Supplementary file 3: CATALYST- Situational analysis – Analytical Framework

This document describes the analytical framework that was developed for the situational analysis. The framework is split into 6 overarching themes: 1) System level barriers, 2) Service level barriers, 3) Individual level barriers, 4) System level facilitators, 5) Service level facilitators, 6) Individual level facilitators.

Within each overall theme there are several theme categories which are described in a short descriptive text.

Sub-themes are then presented for each theme category for each of the three data sources (document analysis, Professional stakeholders, Young people). Each sub-theme is illustrated with a single exemplary quotation from the analysis.

Name	Document analysis	Professional Stakeholder Interviews	Young person interviews
1. System level barriers			
1.1 Inadequate funding and resources *All data sources recognised that there is a lack of funding in the mental health system to meet demand, and all kinds of services are stretched. There is also a shortage of staff and elevated levels of staff turnover. The commissioning process is also considered to be a barrier to services, particularly smaller VCSE services who cover mild/moderate care. These services either cannot understaff or access funding sources or are pitted against each other in competitive tenders when they should be collaborating. Commissioning lacks long-term and*	**Commissioning**: "Our overarching finding is that the current commissioning structures for children and young people's services in Sussex have been too inconsistent and not strategic enough." (Foundations for our future report) **Inflexibility:** "Statutory and third sector services remain rooted in a traditional model of operation. There is little flexibility in relation to the hours that services are available, with some working a 9-5 working week, with little access outside of working hours or at weekends." (Local transformation plan) **Resources:** "For too long, NHS CYPMHS has been under-funded and under-prioritised by successive governments, resulting in a service that is struggling to	**Commissioning:** "I think the commissioning of mental health services in Brighton and Hove is quite patchy… it's split up into lots of small pots of money, and I think the services that are commissioned individually often do a really good job, but their scope is really small." (Frontline Healthcare worker) **Inflexibility:** "I think there's lots of gaps and I think there are lots of places where young people fall through those gaps or there isn't really a service, and I think that's a definite struggle. I think the more statutory services, so the NHS led services aren't flexible enough and I think that's a real problem." (Service leader) **Resources:** "I suppose funding and commissioning are really key aspects of	**Resources:** "We're doing this, we're doing that, they get all this funding, a big pot of funding, so, they can pay everyone's salaries, and then all the meetings are stopped and nothing has been done, and nothing's improved, or I've seen it years and years and years, I've seen it happening." (Community member) **Workforce:** [they need] "More staff, I know it's hard, I know you can't just click your fingers and do it but in an ideal world, you need more staff." (Young person)

strategic thinking and it is to target driven.	cope with demand and children and young people being left without the support they need.'' (Heads up report) **Workforce:** ''A shortage of staffing to meet demand has been identified as one of the most common reasons for delayed access to children and young people's mental health services137. This was an issue before the pandemic and has only been exacerbated since then.'' (Heads up report) **Youth services:** ''Data in 2019 saw a reduction of £959 million spending, an equivalent to a 71% cut, on youth services in England, especially in the West Midlands and the Northeast.'' (Heads up report)	how this is designed, and funding is not great. Services are struggling to fund core services.'' (Service leader) **Workforce:** ''We've also got the recruitment crisis, where staff are just burnt out and leaving, and there aren't the people in the system there to replace them always.'' (Service Leader)	
1.2 High demand for care/lack of capacity *Most demand on mental health systems comes from cases which are mild to moderate such as anxiety and depression. This demand means that the mental health system is overburdened and cannot respond as well to either the needs of low - intensity or high intensity cases. Rates of anxiety and social anxiety are remarkably high, especially amongst young women and emotional dysfunction/conduct issues are higher for young men.*	**Anxiety and depression:** ''Nationally, 90% of school leaders have reported an increase in the number of students experiencing anxiety or stress over the last five years.'' (Foundations for our future) **Conduct issues. "**Sussex has a higher than national average percentage of school pupils with social, emotional and mental health needs in all three of its local authority areas.'' (Foundations for our future) **Wellbeing: "**A large proportion of young people experience low wellbeing while	**Anxiety: "**I'm sure you've heard this, anxiety, is like, oh my God, literally, every young person…'' (Frontline health worker) **Emotional dysfunction: "**I have lots of young people I work with that really struggle with their behaviour and then that impacts their academic side of school, and then they're getting in trouble, and then they've been kicked out.'' (Frontline health worker) **Transition periods: "**I think that transition from child to adult is really difficult and is an area where things can	**Anxiety and depression: "**I think that's what people don't understand about it, there's so much that people don't understand about depression that people use the word depression and depressed like any other word.'' (Young person'' **Anger and conduct: "**They just made me more angry and then when teachers … say if I am teacher gave me like a … say like an after-school detention or a lunchtime detention. Sometimes I wouldn't go to them because I would just be like, really, really like pissed off

