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Practice track report for the degree of MSc Global and Public Health Policy

Exploration of Youth Drug and Alcohol Users' Experiences Accessing Mental Health Support in Swindon

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Healthwatch Swindon supported Ryan Herbert to undertake his practice track disseration with us. We are pleased to publish this report which makes up his disseration for of his Masters course at the University of Bath in Global and Public Health Policy.

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List of Abbreviations used

Abbreviation	Meaning
MH	Mental Health
SM	Substance Misuse
YP	Young People
NHS	National Health Service
GP	General Practitioner (also know as Doctor)
CAHMS	Child and Adolescent Mental Health Sevice
ACE	Adverse childhood experiences

Executive Summary

Substance misuse and mental health disorders represent significant global public health challenges, particularly affecting young people during adolescence—a crucial developmental phase associated with the emergence of mental health issues that often coincide with high-risk substance use behaviours. Young individuals who engage in substance misuse frequently encounter considerable barriers to accessing essential mental health support. This study aims to explore the barriers and facilitators young people, engaging in substance use, face in seeking mental health services and identifying potential strategies to improve service accessibility.

This qualitative study utilised semi-structured interviews with professionals working in youth mental health and support services for individuals aged 11 to 24. Participants were recruited through snowball sampling, and interviews were conducted online via Microsoft Teams. Thematic analysis, guided by Braun and Clarke's six-step framework, enabled the identification of key patterns and themes, shedding light on the barriers and opportunities in accessing mental health services for young people.

The findings underscore the intricate challenges that young people face when seeking mental health support, particularly in the context of substance misuse. Many participants noted that young individuals often use substances as a coping mechanism for emotional distress. This behaviour complicates access to mental health services, as many providers exhibit reluctance to engage with those actively using substances, even when they express a desire for change. This service gap perpetuates a cycle of deteriorating mental health and substance misuse, leaving young people feeling unsupported and isolated. Additionally, the fragmentation between mental health and substance misuse services exacerbates these challenges, as neither system fully addresses co-occurring disorders, delaying timely, and effective treatment.

The study highlights the urgent need for integrated services that concurrently address both mental health and substance misuse.

Participants advocated for a collaborative, trauma-informed approach that can address these interconnected issues effectively. Interpersonal relationships also play a critical role in young people's willingness to seek mental health support and substance use behaviour.

Open conversations about mental health within families and peer groups can help normalise the help-seeking process; however, stigma, misunderstandings from family and friends, and the emotional burden of loved ones' struggles often hinder young individuals from pursuing care.

This study emphasises the necessity for trauma-informed, child-centred interventions that tackle both mental health and substance misuse simultaneously. Enhancing parental mental health through treatment can reduce negative outcomes for young people and help prevent adverse childhood experiences. An integrated family approach can improve treatment quality, strengthen relationships, and diminish the intergenerational transmission of psychological issues.

To improve access to services, the study underscores the importance of digital platforms that provide clear, accessible, and non-stigmatising information on mental health and substance misuse. Such resources would empower young people to seek help more proactively and make informed decisions regarding their care. Furthermore, schools and general practitioners should be equipped with updated resources to assist young individuals in navigating the complex mental health system. Enhancing these access points could significantly increase the effectiveness and timeliness of mental health interventions for young people grappling with co-occurring disorders.

Introduction

1.1 The Public Health Challenge of Substance Misuse and Mental Health

Substance Misuse and Mental Health disorders are significant global public health challenges, exerting substantial strain on individuals and healthcare systems (Saban et al., 2014; Burton et al., 2016). The bidirectional relationship between substance misuse and mental health disorders perpetuates a negative feedback loop, exacerbating the burden on affected individuals (Baigent, 2012; Ross and Peselow, 2012; Lai et al., 2015; Spencer et al., 2021; Puddephatt et al., 2021).

This dynamic is concerning among young people as despite global variation, mental health disorders frequently manifest in early adolescence, with one-third emerging by age 14 and nearly half by age 18 (Solmi et al., 2022). Mental health disorders are most prevalent among young people, with approximately one in seven meeting diagnostic criteria (Polanczyk et al., 2015).

This demographic is also disproportionately engaged in high-risk substance misuse behaviours, such as polysubstance use, further exacerbating their vulnerability (Romer, Reyna & Satterthwaite, 2017; Steinhoff et al., 2022).

Substance misuse can occur through various pathways (Spencer et al., 2021), often beginning as a maladaptive coping strategy for managing mental health symptoms (Marmorstein, 2008; Saban et al., 2014; Hawke, Wilkins & Henderson, 2022); however, sustained use often exacerbates pre-existing mental health problems and precipitates new ones (Kessler et al., 2012; Degenhardt et al., 2012). The failure to treat mental health disorders in young people is associated with various adverse outcomes, including increased substance use, self-harm and suicidal behaviour, many of which extend into adulthood (Green et al., 2005; Ford et al., 2007; Pompili et al., 2012; Riegler et al.,

2017). Moreover, the co-occurrence of substance misuse and mental health issues significantly elevates the risk of additional health complications and premature mortality (Hayes et al., 2011), as 54% of suicides among individuals with mental health issues have a history of alcohol and drug use (Appleby et al., 2016).

1.2 Epidemiology of substance misuse and mental health Problems

In the United Kingdom, substance misuse and mental health problems impose considerable economic and social costs; alcohol-related harm is estimated to cost £21.5 billion annually, while illicit drug use and mental health disorders contribute a further £10.7 billion and £117.19 billion, respectively (PHE, 2016; PHE, 2017; McDaid et al., 2022). Among young people aged 16-24, 17.6% reported drug use in the past year, and 6.4% reported using Class A drugs- rates significantly higher than older populations (ONS, 2023). While alcohol consumption is lower in this age group, 20% still display high-risk drinking behaviours (NHS Digital, 2024). Concurrently, mental health disorders among young people have increased, with 18.0% of children aged 7 to 16 and 22.0% of young adults aged 17 to 24 identified as having a probable mental health disorder, reflecting an upward trend (NHS Digital, 2022).

These challenges are heightened by socioeconomic disparities (Barros et al., 2018). In areas of higher deprivation, such as Swindon, young people are disproportionately affected by substance misuse and mental health problems. Swindon ranks 98th among 151 upper-tier local authorities for deprivation, with 9% of its areas in the most deprived decile nationally (Noble et al., 2019). In this context, an estimated 4,250 young people in Swindon have a mental health disorder, and the town records one of the highest rates of hospital admissions for self-harm among 10-24-year-olds in England (OHID, 2023).

Substance misuse is equally concerning, with cannabis, alcohol, and cocaine the most commonly reported substances among young people in treatment (Swindon Borough Council, 2024), and 59% of these individuals presenting with co-occurring mental health conditions—far exceeding the national average of 42% yet just over half were receiving mental health support (Swindon Borough Council, 2024). Indicating an unmet need for mental health and subustance abuse treatment. These statistics suggest the presence of significant barriers to accessing appropriate mental health care for those with co-occurring substance misuse and mental health problems (McGovern et al., 2014; Alsuhaibani et al., 2021).

1.3 Barriers and Facilitators to Accessing mental health Support

Access to healthcare is defined by the interaction of service needs, availability, and ease of use (George & Rubin, 2003; Levesque, Harris, & Russell, 2013). Despite the provision of mental health care through the NHS in the United Kingdom, which focuses on equitable access (Department of Health, 2015), there remains a considerable treatment gap. Approximately 25.6% of young people requiring care do not receive appropriate support, including 16.7% who have never sought help and 9% who sought but did not receive it (Rayner et al., 2021). Much of the existing literature on access to mental health care for young people fails to adequately account for the influence of substance misuse (Gulliver, Griffiths & Christensen, 2010; Reardon et al., 2017; Aguirre Velasco et al., 2020; Radez et al., 2021; Barrow & Thomas, 2022; Cox et al., 2024), overlooking the importance of a systems-based approach that recognises the interdependent nature of substance misuse and mental health challenges (Shidhaye, 2023).

Nevertheless, the aforementioned literature commonly identified facilitators to accessing mental health support among young people,

including supportive and unbiased treatment, assurances of confidentiality, and positive prior experiences with mental health support (Gulliver, Griffiths & Christensen, 2010; Reardon et al., 2017; Aguirre Velasco et al., 2020; Radez et al., 2021; Barrow & Thomas, 2022; Cox et al., 2024). Conversely, significant barriers hinder access to these services, such as the costs associated with treatment and transportation, long waiting times, stigma, negative peer reactions, low levels of mental health literacy, and uncertainty about where to seek help. Attitudes toward mental health services are also critical, encompassing trust and confidence in professionals as well as perceptions of treatment effectiveness. Furthermore, interpersonal factors, including family circumstances, competing responsibilities, and a lack of family support, significantly impede young people's access to mental health services. Negative experiences with GPs and educational institutions, which often act as essential "gatekeepers" to mental health support, can further delay or deter young people from seeking additional assistance (O'Brien et al., 2016; Glazzard, 2019).

1.4 Project Aims

Building on the context outlined, this project seeks to investigate the perspectives of mental health service providers who work with young people engaged in drug and alcohol use. The aim is to identify the barriers and facilitators that these young people face when accessing mental health services. By gathering insights from mental health professionals, the project will explore opportunities to enhance service accessibility and delivery for this vulnerable population.

The specific aims of this project are:

- To identify the barriers that prevent young people engaged in substance use from accessing mental health services.
- To examine gaps within current services that may hinder mental health service use by young people.
- To explore potential strategies to address these barriers and improve the accessibility of mental health services.

