

Engaging young adults with mental health challenges: A clinician's guide

A co-produced guide for clinicians and mental health practitioners in Adult Mental Health Services to help engage young adults, who are new to mental health services, or may be transitioning from Children and Adolescent Mental Health Services.





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The purpose of this guide

The aim of this manual is to provide clinicians working in Adult Mental Health Services with a user-friendly guide to engaging young adults who are potentially new to adult services and may have difficulty accessing them.

It is generally accepted that young adults in the 18-25 age range experience a significant number of first-episode mental health conditions but are less likely to engage with the services on offer compared to older adults. This younger adult group also experiences the greatest burden of disease from mental health problems as opposed to physical health problems which tend to become more prevalent as people age.

There is a real opportunity to make a difference to the lives of young adults experiencing mental health problems through engagement, earlier intervention, and effective treatment to prevent negative outcomes.

This manual is not designed to be exhaustive. It is an overview of key strategies to support young people's engagement, with added information about youth mental health support. It will hopefully prompt conversations within teams, across different agencies, in supervision sessions, and in individual practice reflection.

This guide was co-produced with colleagues from Health Innovation Kent Surrey Sussex, University of Sussex, Sussex Partnership Foundation NHS Trust and NIHR ARC Kent Surrey and Sussex. It was produced following two Youth Summits that were held with young people and stakeholders to identify opportunities for improving services and pathways for young adults. I am grateful to my colleagues for their input, whether direct or indirect, in putting this resource together.

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1. Introduction

The importance of engaging young adults in mental health care

Engaging young adults (ages 18-25) in mental health care is crucial for promoting long-term mental health and wellbeing. Early intervention and tailored support can have significant positive outcomes, reducing the long-term impact of mental health problems and improving overall life chances.

Young adulthood is a time of significant change, including transitioning into independence, managing new social roles, and grappling with life's uncertainties. As such, it is a critical period for addressing mental health issues and providing effective therapeutic interventions.

Key characteristics of young adults

Young adults experience considerable biological, emotional, and cognitive changes. Their brains are maturing, particularly in areas involved in decision-making, impulse control, and emotional regulation.

Socially, young adults are also navigating increased autonomy, identity formation, and establishing relationships, which can both protect against, and exacerbate, mental health issues. **These factors mean that clinicians must approach this group with empathy, understanding, and flexibility to foster engagement.**

75% of all first episode mental health conditions present before the age of 25. Nearly one in four young people 18-25 had a probable mental health disorder in 2023.

Common mental health issues in young adults

Mental health challenges commonly arise in young adulthood. The most prevalent conditions include:

- Anxiety disorders
- Mood disorders including depressive disorders and bipolar disorders
- Eating disorders
- Substance misuse and addiction
- Self-harm
- Psychosis
- Personality disorders
- Neurodiversity
- Trauma-related presentations
- Pre-existing childhood disorders

If not addressed appropriately, these conditions can have lasting consequences on an individual's academic, social, and occupational functioning. However, with early intervention and appropriate care, young adults can achieve significant recovery and improved quality of life.

“ **The system is weakest where it needs to be strongest** ”

**Prof Pat McGorry
(BMJ, 2009)**



1. Understanding the challenges

1 Developmental and societal factors

Young adults are undergoing significant cognitive, emotional, and social development. They are often exploring their identity, gaining independence, and navigating complex social relationships. This developmental stage can cause stress, which may manifest as mental health difficulties. Social pressures, such as academic expectations, career concerns, and social media influences, can exacerbate anxiety and depression.

2 Stigma and mental health

A major barrier to engagement with mental health services is the stigma surrounding mental illness, particularly in young people. Many young adults may fear being judged or misunderstood, and this fear can prevent them from seeking help or fully participating in treatment. Clinicians need to be particularly mindful of the stigma young people may face and work to create an environment of acceptance, normalising help-seeking behaviour.



3 Barriers to engagement

Several factors make it difficult for young adults to engage with mental health services:

Lack of trust in professionals: Young adults may view therapists and clinicians as disconnected from their lives, creating a sense of distrust.

Perceived lack of control: Many young adults want to feel empowered and autonomous in their mental health treatment. Clinicians must respect and encourage active participation.

Fear of being judged: There may be concerns around being labelled or misunderstood by professionals, leading to disengagement.

Logistical barriers: Financial difficulties, transportation issues, and lack of convenient service locations may prevent young adults from accessing care.

Age-appropriate environments: Standard clinic-based services are not always suitable or welcoming for young people therefore consideration should be given to developing age-appropriate environments for working with this age group where possible.

Means of communication: Standard letters may not always be the best means of communicating with young people and consideration should be given to alternative methods including texts, phone calls or other digital options.

Social / family influences: Role of family narratives around mental health, and intergenerational mental health challenges.

Role of poverty / socio-economic status: There may be issues around travel or time off work that influence accessibility to services. Those from lower socio-economic groups are more likely to enter the system via the criminal justice system or acute services and may have negative narratives around mental health and services.

Trauma: Experiences of trauma lead to varied responses including fear, avoidance, and mistrust, which need to be considered if there are engagement difficulties and a trauma-informed approach taken to minimise the chances of drop out.

2. Best practice approaches to engagement



✓ Person-centred care

Person-centred care is an approach that recognises the individuality of each young adult. By focusing on the preferences, values, and personal goals of the young person, clinicians can build a strong therapeutic relationship. Person-centred care fosters a sense of respect and dignity, which is particularly important in working with young adults who are navigating issues of independence and identity.

✓ Building trust and rapport

Engaging young adults begins with establishing trust. Building rapport requires active listening, empathy, and consistency. Clinicians should be patient and non-judgmental, giving the young person space to express themselves without fear of criticism. Regularly checking in and being transparent about the therapeutic process helps demystify mental health care and reduces anxiety.

✓ Approaches to communication

Effective communication is essential in engaging young adults. Clinicians could:

- **Use simple and clear language:** Avoid jargon and speak in terms that resonate with the young adult's experience.
- **Be genuine:** Authenticity can help to break down barriers and make the clinician seem more approachable.
- **Promote autonomy:** Encourage young adults to share their opinions and preferences. Empower them to make decisions about their care.
- **Adapt to digital communication:** Some young adults prefer text messages or online communication over face-to-face sessions. Clinicians should explore these options where appropriate and feasible.

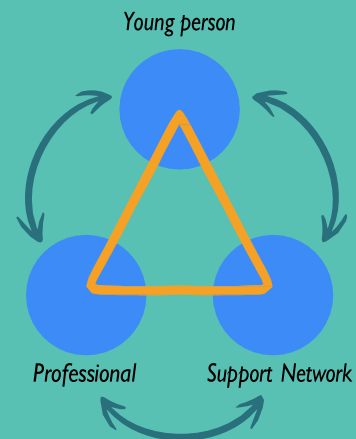
Ensure you are using the correct preferred pronouns for the young person and that these are used consistently across all communications and recorded in the notes.

See Appendix 1 for more engagement...

3. Models and frameworks for engagement

The Triangle of Care

The Triangle of Care emphasises the importance of collaboration between the service user, their family or support network, and the clinician. Involving trusted individuals in the care process can enhance engagement, especially if the young adult has a supportive family or peer network.



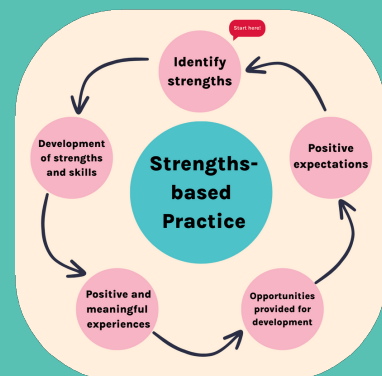
The Recovery Model

The Recovery Model is a strengths-based approach that focuses on the individual's ability to live a fulfilling life despite the challenges of mental illness. This model emphasises personal choice, self-determination, and the hope for recovery. It empowers young adults to take an active role in their care, which can enhance motivation and engagement.



The Strengths-Based Approach

The Strengths-Based Approach focuses on identifying and building upon the young adult's existing strengths and coping strategies. This positive, solution-focused method fosters resilience and confidence in young people, encouraging them to take ownership of their mental health and well-being.



Youth Affairs Council, Victoria

4. Developing an effective assessment process



1. Comprehensive mental health assessment

A thorough bio-psycho-social assessment is the foundation of any mental health treatment plan. It should include a detailed history of the young adult's mental health, family dynamics, social relationships, academic and vocational history, and current functioning. A holistic view of the young adult's life helps clinicians to better understand the underlying issues and tailor interventions appropriately.

2. Trauma-informed approach

An awareness of the impact of past trauma on current presentation is essential in order to inform the overall assessment and guide care planning.

3. Assessing risk and protective factors

Clinicians must assess risk factors such as self-harm, suicidality, substance misuse, and violence. At the same time, it is essential to identify protective factors, including supportive relationships, coping mechanisms, and personal strengths, which can help guide the treatment plan. Strengths, support network and existing coping strategies can all contribute to a positive risk-taking approach which may promote engagement.