Substance abuse is also a particular issue in Brighton as it has some of the highest rates of drug and alcohol use amongst young people in the country. *The current mental health system is not well set up to support he needs of complex or comorbid young people. These people have intersecting mental health, social, economic, economic issues, and struggle to cope with the demands of life. Self-harm and eating disorders are a particular concern for young women and young men are at particular risk or suicide.*	not having a diagnosable mental health problem. According to analysis by the Department for Education in England (DfE), there is evidence to suggest that children and young people's subjective wellbeing aged 10 to 24 has been declining compared to previous years, particularly in relation to their life satisfaction." (Heads up report) **Substance abuse:** "Brighton and Hove also faces particular challenges, with the highest percentage of 15-year-olds who smoke or have tried cannabis in England and the 3rd highest percentage of 15-year-olds who drink weekly." (Local Transformation Plan) **Complex cases: "**The early evaluation of MHSTs found that interventions delivered do not support more vulnerable and disadvantaged groups, and it has been identified that those with more complex needs are unable to access support from NHS CYPMHS." (Heads up report) **Eating disorders:** "Throughout our inquiry, stakeholders have raised concern about the sharp rise in the number of children and young people suffering from eating disorders, particularly among teenage girls." (Health and social care committee)	really come out because I think the expectations and level of responsibility some parts of society expect young people to take is beyond what they're really able to manage." (Frontline health worker) **Lack of Hope: "**A lot of young people have struggled with sleep for a long time, really lack motivation, really lack direction, and I think sometimes, maybe parents, or other people, are like, oh, they're just a lazy teenager, and actually, they're lost, and they don't know what to do." (Voluntary sector worker) **Substance abuse:** "I think substance use, maybe is quite a significant concern, it's like a party town, it does feel like there is a lot of drug use going on" (Frontline health worker) **Complex cases: "**the group of people that I've just mentioned who struggle to come out of the house, that, although there's, somebody must be accessing the service for me to hear about it. I may get all of the information via their parents. Sometimes they may have difficulties speaking on the phone or not really want to speak on the phone and it's not. There are a lot of." (Frontline health worker) **Self-harm and Suicide: "**I think this comes up a lot for us around suicidal	with the teacher or annoyed." (Young person) **Agency and control: "**I feel like it's about agency and choice, they don't have any, at that stage in your life, you're ready for choice, you're ready to feel like you're in control of your life, but you still live at home." (Community member) **Substance abuse: "**… huge amounts of substance misuse, like it is absolutely commonplace that you do a heck of a lot of ketamine, and smoke weed and take coke, throughout your secondary school life." (Community member) **Eating disorder "**eating disorders, lots of eating disorders and how that again, feeds into control and agency and not having choices or any other way of expressing yourself." (Community member) **Self-harm and suicide:** "They're showed a video of a girl who ended her life because of bullying, and you have people go, why did she do that though? It's mean, it's selfish, she took the easy option. It's like depression is never the easy option, suicide never the easy option." (Young person)

	Self-harm and Suicide: "Self-harm is a very common problem among young people. Some people find it helps them manage intense emotional pain if they harm themselves, through cutting or burning, for example. They may not wish to take their own life." (Local transformation plan)	ideation, young people talk about suicide when they're in our sessions, we have trusted adults and long-term relationships so they will, they'll tell us when there at a low point and they'll tell us they're feeling suicidal." (Voluntary sector worker)	
1.3 Fragmented services *The mental health landscape is complex and difficult for people at all levels to understand. VCSEs who manage mild/moderate cases are often being set up or closed. Young people do not know how to access services and small VCSES find the system complex to navigate during funding applications. Provision is highly siloed and fragmented and there is a lack of clear referral pathways. Young people are not communicated with and there is not enough collaboration or communication between organisations unless specific individuals push for it. There is mistrust between the statutory and voluntary sector and a perception of an exclusionary organisation culture amongst statutory services. Community services do not feel trusted or respected.*	**Complexity and confusion:** Local youth mental health service is overly complex. Stakeholders are often left confused about who to talk to and how to access different services and often felt helpless. **Siloed/fragmented provision: "**It has become clear from our conversations with service providers, those using the services and everyone in between working on mental health that this is not simply a mental health issue that can be taken in a silo. Poor housing, the cost-of-living crisis, exclusion from school are all strong drivers of poor mental health and a combined focus and tackling them will be needed to resolve these problems in the long-term." (Heads up report) **Lack of clear referral pathways "**Our overarching finding is that for many children and young people, it is not easy to access the range of services. Too many children, young people, their families and carers report that their direct experience is one of frustration, delay and	**Complexity:** "It's a kind of continuous drive to map what's out there. So, people ... as soon as you map it, it's gone." (Service leader) **Fragmented service:** "Maybe just having like, better, and like better links and us knowing each other a bit more, so, like, yes, having better communication, because I know how to do a referral to the Wellbeing Service, but like I say, I've never met anyone from there." (Frontline health worker) **Mistrust:** "I think there is some mistrust I think between certain organisations basically and certainly with statutory, yes, I think there is some mistrust there." (Frontline health worker) **Organisation culture:** "In particular the voluntary sector for a long time has been banging down the door to say you need to treat us, talk to the council to say you need to treat us like a strategic partner	**Lack communication:** "Sorry, is there any kind of dialogue? Well [sighing] meetings, for instance, I can say this is what you should be doing, but I am just a tiny little voice, in it all." (Community member) **Lack of community referral:** "Why isn't that happening, the referral pathway into local community centres? Is it a trust thing? Don't the GPs trust us, because we're not professionals under them? Is it that?" (Community member) **Organisation culture and trust:** "I'm fed up with people talk, talk, talk, talk and that's all, that's why I've not even been, you know, it's talk, talk. We're doing this, we're doing that, they get all this funding, a big pot of funding, so, they can pay everyone's salaries, and then all the meetings are stopped and nothing has been done, and nothing's improved." (Community member)

	helplessness.” (Foundations for our future) **Joint working:** “There are services that operate in a state of isolation from one another and the connectivity between them is often lacking.” (Foundations for our future) **Accountability:** “responsibility for the provision of these services is often shared between the NHS, schools, local authorities and the voluntary sector. This causes the lack of accountability and transparency across CCG’s, local authorities and Public Health as to who is responsible for ensuring provision is available for all young people with emotional health and well-being needs.” (Heads up report) **Continuity:** “Young people who present at A&E or to other emergency services with mental health needs don't appear to receive any follow up or aftercare” (Young Healthwatch) **Reporting:** “There is no systematic reporting of schools-based counselling services data, so we do not know the true extent of demand for counselling.” (CYPMWB Needs Ass)	and not just delivery bodies that can do your bidding.” (Voluntary sector worker)	**Complexity:** “It was just quite clunky I thought. It wasn’t easy. It was. I didn’t feel like it was explained to me very well and I feel like. I can’t remember sitting all the way through it. It hasn’t really stuck with me.” (Young person)
2. Service level barriers			