2. Project Design and Methodology

2.1 Ethics

Ethical approval for the study was obtained from the Research Ethics Approval Committee for Health (REACH) at the University of Bath (Ref: 3502-6640).

2.2 Study Design

This qualitative study explored complex issues related to mental health service access for young people through in-depth discussions, allowing participants to express themselves in their language and enabling flexible exploration of emerging topics (Carter & Henderson, 2005). While quantitative research identifies the prevalence of barriers and facilitators in healthcare access (Corscadden et al., 2018; Ford et al., 2019; Salaheddin & Mason, 2016; Satinsky et al., 2019), qualitative research provides a deeper insight into socially situated experiences (Cleary et al., 2014). Semi-structured interviews are favoured for balancing the structure of formal interviews with the flexibility of open-ended conversations (Brinkmann, 2014). Semi-structured interviews are preferable to structured interviews, which limit exploration due to rigid questioning, and unstructured interviews, which may lack focus (Hesse-Biber & Leavy, 2010; Gubrium & Holstein, 2002). This approach is suitable for generating rich, meaningful data while maintaining a clear research direction (Brinkmann, 2014). Furthermore, semi-structured interviews were chosen over focus groups as they offer deeper insights into personal experiences, particularly on sensitive topics like mental health and substance misuse (Tuckerman, Kaufman, & Danchin, 2020), and to reduce the risk of discomfort or bias that might arise in group settings (Morgan, 1992; Krueger, 2014). Interviews are particularly useful in single-opportunity studies for their reliability in gathering qualitative data (Cohen & Crabtree, 2006). Similar studies have effectively used

interviews to explore barriers and facilitators in mental health and substance misuse support, offering insights that quantitative methods might miss (McAndrew & Warne, 2014; Houghton et al., 2021; Spencer et al., 2023), and informing clinical practice strategies (Braun & Clarke, 2019).

2.3 Participants

Eligible participants included English-speaking professionals working in mental health or practical support services for young people aged 11-24, or individuals involved in the organisation and structure of mental health services, including public health professionals. These participants were selected for their direct involvement in service provision, particularly related to substance misuse, making their perspectives crucial for understanding barriers and facilitators to mental health care access (George & Rubin, 2003; Levesque, Harris, & Russell, 2013). Exclusion criteria were limited to non-English speakers.

2.4 Recruitment

Participants were recruited through snowball sampling, a method effective for reaching individuals not directly known to the researcher (Leighton et al., 2021; Naderifar, Goli, & Ghaljaie, 2017). Initial contacts referred additional participants, a common practice in qualitative research (Marcus et al., 2017; Parker, Scott, & Geddes, 2019). A list of relevant services in Swindon was obtained from Swindon Borough Council's mental wellbeing page (Swindon GOV, 2024). Invitations were emailed to these services, with follow-up reminders sent 1-2 weeks later. The email included an online information sheet and consent form outlining the study's purpose, data use, and ethical considerations (appendix 1) (Lowrance, 2012; Peter, 2015; Prasanthi et al., 2021). Interested services were asked to forward the information to eligible staff, who could then contact the researcher to schedule an interview. Interviews were conducted only after obtaining signed consent.

2.5 Data Collection

One-to-one interviews were conducted via Microsoft Teams (Microsoft Corporation, 2024). Participants were informed about the study's purpose and asked if they were in a private space. As Microsoft Team records visual and audio, participants were informed they could turn off their cameras if preferred and were asked to reaffirm their consent to the recording, with the option to withdraw at any time. Recordings commenced only after privacy and consent were confirmed.

A semi-structured interview schedule was developed in collaboration with an academic advisor and project supervisor (appendix 2). Questions were developed from common barriers and facilitators identified in research on mental health access (Gulliver, Griffiths & Christensen, 2010; Reardon et al., 2017; Aguirre Velasco et al., 2020; Radez et al., 2021; Barrow & Thomas, 2022; Cox et al., 2024), as well as the capacity of mental health treatment to address co-occurring substance misuse treatment. (McGover et al., 2014; Alsuhabani et al., 2021; Merrick et al., 2022). Interviews began with a context-setting question (Britten, 2006), followed by core questions on barriers and facilitators to accessing mental health services. Follow-up questions were used to explore these topics further, with the interview concluding with an open-ended question for additional insights. Interview recordings were transcribed verbatim and anonymised for analysis.

2.6 Data Analysis

Thematic analysis was employed to examine the interview transcripts to uncover underlying ideas, assumptions, and ideologies shaping the data's content (Braun & Clarke, 2006). This approach was selected for its accessibility and adaptability, particularly in applied health research where complex issues arise (Braun & Clarke, 2014). Thematic analysis is suitable for early-career researchers due to its simplicity

and flexible structure, making it easier to learn and apply (King, 2004; Braun & Clarke, 2006). It effectively captures participants' perspectives, reveals patterns, and organises large data sets into clear, structured reports (King, 2004). A pragmatic approach was adopted to generate actionable insights tailored to the research context, rather than adhering to a rigid methodology (Braun & Clarke, 2021), following Braun and Clarke's six-step framework (2013): familiarisation with data, generating initial codes (inductive data driver codes, in contrast to deductive theory-drive codes) (Braun & Clarke 2006), generating themes (illustrated in table 1, appendix 3), reviewing themes, determining the significance of themes, and reporting findings.

3. Recommendations and Findings

3.1 Results

Out of eleven mental health and support services approached, seven participants consented to participate, resulting in eight interviews that captured a diverse range of perspectives. The interviews averaged 39 minutes in length (SD=~15 minutes). Table 2 provides an overview of participants' job roles, while Table 3 (Appendix 4) summarises the barriers and facilitators identified. While participants identified additional factors influencing access, these were excluded due to word count constraints. The primary aim of this project was to offer recommendations for improving access to care in Swindon. However, many of the unreported barriers and facilitators have been well-documented in previous literature (Gulliver, Griffiths & Christensen, 2010; Reardon et al., 2017; Aguirre Velasco et al., 2020; Radez et al., 2021; Barrow & Thomas, 2022; Cox et al., 2024) suggesting that these challenges are not unique to Swindon. A summary of additional barriers, facilitators, and recommendations for future practice can be found in Table 4 (Appendix 5).

Participant	Service	Job role
1	Public Health	Principle
2	Young people substance misuse	Coordinator
3	Young people substance misuse	Service Practitioner
4	Mental health	Young Persons Wellbeing Practitioner
5	Mentoring Service	Young Person Mentor
6	Mental health Service	Lead Councillor
7	School, private practice and youth development service	Councillor and youth development service mentor
8	Emotional and practical support service	Criminal justice key worker

Table 2: Participants Job Role

3.2.1 Theme 1: Complexities in Addressing young people's mental health and substance misuse

All participants acknowledged the significant challenges young people face when dealing with both mental health issues and substance misuse. Substance misuse often acts as a form of self-medication for managing emotional distress: *"I don't feel the same sensation when I drink. I lose the pain that I carry with it"* (P6). This short-term relief masks the long-term harm, which young people may not fully recognise: "*Some young people feel it's an issue… but there's also the other side… that don't see it as an issue*" (P4).

Conversely, participants expressed empathy for young people who use substances as a coping mechanism, noting that, in acute cases,

it may be a safer alternative to more dangerous behaviours such as self-harm or overdose: *"If I'm not smoking weed, I will be self-harming or taking overdoses"* (P2).

Although substances might provide temporary relief, they often become a barrier to accessing services. Many mental health services refuse to engage with young people who are actively using substances, even when they express readiness for help: "*He was asking for this help, and it wasn't being provided*" (P3).

This rejection perpetuates a cycle of substance misuse and mental health deterioration, leaving young people feeling unsupported. Participants voiced frustrations over the siloed approach between mental health and substance misuse services, which prevents co-treatment and exacerbates service gaps: "*Neither service, drug and alcohol support or mental health, taking accountability*" (P8).

The stigma surrounding both substance misuse and mental health adds another layer of difficulty for young people seeking help. It discourages disclosure and reinforces feelings of hopelessness: "*They think it's not going to do anything. What's the point?*" (P4). The lack of collaboration between services leaves young people in a state of limbo: "*There's very little understanding of trauma… in any young person who's lent on drugs and alcohol*" (P7).

Data analysis indicates that this lack of support creates a significant gap in providing the necessary dual care for young people, contributing to an environment where mental health struggles escalate unchecked.

3.2.2 Recommendation 1. Integrated mental health and substance misuse Support

All participants reported engaging in direct conversations with young people about substance misuse, emphasising its impact on mental health. However, most participants were limited in providing support beyond these discussions due to the constraints of their job roles. Despite the well-documented link between substance misuse and

poor prognostic outcomes- particularly when co-occurring with mental health issues- healthcare systems continue to face significant challenges in delivering adequate care to young people facing both challenges (Chen et al., 2013; Kaufmann et al., 2014). Participants in this study frequently highlighted the detrimental impact of substance misuse on mental health (Kessler et al., 2012; Degenhardt et al., 2012) yet expressed frustration over their inability to offer comprehensive support. This gap in care is especially concerning, given that substance misuse is strongly associated with worse clinical outcomes, an increased risk of suicide and the exacerbation of mental health problems (Hawton et al., 2013; Deckert & Erhardt, 2019).