4. Collaborative goal setting

Young adults should be actively involved in setting treatment & recovery goals. This collaborative process not only increases engagement but also ensures that the young person's aspirations and priorities are considered in the treatment plan.

5. Family / carer / partner involvement

Many younger adults have active links with and may still live with parents, family or carers. Others may have a partner/significant other involved. Some may still have Social Services involved if they have been a Looked After Child. Where appropriate it is good practice to involve these significant others in assessment to ensure valuable collateral information and support are identified.

See Appendix 2 for navigating diagnostic uncertainty.

See Appendix 3 for recognising when a young person needs a higher level of support.

5. Therapeutic approaches for young adults

Cognitive Behavioural Therapy (CBT)

CBT is one of the most widely used and effective therapies for young adults with mental health issues such as anxiety, depression, and eating disorders. It focuses on identifying and challenging negative thought patterns and behaviours, replacing them with healthier alternatives.

Dialectical Behaviour Therapy (DBT)

DBT, developed specifically for individuals with intense emotional dysregulation, is particularly effective for young adults with self-harm tendencies, borderline personality disorder (or traits), and chronic suicidality. It combines CBT techniques with mindfulness and emotional regulation skills.

Acceptance and Commitment Therapy (ACT)

ACT encourages young adults to embrace their thoughts and feelings without judgment and to commit to value-based actions. This approach is particularly useful for addressing anxiety and depression, helping individuals develop psychological flexibility.

Person-Centred Therapy

Person-centred therapy focuses on creating a warm, empathetic environment where the young adult feels understood and valued. This approach can be particularly helpful for those struggling with self-esteem or identity issues, as it facilitates self-exploration and growth.

Other types of therapy

There are other types of therapy that could be explored for young adults including Schema (integrative form of psychotherapy which combines elements of CBT, attachment theory and psychodynamic approaches), psychodynamic (focused on therapy that explores the unconscious mind, past experiences and emotional patterns), art therapy (psychotherapy that uses creative expression) and mentalization-based therapy (form of therapy to help people understand their own thoughts and feelings as well as others).



Confidentiality

Young adults will be developing increased autonomy in their lives and may have concerns about sharing of information. Confidentiality issues should always be explained at the outset in order to avoid misunderstanding or disagreements in their care planning. It is important to also have a conversation about what will and what will not be shared in order to create a private therapeutic space for the patient.

6. Incorporating family and peer support

For many young adults, family can be an important source of support and stability. Involving family members or carers in treatment - when appropriate - can provide emotional support, reduce isolation and enhance the therapeutic process. Family involvement can also provide a clearer understanding of the young adult's challenges, especially in cases of mental health conditions that may be deeply rooted in family dynamics, childhood experiences, or trauma.



Clinicians should consider offering family therapy or psychoeducation to help family members understand mental health conditions, improve communication within the family, and develop strategies to support the young adult's recovery. Additionally, encouraging young adults to build positive, supportive peer networks can further enhance their engagement with the treatment process.

Psychoeducation and family therapy

Psychoeducation involves providing young adults and their families with information about mental health conditions, coping strategies, and the treatment process. This knowledge can help to demystify mental health, alleviate fears, and empower both the individual and their family to engage more fully in treatment.

Family therapy, or systemic therapy, addresses family dynamics that may contribute to the young adult's mental health challenges. It can also help family members learn how to support their loved one effectively. Through these therapeutic techniques, young adults are encouraged to view their mental health in the context of their relationships, and families are supported in learning how to make positive changes together.

Involving peers and social networks

Peer support is a powerful tool in mental health care. Peer mentors or support groups where young adults can connect with others who share similar experiences can help reduce feelings of isolation and stigma. Group therapy, mutual support, and online communities can all play important roles in promoting engagement and recovery. Clinicians should actively encourage the development of these connections, making sure to explore social circles and support systems during assessments.

7. Addressing co-occurring conditions



Substance use and mental health

Many young adults with mental health problems also experience substance misuse or addiction. Dual diagnosis is common, and untreated substance use can worsen mental health symptoms. Clinicians need to approach these cases with an integrated treatment plan that addresses both the mental health condition and substance use simultaneously.

Treatment might include motivational interviewing, CBT, or contingency management interventions aimed at reducing substance use and promoting healthier coping mechanisms. Where necessary, referring to specialist drug and alcohol services may be appropriate.

Trauma and PTSD

Post-Traumatic Stress Disorder (PTSD) and trauma-related conditions are particularly prevalent in young adults who have experienced abuse, neglect, or significant life stressors (Adverse Childhood Experiences or ACES increase the risk of developing mental health problems in later life). Trauma-informed care is essential, meaning clinicians must approach treatment with an understanding of how trauma impacts mental health and behaviour.

Trauma-focused therapies, including Trauma-Focused CBT, DBT and EMDR (Eye Movement Desensitization and Reprocessing), have proven effective for young adults. These therapies help individuals process traumatic experiences in a safe, structured way, while building resilience and coping strategies.

Personality disorders

Young adults with emotionally unstable personality disorder (also known as Complex Emotional Needs) may face difficulty in forming stable relationships, managing emotions, and maintaining stable life patterns. Treatment for these conditions often requires a specialised approach, including Dialectical Behaviour Therapy (DBT), which is designed to help individuals regulate emotions and improve interpersonal skills. Collaborative treatment that includes regular monitoring of symptoms, medication management (if appropriate), and support through skills training can help these individuals lead fulfilling lives.

Neurodivergence

Neurodivergence is an important factor to consider with any mental health presentation. Screening tools, including the Autism Spectrum Quotient (AQ) for Autism Spectrum Conditions and the Adult ADHD self-report scale (ASRS) for ADHD, are useful in identifying some forms of neurodivergence and should always be considered. Referral to the appropriate specialist diagnostic service should be considered early on. There may also be other useful local services available for neurodivergent young adults.



8. Digital and online approaches to mental health care

Teletherapy and online platforms

Given the preference many young adults have for digital communication, teletherapy and online platforms are increasingly important tools in mental health care. Offering therapy via video calls, online messaging, or even phone calls can provide young adults with greater access to care, particularly in rural areas or when logistical barriers prevent in-person visits. Interestingly however, research is also showing that many young people prefer in-person contact and the use of digital approaches to support communication between appointments.

Clinicians should ensure that teletherapy options are as secure and confidential as in-person sessions (including considering suitability of the young person's environment - i.e. risks / confidentiality at home). Clear consent should be obtained for digital communication, and clinicians should ensure they use secure, professional platforms that comply with confidentiality standards.

Digital resources

There is a growing range of mental health apps and online tools that can support young adults in managing their mental health (see below). These resources can provide self-help strategies, symptom tracking, mindfulness exercises, therapeutic interventions and direct connections to services.

Clinicians should guide young adults in selecting reliable and evidence-based digital tools that complement their therapeutic process. For example, apps for mood tracking, sleep hygiene, or relaxation exercises can be beneficial additions to formal therapy. (Clinicians should familiarise themselves with these and if possible 'show' the young person how they are used.)

See appendix 4 for more on digital resources...

Ethical and practical considerations

While digital mental health interventions can increase access, clinicians must be mindful of the potential downsides, such as privacy concerns, the risk of inadequate supervision, or over-reliance on self-help tools. Clinicians should always assess the suitability of digital resources for each young adult, ensuring they supplement, not replace, traditional face-to-face care.

See online resources section for more on ethical and practical considerations...

9. Cultural and demographic considerations

Service users will come from diverse cultural, socioeconomic, and ethnic backgrounds, and it is vital that clinicians provide care that is culturally competent. This involves understanding how culture influences mental health perceptions, treatment preferences, and coping mechanisms. Clinicians must be open-minded and adaptable, taking into account the individual's cultural values and practices when planning and delivering treatment.

Understanding the intersectionality of young people's identities, including race, religion, gender, sexuality, neurodiversity and social class, is key. Clinicians should not assume a one-size-fits-all approach but instead ensure that treatment is personalised and sensitive to these complexities.

Working with LGBTQ+ young adults

LGBTQ+ young adults may face unique challenges related to mental health, such as discrimination, marginalisation, or struggles with identity. These individuals are at higher risk for depression, anxiety, and suicidality. Clinicians should provide affirmative care that respects and supports gender identity and sexual orientation. It is important to create a safe, non-judgmental space for LGBTQ+ individuals to express themselves and seek help.

Clinicians should familiarise themselves with LGBTQ+ resources, such as helplines or peer support networks, to offer additional support. Creating an inclusive practice ensures that young adults feel respected and validated, which is crucial for engagement.

Working with neurodivergent young adults

It is essential that clinicians keep in mind the possibility of neurodivergence co-occurring with mental health presentations to minimize misdiagnosis and ensure appropriate care planning.

See Appendix 5 for more on Neurodivergence...

Cultural competence and sensitivity

Cultural competence is an awareness and knowledge of other cultures and practices, and skills and empathy to effectively and appropriately interact with people from different cultures. By recognising one's own cultural identity and biases, practitioners and clinicians can better understand the intricate and evolving relationship between cultural values and lived experiences, allowing them to engage more effectively with young adults from different cultural backgrounds.

