

# Quarterly report to Systems Quality Group: Focus on Mental health

**March 2026**

This quarterly report is based upon the collation of insight captured by each local Healthwatch across West Yorkshire via their enquiry, support and advocacy lines, outreach work and through West Yorkshire Voice. It summarises key themes as well as any emerging risks and issues.

For this report, we have reviewed insight and data for the period 01 October 2025 – 31 January 2026.

Below is a summary of the themes:

## **Access**

### **Accessing and navigating services**

- There is limited access to early intervention through GPs and stretched VCSE organisations leading to Adults and Children & Young People (C&YP) experiencing crises.
- Some people cannot access the support they need (adults and children)- people have difficulty in working out how to access support, and this is particularly the case when entering crisis services which some people have shared can be incredibly difficult to access.

***“The crisis system is not fit for purpose. X’s experience has been worsened by the response”***

- Difficult to navigate services are leaving some people feeling lost and without support, or people feel that they are receiving support far too late.
- The challenges of accessing GP systems when people are unwell with their mental health, for example, 8am calls often do not work for people that are unwell. Online forms like PATCHs are complicated and people are now being diverted by AI.

- Some people do not feel safe or comfortable having to share mental health details in an open GP reception to book an appointment/follow up treatment.

## Service provision

- There is often a limit to the number of sessions someone can access, or length of time that someone can access support from many services. This does not consider the length of time it can take to build a therapeutic relationship and build trust.
- Reliance on short-term intervention can leave people feeling they are discharged too soon and without insufficient follow up.

## Waiting times

- Many mental health services have long waiting lists. This has a huge impact on people while they wait for support, often with little or no support in place during this time.
- Long waits for therapeutic support have a devastating effect on young people's wellbeing, education, and their families while waiting for support.
- Crisis services do not have capacity to support people most in need.

***“One person spoke about having gone to A&E twice due to mental health crisis but been left for hours waiting without support and it felt like no one cared”***

- There is a lack of availability of mental health services in general.

## Autism and ADHD assessments

- Long waiting lists for Autism and ADHD assessments have a negative impact on mental health, this is a huge area of concern for children, young people and their families.
- Some people have difficulty navigating the right to choose process and getting the right support for these conditions.

## Coordination

- Services are not well coordinated- between departments and across organisations. Some people feel like they are left to chase things up, having to explain everything again every time, being passed between organisations.

***“I have been sent from GP to CMHT. CMHT don’t see me, then they send me to Primary Care mental health services. They assess me and say I have serious mental illness (SMI). The GP then refers me to CMHT. This has been going on for the past 10 years.”***

- There is a theme of services not following up after providing support/following discharge.
- People can be left feeling like they have been discharged too early after not getting enough support.
- Some people with multiple conditions, including mental health are really struggling when services are not joined up, or access and communication is lacking.

## Compassion

- Staff are caring and compassionate.

***“I decided to go to the GP and was referred to the Mental Health Nurse. This nurse was the one person who made a huge impact on me. I met her weekly while I was on a waiting list for a counsellor”***

- Staff are skilled and experienced.

***“The patient then asked to be referred to the Nurse. They have seen them 3 times and they are outstanding in the care and attention that they give to patients”***

- Services that are stretched and high caseloads mean that often workers do not have time and capacity to support people.

## **Communication**

- Services change frequently without proper impact assessment or communication. People can be left feeling lost and confused, without the right information of how to access services. An example of this is the change from the MH Single point of Access service to NHS 111.
- Poor communication while waiting for services can cause confusion and anxiety. People would like to be regularly updated on the progress of their referral/treatment.
- Communication should always be clear and accessible.

## **Quality of services**

- The quality of mental health support received is not consistent- including not enough support and people not feeling listened to.
- There is a lack of trauma-informed, compassionate care within the mental health system.
- In some areas there is a general feeling of distrust/disillusion with the mental health support system. People can find this confusing, difficult to navigate, and left feeling lost without support or getting support later than it needs to be.
- People can really benefit from VCSE support that provide flexible, radical alternatives to more traditional mental health support - but many are at capacity, and often services face a cliff edge of funding and close.

## **Transition from Children and Young people's services to adult services**

- This can often be a damaging and non-trauma informed experience for young people.
- Children, young people and their support networks report feeling let down by services and at risk of being lost.
- There is not always an option to refer onto adult services, and CY&P and adult services are not always very well joined up, and people can be lost in the gap between provisions.

## Accessibility/Equity

- Services are not always as neurodivergent or culturally aware as they need to be. There is a theme of services often being designed and delivered in a way that suits a 'neurotypical' idea of mental health and not recognising/responding to how mental health presents in neurodivergent people or culturally diverse people.
- The system does not always take account of comorbidity – it is designed to only deal with one issue which creates a revolving door effect (same with dual diagnosis).