Psychiatric risk assessments routinely classify substance misuse as a critical risk factor for suicide (King et al., 2017; Runeson et al., 2017). However, healthcare professionals often hold negative attitudes towards substance users (Clarke et al., 2015; Ford et al., 2008; van Boekel et al., 2013), contributing to the inadequate care provided to young people with co-occurring issues (Williams et al., 2020). Furthermore, clinicians' hesitancy to prescribe necessary pharmacotherapy for mental health issues exacerbates the care gap (Carey, 2018). This is particularly troubling in Swindon, which has one of the highest rates of hospital admissions for self-harm among young people in England (OHID, 2023). Given that self-harm is a significant risk factor for suicide (McEvoy et al., 2023), the lack of integrated support is deeply concerning.

The stigma surrounding both mental health and substance misuse not only perpetuates self-stigmatisation but also creates significant barriers to young people in seeking help (van Boekel et al., 2013). The cyclical nature of substance misuse, wherein substances are used to cope with mental health symptoms, offers temporary relief but ultimately exacerbates both conditions (Kessler et al., 2012; Hawke, Wilkins & Henderson, 2022). This dual reinforcement—where substance misuse masks underlying mental health issues—further complicates treatment access and prolongs harm (O'Donnell, 2022). Given the complex and bidirectional relationship between mental health and substance misuse (Spencer et al., 2021), these findings underscore the need for integrated, holistic interventions that address both issues simultaneously (Das et al., 2016).

The failure to provide simultaneous support for co-occurring mental health and substance misuse issues frequently delays or prevents individuals from receiving the necessary care. Stigma- both external and internal- plays a pivotal role in these delays, as young people often avoid seeking help out of fear of judgment or discrimination (Van Bokel et al., 2013). Despite policy initiatives like "no wrong door" approaches, intended to ensure integrated care regardless of entry point (PHE, 2017), mental health services often remain inaccessible until substance misuse issues are first addressed (O'Donnell, 2022).

Access to mental health services for individuals with co-occurring disorders is further obstructed by various structural barriers, including limited service availability, logistical challenges, a lack of awareness among providers regarding referral options, and insufficient training for staff to identify co-occurring conditions (Staiger et al., 2011; Priester et al., 2016). Additionally, retention rates for this population in these services are typically low (Reneses, Muñoz & López-Ibor, 2009) especially when co-occurring disorders go undiagnosed and untreated (Schulte et al., 2010). The longstanding and largely artificial division between mental health and substance misuse services further exacerbates this inadequate retention (Canaway & Merkes, 2010; Dixon, Holoshitz & Nossel, 2016). This underscores the urgent need for holistic treatment models that concurrently address mental health and substance misuse to improve access, reduce the risk of further harm and foster positive outcomes (Glover-Wright et al., 2023). This approach has shown favourable results, particularly in marginalised populations, demonstrating its effectiveness in improving access to care and treatment outcomes, even if not specifically in young people (Cooper et al., 2010; Bouchery et al., 2018; Walter et al., 2022).

3.3.1 Theme 2: Navigating Interpersonal Relationships

Interpersonal dynamics are critical in shaping a young person's willingness to seek help and can either facilitate or obstruct engagement with services depending on the social dynamics of that relationship. When families or friends are open about mental health, it

normalises conversations, making professional support more accessible:

"*If you've got family members or friends who are open about their mental health… young people probably would feel like they could access services because it's talked about more*" (P3).

"*Friends are a big part. Like most of them will talk to their friends when it comes to family, it really does depend on who they're speaking to*" (P3).

However, such openness is often lacking. A lack of understanding from families and friends can perpetuate stigma, leading young people to feel judged and discouraging them from seeking help:

"*Just lack of understanding from the family around substance misuse and mental health. Really lack of support from them*" (P8).

"*They keep it very secret… stigma*" (P4)

In some cases, family norms- particularly intergenerational substance misuse- further complicate help-seeking: "*It's not okay to be smoking weed with Grandad at the weekend*" (P1). Young people may also bear the emotional burden of their family members' struggles, which can inhibit their ability to seek help for their own needs: "*We have young people saying, 'Mum needs support. Mum's mental health is really bad.' Often, it's the whole household*" (P6).

This emotional conflict extends to peer relationships as well. Participants believe young people may feel torn between seeking help and remaining loyal to friends who are also involved in substance misuse. The fear of alienating themselves or being perceived as judgemental can hold them back: "*It's a big ask… that feeling of maybe ostracising yourself or maybe being judgmental in some way of your friends or your family—there's a lot that holds people where they are*" (P7).

These interpersonal dynamics often create fear of seeking help, as young people worry about inheriting mental health problems or being judged for their subustance misuse: "There's a fear of accessing

services… they think, '*I don't want to know if I'm going to develop something like that*'" (P2). Participants expressed how such barriers, rooted in social norms and stigma, make it harder for young people to break out of the cycle of suubstance misuse and seek mental health support.

3.3.2 Recommendation 2: Catering for adverse childhood experiences

Participants identified the challenges young people face when attempting to change their behaviour, particularly when influenced by the attitudes and behaviours of peers who engage in substance misuse in social settings (Ivaniushina & Titkova, 2021; Motyka & Al-Imam, 2022). Social relationships are crucial in either promoting or preventing change, with peers both encouraging substance misuse and influencing decisions to seek mental health support among young people (Allen et al., 2012; Nasser & Overholser, 2005). Young people often prioritise seeking help from peers over professionals (Lee et al., 2009; Gabriel & Violato, 2010; Picco et al., 2016), but peer stigmatisation can delay or discourage seeking help from both peers and professionals (Vollmann et al., 2010).

Additionally, the influence of parental substance misuse is critical (McGovern et al., 2023). Participants reported supporting young people affected by ACE, which includes exposure to household dysfunction and parental substance misuse (Afifi et al., 2020; Leza et al., 2021). Despite considerable heterogeneity, with varying levels of access to drugs and study designs, research has affirmed an association of ACEs to both substance misuse and mental health issues (Afifi et al., 2012; Fuller-Thomson et al., 2016; Choi et al., 2017; Hughes et al., 2019; Bryant et al., 2020; Leza et al., 2021). Individuals with ACEs are four times more likely to experience problems with substance misuse and mental health compared to those with no ACEs (Hughes et al., 2019; Broekhof et al., 2023). Bandura's Social Learning Theory (1977) helps explain this intergenerational transmission of behaviours, suggesting that children exposed to

substance misuse may replicate these behaviours in adulthood (Neppl, Diggs & Cleveland, 2020).

Drawing from discussions in theme 1, and the use of substance misuse to mask mental health problems (O'Donnell, 2022). Qualitative studies reveal that children of parents with substance misuse often experience anxiety, anger, fear, depression, and isolation, compounded by feelings of love and loyalty toward their parents, which increase their emotional burden (Turning Point, 2006; Templeton et al., 2009; Houmøller et al., 2011). Findings from this study suggest this emotional conflict may hinder young people from seeking support and exacerbate their psychological distress.

To address these issues, prevention and early intervention strategies for young people exposed to ACEs must prioritise child-centred, trauma-informed approaches (Muir et al., 2022). These approaches should not only address the symptoms of trauma but also focus on individualised support that fosters healing and reduces the likelihood of problematic substance misuse and mental health issues (McLaughlin, Campbell & McColgan, 2016; Powell et al., 2019; Seker et al., 2020). Recognising the role of parenting in these contexts is also essential. Parental mental health issues and poor nurturing relationships are often intertwined with ACEs, while strong parent-child relationships can protect against the development of substance misuse (Hughes et al., 2019).

Improving parental mental health through treatment may reduce negative outcomes for young people and potentially prevent ACEs (Gunlicks & Weissman, 2008). An integrated family approach can enhance the quality of treatment for both parents and children, improving relationships and reducing the intergenerational transmission of psychopathology and other adverse outcomes (Stolper, Van Doesum & Steketee, 2022; 2024). Moreover, clinicians must be supported in identifying risks within families where a parent has mental health disorders, as recommended by best practices (Furber et al., 2015; Goodyear et al., 2015).

3.4.1 Theme 3: Finding the Right Door for Young Person

Participants emphasised the significant challenges young people face in navigating the mental health system, stressing the need for timely, accurate information. Awareness of available services, as well as effective information-sharing between providers, were identified as critical factors that influence whether young people engages with support and how successful that support is.

Participants sympathised with young people trying to seek help, as the mental health support system is complex. Young people and their families often struggle to find or access the right services at the right time:

"*I'm not convinced that a person would know how to go about it, and maybe families too, regarding early onset mental health needs*" (P1).

Clear, accessible information is essential to streamline this process, helping young people and families understand where to seek help, what support is available, and who will provide it. Schools and GP practices were identified as key entry points for support, but participants noted a lack of preparedness and knowledge at these initial stages:

"*The difficulty schools have is actually adjusting to meet the needs once they've been identified*" (P7).
"*If doctors had more relevant information, people would be better directed to the right services instead of being given advice that's unhelpful at that point*" (P6).

3.4.2 Recommendation 3: Digital pathways

Enhancing access to mental health information for young people is crucial for promoting help-seeking behaviour. Participants in this study emphasised the complexities of the mental health system and the difficulties faced by young people and their families in identifying "*the right door*" to access services (P1). While some young people are

aware of available services and their locations, research shows that many others remain uncertain about where to seek help (Pretorius, Chambers & Coyle, 2019). The internet serves as a vital resource for young people seeking mental health support, reflecting their reliance on digital platforms for health information (Gowen, 2013; Subramaniam et al., 2015; Best et al., 2016).