2.1 Siloed referral pathways and waiting lists *There are elevated levels of demand for mental health services especially for mild-to-moderate conditions. Waiting times are long and both young people and staff are frustrated and hopeless about accessing services. Thresholds are also considered to be too high and arbitrary. There are significant gaps in services for complex or comorbid cases who are often in the most need. Young people feel passed between services and are not given enough information about how the referrals process works. They often do not feel they need the care when it is provided. There is also a poor conversion/uptake rate for services once referrals have been made. Staff feel like they need to manage expectations and that there is a lack of access points.*	**Waiting times:** "These delays in accessing support often mean that problems escalate. In a survey conducted by Young Minds on more than 2,000 parents of children who have looked for mental health support, the majority of parents (76%) said that their children's mental health had deteriorated while waiting for support." (Heads up report) **Thresholds:** "Clinical thresholds can be rigid, and when young people have a wide range of problems that may not be extreme in any one area, they often don't meet a clinical need threshold which means they don't get treated for their general vulnerability." (Heads up report) **Gaps in service:** There is not enough school counselling available, and some children fall into the gap between school counselling and CAMHS services". (CYPMWB Needs ass) **Passed between services:** "The mix of provision means that navigating a path to the right services can be challenging. This is borne out by the experience of people who report feeling passed from pillar to post." (Foundations for our future) **Low conversion rate: "**Often, the 'most vulnerable don't turn up to appointments and are discharged without any	**Lack of access points: "**Post sixteen, I think it's hard, I think that's when you haven't necessarily got a teacher to turn to, or maybe the parents don't know about services, and it's like, where do they go?" (frontline health worker) **Passed between services: "**it's frustration as well, that's what I've heard from young people, always being placed in a vulnerable seat, I guess when you speak to a mental health professional. Because sometimes ... well, a lot of the time you have to reiterate what you've said to the last person you spoke to." (Voluntary sector worker) **Poor conversion rate: "**I know that appointments have been made for some young people and then they've not bothered to turn up for those appointments. So, on the one hand, they're saying they want the support and moaning, because they're not getting it and then when it's offered, they don't actually use it basically." (Frontline health worker) **Managing expectations: "**I think, managing expectation. So, if we say we're going to do this referral, letting them know, but it might not lead to anything straightaway." (Frontline health worker) **Thresholds: "**I think the threshold is	**Unclear referral pathways:** "I did turn to friends more than anything formal, which is okay still, but I think maybe I was probably lacking awareness of where to go, at that stage." (Young person) **Thresholds:** "They don't get to see, it seems like they don't care, unless you're like at breaking point, and on death's door." (Young person) **Passed between services:** "It's so frustrating, it's like just read the notes, it's like, I get that you don't know, but just read my notes, you don't need to. Like some of them come in, not even really knowing your name." (Young person) **Waiting lists:** "I was on a waiting list. I got a stage one assessment, and they cleared that. And, then I think COVID happened. So, that was all put on pause." (Young person) **Lack of information:** "I think we chased that up almost a year later and apparently had submitted the wrong, some CAMHS worker had submitted the wrong forms into ADHD, have the proof that they needed to put me on this stage two one. CAMHS, they took me off the waiting list entirely and didn't notify me." (Young person)

	discussion with professionals or parents." (Heads up report) **Forced to private care:** "Some parents and families told us that they felt they had to resort to paying privately for care and support in order to receive a service more quickly than local services could provide." (Foundations for our Future)	quite high and I think that's, again it comes back to the money side of things, I think we've had to increase, it's naturally ended up increasing because the demand is just getting bigger and bigger" (Frontline health worker) **Gaps in service:** "it was recognised that there are lots of young people that were falling through the gaps, they were often I think seen or known by youth workers and some of the youth hubs." (Front line health worker) **Waiting lists:** "I have known of other professionals just have this huge waiting list and not the capacity to work with them all." (Front line health worker)	**Care no longer needed after waits: "**I think one thing with therapy services sometimes it's where you are in the world. So, when I came back from uni I needed a lot more because I had ... a lot of my friends from before uni had moved away, and I didn't really have that same support structure, or social group structure that I have now. And, so yeah so having ... not having that I felt like I needed it a lot more." (Young person)
2.2 Inappropriate offer *There is an overreliance of specialist services, and these services are often considered to be unfriendly or unwelcoming. Mental health services do not have capacity and so other services pick up the load such as housing associations. Schools are often considered to be too punitive and inpatient mental health experiences are poor. A&E is the most widely known access point for mental health care. As a result,*	**Over reliance of specialist services: "**There is a perception that specialist services only can offer interventions that will be of benefit. In fact, for many children and young people, specialist services may not be appropriate." (Foundations for our future) **A&E:** "Overall, of the young people we spoke to who had used A&E for a mental health emergency, 54% would have preferred to go elsewhere." (A&E Healthwatch) **Restraint:** "We are also concerned that the Office of the Children's Commissioner	**Overly Clinical: "**I think the clinical approach doesn't work with young people, I think it's intimidating, yeah, I think relationships are so important, and what we do, the community side, is build rapport, and the key of our work is a relationship." (Voluntary sector worker) **Punitive: "**Schools can be quite authoritarian, it's interesting, they have this whole attachment base, they want to help, and they can be very helpful and some teachers are amazing and really get it, they have a great relationship, but other times they can be very punitive and behaviour, rules based, uniform code	**Punitive environments: "**You try to explain that to your teachers and they're just like, yeah, I don't care, just give me your phone. And you're like, I can't, I'm trying to contact my parent, and they're sitting there going, like arguing with you, which is making you more on edge and more feeling worse and more down." (Young person) **Inconsistent: "**I think we got in contact with them in September and we were told that, to speed it up, if you wanted you can go private, so. And, they recommended a private practitioner.

