

READY, SET, CONNECT!



EXPLORING YOUNG PEOPLE'S PERCEIVED BARRIERS TO ACCESSING VIDEO/PHONE MENTAL HEALTH APPOINTMENTS - A SOLUTION-FOCUSED CONSULTATION



DECEMBER 2020 / MARCH 2021



YMCA RIGHT HERE

Young people promoting health and wellbeing
through education, campaigning and influencing



Sussex
NHS Commissioners



CONTENTS

Executive summary	1-3
Background and Aims	4-5
Methodology	6-8
Findings	9-33
Implementing a solution	34- 35
Healthwatch West Sussex Solution	36-37
Reflections and Next steps	38-39
Appendix A: Demographics	40-49
Appendix B: Survey Questions	50-53
Appendix C: Data Tables	54-55
Appendix D: Promotion Material	56
Appendix E: Services/groups contacted	57

Executive Summary

What did we do ?

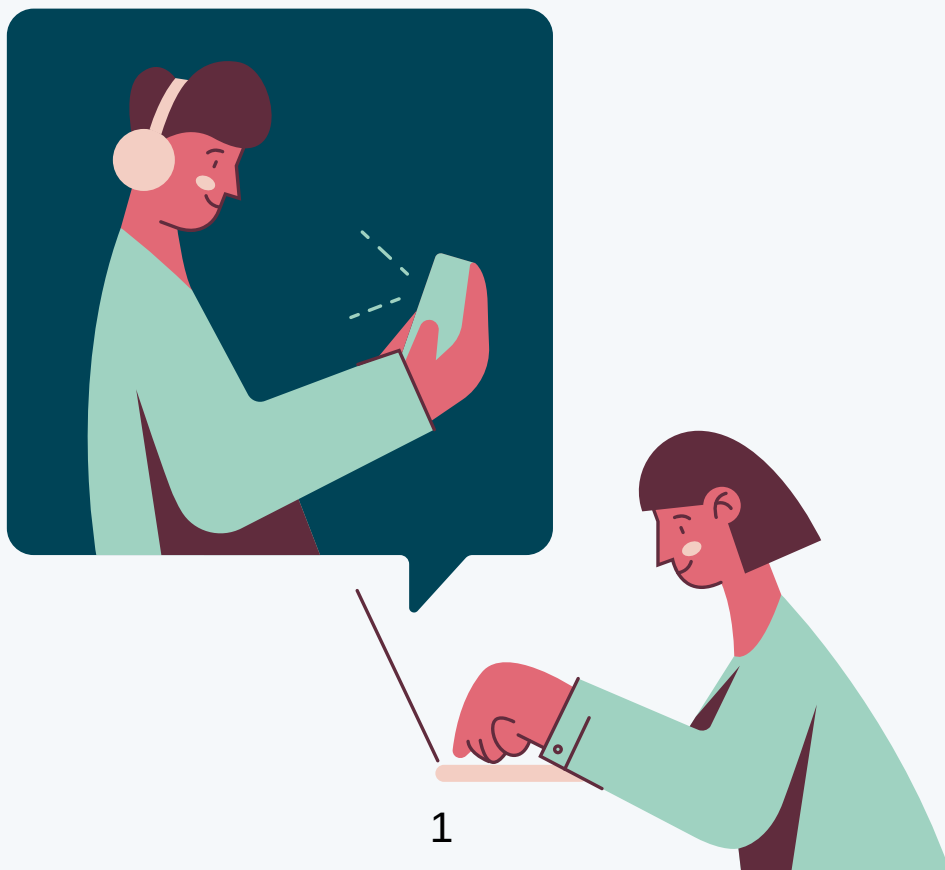
Ready, Set, Connect! is a solution-focused, youth-led consultation of young people (aged 16-25) across Sussex. The main aims of this project are a) to explore the barriers young people face when accessing remote (video or phone call) mental health appointments; and b) to involve the young people consulted in creating solutions to break these barriers and improve their experience accessing these services.

This project follows on from the recent Young Healthwatch consultation carried out by YMCA Right Here throughout the first national lockdown: 'Young people's preferences towards the future of health and social care services in Sussex; findings during the Coronavirus pandemic'. The report showed young people experience a range of barriers when accessing remote health and social care appointments, but specifically highlighted telephone and video mental health appointments as a key area of concern.

Ready, Set, Connect! project is a partnership between CCG Sussex and Young Healthwatch Sussex, delivered by YMCA Right Here.

Since Healthwatch West Sussex has conducted a similar consultation, also exploring barriers and solutions to accessing remote mental health appointments, the two consultations were combined; with the shared goal to promote young people's recommendations and challenge services to respond to solutions suggested by young people across Sussex. When it comes to the solution part of this project, it was agreed that Young Healthwatch's solution would be young people-facing, whereas West Sussex's solution would be service-facing.

This report will only present findings from Young Healthwatch's consultation in detail.



What did we find out?

When young people were asked what could stop them from accessing remote (phone or video call) mental health appointments, the main **barriers** emerged were:

1

Communication
& Trust

Not being able to establish rapport and communicate effectively with the mental health professional remotely, struggling expressing one's emotions and feelings, consequent fear of being misdiagnosed or misinterpreted, difficulty to trust the professional 'behind a screen'.

2

Not having a private space to have the call, fear of being overheard by parents or roommates, lack of awareness around confidentiality of data (e.g., calls being recorded).

Privacy &
Confidentiality

3

Anxiety &
Lack of
confidence

Not knowing what to expect from a remote appointment, anxiety about speaking on the phone, issues with body image and speaking on camera.

4

Not having a proper device or stable internet connection to access remote appointments, poor video and audio quality during the appointment etc.

Technology

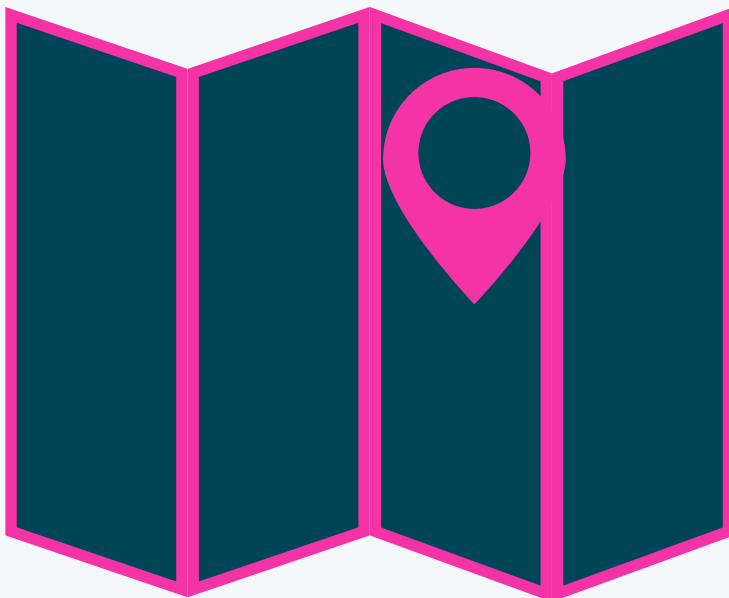
5

Stigma &
Fear of being
judged

Fear of being judged when seeking mental health support, feeling one's issues 'are not big enough' and that others may need the support more (especially during the pandemic).

Recommendations & Solutions

- **Establishing a positive relationship with the professional:** young people suggested a 'pre-appointment informal chat' where they could get to know the professional, ask questions and receive some more information on how the process works. Some young people said they would like to receive some basic information about the mental health professional, in the form of a short 'bio': what's their name? what qualifications do they have? what hobbies do they enjoy? - this would make them comfortable they are speaking to a 'real person and not some robot'. Young people also recommend using ice breakers at the beginning of each call, to check in and make young people feel at ease prior to starting the actual appointment.
- **Providing different means of communication:** 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.
- **Getting ready for the appointment:** young people would like to receive some basic information to get ready for a remote appointment, including: what will happen during the appointment, how long it will last, how data will be handled, how to set up a private space, troubleshooting technology, tips to de-stress before and after an appointment. When asked in what format they would like to receive this information, a short digital and printable guide was the preferred option.
- **Providing a safe space:** to avoid issues with privacy and being overheard by parents or flatmates, and to overcome technology barriers, young people would like to have access to designated 'safe spaces' where it's possible to use a public computer/device and have the appointment in complete privacy.



The most popular young people-facing solution was a digital guide to help young people prepare for their remote mental health appointment. YMCA Right Here volunteers were involved in the second phase of this project, planning and developing the digital guide. Content included information on privacy and confidentiality, services providing support, and practical tips and strategies on what to do to prepare, in the weeks, days and hours before an appointment. See a copy of this guide in the Solution section of this report.

Background and Aims

YMCA Right Here began operating in 2010 and is YMCA DownsLink Group's flagship youth involvement and influencing project. Right Here promotes the health and wellbeing of 11-25 year olds, with a particular focus on mental health. YMCA Right Here has won awards for good practice and innovative approaches and has been delivering Young Healthwatch provision in Brighton and Hove for the past 4 years, ensuring the voice of young people is heard and influences decision making around local health and social care services.

Given the experience that YMCA Right Here has with engaging and involving young people regarding Health and Wellbeing in Brighton and Hove, back in October 2020 the project was granted funding from NHS Brighton and Hove CCG to explore young people's experiences accessing local health and social care services during the coronavirus pandemic.

A recent Young Healthwatch consultation carried out by YMCA Right Here and published in July 2020 (['Young people's preferences towards the future of health and social care services in Sussex; findings during the Coronavirus pandemic'](#)) has highlighted that, among a range of barriers experienced by young people when accessing health and social care services, telephone and video mental health appointments were a key area of concern. For this reason, in January 2021 YMCA Right Here was commissioned by Healthwatch Brighton and Hove to conduct another Young Healthwatch consultation, focusing on the barriers faced by young people when accessing remote (phone or video call) mental health appointments.

Funding from Brighton and Hove CCG and Healthwatch Brighton and Hove was therefore combined to carry out **Ready, Set, Connect!**: a solution-focused, youth-led consultation of young people (aged 16-25) across Sussex.

The main aims of this project were:

1

Phase 1: To further explore the barriers to accessing mental health appointments by phone or video call.

2

Phase 2: To involve young people creatively to gather ideas and solutions to these barriers, to proactively respond.

3

Phase 3: To work with a group of young volunteers to take forward one key creative solution idea and bring it to life.

4

Phase 4: To produce a thematic report on the findings of the project.

Background and Aims (continued)

Since Healthwatch West Sussex has conducted a similar consultation, also exploring barriers and solutions to accessing online mental health appointments, the two consultations were combined; with the shared goal to promote young people's recommendations and challenge services to respond to solutions suggested by young people across Sussex.

When it comes to the solution part of this project, it was agreed that Young Healthwatch's solution would be young people-facing and thus directly supporting young people accessing online mental health services (e.g., getting ready, prevent anxiety). On the other hand, West Sussex's solution was agreed to be service-facing, thus helping young people familiarise themselves with the service as well as the steps involved in attending an online appointment (e.g., virtual tour of the surgery, professional's profile etc).

This report will only present findings from Young Healthwatch's consultation in detail.

Methodology

The original plan for this project involved creative face to face engagement methods, including street consultations and listening labs. However, the second national lockdown and local restrictions meant methodology needed to change towards a creative online consultation.

Therefore a mixed methods approach was used to gather both quantitative and qualitative data around the research areas of interest outlined above.

Online survey

We used a survey to gather quantitative data around young people's experiences of remote mental health appointments throughout the coronavirus pandemic, any barriers preventing access; as well as qualitative data around possible solutions to reduce barriers and improve young people's service use and satisfaction.

The survey consisted of mainly closed, fixed-response questions, interlinked with key free-text questions, specifically around solutions. The survey ran from January to March and was promoted to different projects and services including mailshots to local networks, youth groups and youth services in the area, various YMCA and Healthwatch Brighton and Hove contacts, Sussex colleges, Facebook and Instagram. YMCA Right Here volunteers also promoted the survey to their own social media networks. See a full list of services and groups contacted in Appendix E.

The flyer on the right was used to advertise this study online (see other promotion material in Appendix D).

The survey was designed on Survey Monkey and took an average of 10 minutes to complete.

A copy of the survey, including all questions, is found in Appendix B.

Overall, YMCA Right Here consulted a total of 76 **young people** via survey.

Young people who wanted to participate in the prize draw were asked to leave their email address at the end of the survey. 5 winners were randomly picked and each of them received a £20 Amazon voucher.

READY SET CONNECT!

Are you 16-25?
Do you want to **have your say** on how to make phone and video **Mental Health appointments** more accessible for **young people**?

ANSWER A QUICK SURVEY AND ENTER OUR PRIZE DRAW FOR ONE OF 5 X £20 AMAZON VOUCHERS!

Want to participate in a 1:1 interview and get a £5 Amazon voucher?

Get in touch with Elena
elena.gelibter@ymcadlg.org

Sussex NHS Commissioners

YMCA RIGHT HERE
Young people promoting health and wellbeing through education, campaigning and influencing

Young healthwatch Brighton and Hove

Methodology (continued)

Online 1:1 interviews

We carried out informal interviews with young people to understand more about the questions asked in the survey and to elicit more thorough discussions, including: perceived barriers preventing access to remote mental health appointments, key areas which may contribute to young people feeling uncomfortable or anxious during appointments, ways to overcome barriers, as well as ideas for practical solutions. One of the interviews was treated as a **case study**, generating a more in-depth, multi-faceted understanding of several complex issues raised by other participants via survey or interviews.

5 participants were interviewed. Interviews were on average 40 minutes long (with the case study interview being 1 hour long) and took place on Zoom or Microsoft Teams. For practical reasons, some interviews were audio-recorded using the Zoom function, transcribed verbatim and anonymised prior to analysis; whereas in other interviews, the interviewer took accurate notes which were later written up and saved anonymously.

A semi-structured topic guide was used in interviews with 3 main guide questions. In some cases, extra questions were asked to explore in more detail responses from the survey. Interviews were delivered by a Young Healthwatch coordinator.

We also carried out **4 1:1 interviews with adult participants.** 2 of these were with YMCA youth workers working closely with young people in YMCA supported accommodation, who shared what they had witnessed being the barriers to remote appointments. We felt these were important interviews due to the changes in methodology and some young people not feeling comfortable attending Zoom focus groups and/or interviews. The other 2 interviews were with mental health professionals/counsellors: these served to get a different perspective on the issues raised by young participants and understand whether professionals experience similar barriers as young people when delivering remote appointments.



Methodology (continued)

Focus groups

We carried out **5 online focus groups** (consulting a total of 17 participants) where young people were encouraged to discuss thoughts freely with others in a more interactive manner.

Information sharing and confidentiality boundaries were discussed and agreed with the group, and participants filled in a consent form prior to starting the focus group.

Engaging techniques were used to ask different questions and start discussions, for example using the White Board function on Zoom where participants could independently organise their thoughts around a topic or question. Participants could contribute to discussions verbally or through the chat function.

Like in interviews, often focus group discussions were based around issues raised in the survey (e.g., 'Some young people in the survey, said they were worried about privacy and confidentiality, how do you feel about that?'). More open and free discussions generated further ideas and provided a wealth of information which we will address in the Findings session.

Focus groups lasted on average 60 minutes. Young people who participated in focus groups or 1:1 interviews received a £5 Amazon voucher as a thank you for their time.

Full Demographic information for surveys, interviews and focus groups in Appendix A.

A full list of services, groups and workers contacted to recruit young people to take part in this consultation is found in Appendix E.