Information obtained online can facilitate positive help-seeking behaviours and attitudes (Colin et al., 2011). High-quality online mental health resources can significantly affect young people's overall health outcomes (Kauer, Mangan & Sanci, 2014). The internet's ease of access and immediacy, combined with its non-stigmatising environment, makes it particularly appealing to young people (Colin et al., 2011; Ruppel & McKinley, 2015; Best et al., 2016). Online resources can play a critical role in early intervention by facilitating the identification of concerning symptoms and encouraging connections with mental health professionals by acquiring the skills and confidence needed to seek help (Colin et al., 2011). The Internet also offers valuable information and tools for young individuals who prefer self-reliance or informal support (Ellis et al., 2013; Greidanus & Everall, 2010), to use the Internet to discover alternative coping strategies to manage their challenges (Mar et al., 2014).

Overall, the availability of high-quality mental health information and online resources has the potential to significantly impact young people's health outcomes (Kauer, Mangan & Sanci, 2014). Moreover, government websites are often underutilised as a resource for information, with participants noting that these sites frequently lack up-to-date content (Burns et al., 2010). The findings suggest that developing an online self-help resource may benefit individuals who are not yet ready to engage with professionals. Additionally, access to key information—such as wait times, service locations, session lengths, and types of therapy (e.g., well-being support, counselling, cognitive behavioural therapy)—can help young people identify the services that best meet their needs. Furthermore, online resources could support schools, general practitioners, and families in assisting young people facing difficulties, highlighting the potential value of online approaches for raising awareness, fostering understanding, and destigmatising mental illness (Budden et al., 2023).

4. Limitations

As anticipated due to the sensitive nature of the topic and time constraints, the recruitment rate was low. Although the number of interviews conducted was sufficient to achieve data saturation (Braun & Clarke, 2021), the study lacked diverse perspectives, particularly regarding CAMHS, the primary care service for young people (NHS, 2024). While participants shared their experiences of support from both the standpoint of young people and service providers (George & Rubin, 2003; Levesque, Harris, & Russell, 2013), the direct insights of the young people themselves were notably absent, potentially overlooking important experiences and needs (Appleton et al., 2021; Tunks et al., 2023). Additionally, data analysis was conducted by only one researcher, contrary to the recommendations of involving multiple researchers (Braun & Clarke, 2013). This limitation may affect the quality and validity of the findings, potentially introducing bias (Nowell et al., 2017).

5. Conclusion

This study highlights the significant challenges young people encounter in addressing mental health issues and substance misuse. Participants identified substance misuse as a prevalent coping mechanism for emotional distress, providing temporary relief that often obscures long-term harm. This reliance complicates access to mental health services, as many providers hesitate to engage with young people actively using substances. Such rejection perpetuates a cycle of deteriorating mental health and substance misuse, leaving young people feeling unsupported and isolated.

The findings emphasise the urgent need for integrated support systems that address both mental health and substance misuse concurrently. Participants expressed frustration with the fragmented approach between these services, which hinders co-treatment and reinforces stigma surrounding both conditions. This stigma

discourages open discussions and prevents young people from seeking help, often leading to feelings of judgment and hopelessness. Therefore, fostering collaboration between mental health and substance misuse services is essential for developing holistic care pathways that effectively address the complexities of co-occurring disorders.

Interpersonal relationships significantly influence young people's willingness to seek help. Support from family and friends can normalise conversations about mental health; however, stigma and misunderstanding often impede these discussions. Increasing education and awareness among families and peers can empower young people to seek help without fear of judgment or alienation.

To enhance access to services, comprehensive, high-quality information about available resources is critical. The internet serves as a vital tool, offering young people immediate, accessible, and non-stigmatising information. Developing robust online resources can significantly improve young people's health outcomes and help destigmatise mental illness. Additionally, equipping schools and GPs with relevant knowledge and resources is vital for guiding young people through the complex mental health landscape.

In conclusion, a coordinated effort to integrate services, educate communities, and utilise digital platforms is essential. This holistic approach can enhance access to care and foster an environment that encourages young people to seek help, ultimately improving their overall well-being.

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Appendices

Appendix 1. Participant information sheet and consent form

ONLINE PARTICIPANT INFORMATION SHEET AND CONSENT FORM

Exploration of youth drug and alcohol users' experiences accessing mental health support

**Questions and information will be shown in the same order and format on Jisc Online Surveys*

Name of Researcher: Ryan Herbert

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Name of Supervisor: Ann-Marie Scott

Contact details of Supervisor: ann-mariescott@thecareforum.org.uk

Name of academic advisor: Dr Joanne Cranwell

Contact details of advisor: jc2701@bath.ac.uk

This information sheet forms part of the process of informed consent. It should tell you what the research is about and what taking part will involve. Please read this information sheet carefully and ask one of the researchers named above if you have any questions.

Why are we doing this research project:

The project aims to understand the perspectives of mental health service staff who support young people using drugs and alcohol. We want to identify the barriers and facilitators that these young people encounter when accessing mental health services. To achieve this, we will gather insights from mental health service staff to explore ways to enhance access and delivery of these services.

The project objectives are:

Identify barriers impeding young people engaged in drug and alcohol use from accessing mental health services.

Identify potential gaps in existing services that make it harder to use mental health services.

Investigate potential strategies to help address identified barriers to improve the accessibility of mental health services.

Who can be a participant?

We are seeking individuals who provide support to young people (aged 16-24) in mental health or emotional support services, or who are involved in the organisation and delivery of these services. Volunteers are required to speak in English.

Do I need to take part?

Participation is entirely voluntary. Before you decide, we will explain the project and review this information sheet with you. If you choose to participate, we will ask you to sign a consent form. You are free to withdraw from the project at any time without providing a reason. If you decide to withdraw, please follow the instructions outlined in point 12.

What would taking part involve?

You will be invited to participate in an online personal interview where you will be asked about the barriers and facilitators you have

encountered while supporting young people in mental health services in Swindon. The interview will last approximately 30-45 minutes and will be recorded via Microsoft Teams so both audio and video will be recorded. However, you are welcome to turn your camera off if you feel more comfortable. Because the interview is confidential, we ask that you pick a time and date to participate where you are able to access a private environment where you feel comfortable, which is free from interruptions and others overhearing. We ask that no other colleagues or line managers are present during the interview.

Are there reasons why I should not take part?

There are no reasons why you should not take part unless you do not wish to.

What are the benefits of taking part?

Participating in the project may not offer direct benefits. Still, the valuable information contributed by you and other participants will assist mental health services in identifying and overcoming obstacles to care. This, in turn, will enhance the accessibility and delivery of mental health services.

What are the possible disadvantages and risks of taking part?

There are no disadvantages to participating in the project. If you encounter a question, you do not wish to answer, you are free to decline.

Will my participation involve any discomfort or embarrassment?

We do not anticipate that you will experience any discomfort or embarrassment by participating in the project. However, if you do feel uncomfortable or appear distressed at any point, the researchers will immediately stop the interview and may suggest that you contact an appropriate support service.

Who will have access to the information that I provide?

Healthwatch Swindon owns and has access to all of the data provided. The research team from the University of Bath will also have access to the information that you provide. All records will be treated as confidential.

What will happen to the data collected and results of the project?

After concluding the interview, we will transcribe the recordings, ensuring anonymity by eliminating or altering names, staff, local references, and locations. Any retained information, from the recording and consent forms, will be securely and confidentially stored at the University of Bath for a decade on the University's secure server. Our reporting will not include any details that could identify participants, their family or anyone else mentioned in the answers. We plan to share our findings with local authorities and policymakers and utilise the data for student dissertations and published in a report from Healthwatch Swindon.

Who has reviewed the project?

This project has been given a favourable opinion by the University of Bath, Research Ethics Approval Committee for Health (REACH) [reference: 3502-6640].

How can I withdraw from the project?

If you wish to stop participating before completing the project, you can inform one of the researchers listed above by email. You can withdraw from the project at any time without providing a reason and without any repercussions.

If you wish to withdraw your data, please contact a researcher within two weeks of your participation. After this period, it may not be possible to withdraw your data as some results may have been

published or anonymised. Your individual results will not be identifiable in any presentation or publication.

University of Bath privacy notice

The University of Bath privacy notice can be found here: https://www.bath.ac.uk/corporate-information/university-of-bath-privacy-notice-for-research-participants/.

What happens if there is a problem?

If you have a concern about any aspect of the project, you should ask to speak to the

researchers using the contact details above. If they are unable to resolve your

concern or you wish to make a complaint regarding the project, please contact the

Chair of the Research Ethics Approval Committee for Health (REACH):

Professor James Betts.

Email: health-ethics@bath.ac.uk.

If I require further information, who should I contact and how?

If you have any questions about the research, please do not hesitate to get in touch with the researchers using the contact details below.

Ryan Herbert Rh970@bath.ac.uk

Ann-Marie Scott ann-mariescott@thecareforum.org.uk

*Next page

Please read each point before providing consent I have been provided with information explaining what participation in this project involves.	
I have had an opportunity to ask questions and discuss this project.	
I have received satisfactory answers to all questions I have asked.	
I have received enough information about the project to make a decision about my participation.	
I understand that I am free to withdraw my consent to participate in the project at any time without giving a reason.	
I understand that I am free to withdraw my data within two weeks of my participation.	
I understand the nature and purpose of the procedures involved in this project. These have been communicated to me on the information sheet accompanying this form.	
I understand and acknowledge that the investigation is designed to promote scientific knowledge and that Healthwatch Swindon and the University of Bath will use the data I provide only for the purpose(s) set out in the information sheet.	