Clinicians must continuously develop their cultural competence by engaging in ongoing education, seeking supervision, and actively listening to the diverse needs of their clients. Demonstrating cultural sensitivity helps build trust and rapport with young adults, especially those from backgrounds that may make them feel alienated from mainstream mental health services.

For more on cultural competence, see the [Intercultural Concepts and Principles Toolkit](#).



10. Challenges in the transition to adulthood

A significant challenge for young adults is transitioning from Child and Adolescent Mental Health Services (CAMHS) to Adult Mental Health Services (AMHS). This transition can be difficult, as young adults may feel a sense of abandonment or face a lack of continuity in care. Clinicians should ensure a planned transition, working closely with both CAMHS and adult services to ensure a smooth handover. This includes setting clear expectations, offering support throughout the process, and empowering the young adult to take an active role in their treatment planning. Ideally those young people transitioning from CAMHS to AMHS should be identified before the transition and careful planning ahead of the transition occurs in keeping with local policies and protocols.



Continuity of care and service navigation

Navigating the mental health services available to young adults can be complex. Clinicians should be proactive in providing information about available resources and support systems. Helping young adults understand their rights, the treatment options available to them, and how to access ongoing support is key to maintaining engagement and fostering autonomy in their care.

It is also important to prepare the young person (and family) for the potential differences in service design and provision when moving from CAMHS to Adult Services. Managing expectations can improve engagement and ensure we are realistic about what we are able to offer.

Managing transitions in treatment

Transitions between treatment stages (e.g., from intensive therapy to maintenance treatment) can also be a time of disengagement. Clinicians should plan for these transitions by discussing the process openly with the young adult and preparing them for changes in the level of care. Building a strong therapeutic alliance prior to transition can help ease anxieties and foster continued engagement.



11. Conclusion

Summary of key principles

- Empathy, respect, and trust are foundational for engaging young adults in mental health care.
- Person-centred care and collaborative treatment planning help to increase engagement and empower young adults to take an active role in their mental health journey. Where possible young adults should also be involved in co-designing services.
- Family, peer support, and digital tools can significantly enhance the effectiveness of mental health interventions.
- Cultural competence and an understanding of the unique challenges young adults face - especially during transitions - are essential for effective engagement.
- Early intervention, trauma-informed care, and addressing co-occurring issues such as substance misuse and neurodiversity are critical for improving long-term mental health outcomes.



12. Appendices

- 1** Adopting a flexible approach to engagement
- 2** Navigating Diagnostic Uncertainty: Understanding Complex Presentations
- 3** Recognising when a young person needs a higher level of support
- 4** The importance of family, parents, or carers
- 5** Digital mental health
- 6** Understanding and supporting neurodiversity
- 7** Signposting to other services
- 8** Further support
- 9** Useful resources



Appendix 1: Adopting a flexible approach to engagement

A critical principle in engaging young adults in mental health care is recognising that non-attendance or lack of response to appointment invitations does not necessarily indicate a lack of interest or commitment to their mental health. There are various reasons why a young person may miss appointments or fail to respond to communication, such as mental health symptoms, anxiety, chaotic lifestyles, distrust of services, or logistical barriers (e.g., transportation or childcare issues). Clinicians must adopt a flexible, patient, and persistent approach to avoid prematurely discharging individuals from care.

Key considerations for clinicians:

Understanding the context of non-attendance

- Mental health barriers: Anxiety, depression, and other mental health challenges can make it difficult for young adults to attend appointments or engage in treatment. For example, those with depression might feel too low to leave their home or see a therapist, while those with anxiety might avoid social situations or feel overwhelmed by the thought of facing a professional.
- Life circumstances: Young adults often face significant life stressors, such as financial difficulties, housing instability, or issues with family or relationships, which can interfere with their ability to engage in therapy. Some may also face practical barriers such as childcare responsibilities, work commitments, or lack of transportation.
- Stigma or fear: Many young people may feel ashamed or fearful of engaging with mental health services due to the stigma associated with mental illness. If a young person is struggling with self-esteem or has a history of feeling judged, the idea of attending an appointment may trigger avoidance.
- Negative past experiences: If a young adult has had negative or unhelpful experiences with mental health services in the past, they may disengage or be reluctant to try again. This may be particularly true for individuals who have faced difficulties with the healthcare system, have been misunderstood, or have had poor therapeutic experiences.

Responding to non-attendance in a compassionate and non-judgmental way

- When a young person does not respond to an invitation or misses an appointment, clinicians should approach the situation with curiosity rather than frustration or judgment. It is essential to explore the reasons behind the non-attendance rather than assuming it is due to lack of interest or motivation. Clinicians can ask questions such as:
 - "I noticed you missed your appointment last week. Is there anything that got in the way?"
 - "Sometimes life can get in the way of our plans. How can we make it easier for you to attend?"
 - "I understand if it's difficult right now. Is there a better time or way we could connect?"

Offering flexible appointment options

- To increase engagement and reduce barriers, it is important to offer flexible appointment options. This might include:
- Offering alternative formats: For instance, if a young person is not comfortable attending in-person appointments, teletherapy or virtual sessions may be an easier option for them. Offering text, email, or phone consultations might also be helpful.
- Extended hours or varied scheduling: Many young adults have work or study commitments that conflict with traditional office hours. Offering evening or weekend appointments can help accommodate their schedule.
- Drop-in sessions or flexible rescheduling: Some young adults may prefer the option to drop in for an appointment without a set schedule. Alternatively, clinicians can work with the young person to reschedule missed appointments without penalising them, providing multiple options to reconvene the therapeutic work.

The goal is to make the service accessible and accommodate the needs of the young person rather than simply requiring them to fit into rigid service structures.

Showing understanding and offering flexibility can go a long way in re-establishing trust and helping the young person feel safe in reaching out again.

Avoiding discharge for non-attendance

- Discharging a young person simply because they missed an appointment or did not engage with initial contact is detrimental to the therapeutic relationship and can perpetuate feelings of failure or rejection. Instead, clinicians should consider:
 - A non-punitive approach: Reiterate to the young person that they are not being judged or penalised for missed appointments, but that support is still available when they are ready. This creates an atmosphere of trust and reduces the fear of being “fired” from services.
 - Attempting multiple points of contact: Clinicians should offer several opportunities to reconnect with the young person, such as by phone, text, email, or even social media, where appropriate. This shows persistence and commitment to the individual’s care.
 - Re-engagement efforts: When a young person has not responded to invitations, clinicians might consider carefully timed follow-ups to express continued support and availability. Re-engagement can also include low-pressure check-ins to discuss the person’s current needs, explore their mental health further, and offer flexible options to re-enter treatment.

Collaborative problem-solving

- It is important to view engagement as a collaborative process. If a young person misses an appointment, it should be an opportunity to work together to address any obstacles that might be getting in the way. For example, a clinician might offer to problem-solve potential barriers to attendance, such as:
- Time management: Helping the young adult set reminders, or discussing ways to manage time more effectively, can reduce the chances of missed appointments.
- Access to services: Some young adults may face logistical challenges such as transportation issues. Offering assistance with travel arrangements, or directing them to free or low-cost transportation options, can help mitigate this barrier.

- Emotional barriers: For young adults experiencing high levels of anxiety, depression, or fear, clinicians can explore alternative methods to address their emotional difficulties, such as starting with brief check-ins or offering phone consultations to build trust gradually.

Addressing emotional and motivational factors

- If a young person is disengaged because they do not feel ready for therapy, it's essential to understand their emotional state. They may feel overwhelmed, ashamed, or disconnected from the therapeutic process. Some young adults may require motivation-enhancing techniques to help them find the intrinsic value in participating in treatment.
- Using methods like motivational interviewing (MI), clinicians can explore ambivalence around treatment, identify motivations for seeking help, and discuss the pros and cons of participating in therapy. Over time, these discussions can help the young person feel more ready to engage in meaningful therapeutic work.

Setting clear expectations for continued care

- While flexibility is key, it is still important to set clear expectations about the therapeutic process. Clinicians should openly discuss attendance expectations, the need for continuity in care, and the potential consequences if engagement remains inconsistent. It's important to communicate that the clinician is there to help, but the responsibility for engaging with treatment rests with the young person. This encourages autonomy while maintaining a supportive framework for care.



Young adults with ADHD, autism, or anxiety may require additional time and support before they feel comfortable committing to therapy. Rather than discharging prematurely, clinicians can explore ways to offer more gradual re-engagement or adjusted treatment plans.





Appendix 2: Navigating diagnostic uncertainty: Understanding complex presentations

When working with young adults, diagnostic uncertainty is a frequent challenge. Mental health conditions in young people may not always present with the clear-cut, well-defined symptoms seen in adults or in textbooks. The complexity of adolescent development, coupled with the overlapping nature of many mental health conditions, means that diagnostic ambiguity is common.

For clinicians, it is essential to recognise that diagnostic labels may not always fully capture the nuanced or evolving nature of a young person's mental health.