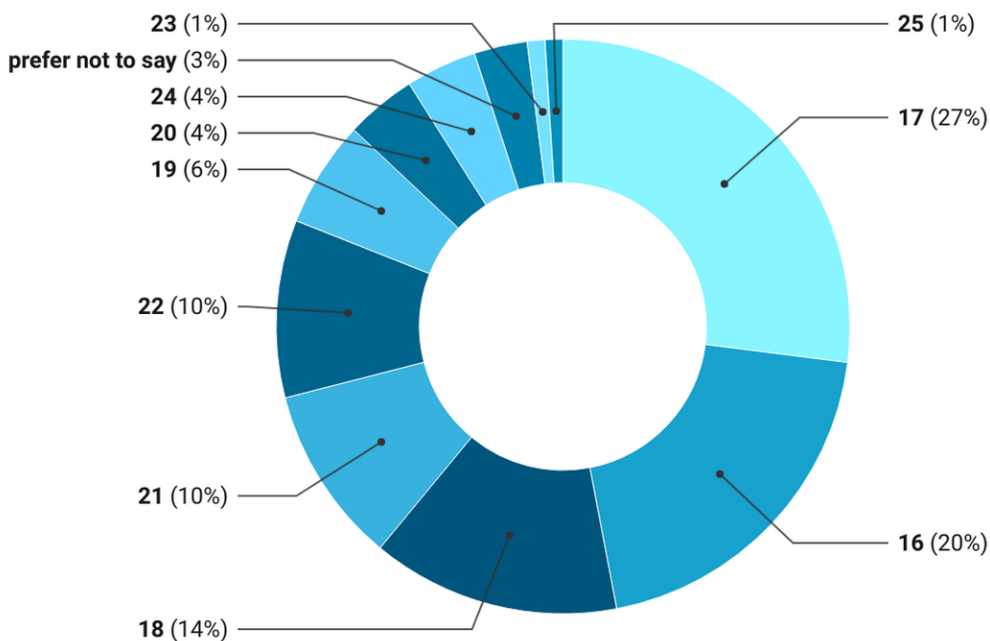
Findings

The Young People consulted

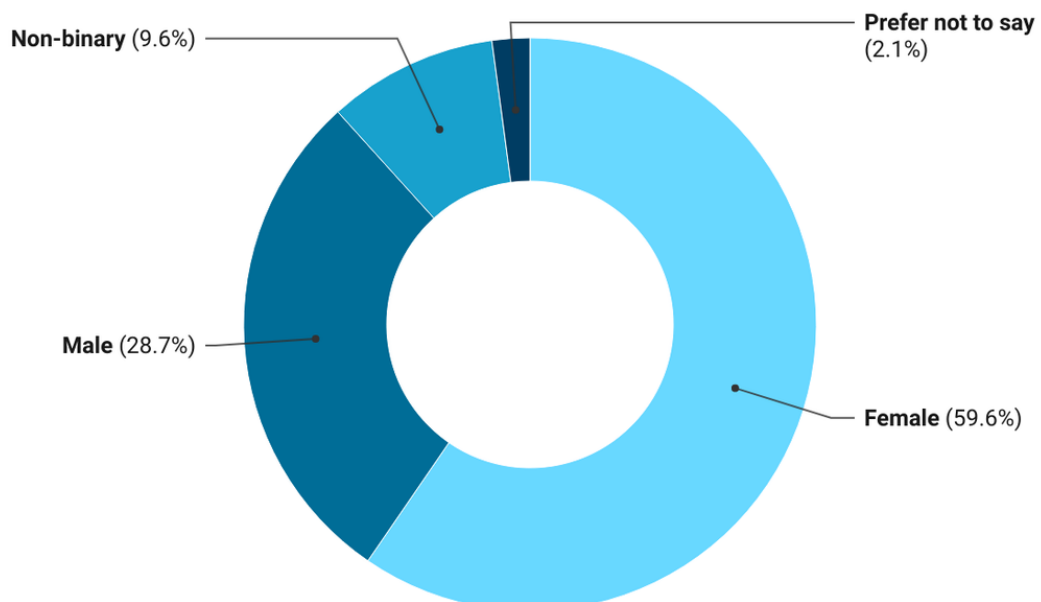
Across methodologies, we have consulted a total of **98 young people** (76 survey respondents, 5 interviewees, and 17 focus group participants).

Average age of respondents was 18.6 years old, with the highest percentage of participants being 17 (27%).

Age of all participants



Gender Identity of all participants



The Young people consulted (continued)

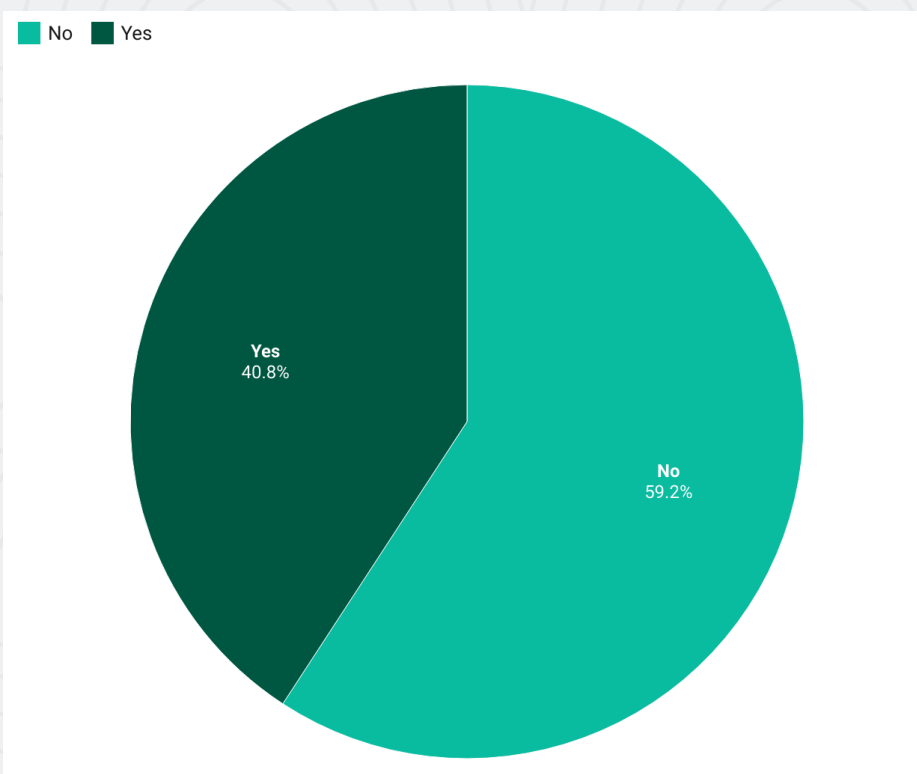
To get an idea of how many young people actually had first-hand experience of using mental health services before and during the pandemic, the following questions were asked in the survey (but not in the focus groups and interviews due to privacy and confidentiality): "**Have you ever been diagnosed with a mental health condition by a professional? e.g Depression, Anxiety, Bipolar etc**" and "**Have you seen a professional (e.g doctor, nurse, counsellor, therapist etc) for a mental health concern/issue in the last year (this could include a routine appointment)?**".

For privacy reasons, we did not collect these data in interviews and focus groups.

52.6% (40) of respondents have seen a professional, however only **40.8% (31)** of respondents have been diagnosed with a mental health condition. This shows that some young people may have accessed mental health support without a clinical diagnosis, for example a youth advice worker specialising in mental health, or a university counsellor.

Young people did not have to have a diagnosis or accessed mental health services before to be part of this consultation. All participants were advised to refer to their peers' experiences if applicable, or simply think about what could be the barriers they may face when accessing remote mental health appointments.

Have you ever been diagnosed with a mental health condition by a professional? e.g Depression, Anxiety, Bipolar etc



Perceived barriers to accessing remote mental health appointments.

A main aim of this study was to identify key barriers to accessing remote mental health appointments.

Survey respondents were asked the following: **'Have you, or any other young people you know experienced any problems (barriers) to accessing video or phone mental health appointments?'** **47.4% (36)** of respondents said they *'have experienced some barriers myself'*; **47.4% (36)** said *'yes, I have heard other young people who have experienced some barriers'*; **28.9% (22)** said *'no, neither myself nor my peers have experienced any barriers'*.

Survey respondents were then given examples of possible barriers to accessing telephone and video appointments and asked to rate their importance. Most barriers were rated as fairly or extremely important. *'Not owning a phone'*, *'Not having the money to pay for minutes on their phone or the length of the call'*, *'No access to a device needed for the video call'* and *'Unsure of how to work out a video call/the technology'* were rated the least important. This shows technology-related barriers were not as salient to survey respondents. Find the full data from this question in Appendix C.

To get a better sense of what barriers were deemed more important, survey respondents answered the following open ended question **"Out of all of the barriers you have read or suggested, which do you think is the biggest barrier for young people accessing mental health phone/ video appointments?."** Open questions were also used in interviews and focus groups to start discussions, and a spider diagram was drawn using the Zoom Whiteboard function to gather everyone's ideas in one place.

Using data from survey open responses and further discussions in interviews and focus groups, the emerging barriers were grouped under 5 main themes. The emerging themes are outlined below and discussed in detail in the following section.



1), 2) and 3) were the most popular barriers among survey, interview and focus group participants; 4) and 5) were less popular.

Before delving into the identified barriers, it must be noted that analysis did not show any significant differences in responses to questions (in both the survey and interviews/focus groups) from young people of different ethnic backgrounds, age, gender identity or sexual orientation.

1

Communication and Trust

32.9 % (25) of survey respondents mentioned issues around trust and communication with the mental health professional being a main barrier to accessing remote mental health appointments. This barrier was also mentioned in every single interview and focus group we carried out.

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. This barrier already came up in our previous COVID-19 consultation around remote health and social care appointments, but it is likely to be particularly salient for mental health appointments.

Not having the personal connection with the counsellor that is needed in order to explain their symptoms and get help

I personally just struggle to connect with someone when not face-to-face, I tend not to trust people in general so doing everything online kind of makes it worse

It's hard to create a good rapport with someone behind a screen, like you don't know who they are, not much information about them is shared, and it's difficult to trust a stranger behind a screen...

Not being understood properly or build a good relationship with the professional

It takes a few appointments to gain trust and establish a positive rapport, so the awkwardness/anxiety/stress of those first few appointments may put you off accessing the service in the first place

Not being able to see them face to face to express feelings and emotions confidently. Also hard to build trust with someone who lives in a screen

Online apps feel very robotic: it's hard to really get what the person is feeling or expressing behind a camera. All these methods lack emotional sympathy and being able to connect to and open up to whoever is conducting the service

Struggle to express one's feelings over the phone/video call. On the phone especially, there isn't even a chat function where you could write things down or something you're not comfortable saying outloud. Video is slightly better for that, but face-to-face is definitely more comprehensive



I loved my appointments face-to-face, I really felt listened to and I could get real feedback from the professional, body language is so important and even on video call this is a lot harder....it's tricky to form a trusting connection and even talking about your stuff is not as easy. Also seeing myself on camera distracts me and I tend to look at myself rather than who's in front of me...

Professionals going straight into an appointment and not spending time at the beginning getting to know each other can be a real barrier for how much a young person wants to open up to a professional and how much they trust them.

Some young people were also concerned that not being able to effectively communicate issues and feelings to the professional might lead to **misunderstanding and/or misdiagnosis**. For example:



I feel some people may struggle communicating their issues and symptoms properly, so they may fear being misunderstood or misdiagnosed

Communication barriers are likely to be even more salient to **young people with learning disabilities**. For example:

Young people who have autism for example may find themselves unable to express themselves via words and actually use art

It's very easy for a young person to pretend that everything is ok when on a screen, whereas face to face this is much harder to hide. This is dangerous - if the professional is not able to perceive this, the wrong assessment/ diagnosis may be given

...Also the camera may cause young people to brave up and not share the whole story and without being able to see patients, professionals may not spot 'obvious' body language cues etc.

2

Privacy and Confidentiality

43.4% (33) of survey respondents mentioned issues around **privacy and confidentiality** being a main barrier to accessing remote mental health appointments. This barrier was also widely discussed in every single interview and focus group we carried out.

Young people were mostly concerned about not having a **safe space to have the appointment and being overheard by parents and family** (younger participants) or **flatmates** (older participants).

This barrier also already came up in our previous COVID-19 consultation around remote health and social care appointments, but, again, this is likely to be particularly salient when emotional health and wellbeing is being discussed.

Not being able to explain their situation or symptoms properly if there's a possibility of them being overheard/having a lack of privacy

Not having a private space where they can talk on the phone/video call

If parents were at home, I wouldn't feel confident taking the call

Having therapy in your bedroom can be difficult because it's important to have a separate space to talk about difficult thoughts and feelings. When it's online, those lines are blurred and it could make people ruminate

Not having a space to hide away and talk about the emotions they are feeling. This is because some people are not as fortunate to have parents or guardians to talk to or even trust

I think the lack of private space is the biggest barrier as we are all in lockdown now and are self-conscious when on video call. It is harder to voice our opinions when everyone is at home too

The fear of being overheard, especially for more serious things you're trying to explain eg. Suicidal thoughts



A YMCA project worker confirmed privacy can potentially be a major barrier for young people, especially those living in shared accommodation. For example:

Young people don't feel it's a confidential setting when they are in their room - people walking past, staff doing room checks, thin walls mean peers can hear what you are saying and if you were crying they would hear

in two focus groups and one interview, young people were also concerned about the **mental health professional not being in a private space** where conversations could be overheard. For example:

Worrying about whether the professional is in a safe space.. can I trust them?



There was also concern about phone/video call appointments '**not being official**'. For example, one interviewee said:

A YMCA project worker also said:

Young people feel they are being fobbed off when things are online , it's not official enough and they don't feel listened to as much as face to face

Unlike a clinic where everything is official, online appointments don't feel the same, so this may make young people uncomfortable and not safe



Worries around confidentiality of data and phone/video calls being recorded were also quite common, especially among focus group participants. For example:



Young people are aware it's easy to record stuff without other people knowing

When I used to have counselling, it used be in a room, door would be shut... probably an unfounded concern that it could be recorded and kept...



...Also general concern of privacy with recorded conversations and even with phone providers keeping a tab...

Your devices are all listening to you... it feels a bit more risky to share such personal stuff being online



Some of the young people consulted said that to avoid private conversations being overheard by flatmates or parents, they have taken **phone/video calls outdoors**. However, they also recognised this has its own barriers, including outdoor noise, device's battery life, being in public places etc.

One of the interviewed mental health professionals confirmed this and identified outdoor noise, especially the wind, being a major barrier to having 'proper conversations' with young people on the phone.



3

Anxiety and Lack of confidence

22.4% (17) of survey respondents mentioned issues around **anxiety and lack of confidence around phone and video call appointments**. This barrier was mentioned in all focus groups and most interviews.

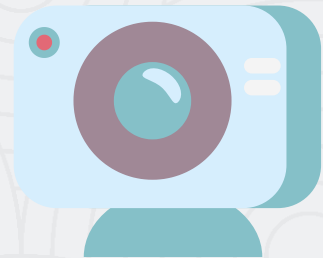
Compared to face-to-face interactions, young people said video and phone calls create more anxiety. Some reasons given for this were: lack of 'real' feedback/reaction from professional, difficulty to connect with the professional, not feeling confident about one's body image or voice on video/phone calls.

It's hard enough to speak about your emotional issues. On the phone, especially, with no sight of who's on the other side, I get so nervous and self-conscious - it's horrible!