I understand the data I provide will be treated as confidential, and that on completion of the project my name or other identifying information will not be disclosed in any presentation or publication of the research.	
I understand that my consent to use the data I provide is conditional upon the University complying with its duties and obligations under current data protection legislation.	
I consent to my data being shared within the research team at the University of Bath and Healthwatch Swindon.	
I hereby fully and freely consent to my participation in this project.	

If you have any concerns or complaints related to your participation in this project, please direct them to the Research Governance and Compliance Team at research-ethics@bath.ac.uk.

Please complete the questions bellow and tick the box bellow to provide consent to the study.

Your name: _____ Date: _____

I give full consent to participate in the study **Required question*

Appendix 2. Interview schedule

Interview schedule

Introduction

Make sure participants understand the study's aims and give their consent to participate, including agreeing to have the interview audio recorded. Infor them that they have the right to withdraw at any time without a reason, if they wish to withdraw after the interview this must be within 14 days. Ask if they have any questions.

Part 1- Context

Please tell me about your role and if you work for a mental health service provider or support service.

Prompt: do you deliver the service or are you more organisational

Please explain how you support young people (16-24) who misuse alcohol

Please explain how you support young people (16-24) who misuse drugs

Thank you now we will move onto questions about the barriers young people face while accessing and using services.

Part 2- Barriers and Facilitators

In what ways do you think misuse of drugs and alcohol has an influence on the young people using your service, if at all

Prompt: Thinking back to working with individuals for multiple sessions, does their behaviour around drugs and alcohol change as they work through their journeys

Please can you tell me about some of the barriers you believe make it more difficult for young people to access support?

Prompt:

Traveling to and from appointments

Cost of transport

Fitting appointments in around daily life

Energy and effort to attend and talk to someone

Waiting times

Please can you tell me what you do before appointments to support your young people?

Prompt:

Explaining what will happen at the appointment

Instructions of what to do when you arrive

Appointment reminders

What steps do you take to establish trust with your young people while using your service?

Prompt:

Before during or post appointments

How often and why do you think young people might not show for appointments?

Thank you, now I would like to ask you some questions about things that help support young people accessing services.

What do you believe make it easier for young people to access support?

Prompts:

Is it usually a person on their own who are ready to change

Friends or family who support them?

What do you think your service could do better to help support young people access services?

What support is in place for you to deliver the service?

Prompt:

Mental health days

Days for you to rest

Clinical supervision

Is there anything else you wish to mention that has not been discussed so far?

Part 3- Conclusion

Thank you for taking time to participate and sharing that with me.

Appendix 3. Table 1: Thematic map of emerging codes into themes.

Table 1: Emerging codes into themes

Theme	Codes
Theme 1: Complexities in Addressing young people's mental health and substance misuse	Self-medication Stigma from services Transition Service capacity Staff capacity Demand for services Collaboration Gaps in the system
Theme 2: Navigating Interpersonal Relationships	Readiness to change Trust Family support Family stigma Intergenerational issues Social support Stigma from friends The right service The right professional young people's voice
Theme 3: Finding the Right Door for young people	Access to information Engaging in help-seeking behaviour Early intervention Early treatment Schools (positive/negative) Role of the GP

Appendix 4. Emerged barriers and facilitators from data analysis

Table 3. Barriers and facilitators to accessing support.

Code	Barrier	Facilitator
Self-medication	Substances are used for short-term relief instead of mental health treatment.	-
Access to information		Young people and their peers are informed about available support.
Readiness to change	Young people do not recognise their substance misuse as a problem.	Young people are motivated to change their behaviour.
Engaging in help-seeking behaviour	-	Services engage young people in positive activities beyond mental health support.
Self-referral	-	Young people can seek help without fear of peer stigma.
Individualistic treatment	-	Support is tailored to the young people's life, promoting personal agency.

Trust	-	Services build trusting and transparent relationships with young people.
Stigma from services	Young people fear judgment or punishment when engaging with services.	-
Family Support	Families are unsure how to help or where to find support for their young person.	Families assist young people in making better decisions and seeking help.
Family stigma	Families discourage young people from seeking help and sending negative messages.	-
Intergenerational issues	Substance misuse is normalised within the family.	Young people view substance misuse negatively and avoids it.
Social support	-	Peers encourage young people to seek support and make positive choices.
Stigma from friends	Friends normalise substance misuse and criticise young people for seeking help.	-

Early intervention	-	Educating young people early on the risks of substance misuse and where to seek help.
Early treatment	-	Treating young people at an early stage, before mental health or substane misuse becomes severe.
The right service	The service does not meet the young person's needs.	The service is well-suited to the young person's needs.
The right professional	Younng people are reluctant to work with their assigned professionals.	Young people are willing to engage with their assigned professional.
Transport/location	Young people cannot access services due to a lack of transportation or safety concerns in certain areas.	Services provide transportation solutions.
Schools	Schools stigmatise young people and fail to engage with mental health services.	Schools actively collaborate with mental health services to support young people.
Service capacity	Mental health services are overwhelmed.	
Staff capacity	Service providers struggle with high caseloads.	Staff receive support for their well-being.

The general practitioner	The GP lacks the resources or knowledge to provide proper support for young people.	The GP often serves as the first point of contact, facilitating referrals or prescribing treatment.
Making appointments		Appointments are scheduled to fit into young person's daily life.
Initial contact	When peers refer a young person, the service may lack a full understanding of the young person's situation.	Young people receive all relevant information, and their voice is heard.
Waiting times	Young people lose interest in support due to long wait times.	
The gap from waitlist to treatment	Prolonged waiting periods worsen young people's mental health or substance misuse issues.	Young people receive interim support while on the waitlist.
Collaboration	-	Mental health and substance misuse are addressed together, and information is shared between services to ensure comprehensive support.
Transition	Moving from child to adult services causes distress.	-

Gaps in the system	Integrated family support or combined substance misuse and mental health treatment is unavailable.	-
Changes in services	Young people are unaware of which services are available due to changes.	New and existing services are accessible to meet young people's needs.
Wider social determinants of health.	Factors such as financial situation, ethnicity, education, housing, and location negatively affect access to support.	-
Young people's voice	Young people feel their voices are ignored, causing them to disengage from services.	Services listen to and work with young people to provide appropriate support.

YP = Young person

MH = MH

SM = SM

GP = General practitioner

Appendix 5. Additional Barrier and Facilitator Recommendations

Table 4. Additional Barriers and Facilitators to Help-Seeking and Recommendations for Future Practice

Barrier	Quote	Discussion	Recommendation
Staff capacity	"*They don't have the staff… that's the problem in the 1st place that they are short staffed*" (P2)	Participants discussed the pressure on staff to deliver services, with workforce shortages hindering the improvement and expansion of mental health services. Poor mental health among NHS staff is a significant issue, contributing to presenteeism, absenteeism, and staff	All participants reported feeling well-supported, enabling them to manage their well-being and provide optimal care. Clinical supervision was frequently mentioned as a key facilitator, consistent with previous research (Wheeler & Richards, 2007; Wallbank, 2013)

		turnover (Health Education England, 2019).	
Wait times	"*They have a massive waiting list and that can have a big really big impact on whether or not they're going to access a service.*" (P3)	The severity of wait times was highlighted as a key barrier in each interview. However, wait times varied by service, with some having none. When young people wait it often reduces help-seeking behaviour and may result in deterioration and risk of problems while waiting (Anderson et al., 2017; Young Minds, 2019). This was discussed by participants where they waited till crisis, instead of providing early support.	Similar to Theme 3, improving access to information through online self-management tools, raising awareness of voluntary organisations, and promoting community or peer support is essential (Wolpert et al., 2019). Additionally, early identification pathways are critical to reducing wait times for those with emerging difficulties, enabling timely interventions where they can be most effective (Colizzi, Lesalvia, & Ruggeri, 2020).

Cost	"*Obviously any costs with things like mental health is never going to be helpful*" (P5)	Despite the UK's equity of access system (NHS, 2015), the cost of seeking help emerged as a barrier to treatment. This issue is more commonly reported in other countries, where the cost of treatment is a barrier to accessing services (Sylwestrzak et al., 2014; Lubman et al., 2017), though both studies reported it affecting a relatively small percentage of individuals (less than 15%).	Ensuring that young people and families are fully informed about the availability of free services through the NHS, as well as any potential costs for specific treatments. Clear communication and accessible resources should be provided to reduce misconceptions about the financial barriers to mental health support.
Transport/Location	"*I think's quite a big one, not just gang related… Safety for crossing different areas of Swindon. But I would also that that… Although town being town centre where*	The service's location and proximity to public transport are vital for young people, who tend to rely on it more than adults (McCann & Lubman, 2012). However,	Services effectively address transportation barriers by providing bus passes and lifts for young people, particularly those who live far from public transport or in unsafe

	we're based is the most accessible point because you've got your buses and stuff once it comes into the winter evenings and it's dark it like half past four. I wouldn't want my like, I wouldn't want a daughter for instance, out there" (P6)	those living far from public transport still face significant challenges (Hodges, O'Brien & McGorry, 2007). Participants also highlighted safety as a barrier, especially for young people unable to travel to services due to concerns for their safety, such as those involved with gangs.	areas. Additionally, the flexibility to meet young people in comfortable locations helps reduce anxiety and improve accessibility, ensuring they can connect with professionals without added stress or safety concerns (Mackett, 2021)
Young people's voice	"*hearing that child's voice and that young person are those wants and needs… always over not always but most of you know over what the professionals may be saying or the mum or the dad or the teacher, yeah.*" (P1)	Participants highlighted the importance of prioritising young people's voices in mental health support, emphasising that being listened to and respected is critical to their care experience. As reflected in the broader literature (Freake, Barley, & Kent,	Service professionals in this study had a clear respect for young people needs and promoted a very individualistic view of support to promote autonomy. However, other mental health services should ensure that young people's voices are prioritised in