service experiences are poor, and trust is damaged. *Having a limited number of sessions during mental health care means that problems are often left unresolved. They often feel like they are just starting to make progress when a care package ends. Practitioners frequently discussed the lack of care provision during the transition from CAHMS to AHMS. This is a critical development period at which a huge amount of mental health support is lost. The landscape is completely different with different diagnoses, thresholds, staff, and locations and too any young people are lost from care at this point.*	found that data available on the use of restraint against children and young people is of "very poor quality."" (Health and social care committee) **Remote treatment:** "The main concern was around not being able to properly communicate feelings and emotions over the phone or video call and establishing a positive relationship with the mental health professional." (Ready set connect) **Transition services:** "Needs to be joined up between CAMHS and AMHS, there's no Transition. You don't lose your GP at 18 years, potentially this is a time when problems get worse" "CYPMWB Needs ass) **Changes in services landscape:** Gaps around Transition – young people need more support and to know what the pathway into adult services is after discharge from CAMHS" (CYPMWB Needs ass)	based and things, which seems to alienate young people and turn them against the schools." (Voluntary sector worker) **Inappropriate care provider: "**So supported accommodation providers are holding so much, so much risk, you know, that young people are making numerous attempts." (Service leader) **Poor care experiences drive mistrust:** "This young person's older sister had gone to CAMHS and had a really negative experience, didn't get on well with the therapist, didn't feel like it did anything for her." (Frontline service provider) **Limited number of sessions:** "So we are a time limited, we're commissioned to be time limited, that's not great, you know, for some of the young people that we see." (Service leader) **Child to adult transition:** If I had a magic wand and in a perfect world we would have a different structure, I don't think there should be a change at the age of eighteen I think it's the wrong age point." (Service leader) **Different services landscape:** "Up until you are 18, you're probably in a CAMHS service that I would say typically takes a more holistic approach, involves your family, looks at your environment. And,	Went private, got a diagnosis of general anxiety disorder and ADHD. And, then we went back to them. Oh, I think we went to my GP. They were like yeah, no, that's not valid, we need a counsellor to sign off on it, but CAMHS won't unless I offer because it wasn't through them." (Young person) **Inpatient:** "I just think hospital settings need to be thought out better, leaving it, it doesn't really make sense, to me, it doesn't, putting a bunch of ill teenagers in the same place, with not enough staff, because most of the time." (Young person) **Limited interactions: "**Like you only have so many sessions and by the time you finish those sessions you don't feel like you've ... you may be just on the edge of getting to the proper issues, and then you're having to stop, is the problem." (Young person)

		then post 18 you're going to be presented to services that very much focus on diagnostics, and pathway based on diagnosis.” (Service leader) **Different thresholds:** “I think the threshold for adult mental health services is way higher than it is for CAMHS, so a lot of people turning eighteen would still be eligible for a service but they're more likely to be eligible for a service within the wellbeing service.” (Front line health worker)	
3. Individual level barriers			
3.1 Mistrust and Stigma *There is stigma about having a mental health condition. Young people do not want to stand out amongst peers and wanted to hide their conditions from their family. There is also mistrust and apathy towards mental health services.* *Young people often do not feel respected, listened to, or understood in clinical mental health care. They dislike how clinical care often feels and they do not feel comfortable sharing things about themselves with staff. Young people want sympathy or compassion but many of them reference having been*	**Fear of stigma mental health: “**A recent UCL review showed that stigma remains the number one barrier for young people aged between 10 and 19 in getting professional help for their mental health despite the increasing public mental health awareness and knowledge.” (Heads up report) **Mistrust of services: “**They spoke of their dislike for the ‘medical’ and ‘clinical’ approach and want a more ‘relaxed and non-medical approach to mental health’. Young people – and the most vulnerable in particular - as research has told us, often don’t access mental health services even when they are available to them because they don’t feel those services are accessible, they make them feel uncomfortable or they feel they don’t	**Stigma of mental health:** “I think some people don’t want to be seen as being weak or vulnerable, I think that’s, especially in the male realm.” (Voluntary sector worker) **Negative views of CAHMS: “**I just hear of young people having really negative opinions on CAMHS which is such a shame. So, yeah there's not much hope.” (Frontline health worker) **Mistrust:** “It’s like I said about distrust of services, and distrust of professionals. If anyone’s dealt with Social Services before, they’re usually quite wary of just, wary sorry, of any involvement from any professional.” (Voluntary sector worker)	**Fear of Stigma:** “I mean I feel like when I was going through a lot of stuff it was like you’re a young teenager. I really struggled to, not to talk about it, but to be involved in things because the secondary school I was at it wasn’t really a common thing.” (Young person) **Apathy towards services:** “I mean they do have some sort of wellbeing support, but I think. I’ve been. I’ve tried to be contacted by one of them before and then they took a while to reply to everything and didn’t chase it up, so. And, I haven’t really talked to college about anything that’s going on.” (Young person)