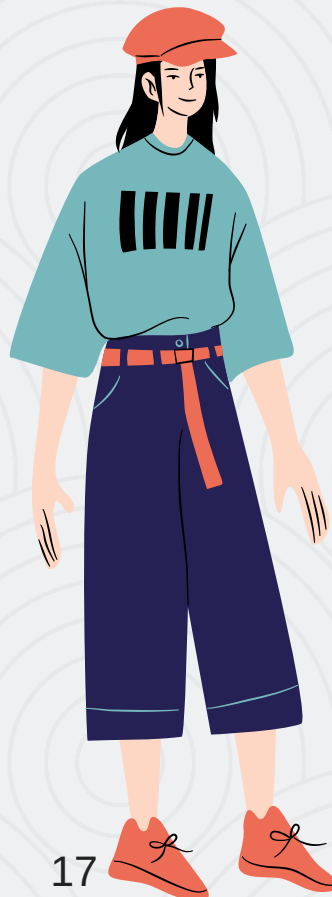
Phones and video calls may just be off putting for young people. Some young people simply get too anxious on the phone or video call for many different reasons

May be confident in the first place, but something the professional does or says might make me self conscious so I will stop properly engaging in the conversation

Pre appointment anxiety - It is hard to go through the long wait until your appointment, especially when you haven't been given much information about what the appointment is going to look like, who you will be speaking to etc. Sometimes all you get is the name of the professional you will see and that is not enough. It can cause a lot of anxiety



Being self conscious when on camera: you are able to see yourself and your reactions and this may make you upset/agitated/ anxious



Anxiety may be exacerbated by technology issues (technology as a barrier is described below). For example, a focus group participant said:

Social anxiety is exacerbated by technology issues - when you go to an in-person appointment, once you turn up the hardest part is over. But online, it's more complicated to successfully begin and continue an internet appointment because many things that could cause miscommunication or appear rude are increased. This can make anxiety worse!



Furthermore, young people in 4 focus groups and 3 interviews felt anxiety can be worse if it's your first (online) appointment and you don't know what to expect. For example:

Feeling anxious about something you have never done

I got so anxious while waiting for my first video appointment. I had no idea what it would be like, and this stressed me out a lot!

Finally, anxiety and lack of confidence may be worse for young people who have issues with **body image** or **gender identity**. For example, one survey respondent said:

Feeling anxious/ uncomfortable about talking on the phone/ facetime, especially for people experiencing gender dysphoria

This was confirmed by a mental health professional we interviewed who talked about their experience of young people, especially those who suffer from **eating disorders**, being shy and reluctant to switch their camera on during video appointments.



4

Technology

As mentioned above, technology related issues were not rated as important as other barriers by survey respondents (7.9%, 6 rated technology being a major barrier to access). However, when asked to think about all the possible barriers to access, technology was mentioned in every single focus group and interview, indicating that even though the young people consulted may not experience this directly, they are aware of other peers who might be.

Issues were related to: lack of a good device to access online appointments, not having a stable internet connection or enough mobile data to support an online call outdoors.

...Also not accessible for young people living in a rural area/basement flats etc. Some young people may not even have access to a mobile phone or laptop due to their family low income/living in poverty

When my doctor calls me my phone is often in and out of service and they have to call me so I have to keep trying to make sure I have service

Technology delays, worry of talking over each other

It's none fault, but if internet isn't optimal, the whole experience can be frustrating, like when internet goes and you're missing what the other person is saying, then you need to ask them to repeat and that makes it awkward you know...

I find appointments online much more exhausting because of technology. Like you are constantly panicking the WIFI will go or that your device will shut down, it's not easy and feels a lot more draining. Face-to-face appointments are more energising and positive

A YMCA project worker confirmed:

Name of accommodation has really bad internet connection - very frustrating if they (young people) are trying to explain a traumatic situation. If they are asked to repeat, then often they don't want to continue



5

Stigma & Fear of being judged

Although only **5.3% (4)** of survey respondents talked about **stigma and the fear to be judged** as the main barrier to access, issues related to this were widely discussed in most focus groups and interviews including: fear of judgment by mental health professionals or parents, stigma around mental health in general, and feeling like one's issues are not important enough to seek support, especially during a pandemic. As some young people specified (see below), this barrier is unlikely to be specific to phone/video call appointments, but relevant to all mental health appointments, whether online or face-to-face.

Fear of judgment/
feeling like they are
going to take the
mick because of what
you're saying/feeling

Parents not
understanding that you
may need mental
health support and not
being supportive

Stigma around mental health
may prevent you from seeking
support and book in an
appointment



Now that everything is online,
classes etc, it's harder to
communicate how you're feeling to
teachers/tutors etc and to seek
support. Asking for help online is a
lot more daunting and you
constantly feel everyone is too
busy to listen to you or that your
problems are not big enough

Feeling your issues are not as bad as other
people, not bad enough to get an appointment.
You know, you're constantly hearing tragic
news....that makes you feel you may not be
worthy of an appointment, that other people may
need it more than you, that you're taking their
place...I think a lot of young people feel this way,
especially with COVID and everything...



Probably the feeling of being judged or
the worry that you might be
overthinking your issues so you don't
want to make a big deal, and potentially
the issue of it being taken further if
there are concerns

1

Other (less common) barriers mentioned by young people

Language barrier



Phone and video calls are harder when English is not your first language



2

Easier to 'quit'

It's quite easy to cancel/decline the call when it's a digital appointment, when it's face to face its much harder to cancel

So much easier to press 'leave' and shut the laptop, whereas face to face it is harder to leave

3

Missing out on the 'whole experience'

Physically travelling to the therapy session is therapy in itself and a real achievement for many young people. So not having that physical appointment to go to can really impact on a young person's preparation and outcomes of the appointment



Solution Ideas

The second main aim for this consultation explored young people's ideas of possible solutions that could be implemented to make phone and video mental health appointments more accessible for young people.

In the survey we shared some ideas for solutions, all aiming to raise awareness of online/phone mental health appointments and help young people prepare for them. These ideas were generated by a group of YMCA Right Here volunteers. Survey respondents had to select which ones they liked.

A podcast by young people for young people
32.89% (25)

A free, printed guide to help young people prepare
36.84% (28)

A free, online guide to help young people prepare
60.53% (46)

A short film to help young people prepare
36.84% (28)

Social media posts made to support young people
63.16% (48)

Meet the mental health professional video
67.11% (51)

Survey respondents also had the chance to suggest different solutions to those suggested and these are some of the things that came up:

A short video on how people felt during and after talking to a professional so that it can reassure the person who is in need of the help and also to make them aware that it is not just them and that other people are in the same boat

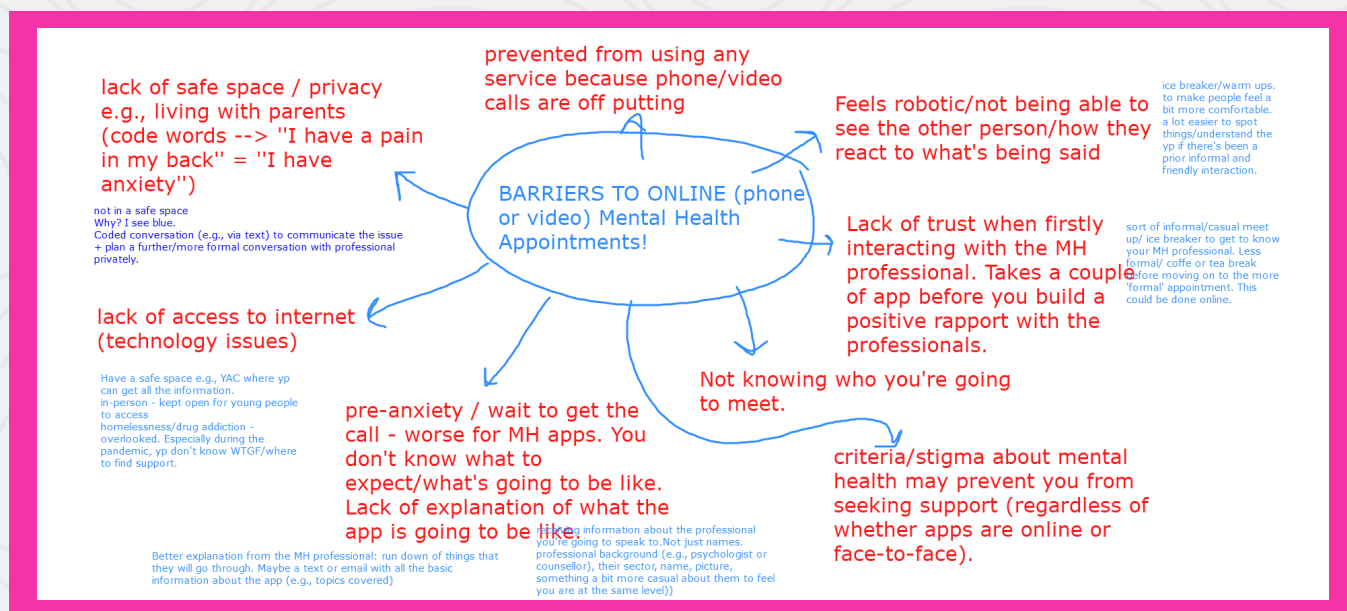
Being able to text or message someone instead of have to do video calls or by phone

Perhaps support through institutions such as schools, colleges, universities showing clear instructions on what to expect of/how to prepare for a video or phone call



Solution Ideas (continued)

Focus groups and interviews were used to dive much deeper into solution ideas. An open conversation was started to explore all possible solution ideas to the barriers previously identified. The Zoom Whiteboard function was used so each participant could write down all their solution ideas under each barrier and the 'most popular' were then discussed as a group (see example of Whiteboard below).



Using data from interviews and focus groups, the emerging solution ideas were grouped under **5 main themes**, outlined below and discussed in detail in the following section.



Overall, the **most popular solution themes** among survey, focus group and interview respondents were: 1) *Establishing a positive relationship with the professional*; and 2) *Help with getting ready for an upcoming appointment*. 3) was also quite popular, while 4) and 5) were mentioned by less people overall.

Establishing a positive relationship with the professional

Lack of trust towards 'someone who lives in a screen' and difficulty expressing feelings and emotions online were huge barriers to accessing online mental health appointments. Different solution ideas were proposed from young people, including:

- 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.

Give the option for a pre-app catch up to familiarise yourself with the professional

...having it completely separate from the actual appointment, perhaps better on another day, a week before or something!

There could be an initial pre-appointment meeting with the mental health professional which is very informal and casual, could be done online, a sort of ice-breaker, tea/coffee break where young people can get to know professionals a bit before the actual appointment. Equally professionals could grasp something about the patient's character and personality which would be really useful in the actual appointment

- Sending **key information about the professional** to young people prior to the appointment. This was suggested to be in the form of a 'short bio', including the professional's name, educational background and some 'fun facts' to make young people feel they are speaking to a 'real person' and 'not a robot'.

Getting GPS to send a picture of the mental health professional ahead of appointment. This may make things better...like you're not talking to a robot on the phone. For example, with Uber Eats you see a picture of the driver plus some quick facts about them e.g., speaks X and Y languages. Cool to know! It would make you feel you're interacting with an actual person you know...

Receiving a little introduction about the professional prior to the appointment would be great! Something informal and personal to make the young person feel the professional is not a complete stranger!



- Starting online/phone call appointments with an **ice breaker** was another popular solution suggested in all focus groups and most interviews, for example:

ICE breaker activities - to make everyone feel a bit more at ease prior to starting the actual appointment

Icebreakers! it might sound a bit cheesy, but I think that could really help

Small talk leads to big talk

This quote refers to professionals being encouraged to spend a decent amount of time at the beginning of an appointment on meaningful small talk. Some young people suggested the entire first session could be more about getting to know each other, in order to establish the level of trust needed to confidently communicate 'personal issues' to the professional.

A YMCA Youth worker shared their view on this as well:

Youth work principles are not just for youth work, they should be embedded into health services too!' (referring to ice breaker activities)



2

Help with getting ready for an upcoming appointment

Not knowing what to expect from an online/phone call appointment was a major barrier identified by many of the young people consulted. Focus groups and interviews allowed us to delve deeper and understand what solutions young people could benefit from.

Regardless of the format used, young people talked about the benefit of **receiving key information about the appointment in advance** to reduce worries and anxiety. Info should support young people in getting ready for the appointment, including: getting the technology right, measures to ensure privacy and how information shared will be kept confidential, knowing how long the appointment will be and what kind of questions will be asked, tips on how to reduce anxiety prior to an appointment.

The two most popular formats discussed to deliver this information were video clip and a printed and/or digital guide.

Video showing a mock up on a conversation: what do i say, how much do i say, what do i talk about? so you can see how its done, or how other people have done it so it doesn't feel quite so scary

A mini guide including things like, how long you'll be online for, what kind of questions will be asked. I think it's crucial to share info about privacy and confidentiality ahead of the appointment

I get quite anxious about technology. It would be nice to receive some quick tips on how to set everything up (phone, laptop, tablet etc) to optimise the quality of the call and make sure all platforms and logins work. Also, a short guide on what the PLAN B is if technology fails e.g., if connection drops and call ends, check your email as I will be sending a new link...

...some quick tips to be ready in case you get emotional and lost during the call. For example write down the things you want to say on paper, do some relaxation techniques before the call...

A YMCA Project worker raised a valuable point as to why creating a 'how to get prepped guide' might be beneficial:

Young people like to feel in control of their own lives and they like to be able to get that information themselves, rather than being told by a keyworker.

A guide allows them to be in the driving seat and them to ask the questions



3

Providing a safe space to have the appointment

When prompted to think about possible solutions to issues around privacy as well as not having the appropriate technology to access online/phone appointments, focus group and interview participants talked about setting up accessible 'safe spaces' that young people could go to to have their appointment. For example:

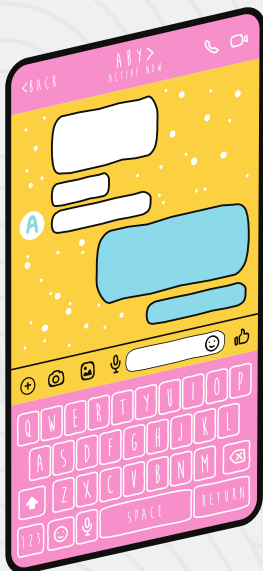
Some places like YAC (Youth Advice Centre) should remain open throughout the pandemic to allow young people who may not be able to independently access online appointments (e.g., no WIFI, laptop) to do so in a calm and private space

At Varndean if you don't have the right tech to access lessons online you're allowed to use computers at college for example....something like that could help with mental health appointments too...it would also help to have appointments somewhere away from home where you're parents are not able to hear everything

4

Catering for different types of communication

In order to make young people more comfortable sharing personal issues, it was suggested giving young people the option to use **different means of communication** during the appointment (e.g., chat function, art) in case they are not comfortable speaking or if they are worried someone else may overhear. It was recognised this is not possible with phone calls, which may contribute to young people feeling 'extra anxious' about phone calls in general.



I guess in a video call you feel the pressure to have the camera on and speak on camera...but this sometimes makes me super nervous. I would like professionals to clarify it's totally OK to type in the chat if I am not feeling ready or comfortable to verbalise stuff

When it comes to expressing emotions, I am all for drawing a sketch and use art instead of talking, this should be normalised and given as an option, especially as online can make everything more scary!

5

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. This would be particularly beneficial at the very first appointment where young people don't know the professional yet and this may cause a lot of anxiety. For example:



Having someone on your side before/during/after the appointment to speak to would take a lot of pressure off. This could be a friend or case worker, someone who could explain what the appointment is going to be like and be there with you should you feel worse or upset after the appointment. Doesn't really matter whether it's a case worker or friend, as long as it's someone you really trust...

Especially the first time, when you're like in your room alone waiting for the professional to start the call, it can be very distressing and it would be nice to have someone you trust by your side to talk things through and share the experience with. I think I would really like to have my first appointment with my best mate right next to me to support me



Young people have requested their support worker to be in on the call to provide good prompts or even just in the room so they have someone they trust near by. This is especially applicable to the first appointments



A YMCA project worker supported this idea.