Factors contributing to diagnostic uncertainty:

Developmental stage and transition

- Adolescence and young adulthood are times of significant emotional, social, and cognitive development, during which individuals may experience periods of emotional instability, mood swings, and identity exploration. These developmental challenges may overlap with or mimic the symptoms of mood disorders, anxiety disorders, or other mental health conditions. As such, it can be difficult to distinguish between age-appropriate developmental struggles and the onset of more serious mental health conditions.
- The transition from adolescence to adulthood is often accompanied by heightened stress and pressure, such as leaving home, starting work or higher education, and navigating adult responsibilities. These stressors can exacerbate underlying mental health issues, making it harder to discern if a young person is experiencing normal life stress or something more serious, such as anxiety, depression, or bipolar disorder.

Comorbidity and overlapping symptoms

- Many young adults experience comorbid conditions, meaning they may present with symptoms that overlap multiple diagnoses. For example, symptoms of anxiety can overlap with those of depression, attention-deficit hyperactivity disorder (ADHD), or personality disorders. This overlap makes it difficult to confidently attribute symptoms to a single condition, especially when the young person is experiencing multiple challenges.
- Co-occurring substance use disorders further complicate the diagnostic process, as substance misuse can mask or mimic the symptoms of mental health conditions, leading to diagnostic confusion. Similarly, trauma or neurodevelopmental conditions like autism spectrum disorder (ASD) may be present, but these may not always be immediately apparent or may be overshadowed by the mental health symptoms that are more overt.

Subthreshold and emerging disorders

- Some young adults may present with subthreshold symptoms, which means their symptoms don't meet the full diagnostic criteria for a given disorder but still cause significant distress or impairment. For instance, someone may have mild depression or anxiety, but their symptoms may not reach the severity or duration required for a formal diagnosis. However, these subthreshold symptoms may still require intervention.
- Emerging mental health disorders, particularly in young adulthood, may not yet have fully developed. For example, bipolar disorder or schizophrenia might present with early symptoms or prodromal signs that don't yet meet the full diagnostic criteria, creating diagnostic uncertainty. Early intervention is crucial, but the diagnosis may evolve over time as the young adult's condition develops and clearer patterns emerge.

Diverse presentations in neurodiverse populations

- Neurodiverse young adults, such as those with autism spectrum disorder (ASD), ADHD, or learning disabilities, may present with mental health symptoms that do not fit traditional diagnostic categories. For example, difficulties in social interaction or emotional regulation might be misinterpreted as signs of a mood disorder or personality disorder, when they are actually part of the neurodiverse individual's profile. Similarly, challenges with executive functioning (e.g., organisation, time management) in ADHD may be mistaken for defiance or lack of motivation, when in reality they are symptoms of a neurodevelopmental condition.
- In such cases, clinicians must adopt a neurodiversity-affirmative approach that considers the full range of the young person's experiences and symptoms, including both mental health and neurodevelopmental factors. Accurate understanding and diagnosis require a thorough assessment that considers neurodiversity, developmental history, and the social context.

As young adults transition from adolescence to adulthood, they often face significant identity development and emotional changes, which can sometimes manifest as mental health symptoms but may not necessarily fit into a specific diagnostic category.

Best practices for managing diagnostic uncertainty:

Adopting a holistic and developmental perspective

- It is essential for clinicians to adopt a developmental perspective when working with young adults. This means understanding that mental health symptoms may be influenced by age-related developmental changes and life transitions and acknowledging that symptoms may evolve over time. A young adult may not yet have a clear-cut diagnosis, but treatment should focus on alleviating distress, improving functioning, and providing support for coping with life transitions.
- A biopsychosocial model that takes into account not just the mental health condition but also family dynamics, social circumstances, and cultural factors is essential in crafting a comprehensive treatment plan. This approach allows clinicians to focus on a young person's overall well-being rather than just on diagnostic labels.

Using comprehensive, multi-method assessments

- Comprehensive assessments are critical when diagnostic uncertainty exists. This should include a combination of standardised assessments, clinical interviews, self-report questionnaires, and input from family members or other professionals involved in the young person's care.
- For instance, psychiatric assessments might help to differentiate between mood disorders, personality disorders, and emerging psychosis. ADHD screening tools or autism diagnostic instruments can be used to rule out or confirm neurodevelopmental conditions. Trauma assessments can help clinicians identify unresolved trauma that may be contributing to the young person's mental health symptoms.
- Longitudinal assessment is also important. Since young adults may change over time and diagnostic categories may shift, follow-up assessments at intervals (e.g., 6–12 months) are often necessary to clarify the trajectory of the individual's condition.

Taking a flexible, tentative approach to diagnosis

- In cases of diagnostic uncertainty, it is crucial to maintain a flexible and tentative approach to diagnosis, particularly in the early stages of treatment. Instead of rushing to a definitive diagnosis, clinicians should remain open to the possibility that the symptoms may evolve and require adjustment in the treatment plan.
- Psychiatric formulations or working diagnoses can be used temporarily while further information is gathered. This allows the clinician to begin treatment and provide necessary support, while acknowledging that the full picture of the young person's mental health may not be clear yet.

Focusing on symptoms and functional impact

- While a clear-cut diagnosis can be helpful for treatment planning and interventions, clinicians should prioritise addressing the presenting symptoms and their functional impact rather than focusing solely on the diagnosis. This is particularly important in cases where the young person may not fit neatly into a diagnostic category or when symptoms are subthreshold.
- Clinicians should work collaboratively with the young person to understand which symptoms are causing distress or impairing their ability to function in daily life. Interventions can be focused on coping skills, emotional regulation, and improving social or occupational functioning, regardless of whether a formal diagnosis has been made.

Supporting the young person in the absence of a diagnosis

- Even without a clear diagnosis, supportive care is crucial. Young adults who are uncertain about their mental health may experience confusion, frustration, or a sense of powerlessness. It is important to help them make sense of their symptoms, understand that diagnostic labels do not define their worth or identity, and emphasise that treatment can be effective regardless of whether a formal diagnosis is made.
- Building coping strategies, promoting resilience, and fostering hope can be key elements in supporting the young person's journey, even in the face of diagnostic uncertainty. Validating their experiences and acknowledging the difficulties they face is an essential part of the therapeutic process.

Collaborating with other professionals

- Collaboration with other healthcare providers (e.g., GPs, specialists in neurodevelopmental disorders, substance misuse services) is crucial in cases of diagnostic uncertainty. Multi-disciplinary working can ensure that all aspects of a young person's health are considered and that the best care options are identified, whether the primary concern is mental health, neurodevelopmental issues, or co-occurring conditions.
- Regular case reviews and supervision can help clinicians process complex cases and refine their approach as more information emerges.



Appendix 3: Recognising when a young person needs a higher level of support

There will be times when a young person's mental health concerns surpass the capacity of community-based services, and they may require more urgent or specialised care. Clinicians must be able to identify when a young person's situation demands a higher level of support such as a crisis team, hospital admission, or even a Mental Health Act (MHA) assessment for compulsory treatment. Knowing when to escalate care is crucial for ensuring that young people receive appropriate intervention in a timely manner, particularly when there is a risk of harm to themselves or others.

Indicators that a higher level of support is needed:

Severe risk of self-harm or suicide

- A young person exhibiting signs of severe self-harm, or those who express suicidal thoughts or plans, should immediately be assessed for more intensive care. Warning signs include:
 - Verbalisation of suicidal ideation or intent (e.g., "I don't want to live anymore" or "I am planning to end my life").
 - Making plans or preparing for suicide, such as acquiring means (e.g., pills, sharp objects, firearms).
 - Previous suicide attempts or a history of chronic self-harming behaviours.
 - Withdrawal from family and social supports, expressing hopelessness or despair, or saying they feel they have no way out of their problems.
- If there is an imminent risk of self-harm or suicide, immediate action is required to ensure the safety of the young person. This might involve contacting a crisis team, emergency services, or hospitalisation to provide intensive monitoring and care.

Severe risk of harm to others

- If a young person presents with violent behaviour, agitation, or threatening language that indicates they may harm others, particularly in the context of severe mental illness, they may require immediate intervention. This can include:
 - Aggressive outbursts or threats of harm to others, particularly if these behaviours are out of character or are escalating rapidly.
 - Psychotic symptoms such as delusions or hallucinations that lead to dangerous behaviours, such as perceiving others as threats.
- In such cases, urgent referral to crisis teams or hospital emergency departments is necessary, and the young person may require assessment under the Mental Health Act (MHA) to ensure they are safely managed.

Severe psychological distress or psychosis

- Some young people may experience psychosis, including delusions (false beliefs) or hallucinations (sensory experiences that others do not share). Psychosis can be associated with conditions such as schizophrenia, bipolar disorder, or severe depression with psychotic features. Signs of psychosis include:
 - Disorganised thinking or speech (e.g., incoherent or tangential speech, difficulty maintaining a conversation).
 - Paranoia, such as believing others are plotting against them or that they are in immediate danger.
 - Hallucinations (auditory, visual, or tactile), such as hearing voices or seeing things that aren't there.
- Acute psychosis or any severe mental health crisis that involves disconnection from reality requires immediate psychiatric evaluation and possibly hospitalisation for intensive care, especially if the young person is at risk of harm to themselves or others.