	"A lot of them cannot function, do not wish to function before 12-1 clock and so them having an appointment at 9:00 is just unrealistic for them to get to it." (P8)	2007; Lavis & Hewson, 2011), relational aspects, such as feeling heard and understood, significantly impact service effectiveness and accessibility. Additionally, participants noted that rigid appointment times, especially early mornings, often do not align with young people's natural rhythms, making it difficult for them to attend sessions.	decision-making, allowing their needs to guide care plans. Flexible appointment scheduling and locations that cater to young people's preferences will further improve access and engagement (Corker et al., 2013). Furthermore, anti-stigma training for healthcare professionals can create a more supportive environment, encouraging earlier help-seeking and improving outcomes (Knaak et al., 2017).
Transition	"*That ending is really difficult. So, we have to really bear that in mind and actually do that in a way that's really planned. So, he turns 18 in a couple*	The transition from child to adult mental health services can be challenging due to significant differences in care approaches, leading	To bridge the gap between child and adult mental health services, enhancing collaboration through transition clinics and coordinators is

	of months and that whole thought process, but I'm going to be 18, I'm going to lose all these services. Actually, he ends up in hospital because took an overdose. Couldn't couldn't manage it." (P2)	to discontinuation of care (Reale & Bonati, 2015). Additionally, the lack of seamless information-sharing systems and young people's desire for autonomy (Coppens et al., 2015; McNicholas et al., 2015), combined with the stigma and anxiety around mental health care, often result in hesitation to engage with adult services, even when a referral is made (McNamara et al., 2017; Davis & Butler, 2002).	recommended. These models promote joint working, facilitating smoother transitions for young people entering adult services (Cappeli et al., 2016; Henderson et al., 2017).
The right professional	"*Yeah, I think that's really hard. I really do. I just don't think the power dynamics right, like we're asking them to be real with us and to trust us and to allow us into their*	There was a nuanced understanding of the importance of the professional-patient Participants highlighted strategies for establishing trust and "*meeting them*	Services effectively facilitate care by prioritising trust-building with young people, clearly outlining their supportive role, and ensuring transparency

	lives at the most deep and personal level. I just feel you have to meet that… It's always done with their best interests in mind." (P7) "*Very often the young person is sound like they don't click with that practitioner that works for them and so they don't want to continue the support because the person that they've been offered by that service is not someone that they're able to open up to or click with*" (P8)	*where they are*" (P7). This rapport enhances communication and can lead to improved care quality (Slade et al., 2010). Individuals value healthcare professionals who are attentive, non-judgmental, empathetic, and genuinely caring (Barnes et al., 2019; Robinson et al., 2017; Williams et al., 2016), fostering a sense of being listened to, understood, and respected, which in turn encourages openness in disclosure (Barnes et al., 2017; Machin et al., 2017; Oh et al., 2020; Williams et al., 2016).	around confidentiality, especially in cases involving safeguarding. This relationship-focused approach encourages help-seeking, addressing a key barrier of feeling disconnected from care (Oh et al., 2020). Moreover, services that emphasise continuity of care and offer longer appointments enhance the development of trust, allowing for deeper relationships and more open communication, which are crucial for effective treatment (Machin et al., 2017; Barnes et al., 2019).

YP= YP

MH= MH

Appendix 6. Additional quotes

Table 5. Example table of emerging codes linked to quotes.

Code	Code description	Quote
Self-medication	Use of substances to cope with poor mental health	*It it's a big transformation, usually in the first instance for them to recognise that it might not be the best way for them to be managing whatever things are driving that behaviour.* *I think there's layers to that, aren't there? I mean, it's a safety in some way for them, there's a huge kind of transformation has to take place in terms of how they see the purpose that those substances are are having in their lives.* *I think that's really, it's a really difficult one to grasp because like you say in the immediate is solving a problem. It feels like it's offering a solution, and I think that it, you know that that recognition of what lies beneath that, that actually that anxiety, that whatever depression that that might have been there as a pre-existing kind of reason for those things feeling like they're they're solving a problem. It it is, you know, there's a lot, there's a lot of resistance to engaging*

		with those things. They feel like a bigger and much more difficult, much more complicated thing to to face and solve, don't they? And I think getting your head around the fact that these things are perpetuating that and making it worse, it can be very counterintuitive when they actually feel quite good in the moment. They, yeah, I think that's definitely true, that understanding, really understanding and also, it's not a quick fix. You might feel a lot worse before you feel better. *Absolutely, absolutely 'cause that again is is symptomatic of, you know, being in a protective state, isn't it being dysregulated. There's that sort of caught in that trap of fluctuation of never quite being in that middle ground, never quite being in full connection with themselves sufficiently to be able to, to weather that change, to be able to dig deep and find that motivation and sustain it is again, it's that that, that, you know, the substances will reinforce that. It's it's a really, really big ask.* *All the messages they're already getting about themselves, and the world just get reinforced*

		and then alcohol's still there, isn't it? And substances are still there.
Access to information	Young people knowing where to find information about support	*So, I think having that availability, having those resources, having that education there is really important. But in terms of facilitating change, I think that one to one.*
Readiness to change	Young people wants to change their behaviour	*I think it's massive 'cause, it's just normal. It's. It's their reality and if that's how you belong, if that, if that's what what belonging looks like you're asking young people to abandon such a lot* *Absolutely. I mean all of that, the organisation that requires the the means to do it, the resistance internally to that you know that time to change your mind and and and actually just stay as I am. Stay with what I know even if it's not working for me all of it.*
Engaging in help-seeking behaviour	Making young people aware of what support is available and that seeking support is a positive step.	*it has to be, it has to come from them. Them actually seeking something different, believing that there might be different ways to meet those needs and actually first and foremost identify that the needs that are causing them to turn to that you know it's it's it's a very complex and interwoven picture*

		really… It is in my experience it's a very gradual thing. *That's not to say you know that there isn't a really important role in in there being access to support that you can just walk into it. You know, it's not everybody's going to have that be able to have that or even if they do have it, they might not be able to fully engage with it at the time it was available to them.* *You know it's a relationship because I think it's it can feel really, really scary and unsafe to abandon these things. You can't expect people to stop doing something that's serving the purpose of having something else there to catch them and I'm not sure that that kind of instructive message delivering really can ever do that in the same way.* *, particularly if you've got that message been delivered by peers as well as family. I mean that that that really is an extraordinary thing to ask for a young, young person to find the self-awareness and self-control, find the resources they need to live life on completely different*

		terms, I think that's that's a really big ask. You know, there's this pressure, isn't there from people in every direction who are living their life that way and, and there's there's a huge vulnerability in stepping away from these things that are serving that purpose anyway, so to then ask them to withstand the pressure of people trying to pull them back it back that in that direction it's it's huge. *There needs to be other things there. Again, that can kind of bridge the gap that can support in that and really understand what that is asking of somebody.* *So yeah, I think that's that's very true. It's very isolating, I think, I think it's very confusing to have those messages from the outside world that seem very black and white when your world is is so nuanced and so full of lots and lots of other shades of Grey doesn't make sense, does it? It's not helpful.* *It's not meaningful, you know, even when people have jumped through all of these hoops, they're they're experienced day-to-day doesn't change very much. There's very little*

		understanding of trauma, meaningful understanding of trauma, and that is rife in any young person who's lent on drugs and alcohol. They've gone through stuff. Either before turning to that or while they're on it, things happen. *There's many goes with it and schools, you know, they seem to really, really struggle to not feel there you know their power, their control is being compromised by by offering these sorts of adjustments. It's a really big struggle for them to do that. I guess they just feel that if they do that, they're just opening the floodgates to all the kids thinking they can do what they like. It's a lot of resistance to it, and that makes meaningfully accommodating trauma, really recognising the level of vulnerability we're talking about young people whose lives are like this, just virtually impossible.* *They try and make it not like school, but at the same time they try to give those young people access to qualifications, a feeling you're very tangible kind of feeling that they are achieving something and they're now also going to have tutors on site so that they can*

		work towards those sort of of course objects and things because this is the thing, isn't it that. Your education, your education is just going out of the window at the same time that all this is happening, you know, so access to life is literally slipping away. And I like that about them, that they're they're constantly thinking of new ways to improve what they do and make it work for young people's needs as they really are, but it isn't. It is quite a narrow band of people that are actually able to access it unfortunately. *I mean to me that's that is the work. I think there's huge therapeutic value in that alone and that's well, that's what I tell myself. You know, even if even if I don't feel I'm achieving anything, if we can, they can just start to feel safe with me and give me a chance. That's something, that's something different. That's something they've done that they've built that they've created, that they've somehow found. The courage to to make themselves visible in that way and and I feel like that that has some value.* *I think it would be good to diversify a little bit, I feel like. Starting to when, when young*