Case Study

Young Male,
24 years old,
interviewed
on Zoom
video call

Have you accessed MH service pre pandemic when they were face to face?

YES

Have you accessed MH services during the pandemic through digital platforms?

YES

Can you tell us how you found accessing those services before the pandemic?

Before the pandemic I was accessing *name of service*, the drop in appointments, a variety of counselling, a little bit of private counselling, and also counselling from my Uni counsellor and also *name of service* counsellor (one to one sessions) . So I accessed a fairly wide range. It was, I would definitely say, a lot easier in terms of keeping up with the schedule when appointments were face-to-face.

Before the lockdown, when I would go to *name of service* or *name of service* , with appointments being in person, it would require me to get up, get dressed and do all the stuff I needed to do before the appointment, which meant keeping a section of the day to get ready, attend the appointment and come back. It helped with making the appointment a little more official. It was easier to keep in mind the different appointments.

Also it was a lot easier (referring to in-person appointments) I think to **be able to share**, particularly considering a lot of the things I shared was of a somewhat traumatic nature and it's a lot easier to share that in person. There's a whole safety blanket there and that helps in terms of like if there's a flashback happening and I need a few seconds out, you know there is another person there physically with me. I would say overall it's just easier to attend an in person appointment and it's easier to share the sore stuff.

And also it was a little bit more I I suppose, **socially stimulating** in that way because not only would I be going to the appointment but I would often, say for instance , at *name of service*, wait and talk to the receptionist or when going to *name of service* , I knew a fair few staff so I would talk to them - I could easily bump into like 50 different people. There was a real social element which I think to be fair Right Here have done the best at keeping (participant is a young Right Here volunteer). But still there is less opportunity for these social interaction when not in person.



Compared to your routine around going to an appointment in person, have you managed or do you think it's been useful for you to build some sort of routine around online appointments? Is there anything specific you do to prepare yourself before an online appointment?

With a phone appointment I do tend to make sure that I had something to eat, had something to drink before and done all the hygiene stuff and also like changed from my pyjamas into more sociable clothes.

Just quickly on the **walking** to the appointment, I think like something I benefited from in terms of mental health particularly was that being able to walk by the like seaside and see the waves and....I mean..... it wasn't full on **meditation**, but given that I can find meditation quite difficult to do, it's the closest thing that I got to doing regular meditation to be able to focus on the waves. That is something which I look forward to restarting when lockdown ends, because it's something that when I was at school I didn't have access to because I wasn't anywhere near the seaside. So it is something which I definitely valued quite well when, like, walking to appointments before lockdown.



So let's talk about barriers, what do you think are the main barriers young people experience when accessing/trying to access online/phone mental health appointments?

So I would say it is certainly more difficult to access appointments since lockdown. So firstly, with utilising the phone, it's a very alien like device in many ways in that it's like **speaking to a disembodied voice**, and that can be a little bit difficult when sharing valuable information.

For instance, I was attending *name of service* counselling which the first session was just before lockdown started and then all of the subsequent sessions were in the first lockdown. And even though I technically knew I was talking to the counsellor and they would be confidential, it seemed a **lot less secure, in terms of data and what I was saying**. Because if one is in an enclosed room, there is a feeling of security, whereas a disembodied voice as far as I can tell it's going into thin air. So people can pick it up? is it possible to hack? if it is, how much will they learn? There is ambiguity there that makes it a bit more of an anxious thing to communicate, particularly about traumatic and personal stuff.

I think autism can play a part as well so for me personally, **the sound of the phone ringing or turning on is quite startling.**

If there is a delay in the call, or if there is some **problem with the connection**, that means that the call doesn't actually come through until later. So a situation where I'm not expecting that noise, then that noise in itself can send me into a state of such anxiety that I can't actually access the phone.....so yes, that does play a part.

I have definitely found that zoom/google meets/TEAMS is far easier than the phone because I can see the person and that gives some sense of in-person communication.... but there is still that worry, much like the phone, that the connection will suddenly stop.... or worries, social anxiety about whether I might mistakenly interrupt the person.

For me, I get quite distressed on Zoom **when the screen freezes**, because it's a reminder that the person who seemed to be 'in proximity' is actually far away and suddenly unable to communicate. The very space they are in has frozen. So it can feel a bit like sudden and Jarring when that happens and creates anxiety going into the zoom call wondering if that's going to happen!



Also before lockdown when I would walk and and have that previous social engagement, there was a sort of **build up to the meeting** where I would have small levels of social engagement to get myself going. Like the first appointment of the day on a phone call, there isn't any build up there because I've been in my house, so it makes it more daunting in that respect. **Just like if someone was to go from warming up for a marathon to just being told OK the whistle's gone, do the marathon!**

And finally there's the matter of **privacy and confidentiality**, in that it's quite difficult to have that confidentiality with zoom calls or phone calls when ones in one's house.

Admittedly, it is the case that having meetings in one's family house would have its own difficulties, at least in that case the hope would be that there's the sense of familiarity that one could fairly easily just bring up, you know, "I'm going to be on this call today, could you be quiet if you're on this floor please?." Whereas with renting with both vulnerable adults and also people that I only have some familiarity with, it can be a lot more challenging asking because I worry about possibly offending or causing anxiety and because I don't know the people nearly as well as one might know their own family. it is a lot more of a difficult negotiation so to speak.

Social interaction.... going back to that....

What do you think may help to break the contrast between being in your own space and then jump on a call or video call? Anything which may help with that?

It's a good question. I am a bit stumped on what one can do about it....

What about a short phone call prior to an appointment? Eg., an hour before a 5 mins phone call as a check in, hello. Would that be beneficial?

I can see that it could be useful. In terms of, using my personal case, the sort of build-up, social interaction, that walking into an appointment involved was sort of optional, something that you could or could not have according to how you were feeling that day. Whereas a scheduled time of communication sounds a lot like another appointment so it would move the stress from the first appointment to the new first appointment.

What about a chat, a tea/coffe break a week/couple weeks/a few days in advance of the session to get to know your professional, especially for young people who have never had an appointment before? Informal, a bit of an icebreaker...

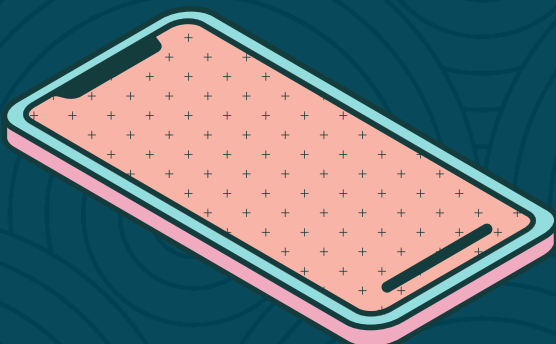
Can see the benefit if it's the first time the young person is joining. I like that idea. I was wondering whether those informal meetings could be given the option of coming in person or the session being recorded and the session being released in audio file. Or a written email if the young person can't attend that extra meeting.

So it would be up to the young person what type of communication to receive from the professional prior to the first meeting...

I just thought of another difficulty related to during lockdown appointments. On the **financial side of things**. For instance, my phone is barely functioning which causes somewhat of an anxiety if I have to access an appointment by phone or video call. At the same time not having access to tons of money, I cannot really afford having a new phone until mine has run its last. So, **having the right technology** to access online appointment, is definitely an 'extra' barrier which wasn't there before the lockdown.

Do you see any solutions to this problem then?

At *name of service* they run an event where the young people came with spare clothes which they weren't using anymore. And that was given out to other members, I still have a few trousers from that. Would it be possible for any organisation to have, every 6 months, a deliver old technology? There is a lot of new technology coming out and there are a few people who seem to constantly be updating and throwing out perfectly functional devices that other people could be using.



To the same issue, some young people have suggested a safe space (e.g., YAC) where young people who may not be able to access technology, could find a computer or phone to use in a private space to access apps. What do you think?

I definitely support that idea. I did use *name of service* computers in the past. My query I suppose would be: How many young people during the lockdown would need to access services in that manner? I definitely support that idea, especially after the lockdown to have that centralised space for technology. However, during lockdown I am not sure how many young people could benefit from this....

Have you had to get to know any new professionals during the lockdown or have you carried on working with professionals you knew already?

Ahm, I have, for volunteering but not for mental health. In terms of mental health, I am presently on a waiting list for a counselling service, so I will be meeting someone for the first time then. I have also met someone new on my latest Autism assessment, would that count? It was entirely over Zoom. I was a little **anxious because of possible tech delays**. The professional was kind of well trained as they made the space quite secure. For example, they went through what would happen if the call stopped because of tech issues...and this made me feel more confident, you know, If this happens, then this will follow... So, to be fair that was, at times I forgot I was actually on Zoom and felt the person was actually in the room with me which was reassuring. The session run very smoothly.

How long they spent at the beginning setting out expectations etc?

5 minutes after introducing herself. If the call suddenly closes, check your email as I will be sharing the link again.



Any other solutions you'd like to share?

Having the **ice breaker** really helps build a sense of knowing the people in the room. I think there was a couple of phone appointments with the *name of service* counsellor where there wasn't really any ice breaker and they went straight into the topic for that week so to speak and that sort of made it like....my social response was to form a connection with the person, but did they have time if they wanted to jump straight into the real conversation about the emotional side of things? Definitely having that ice breaker would help build a bit of a personal connection, so something to keep in every time.

Implementing a Solution

As outlined in the 'Background and Aims' section of this report, Phase 3 of 'Ready, Set, Connect!' project was to work with a group of YMCA Right Here young volunteers to **take forward one key creative solution suggested by young people and bring this idea to life**. It was agreed that YMCA Right Here would create a young people-facing solution as opposed to a service-facing solution (created by West Sussex Healthwatch).

In order to select the solution to implement, first of all we looked at data from the survey, where we asked participants to rate a series of possible ideas, all young people-facing. Then we identified the solutions generated by interview and focus group participants which were young-facing.

From the survey data, two solutions emerged as most popular: '*a free online guide to help young people prepare for online mental health appointments*' (60.53%, 46) and '*social media posts made to support young people with online mental health appointments*' (63.16%, 48).

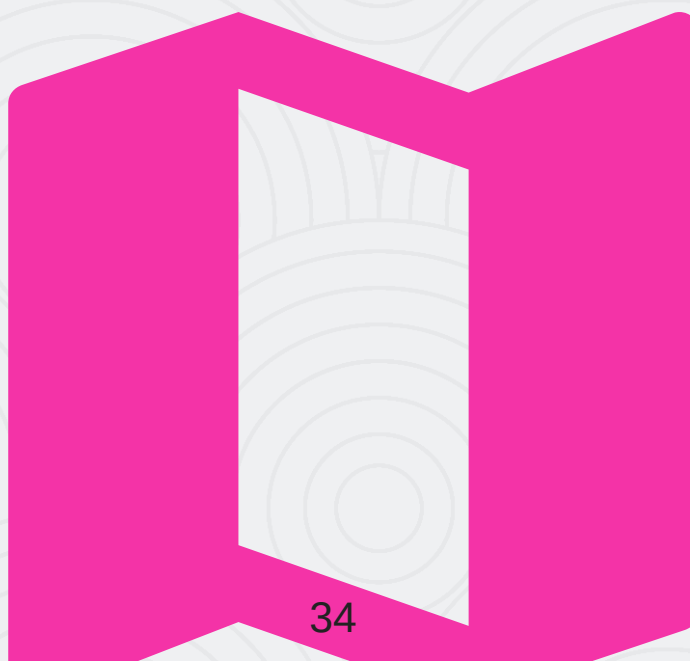
The free online guide idea was also the most popular among interviews and focus groups whose discussions went as far as specific areas that should be addressed within the guide (e.g., privacy and confidentiality, how to de-stress before and after the appointment, how to properly set up technology).

Given the great success of other 'pocket guides' produced by YMCA Right Here around Self-Harm and Suicidal thoughts this solution was selected.

An initial focus group was carried out with YMCA Right Here young volunteers to discuss the guide's format and content to include and three subsequent sessions were used to co-create the digital guide, gather feedback and plan its delivery.

The guide was created using the collaborative function on Canva, a free design software.

Find below a preview of the '**Ready, Set, Connect! a guide to getting ready for online mental health appointments**'.



Implementing a Solution (continued)

Front & Back

My preparation notes, thoughts and questions...

Struggling to cope?

TEXT
TO
85258

Call us free 24/7 on
116 123
samaritans.org

It's OK to feel worried or nervous before an online or telephone mental health appointment.

This guide offers ideas, suggestions & practical tips to help you (or a young person you know) prepare for an online or telephone mental health appointment.

YMCA Right Here has created this guide, based on the recommendations from young people, across Sussex, who participated in a research project called Ready, Set, Connect! Find out more about this research [here](#)

Guide produced by:

YMCA RIGHT HERE
Young people promoting health and wellbeing through education, campaigning and influencing

Sussex
NHS Commissioners

Ready, Set, Connect!

A guide to help young people prepare for phone or online mental health appointments

Inside

What you can do...

In the weeks before:

- Write down any thoughts, feelings, questions that you might like to share in your appointment.
- Plan where you are going to have the appointment, if you are planning on being outside, try to find a safe space, away from roads and wind.
- You might like to tell someone you trust about the appointment so you can talk to them after about your experience.
- Plan to give yourself some time before and after the appointment.
- Read through any information you are given about how to access the appointment and check your phone/device will be suitable.

Privacy & Confidentiality

Your professional will have taken steps so that your appointment is kept confidential (even if they are in their own home). They may have to tell someone if they think you or someone else might not be safe. Usually the professional will try to let you know first.

In the hours before:

Watch 'Getting ready for your online session'.

Scan me

Tech checklist:

- Test your mic & speaker
- Check your device is charged
- Turn off any distracting notifications

Wash your face, brush your teeth & hair to help you feel 'ready'.

breathe

Follow a short breathing exercise video to help you relax.

Scan me

Not sure what to expect in your appointment? On the [Young Minds](#) website you'll find guides to mental health services.

YOUNGMINDS

If you need to ask for time off school, college or work, try to give them as much notice as possible. This will give them more time to support you to catch up.

During your appointment:

Know that it is normal for the odd glitch to happen, or a long pause, or people talking over each other...

If there is anything you don't understand, you can ask questions. "Can you explain that to me...?"

After your appointment:

Speak to your trusted person to let them know how it went.

You might like to have some time away from the screen and go for a walk.

Find more support and information @

Switchboard
Connecting you to LGBTQ support

Healthwatch West Sussex Solution

As mentioned previously in this report, Healthwatch West Sussex carried out a similar engagement consultation: they met up with NCS (National Citizen Service) graduates to find out how they felt about accessing mental health services themselves. Barriers identified were really similar to those we have identified, including: not knowing how to make an appointment, not knowing which professional you're going to be seeing, not knowing what to expect from the appointment, not knowing how long you'll be waiting for etc. A '[How to build rapport and help health professional communicate with you during a pandemic guide](#)' was co-designed with young people as a result.

However, emerging conversations weren't strictly mental health focused, but tended to treat all services similarly; with discussions around mental health immediately including the GP and general healthcare. Therefore, when it comes to solutions, young people decided to focus on the 'gateway' to services, with the GP often being the first point of contact in order to access other services, including mental health services. The designated solution was 'Doc Tour - your pocket guide to healthcare appointments' - an App that young people could use to feel more comfortable about making and attending health appointments (see a video clip [here](#)). This solution is deemed to be transferrable to mental health services more specifically. The students and Healthwatch West Sussex intend to seek funding and to get support from a Primary Care Network to bring this concept to life.