Severe eating disorders or other complex physical health issues

- Eating disorders such as anorexia nervosa, bulimia, or binge eating disorder can lead to severe physical health risks if left untreated, such as malnutrition, organ failure, and cardiac arrest. A young person may require hospitalisation for medical stabilisation and to address the psychological factors contributing to their disorder.
- If the young person has significant weight loss, is restricting food intake, or is engaging in extreme compensatory behaviours (e.g., purging, excessive exercise), and there is concern for life-threatening consequences, urgent referral to an eating disorder specialist or hospital-based service is needed.

The Mental Health Act provides a legal framework for compulsory treatment and hospital admission, ensuring that individuals receive the necessary care when they are unable to make decisions about their treatment or when there is concern about their safety and well-being.

Escalating emotional distress with impaired functioning

- When a young person is experiencing severe emotional distress that impacts their ability to function in everyday life (e.g., at school, work, or in relationships), they may require a higher level of care. Symptoms that indicate the need for further escalation include:
 - Extreme emotional dysregulation, such as intense mood swings, uncontrollable crying, or anger that the young person cannot manage.
 - Inability to maintain basic self-care (e.g., hygiene, eating, sleeping) or failing to meet daily responsibilities due to emotional overwhelm.
 - Impairment in social functioning or withdrawal from social circles, family, and work or education.
- When there is significant emotional dysregulation and the young person is unable to function in their daily life, or when they show signs of emotional collapse, a referral to a crisis team or urgent mental health services should be made.

Failure of outpatient treatment or growing need for intensive support

- If a young person has been engaged in outpatient therapy, counselling, or community-based services, but their symptoms are worsening or they are not responding to interventions, they may require more intensive support. This could involve:
 - Recurrent or escalating psychiatric symptoms despite efforts in outpatient care (e.g., worsening depression, increasing anxiety, or failure to respond to treatment).
 - Evidence of increasing functional impairment despite treatment, such as missing school, unable to leave home, or inability to work or engage socially.
 - A lack of engagement in treatment, which may suggest a need for more structured or supportive care in a more intensive environment, such as inpatient care.

When to consider Mental Health Act (MHA) assessment

- In cases where there is significant risk to life or health, and the young person is unable or unwilling to consent to treatment, it may be necessary to assess the young person under the Mental Health Act (1983/2007). A MHA assessment is generally considered when:
 - The young person is at significant risk of harm to themselves or others, and they refuse treatment or are unable to understand the need for treatment due to their mental state.
 - They are unable to make decisions regarding their treatment (i.e., they lack mental capacity due to the severity of their condition).
 - The young person presents with a severe mental illness, such as psychosis, mania, or severe depression, and there is concern they may not engage voluntarily with services.
-

Next steps and action for clinicians:

Referral to crisis teams

- When a young person is in immediate danger or experiencing a mental health crisis, clinicians should urgently refer to a crisis team. Crisis teams are equipped to provide immediate, short-term support and can intervene in cases of acute distress, whether in the community or in hospital settings.
- Crisis advice can be accessed through NHS 111 and asking for the mental health line. Clinicians should be familiar with the local protocols for accessing crisis intervention services.

Hospital admission

- If the situation is urgent and requires medical stabilisation, intensive psychiatric treatment, or monitoring that cannot be provided in the community, a hospital admission may be necessary. This can involve:
 - Inpatient psychiatric units for young people who require monitoring, treatment, and a safe environment (eg. Chalkhill).
 - Specialist units for conditions such as eating disorders or those with neurodevelopmental conditions and mental health issues will require out of area or private admission.

Mental Health Act (MHA) assessment

- If a young person is refusing treatment or cannot provide consent due to their mental state, a Mental Health Act assessment may be required to assess their need for compulsory treatment. The decision to initiate an MHA assessment should be made collaboratively with senior clinicians, psychiatrists, and the family (when appropriate).



Appendix 4: The importance of family, parents, or carers

In the context of mental health care for young adults, the support of family members, parents, or carers is often crucial to the individual's recovery and overall well-being. These individuals are frequently the first to notice changes in the young person's behaviour, mood, or functioning, and they can provide invaluable insights into the young person's needs and experiences. Therefore, clinicians must prioritise a collaborative approach that includes actively listening to and responding to concerns from families, parents, and carers.

Practical steps for clinicians in responding to family concerns:

Creating an open dialogue

- Start by actively inviting family members, parents, or carers to express their concerns. This could be done at the outset of treatment or during periodic check-ins. Use open-ended questions such as:
 - "What have you noticed in the last few weeks about how they are coping?"
 - "Are there specific changes that you've observed that you're concerned about?"
 - "How are you managing at home? Is there anything we can do to support you as well?"
- Ensure that families feel heard and that their input is valued in the care process. When family members feel respected and included, they are more likely to remain engaged and committed to supporting their loved one.

Offering family support

- Acknowledge the challenges that family members face and offer information on carer support services and family counselling options. This could include:
 - Local support groups for parents of children with mental health issues.
 - Referring parents or carers to psychosocial services to manage their own emotional well-being.
 - Offering family therapy or psychoeducation sessions to help families understand the young person's condition and learn effective communication strategies.

Tailoring communication

- Different families will have different levels of understanding and comfort with mental health discussions. It's important to tailor communication to the needs of the family, ensuring that information is accessible and delivered in a way that resonates with them. This may involve:
 - Providing written information in simple language.
 - Translating materials for non-English-speaking families.
 - Offering follow-up consultations to clarify any points of confusion or concern.

Respecting family boundaries and the young person's privacy

- It's crucial to strike a balance between involving families and respecting the young person's right to confidentiality and autonomy. Always ask for consent before sharing information with family members, especially in cases where the young person is over 16 and legally entitled to privacy in their treatment decisions.
- At the same time, encourage young people to communicate openly with their families and help them understand the benefits of involving family members in their treatment and recovery process.

Empowering families to support the young person

- Teach family members practical skills for supporting the young person, such as:
 - How to manage crisis situations (e.g., if the young person is having a panic attack or self-harming).
 - How to provide a safe and supportive home environment.
 - Listening skills that help the young person feel understood and heard.
 - Empowering families with these skills can help them feel more confident in their role as carers and reduce the overall burden they may experience.

Involving families in decision-making

- In many cases, particularly with younger adults or those who are still under 18, family members and carers will be involved in decision-making regarding treatment and care plans. It is important to have open, transparent conversations about the young person's treatment options and goals, and to ensure that families feel that their perspectives are heard.
- However, it's essential to balance family involvement with respecting the young person's autonomy. Some young adults may prefer more privacy and independence, and clinicians must carefully navigate this balance, ensuring that the young person's voice is central to the treatment planning while also acknowledging the valuable role of their family.

Why family, parents, and carers matter:

Early identification of concerns

- Family members and carers are often the first to observe changes in the young person's mental health and behaviour. They may notice shifts in mood, sleep patterns, eating habits, or social withdrawal that could signal emerging mental health issues. By encouraging families to express their concerns, clinicians can identify early warning signs and intervene before problems escalate.
- Parents and carers also often have the most detailed knowledge of the young person's medical history, life stressors, and previous mental health concerns, which can be critical for comprehensive assessments.

Enhancing engagement and adherence to treatment

- Families and carers play a pivotal role in ensuring that young people engage with treatment and adhere to care plans. For example, they can help with:
 - Scheduling appointments and reminding the young person to attend.
 - Encouraging the young person to participate in therapy, even when they are reluctant.
 - Providing transportation to appointments or supporting the young person in navigating the health care system.
 - Helping with medication management and ensuring medications are taken as prescribed.
- When families are involved in the care process, young people are more likely to feel supported and understood, increasing their motivation to stay engaged in treatment.

Understanding and addressing family dynamics

- Family members and carers may also bring forward concerns about how family dynamics may impact the young person's mental health. Stressful relationships, difficult family histories, or challenges in communication within the family can all exacerbate mental health conditions.
- It is important for clinicians to assess the family environment and consider how it may contribute to or alleviate the young person's difficulties. Engaging with parents or carers can help clinicians identify family-based stressors or conflict, and work towards family therapy or relationship support where needed.

Providing information and education

- Many families may not fully understand the nature of mental health problems, particularly when the young person's symptoms are not immediately clear or are misunderstood. Offering clear and accessible information about the young person's condition, treatment options, and potential outcomes can reduce uncertainty and empower families to provide more effective support.
- Clinicians should provide families with information about available support services, including peer support groups for carers, helplines, and educational resources to help them better manage their own well-being and contribute to the young person's recovery.

Reducing stigma

- Mental health stigma can be a barrier to seeking help and engaging with services, and this can be true not only for the young person but also for their family members. Some parents and carers may feel shame, guilt, or embarrassment about their loved one's mental health struggles, which can impede open communication and delay treatment.
- It is crucial for clinicians to create a non-judgmental, open environment in which families feel comfortable expressing their concerns. By normalising mental health difficulties and reframing them as manageable challenges, clinicians can help families become more supportive and proactive in the treatment process.