***“They only gave me help for my drinking. Then I had to join another queue. By the time I got an appointment months later, I was drinking again! Guess what, I can only get help with that!”***

- The Deaf Community can have significant problems getting help/support with mental health. Counsellors are not BSL trained and the cost of BSL interpreters is a barrier for being able to engage in support.
- The Deaf Community are offered telephone support which they can't access, and considerations is not always given to allow extra time in appointments/sessions for interpretation.
- There is a risk that due to the low numbers of BSL interpreters available the person seeking help will often know the interpreter who is present. This is a barrier and people often feel more able to access support if it is out of their area.

***“People from these communities are constantly let down, passed from pillar to post with no consistency and no real mental health support. Then, they don't want to engage anymore. Then comes the anger and frustration, but there's still no help”***

- The link between physical health and its subsequent impact on MH is not consistently being made so people are not being offered appropriate services or support.
- The disparity in MH services for some racially diverse groups is well documented.

***“X wonders if there would have been a different response if he was not a young, black, man”.***

- Some people who have experienced homelessness or addiction face stigma and judgement.
- Support works well when a range of support can be provided in one place, or from one provider.

***“They have been able to access both mental health and drug/ alcohol support at the same time. They have found it helpful as the support is all in one place”***

## **Move to digital/non face to face support**

- Positive feedback from people for whom it makes things easier.
- Concerns from people who struggle with digital access.
- Move to non-face to face support i.e. telephone support. This can feel non-personal for some people.
- Online booking systems can be a barrier for people, particularly when booking is open at certain times of the day.
- There needs to be an offer of both digital/non-face to face and in person support.

## **Impact of financial hardship**

- Impacts on physical and mental health and potential wider impacts on employment, finances and social lives.
- There is a clear link between financial hardship and mental health – issues arising for people include food insecurity, poor/inadequate housing options, debt, difficult welfare benefit systems, and unsafe living environment, which can all have an impact on mental health.
- Children and young people report feeling the impact of financial hardship and this has an impact on their mental health.

## **Cuts and having to pay for services**

- Services are continuously being reduced or referral criteria tightened including cuts to third sector funding.

- Cuts to services and increased waiting lists widens the inequalities gap as some people can afford to go private to avoid long waiting lists, whilst others (who can't afford it) must wait.
- There are many people having to pay privately for non-CBT mental health support.
- There is a lack of free support on offer to people: Counselling, Creative Therapies, Family and Relationship Therapies, Dialectical Behaviour Therapy. Often, the main support on offer to people is CBT, when people need a wide range of therapeutic support.
- Greater health inequalities particularly within certain groups/communities need to be addressed. These are not just cultural but also socio-economic status.

## Unpaid carers

- Negative impacts of caring for someone on unpaid carers' mental health.
- Difficulties getting enough respite care.
- Mental health carers find they are not listened to by service providers despite having important information about service users.

## Risks

- 1. People giving up trying to access support for their mental health because of barriers to access and the resulting impact on people's health.** Risk of people waiting until their health is much worse before they seek help and the increased pressure this puts on crisis services.
- 2. Digital exclusion exacerbating health inequalities.** If people are not given non-digital options to access mental health services, book appointments and manage their mental health, the biggest impact will be on people who are already experiencing the most health inequalities.
- 3. People's mental health deteriorating because of long waiting time for treatment- particularly for Children and Young people.** This can have wider

impacts on well-being, education, and family/carers whilst waiting for support.

- 4. Cuts and having to pay for services risks of widening health inequalities.** We are at risk of creating a two-tier system, of those who can afford to pay for things no longer provided by the health and care system and those who cannot.
- 5. Increased dependence on family or unpaid carers and associated impact on carers' mental and physical health.** This is a risk both from reduced service offers and if services aren't accessible (e.g. communication needs are not met, or people are digitally excluded).
- 6. If services cannot provide support holistically, people will continue to move around a system that is unable to support their needs.**

## Questions for systems Quality Group

1. What are we doing as a health and care system to address these risks? How can we be assured that we are doing enough?
2. How will these risks be managed as the WY ICB moves to be a Strategic Commissioner?
3. What is the role of place/PPPs in this?
4. How can we feed back to people about how their experiences are being used to shape and monitor health and care delivery?

## Relevant reading

[NHS 111 mental health crisis support line - Your Healthwatch Leeds](#)



## Lowering the barriers: Youthwatch's top tips for mental health support young people can access



Youthwatch Leeds is a self-led group of Healthwatch Leeds volunteers, aged 13 to 25. We make sure that young people's voices are heard by health and care services.