Healthwatch West Sussex's work with young people sits against the background of *Foundations For Our Future* and the recommendations resulting from the extensive [review into children and young people's emotional and mental health services across Sussex](#). The document promises that Sussex leaders "will give a strong voice to children, young people and their families" and will "listen to them and continue to draw upon their experiences to guide our work to ensure a co-productive approach to improvement." It makes clear recommendations for co-production to occur in the design of services and that Commissioners and providers must "be able to demonstrate that children and young people have co-designed services and pathways" with a "demonstrable commitment to hearing and responding to the voice of children and young people."





Doc Tour - your pocket guide to health care appointments



Healthwatch West Sussex met up virtually with NCS (National Citizen Service) graduates to find out how they felt about accessing healthcare by themselves.

The graduates felt there were barriers to access that made them feel stressed, anxious or worried about making or attending appointments by themselves.



I don't know which professional I am going to be seeing.

I don't know what to expect when I get to my appointment.

I don't like not knowing how long I'll wait in the queue.

I don't know how to make an appointment.

I don't like the pressure of short appointment times.

The graduates came up with a solution: 'Doc Tour.'

This is their idea for an app that young people can use to feel more comfortable about making and attending health appointments. With 'Doc Tour', you could:

- Watch a virtual tour of your GP surgery, showing where to go and what to expect when you arrive.
- Find out which professional you will be seeing, and a profile of who they are, their likes, dislikes and hobbies.
- Be able to chat privately and directly with a professional.
- Have a symptom checker so you can be confident about needing to make an appointment.

- Tells you where you are in the queue while you are waiting for your appointment.
- Being able to give the professional your notes before the appointment.
- Lets you send ideas to improve the app
- Read FAQ's

Healthwatch West Sussex will be sharing these ideas with the people who make decisions about services in West Sussex, including the Children First board and the people working on Foundations for our Future. What will they do with the grad's 'Doc Tour' idea?

Reflections

The original plan was to collect data using in-person creative engagement methods, including street consultations and listening labs. However, due to new COVID restrictions resuming in January 2021, we had to adapt and come up with a different plan for a 100% online consultation.

One obstacle to this, which we have had confirmed from other youth groups, centres, and project workers working closely with young people, was their general reluctance to engaging with online interviews and focus groups. The feedback we got was around young people feeling 'zoomed out' and tired of online calls and meetings after over a year in lockdown. Some of the young people consulted also mentioned this, for example:

'I think with the first lockdown a year ago, it was all new and exciting in a way....but now we have had a whole year of online learning, classes, meetings....I think a lot of young people may not be so keen to engage with another online opportunity....I think you would have had so many more participants if this was in person! '

Therefore, we are confident we could have reached a lot more young people for this consultation if we were able to engage with them in person.

Furthermore, as you can see from the Demographic section in Appendix a, the sample was not as diverse when it comes to Ethnic backgrounds, with most respondents being White-British. As we have learnt from our recent Young Healthwatch consultation with BAME young people around their experience of sexual health services in the city (read the report here <https://www.healthwatchbrightonandhove.co.uk/sites/healthwatchbrightonandhove.co.uk/files/Young-Healthwatch-BAME-Sexual-Health-report-April-2020.pdf>), engaging BAME young people in research studies is more effective when employing face-to-face methods for collecting data, including focus groups, interviews and 'on-the-spot' street consultations. Because of the pandemic, however, these were not an option. Furthermore, in some BAME communities, mental health is rarely spoken about and can be seen in a negative light, so this may have deterred BAME young people from taking part in this research project.

With the lockdown and schools/colleges/universities/public libraries being closed, some young people may have not have had access to a computer or a stable internet connection, making it impossible for them to receive information about, and complete, our survey as well as engaging with our interviews and focus groups. This issue may have been particularly salient for young people from socio-economically deprived backgrounds.

Reflections & Next steps (continued)

Due to an unexpected error with the Survey Monkey platform, we also missed out on one of the demographic questions around Religious belief. This means we weren't able to collect this piece of information in our survey; but also in the focus groups and interviews since we used a Survey Monkey link with demographic questions directly copied over from the survey.

Given we had collected email addresses for the prize draw, we were able to ask, at least some, focus group and interview participants to anonymously share their Religious belief after study completion. 13 (out of 18 interview and focus group participants) answered this additional question. The interview and focus group demographics for this question were merged in the same graph (see Appendix A, in the interview demographics section).

Next steps

The next step in this project is to present the results of this consultation alongside the implemented solution to stakeholders. The current plan is to do this at the next Mental Health Sector Connector forum at the end of May.

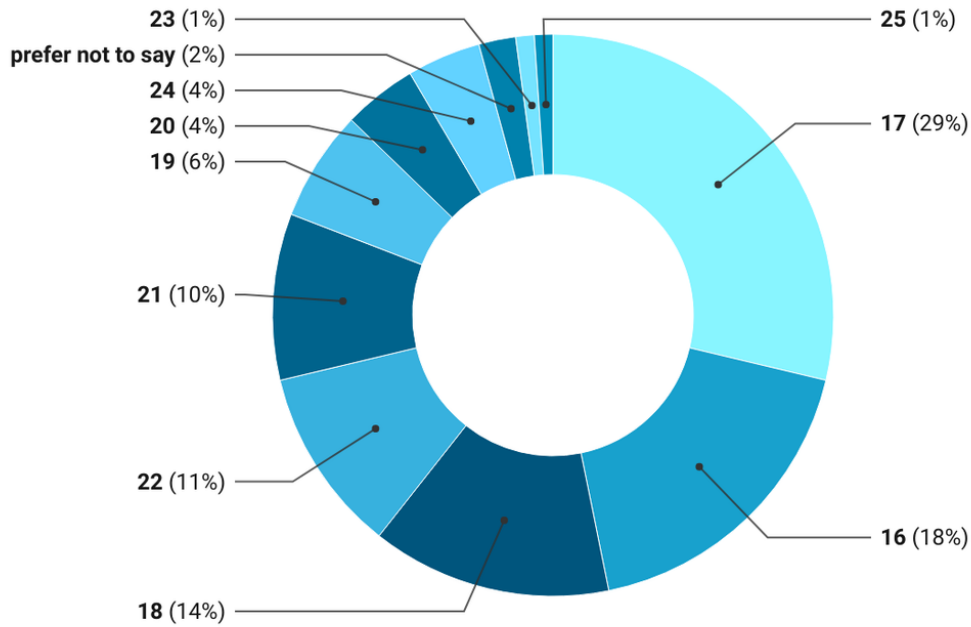
The report will be published on the Healthwatch Brighton and Hove (HW B&H) website and shared wide with HW B&H and Right Here networks in Brighton and Hove, East and West Sussex.

The digital guide produced will be uploaded on the HW B&H website as well on [WhereToGoFor](#), a directory platform for young people to find all the services and activities that Brighton and Hove has to offer. It will also be added to the [e-wellbeing](#) platform alongside other free-to-access mental health self-help material, and shared with Brighton and Hove based schools and their pastoral teams.

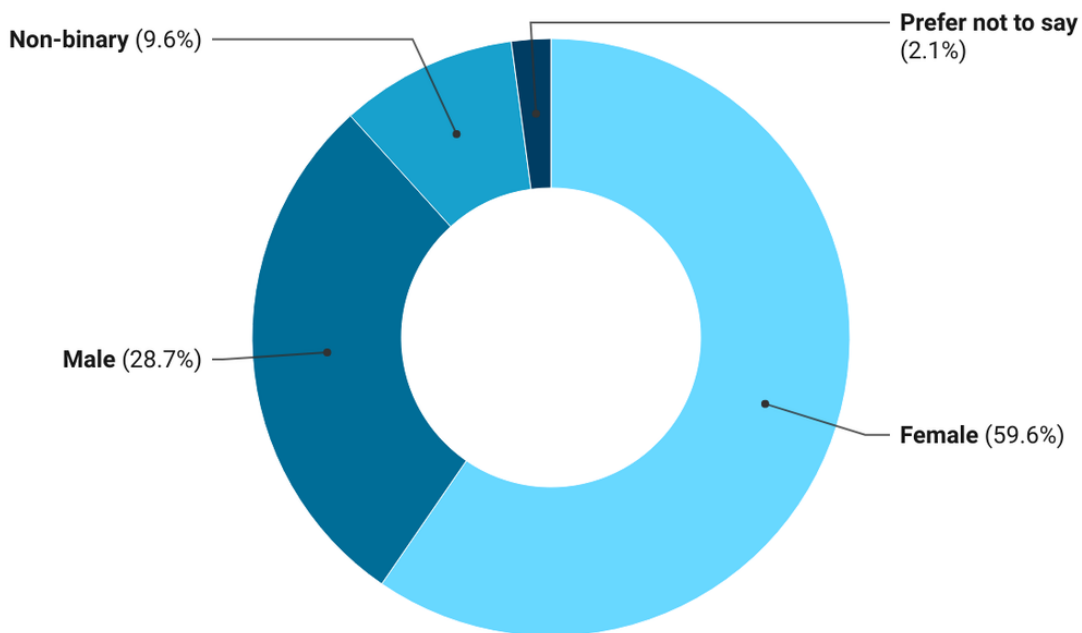
Appendix A: Demographics

Across methodologies

All Participants' Age (N = 94)

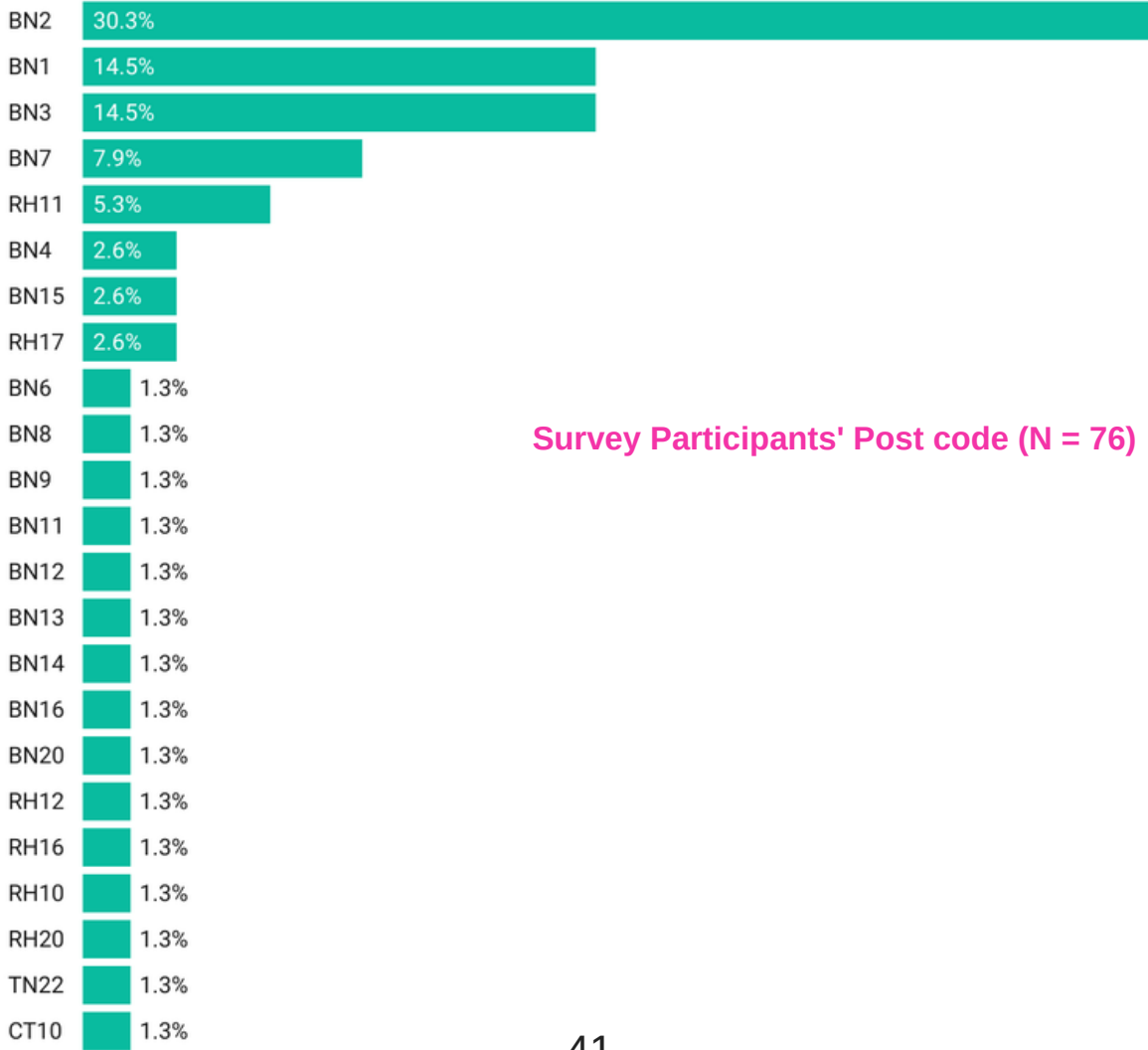
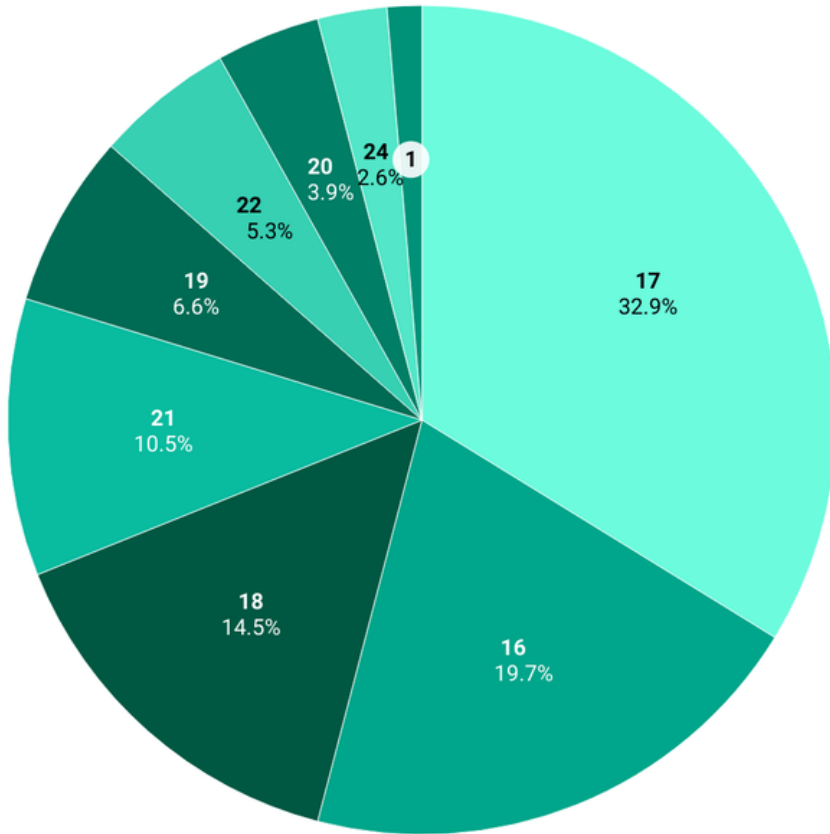


All Participants' Gender Identity (N = 94)