		people are ready find other placements or organisations where seeds that have started to grow within that safe environment can be kind of nurtured and developed into something else. *So, if there's things that young people are interested in or certain strengths that have been noticed that there's a follow on for them. I personally think that we need to be careful about it becoming a bit too schooly as well. Like I do think it it's strength is in the fact it isn't a school, and it doesn't really bear any resemblance to educational, environments. They they are doing a little bit, but I think it would be good to do more of extracurricular type stuff. Stuff for over the holidays and things like that as well* *Something that actually makes you feel good rather than just numbs you.* *Yeah, some validation but it just really makes me think when talking to you, you know, and you actually think about the level of and the number of obstacles it's. It's really. It really kind of makes sense of why it's such an incredibly difficult thing to get out of, because even if you can pursue one of those*

		are the ones might be falling apart at the same time, and it really is like, you got to hold it open, haven't you in all these different directions?
Self-referral	A young person being able to refer themselves without the need of peers	*At the moment it's referrals through schools, they also social services refer, you know, there are, it's through organisations largely, although individuals can refer as well and it's constantly evolving.* *more about bridging the gap between young people who can't even make it on site and can't even access the the engage programme as it is with smaller numbers and all the flexibility they try and offer. So yeah, it's it's not as accessible as they'd like it to be yet. But I do believe if somebody did walk in off the street, they would do their best to find a way to to facilitate it. But yeah, they're they're constantly trying to open it up and hopefully it will grow.*
Self-efficacy/Agency/Individualistic	Empowering the individual to change their behaviour	*Young people not in school, but also maybe not able to attend the platform project on sites. It's a bit too much for them so I'm using my counselling skills as a sort of therapeutic mentor seeing whether it's possible to find a way to meet their needs*

		and allow them to engage, or if not just offering them support in whatever way they can accept it. *Absolutely, absolutely thinking about to have conversations about it is something to be able to, you know, air those, those feelings about how it might not be serving you to be able to feel safe to if you've witnessed things that friends do, or family do that some part of your nose don't feel right but what, but you've got nowhere to sand that out. I think that kind of change is really authentic for me that's what matters. It comes from within*
Trust	Engaging with an individual so they can trust their professional	*I get I I would take a very gentle approach with things like alcohol. You're kind of getting into the territory of very private personal experiences, so it's about for me, it's about getting the trust first and foremost, and whatever steps I then took would be very much alongside what that young person was able to take.* *I think I've got to be authentic if I'm expecting them to trust me, then I trust them as well.* *I don't mean to sound like I'm criticising because I just think*

		it's such a difficult job. I don't, I don't think they're given the resources they need. It's nuanced work and it takes time and it, as we've said before, you know it's it's different, it's unique to every single individual. You you know, there's a lot of damage that needs to be undone. A lot of negative experiences of even one to one relationships that has to be done before you, you know you you may or may not be able to develop a kind of trust that you can actually use to implement some kind of change or improvement in that young person's life.
Stigma from services	Fear of being judged by the service staff	*That seems to be quite important in terms of them feeling that maybe they're not going to be judged, I don't know. It's very it's very individual really. It would depend on the person. I just I I'm very much led by what feels possible for them and just try and be as real as I can be within that.* *I get tested a lot and I understand that because they're like, oh, here we go. Another person who thinks that they know better than me, another person full of ****, great. So, yeah but I expect that, and I know that that's what's*

		gonna happen and that's why there needs to be specific services with specific skills to tolerate that you can't.
Family norms	Families attitudes towards mental health and substance misuse	*I think there will always be that fear of of what. what that might lead towards, you know, and people misunderstanding or judging your family or judging you.* *I'm thinking of young people I know who haven't got. I mean, it's not fair to say they haven't got adults that advocate for them. They have, but the adults are under so much pressure themselves, their lives are so hard, their capacity to do that for their young person is very, very small. They don't stand a chance, and I don't believe a young person could do it for themselves. Not somebody who's already alienated, who's already fighting the world and thinks everybody's against them, then that I just. I think it would be almost impossible. Almost impossible.*
Family support	Their family support them to make better decisions and seek help	*So, I do get to know them quite well and because I can pick them up from home and things like that, I get to talk to family members a bit and yeah.*

		It is impossible. There are so many barriers, I feel like it is and that's just got worse and worse and worse like that. You know, a lot of the young people I work with are fortunate enough to have an advocate in their house. You know, who's really fighting hard for them and a lot of a lot of the parents have actually become quite expert at what services are out there, what? What processes they've got to go through? It takes so long. Like I, I genuinely think, you know *Like you say, parents understanding new ways of of seeing the situation, supporting themselves, supporting their young person, opportunities to build skills, paths out of out of that situation have got to be held there ready, haven't they?*
Family stigma	The family has a negative perception to seeking help for mental health and substance misuse	*Yeah, I think I think those barriers that feeling that of of maybe ostracising yourself or maybe, being judgmental in some way of your friends or your family, there's there's a lot that holds people where they are in my experience.*

		So again, it's a bit like we were talking about, you know the the the environmental factors, the pressure from peers or family, there's that pressure to actually withstand all of the discomfort of change at the same time as as relinquishing that immediate relief is, is it really takes a lot. *And I think as well, actually involving families more, I would like to see parents been able to join up a bit and talk to each other because they feel that sense of judgement too, and they feel very ostracised and that just puts them in a protective state. Being able to meet with people who understand and that they're not fearful of being honest with because they think they're going to be penalised or judged in some ways it's really powerful and good for the young people because they're watching all the time to see how their parents are reacting to things.*
Intergenerational issues	Family uses substnace	*often, they their lives are that you know, all of their friends do that their families do that.* *As I said, if they're coming from a background friends or family who also survive on those terms, it can be really difficult*

		not to feel that you're betraying people or isolating yourself from from things that you feel. You know, you really need to be to be okay and to be to be safe. It's a big ask. *These people are young carers, they've got a parent who's got an alcohol problem. They're really worried about that person, that's that tends to be their first and foremost the idea of of, you know, them no longer drinking or no longer using substances is somewhere beyond that the first and form is that they're in that protective relationship with that, that adult and not wanting that to be known, not wanting them to be to be potentially judged or or her any in any any other way.* *judging by the people I I've worked with; it's taken weeks and weeks for them to be able to feel safe enough to talk about these things. Most times it it comes out without them even realising what they're saying. You know, they're very guarded and protective of that, and they're getting they're get they're getting blamed; you know, they're getting into trouble at school for attendance. They're getting called, disruptive, troublemaker,*

		*rude, disrespectful. That's what the world's seeing. Beyond that, they're dealing with going and having to find their nan because she's wounded off. Absolutely ****** (Swear insinuating drunk) again, and nobody knows where she is and they're doing that. You know, when they're at home, up till God knows what time, because there's another party going on in the house, even though they're supposed to be going back to school the next day after however many weeks of suspension, the school doesn't even get to see that.* *You know, there's the answer. The drugs and alcohol are just there available, and mum and Dad do it and you know, whoever else is in the house does it. So, it's inevitable, really.*
Social support	wider support networks support a young people to make better decisions	*Absolutely the anonymity, the autonomy it takes all of those boxes doesn't it and it also is something that somebody who works in the way I do or a social work or a teacher could just put that little touch of support and get get them in there but that well that well of understanding and expertise is sitting there waiting for them.*

Stigma from friends	Fear of being judged by friends because they are seeking help	*Yeah, I think I think those barriers that feeling that of of maybe ostracising yourself or maybe, being judgmental in some way of your friends or your family, there's there's a lot that holds people where they are in my experience*
Job	Role of the HCP	*At the moment I work as a school counsellor at Name school in Place.* *I still do a bit of private practise, but I'm winding that down and yeah, I work for something called the platform project in Place, which is an alternative provision that have recently branched out into trying to sort of bridge the gap between. Young people not in school, but also maybe not able to attend the platform project on sites.*
Early intervention	Providing awareness and education to young people before they develop mental health or substance misuse issues	
Early treatment	Treating young people while it is a lower-level need, before	

	it becomes worse	
The right service	The service meets a young people need/want	*I I get to become quite closely involved in their lives because it's one to one, it's a four-hour relationship every week, but I have with these young people and it's just one to one for four hours.* *You know, I think not to say that having those services available isn't really important, but I think when it comes alongside, you know, school, it's being delivered as a message. It can be quite easy for that to be lumped in with, you know, these expectations, this idea of what what you have to be to be worth something and it can be rejected on those terms. It's all part of, you know, an authority kind of thing and and doesn't even touch the surface really. It's just another thing to push back against and be different from. So, I think yeah, very much has to come from within.* *I think with young, young people, even young people who on on paper have have, you know, rejected the usual routes of social expectations. Who can, you know, be labelled quite rebellious or difficult, there's still that desire to to be accepted*

		and to be approved of, and I think having the chance to be somewhere like platform. Most of these young people have already gone through a lot of rejection, a lot of feelings of failure. I think that that personal fear of being judged would would still be there, you know, if you found a way to fit in to suddenly then open up about something like an issue with drugs or alcohol. *Like it and then and a lot of drugs and alcohol are about not having to know to say you feel they're counselling, pure counselling. It's not always the most effective way in which is is largely why I've ended up doing the work I'm doing, because I I just have found that again and again and again that it's it's too big and ask, but yeah. Having all those different possible ways of connecting with a young person and and and having people there who are trained in in noticing that and very clued up about what, what's out there that might help.*
The right professional	The HCP is a suitable fit for the young people	*I feel like that would be the same there. I think that's where maybe the mentoring is another quite powerful thing because it's just one person talking to another person.*

		I think that's a very individual thing. That's that's how I am but I don't know whether it'd be reasonable to expect that of of another professional or whether that they would, they would even want that but to me, because you're offering a real relationship more like.
		Yeah, I think that's really hard. I really do. I just don't think the power dynamics right, like we're asking them to be real with us and to trust us and to allow us into their lives at the most deep and personal level. I just feel you have to meet that with like, obviously there's there's parameters. It's always done with their best interests in mind. To keep them safe and to and to protect we as well but I but I I do. I do think there's something really important about that, that this is this is for good, and you know, I I love it when I still get emails from kids I work with ages ago, and I'll always give them my e-mail and then they can choose and obviously as well, there's got to be parameters. You've always got to say, I might be able to answer you straight away. I might. I won't be able to answer every day, but that's for you to manage as a, as a professional.