Recognising the impact on families

- Mental health issues in young adults often affect the whole family. Family members may experience significant emotional strain, stress, and anxiety as they navigate the challenges of caring for a loved one with mental health difficulties. The stress on families can lead to burnout and exhaustion, particularly if they feel unsupported or are left to manage the situation on their own. A GP referral may be appropriate.
- Clinicians should be attuned to the emotional needs of families, offering psychosocial support and connecting them with services that can help manage their own mental health. In some cases, family members may benefit from their own individual therapy, family counselling, or support groups to better cope with the situation. Where appropriate family members can be referred for a Carer's Assessment.

Support to build social capital and social connectedness

- Social connectedness is crucial for our wellbeing as humans, and especially important for young people. A young person's relationships are a rich resource.
- By drawing on the support of a young person's family and friends, and encouraging them to broaden their social network, we can support their independence in tapping into their social resources and social support.

Appendix 5: Digital mental health

Digital interventions and online options for young adults to engage in treatment can be useful for those who struggle to access in-person services, such as young carers, young people with disabilities, young people in remote or rural locations, and for young people who may have negative associations with mental health services.

In 2021, Health Innovation Kent, Surrey, and Sussex, and YMCA Downslink Group conducted a review of digital offers across Sussex. Their Digital Mental Health Review outlines key recommendations for services and clinicians looking to adopt online mental health interventions. The recommendations include:

Widening the range of service provision

- Online mental health support typically covers information, advice, and guidance. While this is useful for young people, the young people consulted as a part of the Digital Mental Health Review expressed a desire for a variety of mental health services to be offered online. This might include:
 - Online self-referral forms
 - Digital psychoeducation training
 - Comprehensive guides to local services
 - Chat-based services
 - Online delivery of therapeutic interventions

Ensure promotion of inclusion and diversity across all platforms

- Text heavy sites can be inaccessible for some individuals, and it is important that young people see themselves and their experiences represented in the content and images.
- Online resources can often be a young person's first introduction to mental health services. This means it is important for the content to be clear and engaging, with the landscape of services clearly represented.

Consider accessibility

- Making text-saturated sites more engaging through the use of images, videos, interactive elements, and real stories can support accessibility.
- Careful branding of content can help young people clearly associate certain content with legitimate and authentic support services.
- Young adults accessing mental health services can have a range of skills and abilities, the content should be presented universally, with careful consideration to reading age, language, and potential to present information in a range of formats.

Clearly signpost crisis support

- Young people need clear and accessible details for crisis support to be a prominent feature.

Make content youth-focused

- Improve content to capture youth voice, for example, using case studies from individuals aged under 25 years, and including young people in videos and podcasts.

Ensure continuity and connection

- Continuity across digital mental health platforms will support young people to learn about mental health and to navigate the complex mental health service landscape.

Developing digital interventions requires careful planning and tailoring to a young adult's needs and preferences. Health Innovation Kent Surrey Sussex in partnership with YMCA Downlink created a use-led design checklist to help innovators developing innovation focusing on young people's health.

[Working with Children & Young People \(CYP\) Checklist for Innovators - e-wellbeing](#)



Appendix 6: Understanding and supporting neurodiversity

Neurodiversity is the concept that differences in brain functioning, including conditions such as autism spectrum disorder (ASD), attention deficit hyperactivity disorder (ADHD), dyslexia, and dyspraxia, are part of normal variation in the human population.

These conditions may affect how individuals perceive, interact with, and respond to the world around them, as well as how they process information and manage emotions. Understanding neurodiversity is particularly important when working with young adults, as it offers a more inclusive, strengths-based perspective on mental health and supports effective engagement in treatment.

Why understanding neurodiversity Matters in Mental Health Care:

Young adults who are neurodivergent can face distinct challenges in relation to mental health, such as:

- Social and communication difficulties, especially in ASD, leading to challenges in forming relationships or understanding social cues.
- Executive function impairments, common in ADHD and related conditions, which can affect time management, organisation, and goal setting.
- Sensory sensitivities, which may manifest as heightened sensitivities to light, sound, touch, or smells, particularly in conditions like ASD and sensory processing disorder.
- Co-occurring mental health conditions, such as anxiety, depression, or eating disorders, which are more prevalent in neurodiverse individuals due to challenges with self-regulation, societal pressures, or the stress of navigating systems that are not designed for their needs.

Overcoming common challenges:

Assessment and diagnosis

- Neurodivergent individuals, especially those who are also dealing with mental health conditions, can be challenging to assess because symptoms may overlap or be misinterpreted. For instance, social difficulties in autism may be mistaken for social anxiety, or impulsivity in ADHD may be misidentified as oppositional defiance. Accurate assessment by clinicians with expertise in neurodiversity is essential. It's important to take time during the assessment phase to explore their neurodevelopmental history, and if necessary, refer them for a formal assessment (e.g., for ADHD, ASD, or other neurodevelopmental disorders). A clear understanding of the individual's neurodivergent traits allows for more tailored treatment plans.

Building therapeutic trust

- For many neurodivergent young adults, trust-building may take longer, especially if they've had negative experiences with mental health services in the past. Some individuals with autism, for example, may find it difficult to trust clinicians due to past experiences of misunderstanding or miscommunication. Building trust involves a patient, consistent approach, clear communication, and creating a sense of safety and respect for the individual's unique needs.

Collaboration with caregivers and support networks

- Neurodivergent young adults, especially those with more significant challenges in executive functioning or social communication, may benefit from having family members or caregivers involved in the treatment process. This could include helping the young adult develop strategies for independent living, managing emotional regulation, or dealing with social stressors. It's also important to engage with caregivers to ensure they understand the unique needs of the young adult, providing them with the tools to offer appropriate support.

Neurodivergent young adults may not always present in the same way as their neurotypical peers. For instance, a young adult with autism may express distress differently, or someone with ADHD may struggle with the structure of traditional therapy. Recognising these differences is key to fostering engagement and providing effective care.

Approaches to engaging neurodivergent young adults:

Adapting communication styles

- Communication can be a significant barrier for neurodivergent young adults, especially for those on the autism spectrum or those with ADHD. Recognising the different ways in which neurodivergent individuals may process and respond to information can improve engagement and create a more supportive therapeutic environment. Clinicians should adapt their communication style to fit individuals' needs:
 - For autism: Speak clearly and directly, avoiding sarcasm, metaphors, or overly complex language. Visual aids, written instructions, and structured routines may help some young adults feel more comfortable and engaged.
 - For ADHD: Be clear and concise. Allow young adults to ask questions or seek clarification if needed. Incorporating a more dynamic and interactive approach to therapy can also be helpful, as individuals with ADHD may struggle with attention during long or overly passive sessions.

Fostering self-advocacy

- Encourage neurodivergent young adults to become advocates for their own needs and preferences in therapy. This is particularly important in empowering those with conditions like ADHD or autism to communicate their needs openly, whether that involves explaining sensory sensitivities, requesting breaks, or asking for support with managing social anxiety or emotional regulation.

Creating a sensory-friendly environment

- For young adults with sensory sensitivities, it is crucial to make the therapeutic setting as comfortable as possible. This may involve adjusting lighting, reducing noise levels, or providing sensory tools (such as fidget items or noise-cancelling headphones). Being mindful of the environment can help neurodivergent young adults feel more at ease and less overwhelmed, making it easier to engage in treatment.

Providing clear structure and predictability

- Many neurodivergent individuals, particularly those with ADHD or autism, thrive in structured environments. Providing clear, predictable schedules and setting expectations for each session can help reduce anxiety and increase participation. This might include providing an outline of what will be covered in each session, breaking down tasks into manageable steps, and creating clear action plans for treatment goals.

Focusing on strengths and interests

- Neurodivergent young adults often have unique strengths that can be used to their advantage in therapy. For example, many individuals with autism have exceptional attention to detail, a deep knowledge of specific interests, or strong problem-solving skills. Clinicians should highlight these strengths, helping young adults build confidence and apply these abilities to their mental health recovery. Incorporating the individual's interests into therapy can also increase engagement—for instance, using a passion for a particular hobby to build coping strategies or using visual learning tools for those with ADHD.

Tailoring therapeutic interventions

- Tailor therapeutic interventions to the unique needs of the neurodivergent young adult. Some therapies, such as cognitive behavioural therapy (CBT) or dialectical behaviour therapy (DBT), can be adapted for neurodivergent clients. For example, CBT can be adjusted to include visual aids or more practical, concrete examples that resonate with the young adult's way of thinking. Similarly, mindfulness techniques can be adapted for neurodivergent individuals, possibly incorporating sensory grounding techniques or short, focused mindfulness exercises that cater to challenges with attention or sensory overload. Clinicians could also explore specialized therapies such as Social Skills Training, Executive Function Coaching if appropriate for the individuals needs.



Appendix 7: Signposting to other services

While community mental health services offer a range of support for young adults, there will be situations where an individual may not meet the criteria for referral to these services, or where their needs may be better met elsewhere. In such cases, signposting—the process of directing individuals to other appropriate services—is crucial in ensuring that young people continue to receive the support they need, even if they are not suitable for formal mental health services.

