP (doctor) for some reason (please tell us why below)

- ☐ Yes ☐ No

Please explain your answer

3

10. If you contact the GP (doctor) yourself, how do you make an appointment

- ☐ Phone call
- ☐ NHS app
- ☐ GP Online portal/ website
- ☐ Face to face
- ☐ Other please tell us more _____

11. What would be your preferred way to contact a GP (doctor)?

- ☐ Phone call
- ☐ NHS app
- ☐ GP Online portal/ website
- ☐ Face to face
- ☐ Other please tell us more _____

12. Can you get an appointment with your GP (doctor) when you need one?

- ☐ Yes ☐ No

13. Do you feel that your personal circumstances, for example, your culture, religion, neurodiversity, disability or other needs, impact on your experience of making an appointment to see a GP (doctor)?

- ☐ Yes ☐ No

Please tell us more

14. Do you feel that your personal circumstances, for example, your culture, religion, neurodiversity, disability or other needs, impact on your experience of care or communication from the GP (doctor)?

☐ Yes ☐ No

Please tell us more

15. What mental health services, if any have you been in contact with in the last 12 months? (Please tick)

	Not needed, not contacted	Yes, in the past	On a waiting list	Currently being seen
CAMHS / RISE				
Adult mental health services				
MIND				
Talking therapies				
Eating disorder clinic				
Tell us about any other mental health services?				

16. If you are on a waiting list, how long have you had to wait for the service?

17. If you are on a waiting list, has there been any support offered whilst you wait?

☐ Yes ☐ No

Please tell us more

18. If you are being supported by a mental health service, have you any concerns about the transition from child mental health services to adult mental health services?

☐ Yes ☐ No

Please tell us more

19. Please tell us about your experience of care from mental health services

20. Do you feel that your personal circumstances, for example, your culture, religion, neurodiversity, disability or other needs, impact on your experience of care or communication from the mental health services?

☐ Yes ☐ No

Please tell us more

6

Thank you for completing our survey

Appendix 4: Young People's Project: Case Studies

A young person from North Warwickshire, who identified their gender as different to that assigned at birth, told us about their experience of mental health services.

"CAHMS in the past saw me once and then never contacted me again. After four months of seeing my GP, looking for support, I've been booked an appointment for mental health support inside the doctors and been prescribed medication."

They have been on the waiting list for Talking Therapies for 3 months.

"I have anxiety and that can hinder communication via phone calls and makes the waiting list (haven't been told approximately how long it will take to be seen or how to expect to be contacted) incredibly stressful."

A young person from South Warwickshire told us that their neurodiversity prevents them getting the care they need from their GP because they are *"unable to properly communicate their needs."*

"My neurodiversity prevents me from using direct routes to appointments, meaning I don't get the care I need until a problem is more severe."

They are on a waiting list for the adult mental health services and have been offered support whilst waiting via free apps. The first time they received mental health support they found that communication difficulties hampered the relationships.

"The first time I was referred, I was pressured into Cognitive Behavioural Therapy (CBT). The assessor and the therapist didn't explain what was going on and there was no time to develop rapport before I was discharged... Telephone appointments do not allow me to fully express the struggles I face, because I can't focus on a voice on the phone"

A young person identified themselves as having a disability, long term condition, autism and is supported by an EHCP. They told us that sometimes the GP can “See me differently” because of their circumstances.

“My neurodivergence can impact on my ability to communicate with others because it is like an invisible disability... Sometimes it's just hard for me to explain.”

In the past they have been in contact with CAMHS, MIND, eating disorder clinic, crisis team and experienced in-patient support. They are currently being seen by the adult mental health team and Talking Therapies.

They describe the transition from child to adult services as *“I've transitioned and so far, it has been so bad, mix ups and miscommunications and no respect/triggering.”*

Their experience of support from mental health services was poor which they felt was due to their neurodiversity.

“I was ill for 3 years but was only offered proper help days before I was going to die. I had help from CAMHS, yet they didn't help, and people kept leaving... People thought it wasn't my mental health, it was my autism, when it wasn't.”

healthwatch

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