retreated coldly or dismissively in mental health care and in schools.	meet any of the 'thresholds' for help." (Heads up) **Remote appointments:** "Some children and young people simply find it harder to build relationships when support is being accessed virtually." (Health and Social care committee)		**Lack of respect:** "You can see and feel and hear what they're basically saying to you and they're like, oh we'll do this, this and this, don't touch sharp objects, don't do anything that you could hurt yourself with, and they're giving you all these rules and instructions of what to do instead of understanding and taking the time to get to know what is actually going on and seeing the problem." (Young person) **Not being understood:** "She never listened, she completely disregarded everything I said. She took one note of what happened when I was little kid and went, there you go, there's your trauma, deal with it." **Lack of sympathy:** "One of the teachers was quite volatile in response, just was, didn't really sympathise or try and actually solve the reasons why I wasn't coming in." (Young person)
3.2 Exclusion and isolation *Many young people from vulnerable communities feel left out by society. There is not enough on offer for young people and there is nowhere for young people to go. School and institutional exclusion rates are high,*	**School exclusion: "**Children and their parents and families have told the Commission of the damaging impact that exclusions have on them, often being out of school for extended periods, feeling isolated and away from peers and once again feeling uncared for." (Heads up report)	**Left out by society: "**I think it's the lost group. I think it's young people 18 to 25, as I sometimes say, the nail bar and the sports bar, it's that demographic of young people who aren't comfortable speaking about mental health. Some young people are, some are not, some communities are, some are not. And, I	**Left out by society: "**There's not that much to do, there's the pier, and stuff like that but then there's not that much." (Young person) **School exclusion:** "I never went to a mainstream school. So, I always wanted to go to a mainstream … when I was a

and this has a significant impact on life opportunities and mental health. Many young people do non-participate in social or institutional life and struggle to leave the house. Little is known about this group or how to improve access amongst them. *Bullying is common and causes significant trauma to young people. There are also elevated levels gang violence and fear associated with it. Much fear of violence or bullying starts online and moves into the real world.*	**Bullying: "**Bullying was the most frequently recorded trauma (22.8%), followed by other traumatic experiences (16.3%), and accounts of sexual abuse (13%)." (Transition audit report)	think the adult community are young people who don't really know how to reach very well, and I would include myself in that." (Service leader) **School exclusions and refusals:** "Well, certainly mental health wise I've seen a lot of young people with anxiety, quite a large number not going to school. I mean more than I think, than I ever saw or heard about in past years." (Frontline health worker) **Social isolation:** "I think it's addressing the social isolation which I think for a lot of our young people is a really significant factor, we get a lot of young people referred to us who haven't left home for a really long time or if they are out and about it's not necessarily pro-social kind of activities that they're involved with." (Frontline health worker) **Bullying: "**School's hideous, for most young people, school is a place to survive, and our schools are massive now, and you know, the kind of peer pressures that go on, bullying behaviours that go on." (Service leader) **Gangs: "**I think it's around drug dealing really, a lot of it, there are different groups, and you can, it's not like London where it is postcode wars, but there still are different groups that are competing	kid I always wanted to go into the school as a normal child, I'd say, but I was always separated and put in like naughty schools." (Young person) **Bullying: "**I was bullied when I was young, I didn't like it, so I thought that that was a good way out, and then I tried it, didn't work clearly and it just, you know." (Young person) **Gang violence: "**I can't go anywhere around Brighton anymore, like, the things I used to do, go out places. I don't have that type of freedom anymore. So, it's like restrictive." (Young person) **Unsafe city: "**It's extremely bad on Friday nights and weekends, which you tend not to go out on those nights because you don't really want to be around it. " (Young person)

		and do not get along." (Front line health worker) **Social media: "**Just because they're posting stuff online, and I think it's just almost become a bit of a, I think people think they're supposed to say controversial things and stuff, for content wise, and I think sometimes that can be linked to a little bit of some of the speakers at the moment, that have been like, controversial speakers." (Voluntary sector worker)	
3.3 Poor awareness of services: *This category relates to levels of awareness about mental health problems amongst youth people. It can also relate to awareness of specific mental health services or access pathways for young people who are themselves in need of mental health support. It also relates young people who are perceived to be 'hard to reach' by professionals.*	**Awareness of mental health issues: "** All of them have experienced themselves or seen friends and family experiencing the impact of the pandemic on mental health. They want a focus on 'more awareness', the need for 'something to change in the curriculum so that it involves talking about mental health and depression more. Just let people know what mental health is. Lots don't understand and that needs to be taught to people'." (Heads up report) **Awareness of services:** "The CQC has raised concern that children and young people do not have appropriate access to information and support while they wait for an appointment with mental health services. The 2018 report Are we listening? found examples of poor	**Lack of information available to young people:** "but I think there's hard to reach young people, like travellers, NEET young people that don't potentially have any connections or know what's going on. Yeah, and that's a concern, I feel like there is young people out there that don't know what's out there for them. But what did you say, what was it? About referrals, the best ways." (Front line staff) **Lack of Knowledge about young people in need of care:** "I preferred it when I knew where they were [chuckling] do you know what I mean? I preferred it when I was talking to them, I haven't seen a lot of them since. Where did they go? I found, there is a big mystery and I think there's the, I think there's a silent	**Lack of awareness of mental health issues:** "So that's probably one thing that I'd probably like to change about how services and people just understand that these things are real and that they're not fake, they're not made up, and that people aren't doing it for attention." (Young person) **Lack of knowledge and information about services:** "I did turn to friends more than anything formal, which is okay still, but I think maybe I was probably lacking awareness of where to go, at that stage." (Young person)