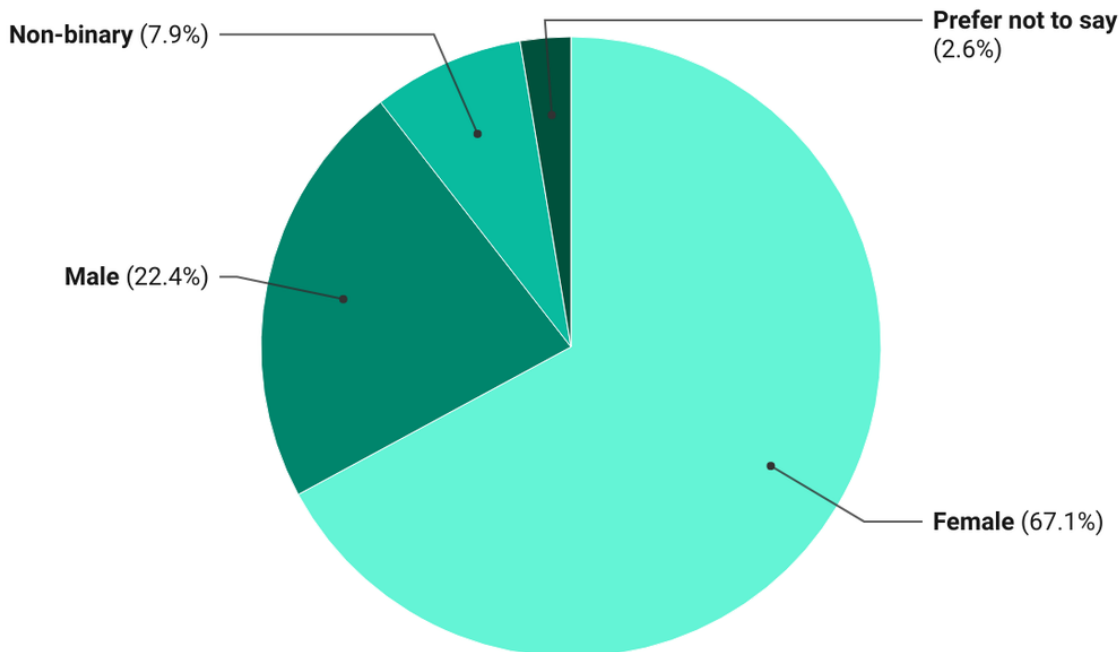
Survey Demographics

Survey Participants' Age (N = 76)

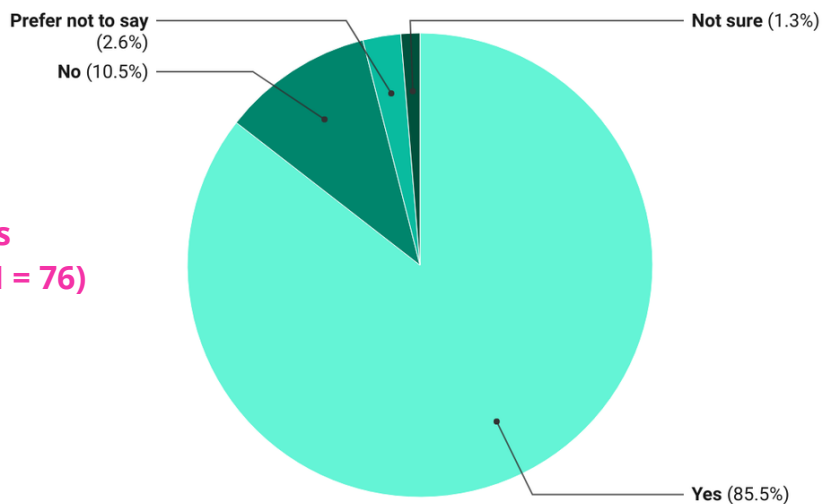


Survey Participants' Post code (N = 76)

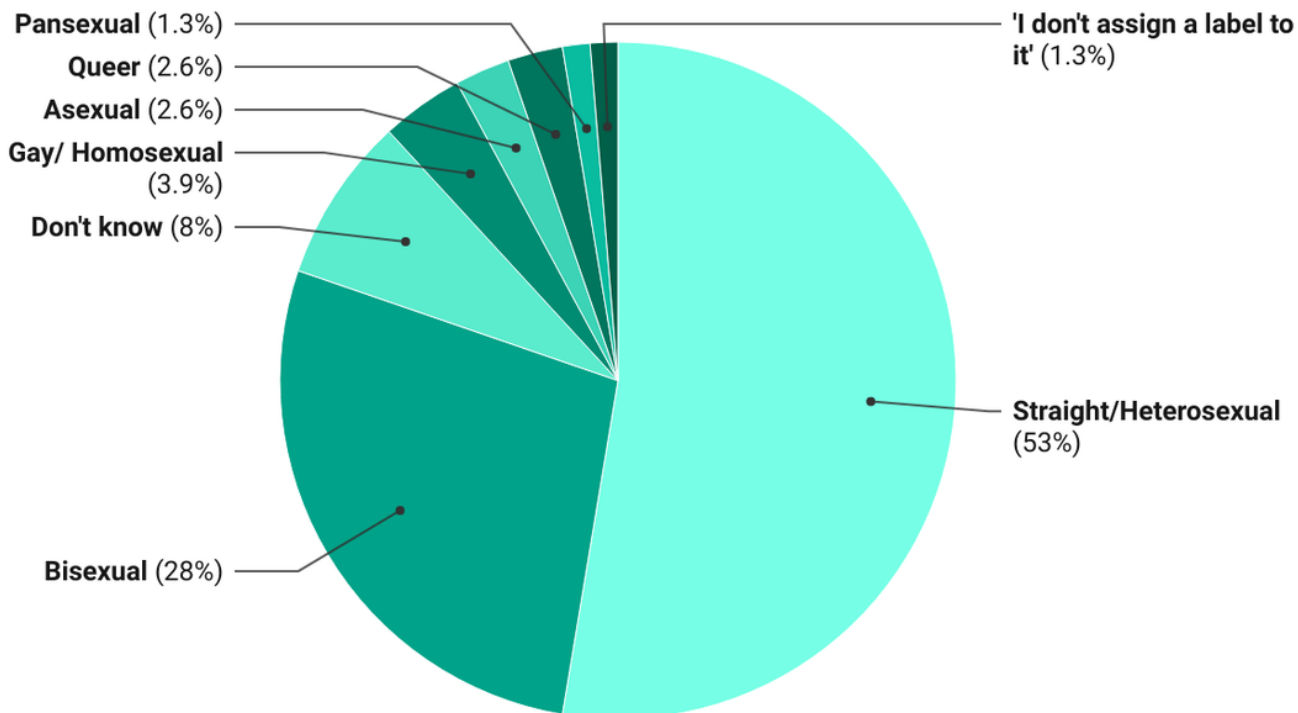
Gender Identity (N = 76)



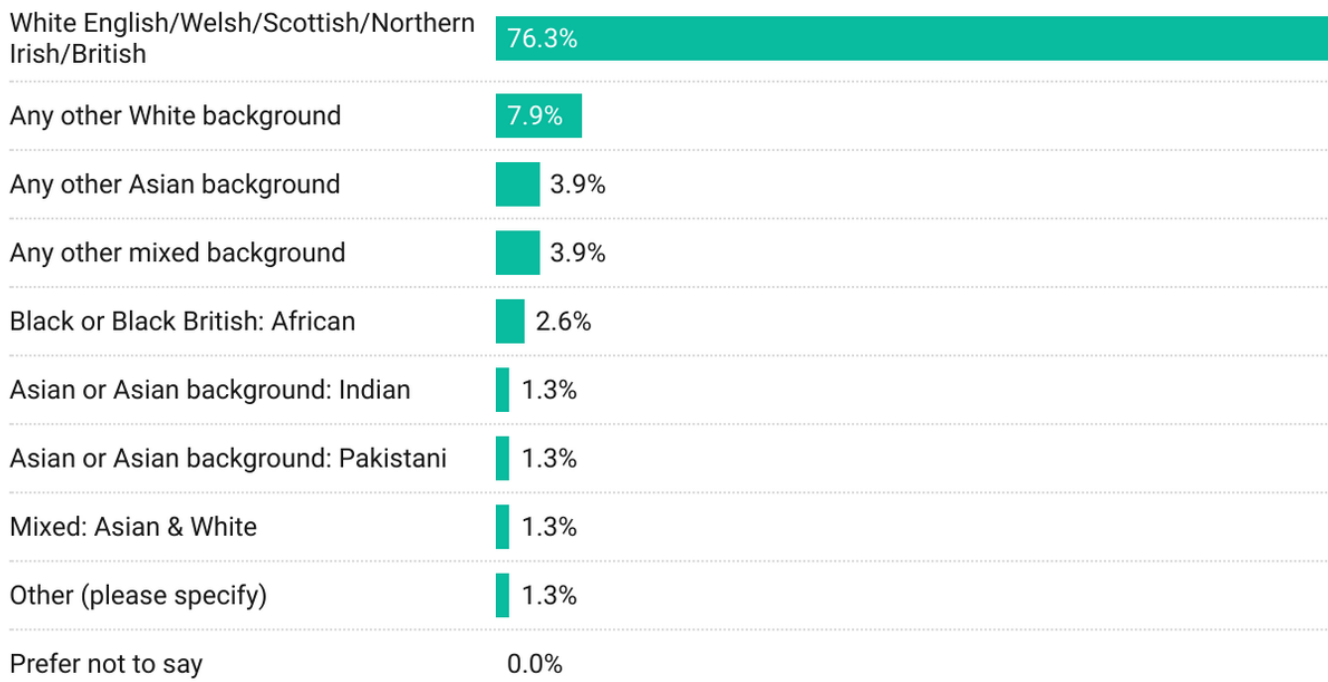
Gender identity same as gender assigned at birth? (N = 76)



Sexual orientation (N = 76)

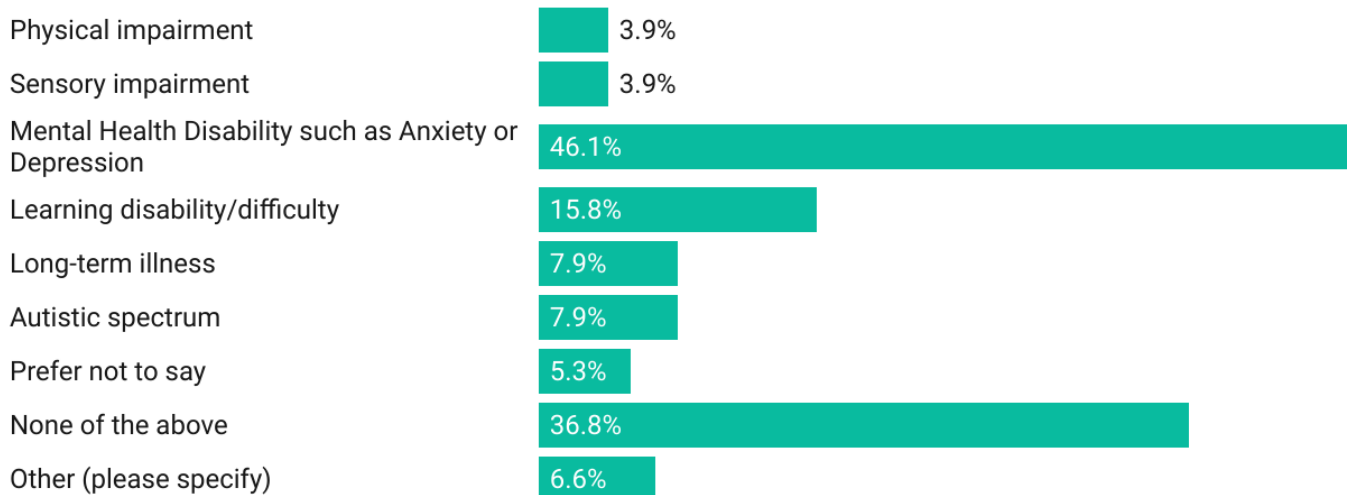


Ethnic Background (N = 76)



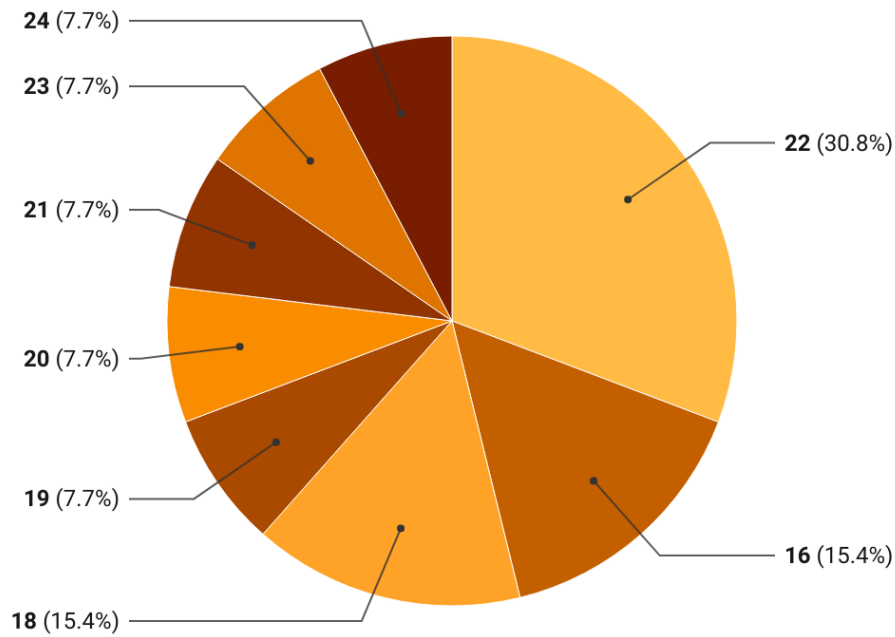
Disability (N = 76)

(Question given to participants: Please look at the list below. Tick any that apply to you)



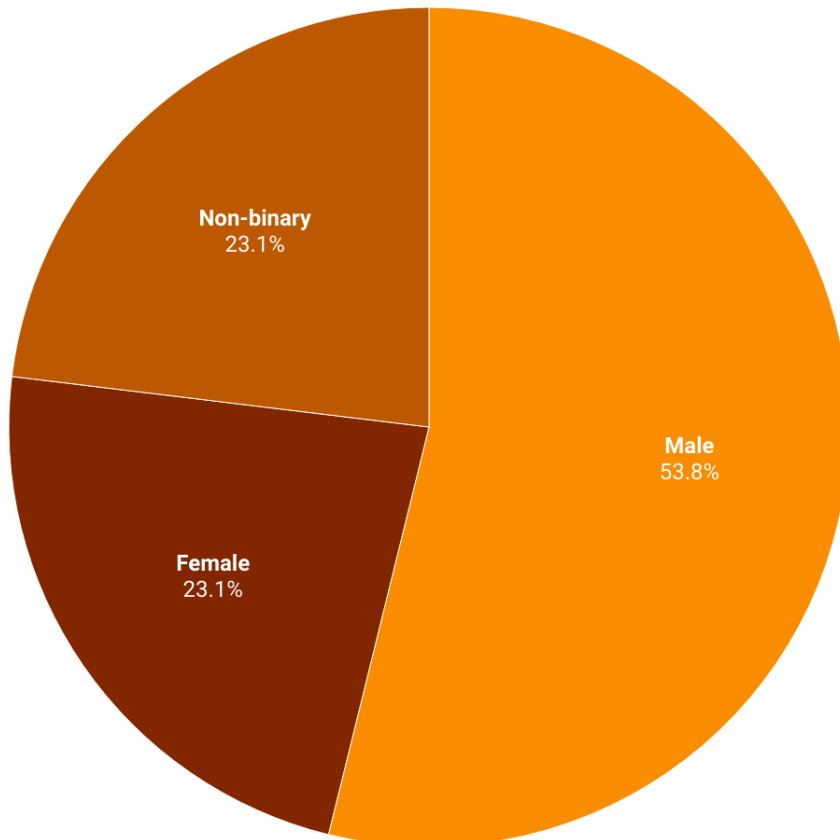
Focus Group Demographics

Focus Group Participants' Age (N = 13)