Too many young people face barriers when trying to access mental health support. These barriers can make reaching out feel difficult, overwhelming, or impossible.

We want mental health support to be easier to reach and more welcoming for young people.

To develop these tips, we visited spaces where young people receive mental health support and listened closely to what helps and what gets in the way. The following 11 tips are based on young people's experiences and set out practical ways services can reduce barriers and improve access.

Your  
**healthwatch**  
Leeds

**youthwatch**  
Leeds



### 1) FRIENDLY SUPPORTIVE STAFF

The right staff makes all the difference. Having friendly, non-judgmental staff was voted as the most important factor in deciding whether young people would access a service.

**TOP TIP:** add a 'meet the team' section to your social media or website!

### 2) CREATING A WELCOMING SPACE

Think carefully about the space you are creating. Make it calm, colourful, and non-clinical. Use warm, low lighting (lamps and fairy lights), comfortable seating, calming background music, and interesting posters and artwork.

**TOP TIP:** display artwork created by staff and service users to make it personal.

### 3) PRIVATE SPACES

Privacy is key for young people sharing sensitive information.

Offer private spaces proactively, so they don't ask for them.

**TOP TIP:** Private spaces can double up as a quiet room for people that need a low-sensory environment.

### 4) LOCATION-ACCESSIBLE AND SAFE SPACES

Spaces should be easy to find, well connected by public transport, and in areas that are well-lit. Avoid locations down alleys, and use bright signage visible from the street to clearly show where the service is.

**TOP TIP:** think about what locations look like after dark.

### 5) MAKE ARRIVING, WAITING, AND SETTLING IN EASY

Provide low-pressure, comfortable spaces that young people can arrive and settle in nicely. Have a staff member greet arrivals, offer teas and snacks, and provide activities or games to reduce the focus on waiting.

**TOP TIP:** ensure games and activities are easily reachable so young people can use them without needing to ask.

### 6) BUILD ACCESSIBILITY IN FROM THE START

Accessibility matters in terms of physical access, sensory needs, language, and information formats. Make sure accessibility features (like interpreters, step free access and more) are visible and offered to everyone from the very beginning.

**TOP TIP:** accessibility helps everyone feel welcome.

### 7) BE FLEXIBLE IN HOW SUPPORT IS OFFERED

Value and protect informal, relationship-based support that can adapt to different needs.

Flexibility around activities, spaces, and session formats help build trust and makes young people feel comfortable.

**TOP TIP:** outdoor spaces can help with regulation and create a low-pressure environment.

### 8) CREATE A SENSE OF COMMUNITY

Being in spaces with other young people and fostering a sense of shared community can help reduce isolation and add energy to the space. Community-based settings with visible youth-presence makes services feel more approachable and less clinical.

**TOP TIPS:** encourage informal activities to help young people connect and feel part of the space.

### 9) CLEAR INFORMATION BEFORE ATTENDING

Provide information through social media, your website, or flyers so young people know what to expect before their first visit. Include FAQ's, directions from the nearest bus stop or landmark, visual walk-throughs of space, a step-by-step guide to appointments, and details of accessibility features. This helps reduce anxiety about attending for the first time.

**TOP TIP:** Offer phone, text, or email contact so young people can ask questions before attending.

### 10) MAKE FIRST CONTACT SIMPLE, CLEAR, AND RESPECTFUL OF PRIVACY

Sign-up forms should be short and easy to complete. Be mindful that questions about which school the young person attends, or parents/carers (if not handled carefully) can make young people feel their privacy isn't respected.

**TOP TIP:** only ask for essential information and explain how it will be used.

### 11) USE YOUNG PEOPLE'S VOICES TO SHAPE AND IMPROVE THE SERVICE

Keep youth voice at the centre of service design to ensure the support reflects what actually matters to the young people using it.

**TOP TIP:** involve young people in feedback sessions, co-design activities, or advisory groups so their perspectives influence how the service works.



## I pledge to **youthwatch** Leeds

- ☐ 1. We will provide friendly, supportive staff
- ☐ 2. We will create welcoming, non-clinical spaces
- ☐ 3. We will offer private spaces without being asked
- ☐ 4. We will choose locations that feel safe and accessible
- ☐ 5. We will give clear information before a first visit
- ☐ 6. We will build accessibility in from the start
- ☐ 7. We will make arriving and waiting easy
- ☐ 8. We will be flexible in how we offer support
- ☐ 9. We will create a sense of community
- ☐ 10. We will keep first contact simple and respect privacy
- ☐ 11. We will involve young people in shaping our service