	communication with people who were waiting for care." (HSCC report) **Low awareness of service amongst staff** – **"**Some professionals expressed a desire for more knowledge and information about what is happening in relation to self-harm in all parts of the system, for example those in specialist services knowing about the education that is being provided in schools." (Self-harm needs assessment) **Lack of knowledge about target population:** "We have heard that when it comes to children and young people's experiences within inpatient settings, the data available is incomplete and unreliable, making it very difficult to understand what children and young people are experiencing on a day-to-day basis and in which units."(HSCC Committee)	missing majority actually, I think the amount who actually engage in Youth Services is tiny. And, I think that's terrifying in a way, what are they doing? Where are they?" (Voluntary sector provider) **Lack of outreach:** "So, how do you get to them? I would think, my idea would be put in services that benefit services where, I don't know, Job Centre Plus type places are saying, well, we don't have anywhere to send people who are really struggling with anxiety about work. They find it really difficult. They'd rather be sanctioned than come in and see someone. So, there are ways, but at the moment I think our services are so stretched that nobody's really, hey I've got a great idea to get you more customers." (Voluntary sector provider)	
4. Potential service level facilitators			
4.1 Community collaboration and Task-sharing *There are a wide range of skills, knowledge, experience, and insights that exist in communities, but these*	**Complementary services:** "Throughout our inquiry we have heard that there is a need for a comprehensive expansion of the early intervention support available in communities… early intervention community support as the "missing third"	**Alternative support:** "I think young people are leaning more into the informal community approach, and feel far more heard and valued and	**Community assets** "I did a lot of volunteering and those ... yeah, volunteering activities really helped me. I was a leader for a community garden project, and the whole purpose of that was to get

are not currently be used by mental health services. They offer a less clinical/formal approach to care and are more relatable to local young people than clinical care. They can offer a complementary or alternative form of support to clinical care by making use of social prescribing. *Volunteers already make a significant contribution to the VCSE who cover much of the mild/moderate case load however they tend not to be used for mental health support. Peer support models are becoming more common in the VCSE sector. Task-sharing workers can be more relatable and comfortable because of their lived experience and can function as role models. They could deliver low-level brief mental health interventions however they need to be trained, supervised, and paid for their involvement. Practitioners and service providers are risk aversive to task-sharing workers because of safeguarding concerns.*	that is necessary to complement the support available in clinical NHS services and in schools." (Health and social care committee) **Accessibility:** "The current CAMHS service would be more accessible if the physical location was more community based, and more outreach focused and assertively following up those that don't attend their appointments." (CYPMWB Needs ass) **Policy and targets:** "We therefore recommend that the Department accelerates the shift towards increased community-based provision and a reduced inpatient bed base as a national priority to ensure that children and young people with the most complex needs receive good quality care in a setting that is right for them. "(Health and social care committee) **Peer support:** "Encouraging peer support during appointments in 2 of the focus groups and 3 interviews, participants talked about the benefit of having a trusted person, either a key worker or a friend, by their side during appointment." (Heads up report) **Volunteering:**" Interestingly, the young lives panel all agreed that 'volunteering' was an easy win and helped with mental health. They told us that 'volunteering	respected, through people in community services. "(Frontline health worker) **Skills, knowledge, and Insights:** "I think Brighton and Hove has a very strong community and voluntary sector, I think we're well connected and there's an infrastructural organisation called community works which exists to support voluntary sector organisations around organising and advocating and the partnerships and the commissioning that happens through the council." Voluntary sector worker" **Networking and collaboration:** "we will directly deliver our community development for instance in the north, the east, central area but defer the community development for the west to a partner that's well established and setup over there and we work really sympathetically and things. So, a lot of partnership stuff, we don't go where we're not wanted or invited and that's been a principle since we started." (Voluntary sector worker) **Low-intensity interventions:** "I would say you absolutely don't need to be a clinical, qualified person to benefit someone's mental health, a lot of what we do in our team isn't rocket science and it's not always big stuff it is about	everyone outside, and yeah, planting seeds, and seeing how things grow, and just a bit of therapy in that sense" (Young person) **Less formal** "Initially I just heard about it through someone who told me that I would love it there [A community youth organisation] and they just invited me one week and yeah, I went the next week and stuff like that, so." (Young person) **Social Prescribing:** "Well, the social prescribing would work, by the means of, say, you've just come in, say I'm a doctor, you're coming in and you're saying to me, "I'm really feeling down and depressed at the moment." I would say to you well, you could have a little conversation, you could start off with hobbies, what are your hobbies and interests?" (Community member) **Comfort, relatability, and lived experience**: "They were amazing and so understanding and so relatable, it was so comforting to see that, that it's okay when you're feeling stressed because of trauma, or your child's doing something that's bringing something back, it's okay to get stressed and feel irritated. It was so comforting, I'm using that word a lot, but it really was to see that." (Young