Key considerations for signposting:

Assessing suitability for Community Mental Health Services

- Community Mental Health Services typically have eligibility criteria based on the severity of symptoms and the complexity of mental health issues. Young people with milder symptoms or less severe impairment may not meet these thresholds but could still benefit from other forms of support.
- Additionally, young adults who present with neurodevelopmental conditions (such as autism or ADHD), mild anxiety or depression, or emotional distress related to life stressors (e.g., academic or social pressures) might not be suitable for Community Mental Health Services, but their mental health needs should still be addressed in another manner.

Identifying relevant alternatives

- Primary Care Services: For young adults with milder mental health concerns or those needing preventive care, GP services can be an important entry point. GPs are often well-positioned to assess and manage common mental health issues such as mild depression, anxiety, and stress-related disorders. They can also provide medication management or refer to other services, such as local counselling or therapy services.
- IAPT Services (Improving Access to Psychological Therapies): The IAPT programme provides evidence-based psychological therapies for common mental health conditions such as anxiety and depression. IAPT services may be appropriate for young people whose mental health concerns are less severe but still warrant therapeutic support. Young adults can self-refer to these services, and clinicians can assist with this process by providing relevant contact information and guidance.
- Youth Services and Counselling: A range of youth-oriented services and counselling services (eg iRock, Youth Advisory Centre etc) can provide support for young adults who do not meet the criteria for Community Mental Health Services but need assistance with issues like relationship problems, school or work stress, or low self-esteem. These services can include youth counselling, school-based support, and community-based resources that focus on emotional well-being and personal development.

- Third Sector and Charitable Organisations: Many charities and non-profit organisations provide mental health support, including helplines, online resources, and peer support groups. For example, organisations such as Mind, YoungMinds, and Samaritans offer a wide range of services that cater specifically to young people, including online forums, information, and advice, as well as in-person or telephone counselling.
- Specialist Support for Neurodivergent Individuals: Young adults with neurodevelopmental conditions such as autism spectrum disorder (ASD) or ADHD may require specialist services, such as adapted therapies, social skills training, or executive function coaching. Referring them to agencies that specialise in neurodevelopmental conditions or autism support organisations can help ensure they receive the tailored support they need.
- Substance Use and Addiction Services: For young adults who are struggling with substance misuse alongside mental health concerns, specialist addiction services may be required (eg CGL). These services provide detoxification, rehabilitation, and counselling for individuals who are facing challenges related to substance use disorders.
- Crisis Services and Emergency Support: If the young person is in immediate distress or experiencing a mental health crisis, it is important to have knowledge of emergency support services such as crisis helplines, crisis cafes, Havens, and Crisis Teams. These services provide immediate intervention and can offer more intensive support when needed.

Supporting young people through the referral process

- Guidance and Advocacy: Simply signposting a young person to another service is not always enough. Active guidance through the referral process can significantly reduce the barriers to accessing services. This may involve:
 - Providing contact details and helping the young person make the first contact with the service.
 - Supporting the young person with practical aspects, such as transportation or scheduling an appointment, or assisting with completing referral forms.
 - Offering reassurance and encouragement throughout the process, particularly for young people who may be anxious or reluctant to access services due to stigma, past negative experiences, or a lack of knowledge about available support.
 - Addressing logistical concerns such as long waiting times, geographical barriers, or lack of transport by helping the young person to find solutions, whether through advocacy or offering alternatives such as online support.
 - Person-centred handover: A good handover involves directly connecting the young person with the next service. This might include making an appointment on their behalf, introducing them to a professional in the new service, or ensuring that they have immediate access to the service when they are ready. A

personal introduction can make the transition feel less intimidating and ensure that the young person feels supported.

Coordinating with other professionals

- In cases where the young person is referred to multiple services, it is important to coordinate care across different agencies to ensure continuity. This might include sharing relevant information (with consent) between GPs, therapists, substance misuse services, Social Care and other professionals involved in the young person's care.
- Lead Practitioners in community services can assist with monitoring progress and making sure the young person remains engaged with the appropriate services.

Follow-up and monitoring


- Follow-up contact is essential after the referral to ensure the young person has engaged with the service and is receiving the support they need. This may involve scheduling a follow-up appointment or check-in to discuss how the referral is progressing.
- In some cases, the clinician may need to reassess whether the referral was appropriate and, if necessary, guide the young person to further alternatives or continue exploring additional avenues for care.

Encouraging self-advocacy and empowerment

- While clinicians are instrumental in signposting, it is also important to encourage young adults to take an active role in their own care. This includes empowering them to seek out services independently and providing them with the tools and confidence to advocate for their needs. Teaching young people how to navigate the system and communicate their needs can be an important step in fostering self-reliance and promoting long-term mental health resilience.

A comprehensive approach to signposting involves not only providing information about alternative services but also navigating the young person through the process of accessing these services, offering encouragement, and helping to reduce the barriers to care.

It is essential for clinicians to be transparent with the young person about the reasoning behind a decision not to refer them to Community Mental Health Services and ensure that alternative support options are explored.



Appendix 8: Further support

e-wellbeing

Overview: e-wellbeing is an online platform offering a range of mental health resources and self-help tools for young people. It aims to provide young people with practical ways to manage their mental well-being and seek help when needed. The website includes interactive activities, videos, and information on a variety of mental health topics, including stress, anxiety, and low mood.

- Features: Self-help tools, videos, information on mental health topics, coping strategies.
- How It Can Help: Offers young people an accessible, engaging way to learn about mental health and develop coping strategies.

iRock

Overview: iRock is a UK-based service offering youth-friendly mental health support for young people aged 16-25. It provides personalised coaching and therapy services, including a unique blend of mental health support, employment advice, and personal development. iRock offers a non-judgmental, inclusive, and youth-centred approach, aiming to improve the overall well-being of young people while providing practical advice on how to manage day-to-day challenges.

- Features: One-to-one coaching, group work, support with work and social skills, access to therapy, advice on managing mental health and building resilience.
- How It Can Help: Offers young people a holistic, integrated approach to managing mental health, with a focus on personal growth, skills development, and community-building.

YoungMinds

Overview: YoungMinds is a leading UK charity focused on supporting young people's mental health. The website offers a wealth of resources for both young people and their families, including information on mental health conditions, help-seeking strategies, and coping mechanisms. YoungMinds also advocates for mental health reform and provides support for young people who may be struggling with anxiety, depression, self-harm, and suicidal thoughts.

- Features: Online resources, advice for parents and professionals, crisis text service, support for young people in crisis, articles on mental health issues.
- How It Can Help: Provides a comprehensive range of resources, self-help strategies, and guidance for young people who are experiencing mental health difficulties.

Mind

Overview: Mind is a well-established UK charity that provides a comprehensive range of mental health resources for people of all ages, including a dedicated section for young people. Mind offers information on common mental health conditions, ways to improve mental well-being, and details about local support services. The website includes information on how to access support and how to talk about mental health.

- Features: Online resources, information about mental health services in the UK, local support directories, tips for managing anxiety, depression, and other conditions.
- How It Can Help: Helps young people understand mental health challenges, find services, and take the first step towards seeking support.

Kooth

Overview: Kooth is an online mental health support service providing confidential support for young people aged 11-25. The platform offers text-based counselling, peer support, and a wealth of articles and self-help resources to support young people's mental health and well-being. Kooth is particularly beneficial for young people who may be hesitant to seek face-to-face support.

- Features: Online counselling, live chat, message boards, self-help resources, goal-setting tools.
- How It Can Help: Provides immediate, safe, and accessible support for young people who need help with anxiety, depression, relationships, and other mental health challenges.

Childline

Overview: Childline, operated by the NSPCC, is a well-known UK helpline for young people up to the age of 19. Childline offers confidential support via phone and online chat for a wide range of issues, including mental health concerns, bullying, abuse, and self-harm. The website includes a variety of self-help tools and advice for young people in distress.

- Features: Free, confidential helpline, online counselling, message boards, advice on a range of issues, including mental health.
- How It Can Help: Provides a safe space for young people to express feelings, get advice, and access immediate support during times of crisis.

Student Minds

Overview: Student Minds is a mental health charity that focuses on supporting the mental health of students in higher education. The website provides information, resources, and support specifically for young adults dealing with the challenges of university life, including exam stress, homesickness, and depression.

- Features: Resources for students, campaigns for better mental health support in universities, advice on managing stress and academic pressures.
- How It Can Help: Supports young adults in managing academic pressures, finding mental health resources at university, and navigating the challenges of student life.

Samaritans

Overview: While not exclusively focused on young people, Samaritans provides confidential, 24/7 support for anyone in emotional distress, including young adults. Samaritans is particularly helpful for those experiencing suicidal thoughts, self-harm, or crisis situations.

- Features: 24/7 helpline, emotional support, self-help resources, and coping strategies.
- How It Can Help: Offers immediate support for young people in crisis or those experiencing severe distress, helping them talk through their feelings.

Young Carers Support

Overview: The UK has a number of resources dedicated to young people who are carers (i.e., those who look after a family member with a disability or long-term illness). The Young Carers Support websites provide tailored support and resources for those balancing their mental health with caregiving responsibilities.