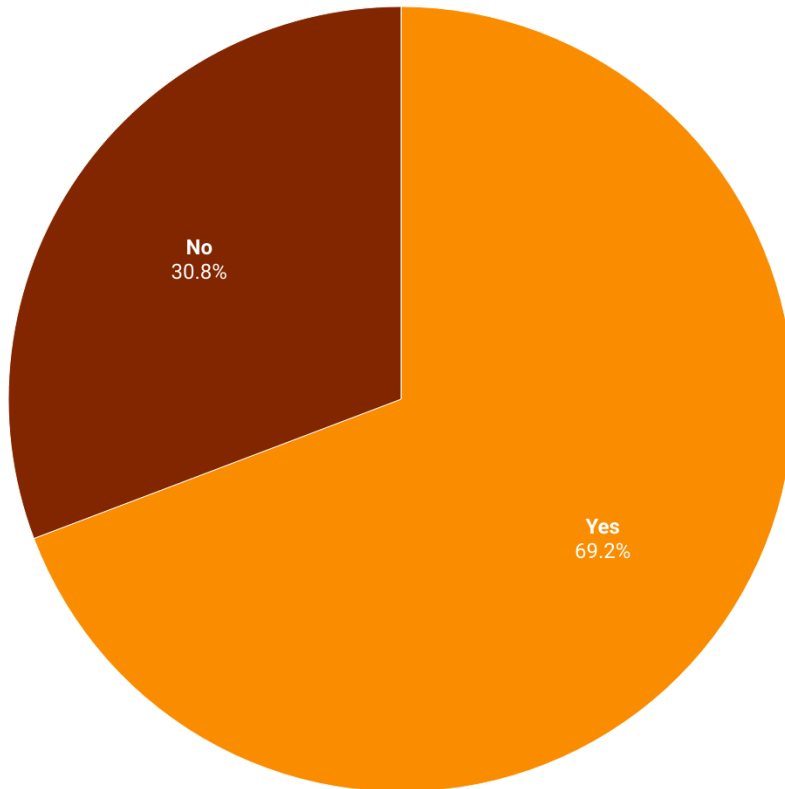
Focus Group Participants' Gender Identity (N = 13)

Male Female Non-binary

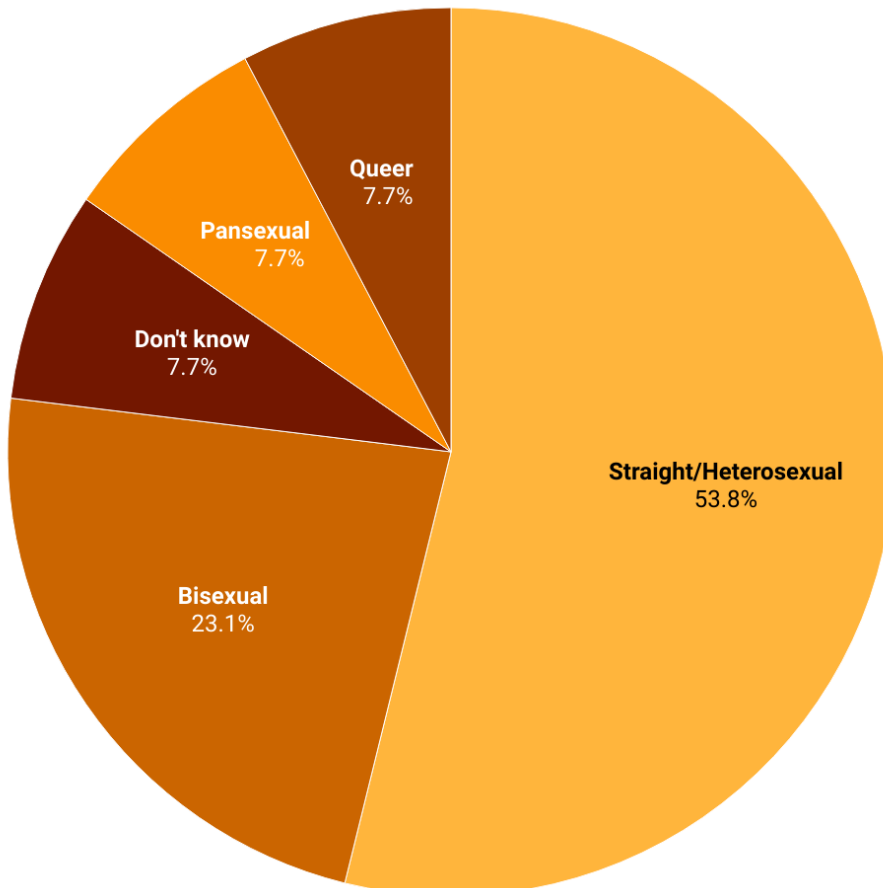


Is your gender identity the same as the gender assigned to you at birth? (N = 13)

Yes No

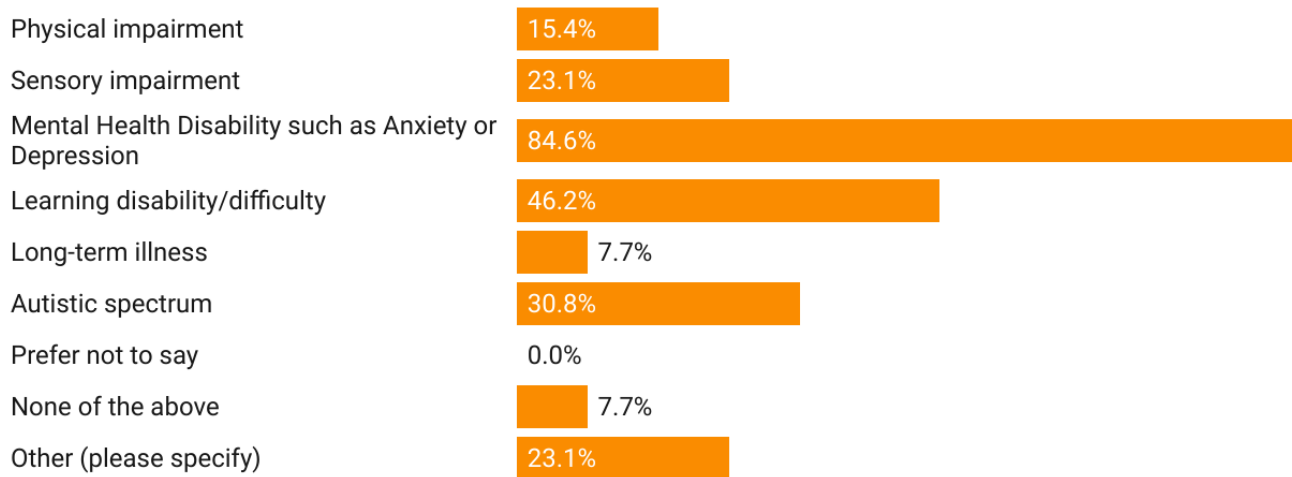


Sexual Orientation (N= 13)

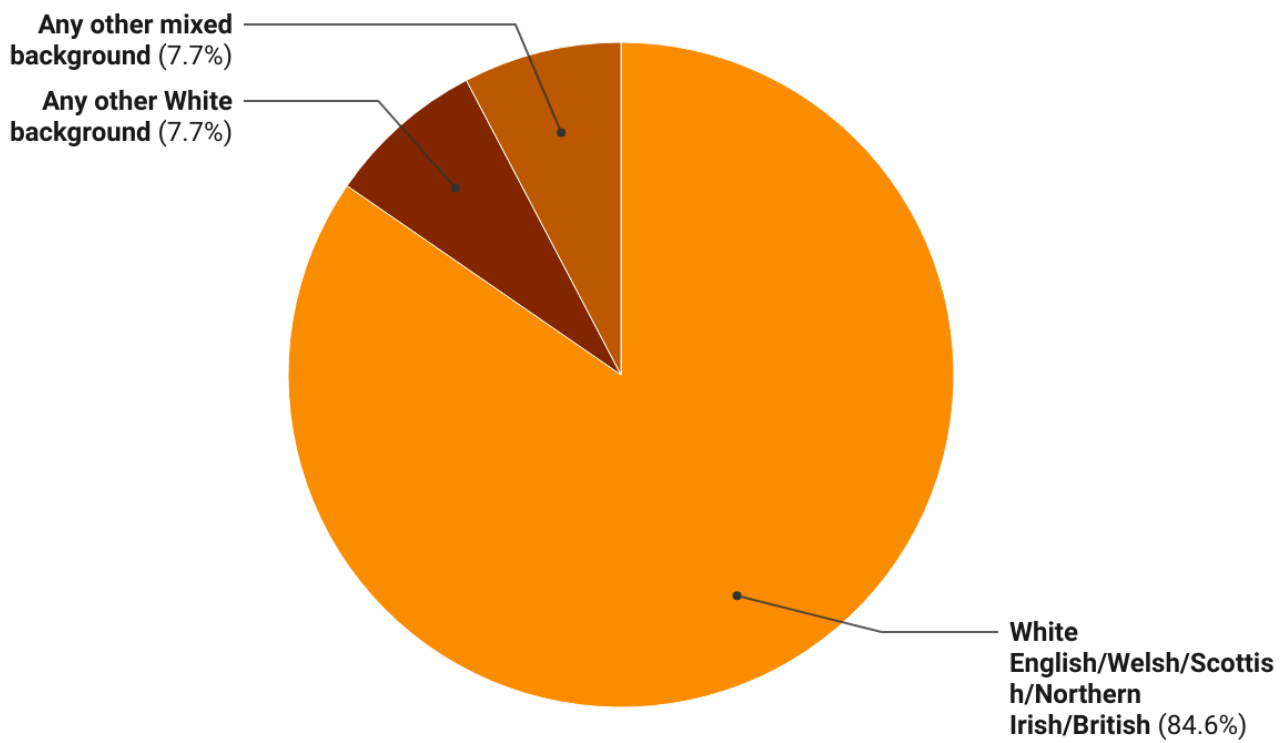


Disabilities (N = 13)

(Question asked: Please look at the list below. Tick any that apply to you)



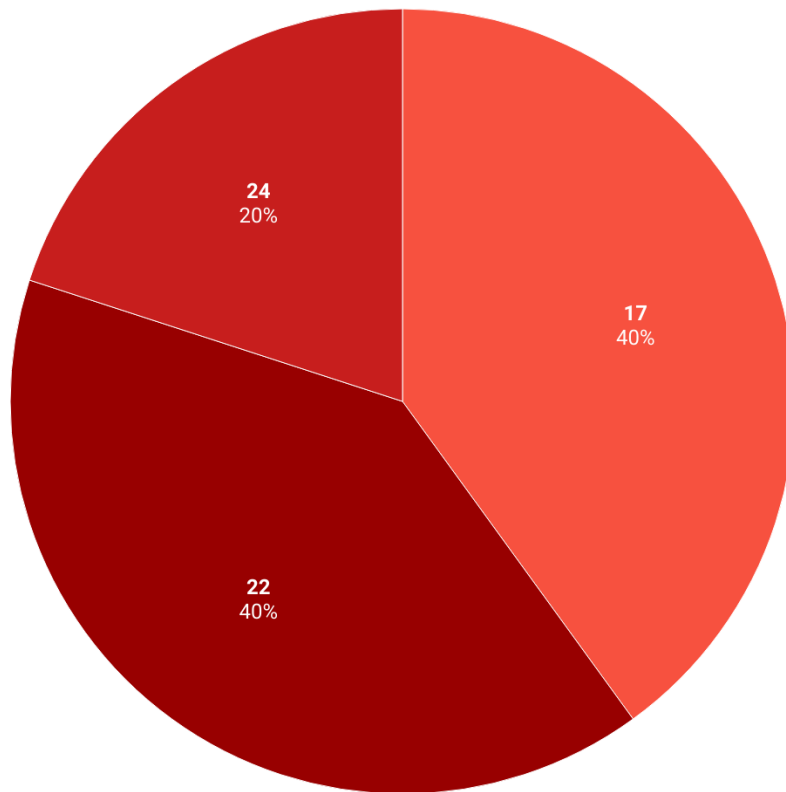
Ethnic Background (N = 13)



Postcode (N = 13)

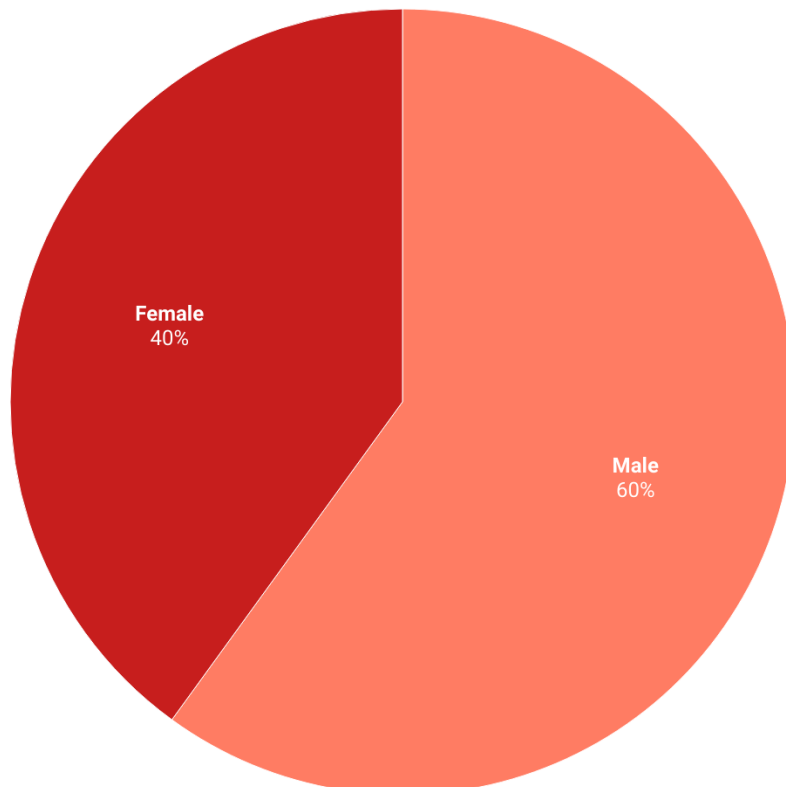
Interview Demographics

17 22 24 Interview Participants' Age (N = 5)



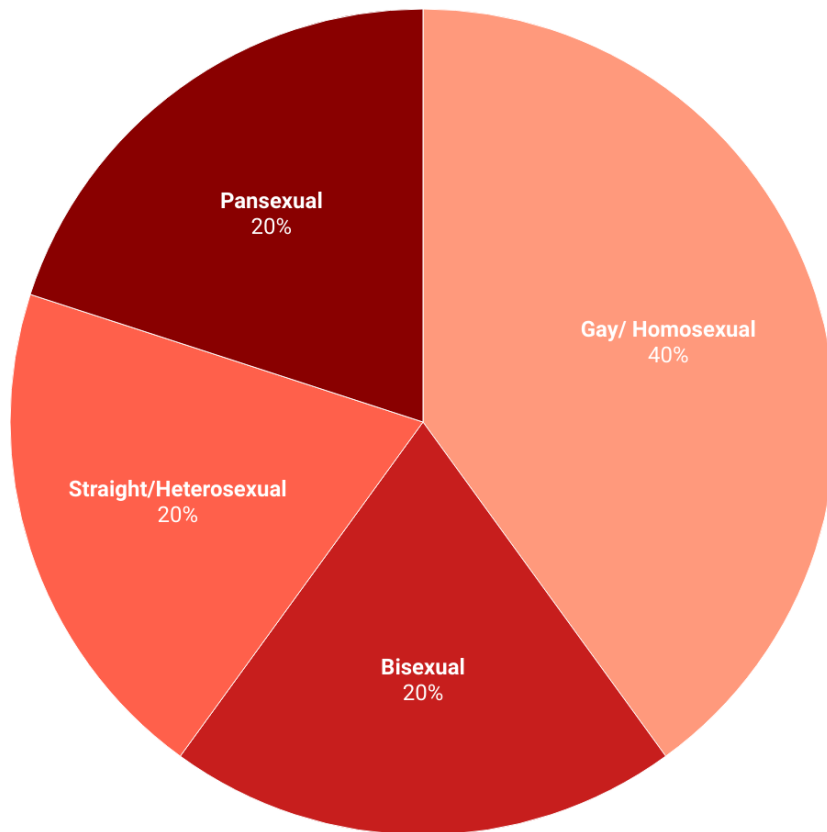
Interview Participants' Gender Identity (N = 5)