		But yeah, I I absolutely think that if the step away has to be on their terms, I would. I would hate for it to feel enforced or or harsh. I think that could be really, really destructive. That's part of the work.
Transport	Getting to and from a service	*It's actually really opened up awareness about how many young people are out there who can't leave their houses, and so we'd sort of maybe I think with the new new intake, there'll be a little bit more care about whether they even set the expectation of coming on site in the first instance because it can start, it can set people up to fail. You know, they feel they can't do it and that's not everybody had that feeling a million times. We don't want to give them that feeling. So yeah, the mentors work will be to just meet and literally meet them where they are. And sometimes the young people I've worked with wouldn't meet me at all for quite a while and but then I can chat to family, or you know, so there's always an opportunity somewhere.* *Think transport's big one that you touched on there and that's something that actually, personally I will still offer to kids if, for example, some of my clients are taken to the sexual*

		health clinic and I'll still say if you need a lift, let me know. I think platform try and provide taxis for some young people. Some of them have carers or support workers who do the transport. That's a really big one and the money to pay for the transport if you if you, you know, if you are getting the bus. So yeah, providing that kind of thing, I think that that drop in as well. *There's a real I think there's a real lack of community. It's a really fragmented place Place. I think maybe within within certain, you know individual areas, there's kind of a territorial sense of community, but I'm not even sure whether other than to say we're this not you within those communities. I don't know whether there really any support is. There's certainly that kind of I know particularly the boys at the platform project. There's a lot of difficulty with putting kids together who are from different places and a lot of kids who won't go to certain parts of Place.*
Schools positive	Positive engagement with schools	*I think inevitably, and I do say that with compassion for schools, because they're meant to be educating, that's their expertise. They have huge pressure, but they are in this*

		incredible position of being on the front line. Having this visibility is such an opportunity there. I mean, I don't know where else those kids are going to get caught
Schools negative	Negative engagement with schools	*I think they'd be scared. I think you know you're still in the school environment. I find that very much the school counselling. You only have half an hour sessions there. They are pretty good 'cause. They let me have as many sessions as I want, I'm not limited, but still they've come straight out of the classroom to have that session and then they go most times straight back to the classroom again. Obviously most of them have got maybe the old staff member that they feel a bit more trusting of than another, but generally speaking I think they would be afraid of schools reaction to that of parents being informed all the usual things that would, even though I do go to great efforts to try and reassure them that it's confidential, and I also tell them that if I was going to share anything unless it was more risky for me to not share it with them first that I would always try to share it with them before I shared it with school. I just think that there would be that fear of what would happen with things be taken out of my control*

		immediately. You see, it's that uncertainty I think about where it would lead. Police, you know, are the police gonna be told our social service is gonna be told and I've had that. You know, shared with me by young people that social services have have acted quite in quite heavy-handed ways about things like alcohol, parents get blamed very quickly. Which I'm not. There's no judgement there. I know that that, you know, they've got their own criteria and and expectations, but this it might, in my experience that just closes things down really, really quickly. *They just get the behaviours, and I understand schools are under huge pressure. they are, they're having to deal with its firefighting, isn't it? Constantly? But I think that what you've just said is so true. The reasons the causes, what that young person's actually covering up for and holding without even realising 'cause that's just their world. That's just normal. It doesn't even get seen; it doesn't even get seen they just get. they just get the reaction to the behaviours that that that's they're displaying because they have absolutely no capacity to cope with their lives.*

		the other thing is, in my experience, the kids that get sent for counselling are the kids who are attending school, the kids who are you know, they they're they're more accessible. It's easier to feel some empathy for them and put, put them down for a bit of counselling. The ones who are really, really struggling and not even making it into school don't don't get it. Because those kids need it too, this is the thing. I'm not suggesting that kids who are in school don't need it, but it, you know they're there and it. I just think I don't get to see those kids in my schoolwork because they're not there and. And that's really scary thing about it. *In my experience and I, it really, really does fluctuate. I think it's very it's very dependent on the individuals who have the power positions at schools, which in itself is wrong. It shouldn't be dependent on that. It it it's a very it's a very big blame culture as far as I can see, I think there's a there's a real urgency to pass problems over. I think there's pressure to collate evidence so that if schools are asked to justify their decisions. They've got a big folders of what they've apparently done to support young people. Most of its arbitrary. It doesn't really*

		reach the in person it it feels to me very quickly once you get past a certain point, even if it's not their intention, they're actually gathering evidence to justify their position and a foregone conclusion that really, they don't want that young person in their school anymore. I don't believe that once a young person has crossed a certain threshold, there's a huge motivation to understand their world or inject some compassion into their lives that they're usually fed up with them and it's quite a negative conflict driven situation. Everybody's very defensive and the young person misses out. They get missed. *You can't expect a teacher to be able to offer that they've got another 20 odd kids to think about in each lesson.* *The difficulty school have schools have in actually adjusting themselves to even meet the needs once they've been identified.*
Service capacity	Working capacity of the service	
Staff capacity	Staff are able to manage	*We need to meet as a group more often. There definitely needs to be communication*

	the level of need	*between the staff that work on site and the staff who work in as individuals. Absolutely, the same is true for the people that are working to support young people that they need all that stuff too, they need help making sure that they don't start compromising their own self-care in order to keep me because it's a never-ending need out there and it is quite you can quite easily get very very nook by it.*
Demand for services	the amount mental health services are needed	
Role of the GP	GP awareness of services and ability to help	
appointments	making appointments fit in a young person's life	
Initial contact	Process of making the initial contact with a young person from referral	
Waiting times	how long the wait is to get help	*It's just not easy to to get it. You know the waiting lists, the assessments*
Gap from waitlist to treatment	The limbo between	

	making a referal and getting help	
Collaboration	The sharing of information between services, and working together for better substance misuse and mental health outcomes	*it's it's a very gentle touch for me but I I'm aware that of the services that I could signpost them to and even go with them too, which is the beauty of my job. I can literally be with them and take them to places*
Transition	The effect of a young people moving from child to adult services at 18	
Gaps in the system	Where the structure of systems is missing the needs of young people	*I think that that drop in as well, just actually thinking about the sexual health clinic, a lot of my young people really like the, the relaxed, sort of way that they work up there, they've got very responsive nurses that usually they, they've got their you know they they contact them by text. That's working with with that as well, social media, you know, things that are accessible to young people that they can just very easily fit into their world without it feeling obtrusive or like it's asking too much of them and groups I think have got their place as well actually. But*

		that's very much depends on the individual, but I think that's a really good one. It can really create that really important sense of sameness instead of always feeling different and and form connections that are on new terms, which is very necessary. *It's that gap bothers me. It's a long time. My heart sinks a bit. I'm like, what am I going to, you know what resistance am I going to have to kind of ease again after six weeks of not seeing that young person?* *I read about in London, I think it's the lighthouse or something say and it's like a multi-agency drop in place. So, you can go, and you can see a doctor, you can see a sexual health expert, you can see somebody about substances. You just have to go to that one place. I think God that's, that's amazing. You know, there will be some youth workers there. They'll be, it's all there in one place, like you say, so that it just just makes the most of that one amazing moment where a young person might be able to say I actually need some help. Let's get it in in as many different ways as we possibly can. Quickly.*

		I don't think so. I do think it's. I do think it's a crisis. I do feel very hopeless sometimes and I do think Place is an area of real need. I don't think it's, *I don't think maybe even in Place, people realise quite how hard life is for a lot of families and a lot of young people here and that'll be that would be all I'd I'd say really. And I think that's only gonna get harder, to be honest. Particularly things like the the systems in place for the education or healthcare provision and all that is, it's not, it's just a joke. It's a nightmare. It shouldn't. It's not right that families are having to fight single handedly to to have their kids needs recognised. There are so many young people who are just on the street they're not at school. They're not doing anything. You only have to have a little drive around and you can just see it and that it that really is urgent.*
Change in services	The structure and delivery of services changing	*Actually, what I do like about the way they do things is that they are open to changing and improving all the time.* *That's not true of everybody. But if that was somewhere that maybe, you know, one Saturday*

		a month, there's a hub and you could go, and you can take your little sister or your little brother and there's activities. But there's also access to support. So, it's not like by going there you're waving a big flag that I've got problems in my family. You might be going just to have some toast and a cup of tea, but the people there can can point you in the right direction. So, using sort of like we've talked about that frontline position schools have. But in a way that actually serves young people and and provides some safety and acceptance for them rather than a big, bold underlining of everything they're not.
Wider SDH (Social Determinants of Health)	Other wider SDH not listed	we've had a few issues with that because the way school budgets work, they're not prepared to commit to the next school year. So, I've had to say to my mentees, you know, I don't know yet whether we are going to be seeing each other in September, but I I keep touching base and staying in touch and I have managed to arrange a few meet ups with with my clients
Young people's voice (Youth participation and input)	HCP listening to fit the young people need	

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