- Features: Support for young carers, advice on managing caregiving alongside mental health, practical resources, and access to support services.
- How It Can Help: Provides mental health support and practical advice for young people managing the dual pressures of caring for a loved one while dealing with their own emotional and mental well-being.

Stonewall

Overview: Stonewall is one of the UK's leading LGBTQ+ rights organisations. While their primary focus is advocacy and campaigning, they also provide a wealth of resources and guidance on LGBTQ+ mental health. Stonewall's website includes sections on issues such as mental health and well-being, particularly in the context of discrimination and challenges faced by LGBTQ+ individuals.

- Features: Resources on mental health issues in LGBTQ+ communities, discrimination, and safeguarding, tips for supporting LGBTQ+ individuals in clinical settings.
- How It Can Help: Provides clinicians with insights into the specific mental health needs of LGBTQ+ young people and how to offer inclusive and affirmative care.

Allsorts

Overview: Allsorts Youth Project listens to, connects & supports children & young people under 26 who are lesbian, gay, bisexual, trans or exploring their sexual orientation and/or gender identity (LGBT+) and their families.

- Features: Resources include online, in person, groups, residential and training for young people, parents and carers,
- How It Can Help: Allsorts' approach to working with children and young people encourages them to learn about themselves, society and others through informal educational activities which are challenging and fun. We do this via a three-pronged, young person-centred approach to our specialist services;

The National Autistic Society (NAS)

Overview: The National Autistic Society is the UK's leading charity for autism. It provides a wide range of information and resources on autism for both individuals and professionals. Their website includes resources for autistic young people, their families, and clinicians, covering topics such as diagnosis, support services, and mental health.

- Features: Resources on autism and mental health, guides for parents and carers, training for professionals, and a helpline for advice and support.
- How It Can Help: NAS offers evidence-based information and resources to help clinicians support autistic young people, including strategies for managing mental health issues related to autism.

ADHD Foundation

Overview: The ADHD Foundation is a UK charity that provides support, information, and advocacy for people with Attention Deficit Hyperactivity Disorder. It offers a range of resources for clinicians, families, and young people to understand ADHD and how it relates to mental health and well-being.

- Features: ADHD resources for professionals, mental health support for individuals with ADHD, advocacy services, and training for schools and employers.
- How It Can Help: Clinicians can access evidence-based information on ADHD and signpost young people to support groups, training programs, and professional help. The site also offers mental health strategies for managing ADHD.

Useful resources

NHS England. (2016). The Five Year Forward View for Mental Health.

- This document outlines the strategic vision for mental health services in England, with a focus on improving mental health outcomes for children and young people. It stresses the importance of early intervention, person-centred care, and engaging families in treatment.
- Available online: NHS England

National Institute for Health and Care Excellence (NICE). (2016). Mental health problems in children and young people: recognition and management. NICE guideline [NG87].

- This guideline offers evidence-based recommendations on the assessment and management of mental health problems in children and young people, including engagement strategies and considerations for working with families and carers.
- Available online: NICE

Siskind, D., & Wright, S. (2017). Engaging Young People in Mental Health Services: What Works?

- This article discusses strategies for improving engagement with young people who are reluctant to engage in mental health services. It covers the importance of youth-centred approaches, flexible scheduling, and the role of trust and rapport in building engagement.
- Available in: Journal of Youth and Adolescence, 46(7), 1489-1504. DOI: 10.1007/s10964-017-0697-6

Cohen, P., & Cummings, R. (2018). Assessing Mental Health in Children and Adolescents: A Guide to Clinical Practice.

- This book provides comprehensive information on assessing mental health in young people, with an emphasis on developmentally appropriate techniques and tools. It also highlights the importance of including families and carers in the assessment process, particularly for young people under 18.
- Available in: Springer Nature.

Crawford, M., et al. (2013). Engagement with Mental Health Services in Young People: A Review of Key Concepts and Clinical Tools.

- This paper reviews key concepts in service engagement with young people, identifying barriers to engagement and proposing clinical tools to enhance engagement, such as motivational interviewing and shared decision-making.
- Available in: Psychiatric Services, 64(3), 256-263. DOI: 10.1176/appi.ps.201200295

Foster, P. (2016). Engaging Hard-to-Reach Young People in Mental Health Services: A Strengths-Based Approach.

- This book discusses the principles and practical approaches to engaging hard-to-reach young people in mental health services, with a focus on understanding their needs and building on their strengths.
- Available in: Pavilion Publishing.

Royal College of Psychiatrists. (2014). Mental Health of Children and Young People in the UK: A Report of the Royal College of Psychiatrists' Faculty of Child and Adolescent Psychiatry.

- This report provides an overview of the mental health issues faced by children and young people, offering insights into early intervention, risk assessment, and engagement strategies for mental health professionals working with this age group.
- Available online: Royal College of Psychiatrists

Hodges, M., & Irwin, L. (2020). Engaging Adolescents in Mental Health Care: A Review of Current Research and Practice.

- This review explores the current evidence on engaging adolescents in mental health care, focusing on the importance of youth participation, involving peers in treatment, and the role of social media in reaching young people.
- Available in: Journal of Adolescent Health, 66(4), 380-388. DOI: 10.1016/j.jadohealth.2019.09.015

Young Minds. (2021). Talking to Young People About Mental Health: Guidance for Practitioners.

- This practical guide provides clear strategies for mental health professionals to engage effectively with young people, including building trust, promoting openness, and communicating in an accessible and supportive way.
- Available online: Young Minds

Department of Health. (2015). Future in Mind: Promoting, Protecting, and Improving Our Children and Young People's Mental Health and Wellbeing.

- This government document outlines a framework for improving children and young people's mental health, with an emphasis on collaborative working with families, communities, and young people themselves. It also highlights the importance of flexible approaches to care and the need to develop services that are responsive to the diverse needs of young people.
- Available online: Gov.uk

Hughes, J., & Pothier, T. (2018). Assessing and Managing Risk in Children and Young People: A Practical Guide for Clinicians.

- This book provides practical insights into risk assessment and management when working with children and young people, with an emphasis on considering developmental and environmental factors that influence risk behaviours.
- Available in: Routledge.

Baker, R., & MacDonald, H. (2015). Working with Families in Children's Mental Health: Effective Engagement and Intervention Strategies.

- This text explores strategies for engaging families in the care of young people with mental health issues, with a focus on empowerment, collaboration, and effective communication.
- Available in: Jessica Kingsley Publishers.

Gordon, K., & White, L. (2020). Engagement Strategies for Vulnerable Adolescents in Mental Health Services.

- This paper explores best practices for engaging vulnerable adolescents, including adolescents with neurodiversity, those from minority ethnic backgrounds, and LGBTQ+ youth, and offers evidence on what works in improving engagement and treatment outcomes.
- Available in: Psychiatric Bulletin, 44(5), 137-144. DOI: 10.1192/pb.bp.119.027559

British Psychological Society (BPS). (2017). Guidelines for the Assessment of Children and Adolescents with Mental Health Disorders.

- These guidelines provide detailed recommendations for clinicians conducting assessments of young people's mental health, including practical tools for assessing mental health in a sensitive, developmentally appropriate way.
- Available online: BPS

Thompson, R., & Hurst, R. (2019). The Role of Families in Supporting Young People with Mental Health Conditions.

- This article outlines the importance of family involvement in treatment and the role of parents and carers in engaging and supporting young people with mental health challenges, particularly in terms of promoting positive outcomes.
- Available in: Journal of Family Psychology, 33(1), 70-79. DOI: 10.1037/fam0000463

The EYE Project (2019). Engaging Young People with Mental Health Services: A Toolkit for Practitioners.

- The EYE Project is a research and development initiative that aims to improve the engagement of young people with mental health services. This toolkit provides practical strategies, real-world examples, and recommendations for clinicians, service providers, and policy makers on how to engage young people effectively and improve mental health outcomes. It includes insights into the importance of youth participation, building trust, and creating accessible and youth-friendly services.
- Available online: The EYE Project

Fraser, R.J. (2014). Engaging Young People in Mental Health Services: Best Practice Approaches.

- RJ Fraser's work explores effective strategies for engaging young people in mental health services, with a particular focus on the barriers that prevent young people from accessing care and the solutions that can help overcome these challenges. Fraser emphasizes the importance of youth-friendly approaches, the role of trust-building, and the need for flexible, person-centred care in improving engagement outcomes. His work provides valuable insights into collaborative approaches between clinicians, young people, and their families.
- Available in: Psychiatric Services, 65(6), 645-650. DOI: 10.1176/appi.ps.201400116

The Catalyst Project (2016). Improving Engagement in Mental Health Services for Young People: Lessons from the Catalyst Project.

- The Catalyst Project was designed to identify and implement effective strategies for engaging young people with mental health services, with a particular focus on those from marginalised and vulnerable groups. The project offers insights into the barriers young people face when accessing mental health services and proposes practical solutions to improve engagement, including the use of peer support, flexible appointment systems, and youth-focused approaches to service delivery.
- Available online: The Catalyst Project

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