Male Female



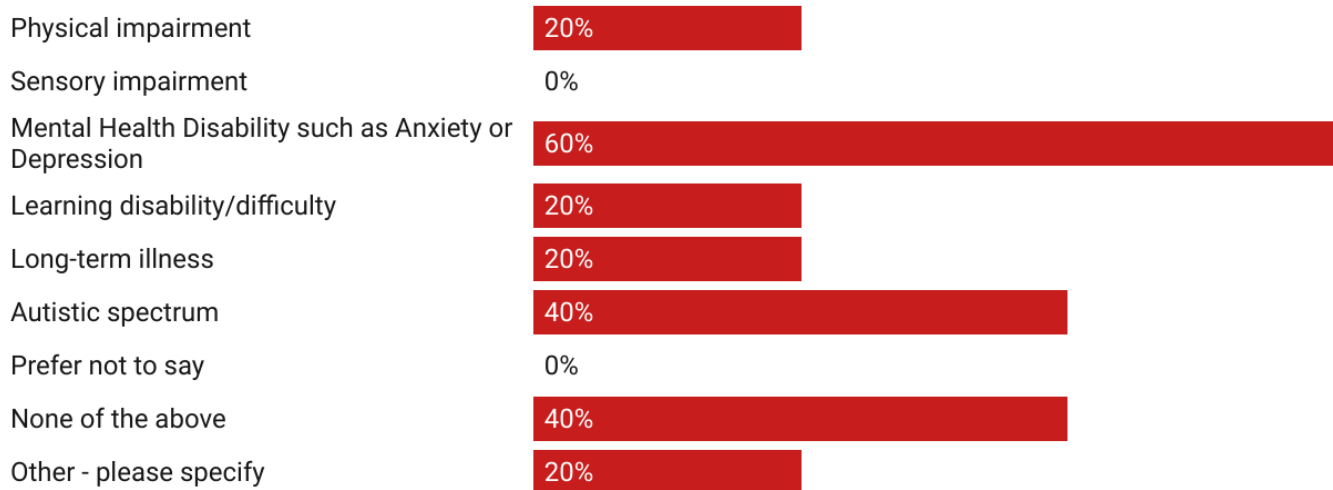
100% of interviewees have the same gender identity as the gender assigned to them at birth

Sexual Orientation (N= 5)



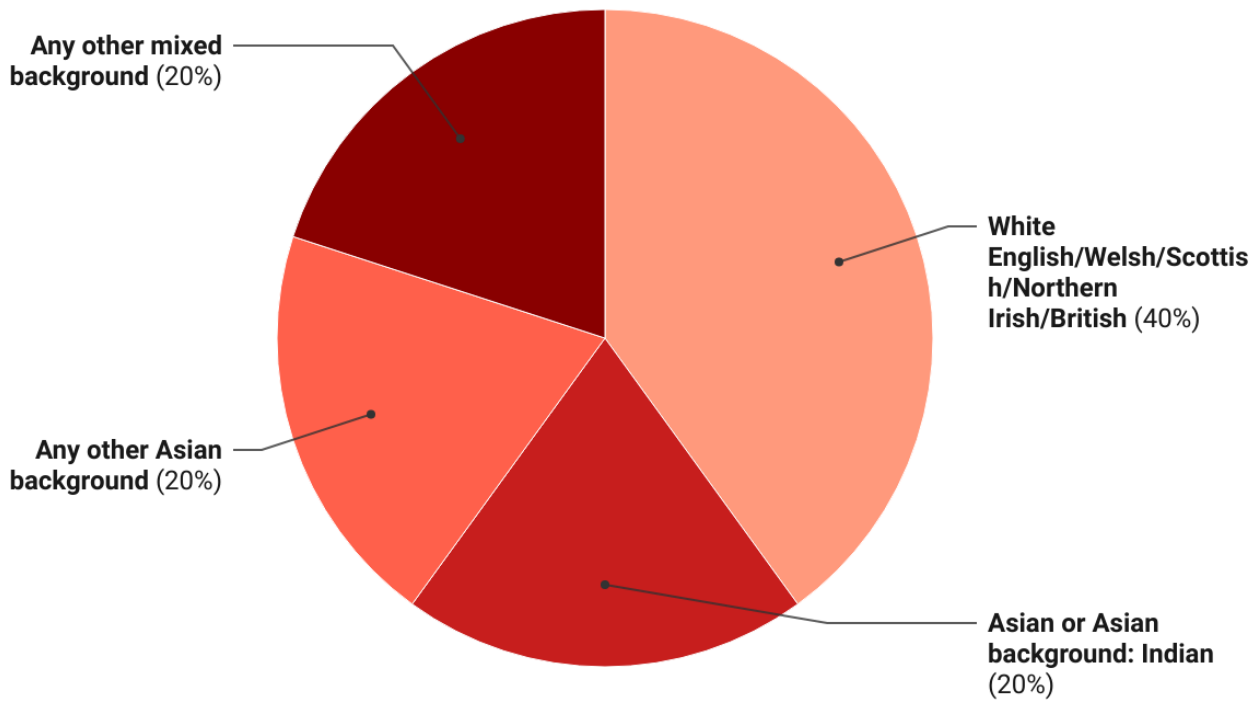
Disabilities (N = 5)

(Question given to participants: Please look at the list below - Tick any that apply to you)



'Other' = PTSD

Ethnic Background (N = 5)

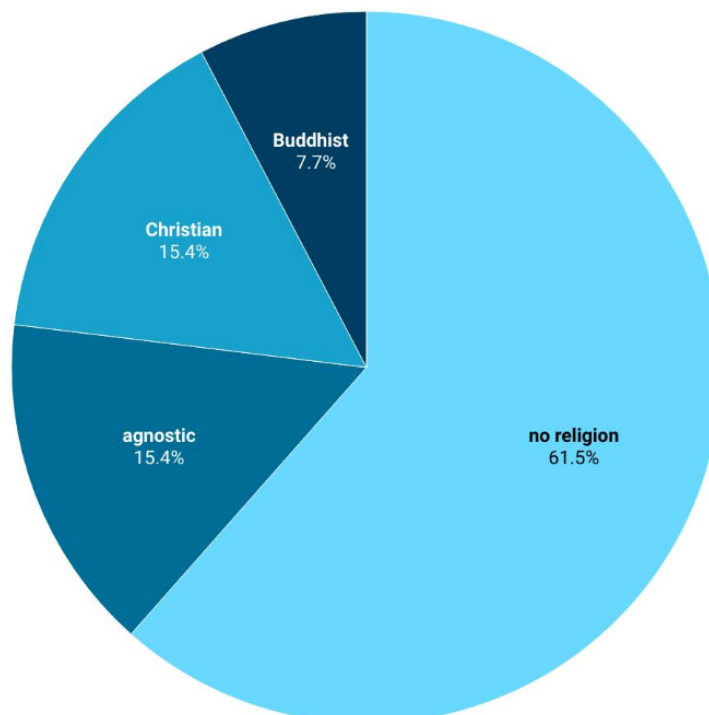


Postcode (N = 5)



Religious Belief (focus groups + interviews) (N = 13)

no religion agnostic Christian Buddhist



Appendix B: Survey Questions

- **To match your answers to services in your local area, please select the first part of your postcode from the list below (they are in alphabetical order) *drop down menu***

- **How old are you? *drop down menu***

- **What is your gender identity? (This is your personal sense of your own gender. This may or may not correspond to your assigned sex at birth)**

- Female
- Male
- Non-binary
- Prefer not to say
- Other (please specify)

- **Is your gender identity the same as the gender assigned to you at birth?**

- Yes
- No
- Not sure
- Prefer not to say

- **Sexual orientation (please tick the box that you identify with)**

- Bisexual
- Gay man
- Lesbian/Gay woman
- Heterosexual/straight
- Don't know
- Prefer not to say
- Other (please write)

- **Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?**

- Yes a little
- Yes a lot
- No
- Prefer not to say

- **Please state the type of impairment. If you have more than one please tick all that apply. If none apply please mark 'Other' and write an answer**

- a. Physical impairment
- b. Sensory impairment
- c. Learning disability/difficulty
- d. Long standing illness
- e. Mental health condition
- f. Autistic spectrum
- g. Other developmental condition
- h. Prefer not to say
- i. Other (please write)

- **What is your ethnic background? (choose an answer from the drop-down menu)**

- **What are your religious beliefs? (choose an answer from the drop-down menu)**

- **Have you ever been diagnosed with a mental health condition by a professional?
e.g Depression, Anxiety, Bipolar etc**

- a. yes
- b. no

- **Have you seen a professional (e.g doctor, nurse, counsellor, therapist etc) for a mental health concern/issue in the last year (this could include a routine appointment) ?**

- a. yes
- b. no

- **Have you experienced any of the following since the COVID pandemic? (Since March 2020)**

- a. increased agitation
- b. increased worrying
- c. anxiety
- d. low mood
- e. feeling nervous
- f. interrupted thoughts
- g. none of the above
- h. other - please specify

- **Have you, or any other young people you know experienced any problems (barriers) to accessing video or phone mental health appointments? For example, feeling uncomfortable about phone calls, not being able to access WIFI etc. Tick ALL that apply**

a. yes, I have experienced some barriers myself

b. yes, I've heard other young people who have experienced some barriers

c. I haven't experienced any barriers myself, but some of my peers have

d. no, neither myself nor my peers have experienced any barriers

- **Below is a list of barriers (or problems) that young people have told us they can have when making telephone mental health appointments. Thinking about your own experience or what other young people might be experiencing, please rate how important these barriers are (not important at all, fairly important, extremely important):**

feeling shy or not confident to talk on a phone in general

worried that they won't be able to communicate their emotions on the phone

worried they won't be able to build a good relationship with the professional on the phone

worried that they won't be able to explain their situation/symptoms properly

worried that they will be misunderstood/misdiagnosed

worried about being overheard on the phone (E.g. by parents/carers)

worried they won't be believed

not having the money to pay for minutes on their phone or the length of the call

not owning a phone

concerned about using a shared house phone

- **Below is a list of barriers (problems) that young people have told us they can have when making video mental health appointments. Thinking about your own experience or what other young people might be experiencing, please rate how important these barriers are (not important at all, fairly important, extremely important):**

unsure of how to work out a video call/the technology
feeling shy or not comfortable to talk in front of a camera
worried that they won't be able to explain their situation or symptoms properly
worried that they will be misunderstood or misdiagnosed
worried about being overheard (for example, by parents/carers)
worried about poor audio / video quality during the video appointment
no access to a private space to have the video appointment
worried about Internet issues and having to reexplain their problem several times because of this
worried they won't be able to build a good relationship with the professional on the phone
worried that they won't be able to communicate their emotions on the phone
no access to a device needed for the video call

- **Out of all of the barriers you have read or suggested, which do you think is the biggest barrier for young people accessing mental health phone/ video appointments? (open answer)**
- **Which of the following could make it easier for young people to attend phone or video appointments?**
 - a. A podcast by young people for young people talking about mental health appointments online/by phone
 - b. A free, printed guide to help prepare young people for a video or phone mental health appointment.
 - c. A free, online guide to help prepare young people for a video or phone mental health appointment.
 - d. A short film by young people to help prepare for a video or phone mental health appointment.
 - e. Social media posts made to support young people with video or phone appointments
 - f. Meet the professional video (this is who you are speaking to etc.
- **Can you think of something else? (open answer)**

Appendix C: Data tables

Table 1: Below is a list of barriers (or problems) that young people have told us they can have when making telephone mental health appointments. Thinking about your own experience or what other young people might be experiencing, please rate how important these barriers are (not important at all, fairly important, extremely important):

	Not important at all	fairly important	extremely important	sample base
feeling shy or not confident to talk on a phone in general	2.63% (2)	39.47% (30)	57.89% (44)	76
worried that they won't be able to communicate their emotions on the phone	1.32% (1)	32.89% (25)	65.79% (50)	76
worried they won't be able to build a good relationship with the professional on the phone	6.58% (5)	52.63% (40)	40.79% (31)	76
worried that they won't be able to explain their situation/symptoms properly	1.32% (1)	34.21% (26)	64.47% (49)	76

Table 2: Below is a list of barriers (problems) that young people have told us they can have when making video mental health appointments. Thinking about your own experience or what other young people might be experiencing, please rate how important these barriers are (not important at all, fairly important, extremely important):

	Not important at all	fairly important	extremely important	sample base
worried that they will be misunderstood /misdiagnosed	6.67% (5)	33.33% (25)	60% (45)	76
worried about being overheard on the phone (E.g. by parents/carers)	9.21% (7)	18/42% (14)	72.37% (55)	76
worried they won't be believed	15.79% (12)	39.47% (30)	44.74% (34)	76
not having the money to pay for minutes on their phone or the length of the call	25% (19)	32.89% (25)	42.11% (32)	76
not owning a phone	40.79% (31)	22.37% (17)	36.84% (28)	76
concerned about using a shared house phone	28.95% (22)	27.63% (21)	43.42% (33)	76

Appendix D: Promotion Material

READY SET CONNECT!

Mental Health appointments for young people are currently being delivered via **phone** or **video** calls

How can we make these calls more **accessible** to young people?
Have your say!

Aged 16-25?
Answer the survey and enter prize draw for one of 5 x £20 amazon vouchers!
<https://tinyurl.com/rsc-ymca>



Flyer invitation to focus groups

Social Media post

READY SET CONNECT!

Are you 16-25?
Do you want to **have your say** on how to make phone and video **Mental Health appointments** more accessible for **young people** ?

ANSWER A QUICK SURVEY AND ENTER OUR PRIZE DRAW FOR ONE OF 5 X £20 AMAZON VOUCHERS!

Want to participate in a 1:1 interview and get a £5 Amazon voucher?

Get in touch with Elena elena.gelibter@ymcadlg.org



Appendix E: Services + Groups contacted

Allsorts Youth Project
Audioactive
BAME Society at Sussex Uni
Bexhill College
BMEYPP
Brighton and Hove Youth Council
Brighton Met College
Brighton Youth centre
CGL (Change Grown Live)
Crawley Community Youth Service
Crawley Foyer
Eastbourne Foyer
e-wellbeing
Extratime
Gatwick School
Hangleton and Knoll project
Hazelwick School
Horsham Y Centre
I rocks East Sussex
Ifield Community College
Oasis Project
Oriol High School
St Wilfrid's Catholic School
Sussex Clubs for Young People
Tarnier youth project
The trust for developing communities
Thomas Bennett Community College
Varndean College
Welfare officer at BHASVIC
Wellbourne Healthcare CIC
Worthing Find It Out Centre
Worthing Foyer
WSCC Sexual health Team
Xtrax Youth Project
YMCA Dialogue counsellors and therapists- CYP Wellbeing
YMCA DLG - Hastings project
YMCA Right Here Social media followers- IG quiz etc 800+
YMCA Right Here volunteers and mailing list

YMCA WiSE
YMCA YAC Brighton
YMCA YAC Crawley
YMCA YAC Eastbourne
Young Healthwatch
Young People's centre
Youth Advisory Boards x 3 (West Sussex, East Sussex & Brighton&Hove)
Youth Participation Team Brighton and Hove
Youth Wise: Brighton and Hove decision makers