	gets people doing stuff, gets them out of their own heads, hands on, loads of essential skills like socialising, communicating, makes you feel a lot better about yourself." (Heads up report)	relationships, and I do think anyone can do that." (Frontline health worker) **Support and training:** "I think what's needed and what I've seen in some organisations is where they've accessed some form of supervision kind of some form of clinical space to give way." Front line health worker) **Peer support:** "I think peers can have a massive impact, just being more relatable to a young person, I feel like young people are more likely to listen to the advice of a peer, then they maybe are from a professional or a parent." (Frontline Health worker) **Role Models:** "I've seen some really good mentoring from my own team, just when they're being quite honest about their own backgrounds and past, which I think a lot of professionals wouldn't be allowed to do" (Voluntary sector worker) **Volunteers:** "We don't do it, and I think statutory services are so ... they're quite risk adverse. And, as soon as you say that we start to think about the risks involved, and I think that's the thing to overcome. So, I think that's something that fits so much better in the third sector, where they're really good at valuing and recruiting people, volunteers, and they're really good at that kind of	person discussing a community-based service) **Training, support and impacts on NHS:** "I'm happy to do it, but if I was employed by somebody, I might be like, I'm working on this, and this, I'm not going to take on that. I feel like this is a bit, it can be quite a beast, and the more you specifically target people to come to your organisation, that need your organisation, the more you're taking on those additional conversations." (Community member) **Lived experience:** "the women in there were so inspiring, the way that they spoke about their traumas and stuff, you saw how strong they were, and you saw that it was okay to cry." (Young person) **Comfort and relatability:** "They can be a lot more honest. Sometimes you ... I feel like sometimes professionals they have to work within certain boundaries like of their training and all that. So, having somebody there who can be like yeah that is shit… Or being able to complain, or agree with you and say like yeah, I've experienced this as well, or something, and feeling like they're more of an actual person. Somebody who maybe is in a similar position to you." (Young person)

		nurturing people and growing them to do that, and I don't think we're so good at it.'' (Service leader)	
5. Service level potential facilitators			
5.1 Single point of access *Staff valued having service hubs where service services worked under one roof. This increased collaboration and communications and improves referrals. Single points of access offer an innovative approach to referrals which have no-wrong door principles. A young people can access these services and then be referred on to relevant care. This approach is more joined up, direct, and flexible.*	**Drop in hubs:** ''We therefore support setting up a national network of open access hubs to offer earlier intervention for young people without the need for a referral.'' (Health and social care committee) **Single point of access centres:** ''Gained system wide commitment to establishing a consistent set of principles for the development of each of our single points of access and advice (SPOA) in our three Sussex geographical places as part of our Foundations for our Future strategic programme for children and young people.'' – (I-THRIVE report) **Self-referral:** These systems were also considered important as they provide alternative access points. These can be done remotely. **Accessibility:** ''In order to achieve this shift towards community-based care, every area should have a community service for children in crisis which is available 24 hours a day, seven days a	**Jointed up services:** ''It's about that system's join up, having youth access points, so we've got YAC, which is the Youth Advice Centre, in Brighton. So you know, there is this ambition to create youth hubs, and there is an ambition for YAC to be the youth hub for Brighton.'' (Service leader) **Single points of access in Sussex:** ''So that intention of having one single point of access, and the right service, at the right time, at the right place, is the aspiration, is the ambition for all the areas, but each are at different stages.'' (Service leader) **Early intervention:** ''I see a service that struggles under the weight of the need, but I also see the need is growing is my understanding and the reason it's growing is perhaps because there's less universal support, perhaps we're not catching things as early as we might because universal support has not had the investment either.'' (Voluntary Sector worker)	**Open drop-in services:** ''It could be for any reason, it could be I'm going to support somebody, or it's like I'm not free that evening, I don't have to explain why. ''(Young person)

	week.” (Health and Social care committee) **No wrong door:** “The ‘no door is the wrong door’ approach of the services redesign should address this feeling around inflexible thresholds and a lack of support.” (Self-Harm needs ass) **Flexibility and prevention:** “Where services such as I-Rock have a much more flexible approach and operate an open-door policy, this is seen as much more accessible and helpful.” (Foundations for our Future)		
5.2 Holistic care *Most want more a more universalist approach to mental health care that does not silo people into care pathways based on their diagnosis. They want social, material, economic and education concerns to be thought of and they thought the previous youth worker model works. This holistic wrap around care can provide more opportunities for early intervention and prevention when compared with specialised and targeted services.*	**Universalism:** “Organisations such as The Mental Health Foundation have long been calling for a “proportionate universalism approach” which would embed policies which promote good mental health and mitigate risks to individuals’ mental health across all departments as well as in local government, the education system and the care system.” (Health and Social Care committee) **Wrap-around care**: “To Community children’s and adult services and commissioners are working together to understand the gaps and barriers to providing good transitions and appropriate support to young people to meet their health and care needs. It is recognised that the longer-term vision is	**Wrap around services:** “They will provide a holistic assessment of them and some of the contextual elements that are present in their life i.e. family and needs and then develop a kind of unifying plan and be the lead provider in kind of plugging people into provision and support to meet those needs, they’ll be varied, and that’s part of a child first approach.” (Voluntary sector worker) **Early intervention:** “I’m really optimistic about it, but you know, is the money going to be there, to do what needs to be done, and to invest into earlier intervention.” Service leader)	**Universal Support:** “I get that it's useful but having like some regular checkups to make sure that you're actually doing it, then you can actually start putting the practice in to ... put it in to practice. And, maybe also having like processes to ensure that you are using some of it.” (Young person)

	for a more multi-disciplined, joined-up approach between children and young people and adult services to increase individual independence" (Place based response report) **Whole-schools approach:** "A whole school approach involves the universal and continuous promotion of good mental health across all parts of the school including the curriculum, the school leadership and staff-student relationships." (Health and Social Care committee) **Early Intervention:** "There is an overwhelming amount of evidence showing the effectiveness of early prevention and intervention programmes in improving mental health among children and young people142. Still today, too many children and young people are reaching the point of crisis before they can access any mental health support." (Heads up report)		
6. Individual level potential facilitators			
6.1 Youth Centred *Services should actively involve young people through co-production, shared decision-making, and delegation. They should also provide young people with meaningful*	**Co-production and Participation:** "Overall, there was a consensus on the way forward from this group: guaranteeing genuine coproduction, ensuring that the people who spend the most time with young people are the	**Participation and coproduction:** "Co-production, yeah, I mean, I think if we want credible services, that young people can access, then young people have to be at the heart of designing them. And I think that it happens really well in small pockets, but again it's something that	**Choice, agency, and freedom:** "I think that they have to feel, like, they have to feel that they've ultimately chosen to be there and to be part of it, although, I understand that that's difficult, if it's escalated mental health situation, where you have to intervene, but in terms of

choices about their care and accommodate for their specific needs. *Young people want openness, honesty, compassion, and confidentiality from mental health support workers. Social workers were frequently recognised because of their pastoral and caring approach. Trust and relationship build is the best predictor of successful treatment. Having a passion to do good and an ability to make personal relationships is key. Training should be provided to staff for relationship building.*	most valued and important figures in these relationships." (Heads up report) **Choice:** ": Allow patients to choose the type of appointment they feel most comfortable with. Use patient's type of condition and severity to decide the most suitable appointment type." (Healthwatch Survey) **Accommodating for needs:** "young people felt sometimes it may be easier to communicate certain thoughts or feelings via different means, for example using the chat function during a video call or communicating emotions using quick drawings. Young people should be given the option to communicate via different means before and during an appointment to decrease anxiety and worries" Ready set connect) **Safe Spaces:** "When asked to describe better alternatives to A&E, many described a mental health specific safe space that was calm and had experienced mental health staff present." (Healthwatch A&E) **Trust building:** "There was a consensus that the need for the development of trusted relationships was crucial, that support needs to be coproduced with local communities, giving them a continuity of support, and that if we keep	takes more time than the workers doing it." (Service Leader) **Accommodating Needs:** "we have to deliver and design services that are based on how the young people are going to access them, not on the needs of the practitioner who wants to work nine to five. "(Service Leader) **Safe spaces:** "I think it's about offering a safe place for young people, somewhere they can go and feel it's safe for them to be themselves, basically. They haven't got to worry about the bully from school or it's just, they can just be themselves." (Frontline health worker) **Building trust:** I've very much come from that perspective and thinking about one of the strongest protective factors for adverse childhood experiences is one good relationship with a safe, trusted adult and you don't have to be a mental health worker for that. It can help if you've got some understanding and some interest in mental health but actually it's about being a safe, reliable person and being unconditionally there for someone and able to manage rupture or repair of relationships." (Front line health worker) **Personal connection:** "I've certainly seen some young people coming to me,	like, young people, between the ages of fourteen and nineteen. I'd say the number one thing has to be that they have to be treated in their hierarchy, they have to feel like they've chosen to be there, they have to feel like they are taken authentically for themselves, as an autonomous young person." (Community member) **Providing clear communication** "if they did say like a midweek update, and just say, okay, I don't know, Friday morning or Friday evening we're going to sit down and I'm going to make you discuss what you want to put into this. "(Young person) **Accommodating for needs:** "That's where I had to go, which is about a half an hour train journey which is not easy. And, then I also had to work with ... or had to discuss with my work to make sure that they were happy for me to do that, which isn't always a possibility. "(Young person) **Safe Space:** "It's like the whole outside world is just not there, you're safe, you're in this bubble of being around people and enjoying the moment. And, I don't know, I guess it's safe." (Young person)

	using interventions in the classic and current way, we will end up just seeing the same results time and again." (Heads up report) **Personal connections:** "Setting up an informal 'pre appointment coffee chat' a week or so before the actual appointment. This would be an opportunity for the young person and professional to introduce themselves in a less formal setting, get to know each other a little more and for the professional to answer any questions the young person may have about the upcoming appointment." (Ready set connect)	and my colleagues as well, coming to them, with these other issues, because we are that person, in their life, that have that role, basically, in their lives of being a friend, a Support Worker, a mentor, a professional, that knows things basically, that can give them that advice, that they're not getting from home, basically." (Voluntary sector worker) **Staff and personnel:** "I can teach someone a lot of the clinical stuff and a lot of what we do, I can't always teach the qualities of how we do it. So, someone who's got that ability to build rapport and get alongside someone who's struggling, particularly an adolescent who's struggling, who probably doesn't trust any adults and is wanting to reject you first and foremost. So, yes, I think there's a lot about personal qualities that make a huge difference." (Front line health worker)	**Openness and honesty**: "I don't know what it is, but you know when you get a gut feeling, and you feel like someone is sincerely listening to you, and you can speak to another person, and they're listening, but it probably doesn't show. You can be halfway through a sentence or what you're saying, and they've already got an answer for it, you can gauge that genuineness" (Young person) **Respect and listening:** "They just talk … I don't know how to explain it. It's like … they're like … open to talk to each other. You're talking to them. They are there. They're listening." (Young person) **Compassion:** "I think the thing that made me trust her the most was when she let me in on her life, to let me know that she's not perfect, so it was a thing of where she, she was like, I'm not perfect, I've got a cat that keeps bringing stuff into my house. She's like, we've all made mistakes, we've all been human, and she actually showed that she was human, and she was just like everybody else trying to make it through, trying to get through this." (Young person) **Confidentiality:** "I think you need some level of just talking to somebody, and it being confidential." (Young person)