



UNIVERSITY OF  
LIVERPOOL

*Challenges within the WISH service: accessing mental health services post 18 years old and transition from CAMHS to AMHS*

**Young Peoples Advisory Service**

DANIEL BLYTHIN

MAY 2026

Department of Sociology, Social Policy and Criminology,  
University of Liverpool.



# 1. TABLE OF CONTENTS

|                                                                          |    |
|--------------------------------------------------------------------------|----|
| 1. TABLE OF CONTENTS .....                                               | 1  |
| 2. ACKNOWLEDGEMENTS .....                                                | 2  |
| 3. EXECUTIVE SUMMARY .....                                               | 3  |
| 4. INTRODUCTION.....                                                     | 4  |
| 4.1 Project Background .....                                             | 4  |
| 4.2 The Client Organisation .....                                        | 5  |
| 4.3 Aims and Objectives .....                                            | 5  |
| 5. BACKGROUND AND CONTEXT.....                                           | 5  |
| 6. LITERATURE REVIEW .....                                               | 6  |
| 7. METHODOLOGY .....                                                     | 8  |
| 7.1 Mixed Methods .....                                                  | 9  |
| 7.2 Semi-structured interviews.....                                      | 9  |
| 7.3 Closed-ended questionnaires.....                                     | 10 |
| 7.4 Sampling.....                                                        | 10 |
| 8. ANALYSIS .....                                                        | 11 |
| 8.1 Ethical considerations.....                                          | 11 |
| 8.2 Questionnaires .....                                                 | 12 |
| 8.3 Interviews .....                                                     | 13 |
| 8.4 Limitations .....                                                    | 13 |
| 9. FINDINGS .....                                                        | 13 |
| 9.1 Barriers to mental health services: .....                            | 14 |
| 9.2 Awareness of mental health services available to young adults: ..... | 14 |
| 9.3 Mental health services and waitlists: .....                          | 16 |
| 9.4 Adult Mental Health services and independence: .....                 | 17 |
| 9.5 The ‘eligibility gap’ .....                                          | 18 |
| 10. RECOMMENDATIONS.....                                                 | 18 |
| 10.1 What has worked?.....                                               | 19 |
| 10.2 What would improve statutory services? .....                        | 20 |
| 10.3 Recommendations for YPAS .....                                      | 21 |

|                                                     |    |
|-----------------------------------------------------|----|
| 11. CONCLUSION .....                                | 22 |
| 12. REFERENCE LIST .....                            | 24 |
| 13. APPENDICES.....                                 | 27 |
| Appendix 1: interview questions .....               | 27 |
| Appendix 2: questionnaire copy.....                 | 28 |
| Appendix 3: questionnaire information sheet.....    | 30 |
| Appendix 4: questionnaire consent form .....        | 34 |
| Appendix 5: staff interview information sheet ..... | 36 |
| Appendix 6: participant consent form .....          | 40 |

## 2. ACKNOWLEDGEMENTS

I would like to thank everyone who has been involved in this research. My project supervisor, Dr. Lynn Hancock has been extremely helpful throughout the process of creating this project. Thank you to all the staff and volunteers at YPAS, especially Claire Webb and Julliette Brassey, for assisting me with my research and providing me with all the help and information that I needed to facilitate the creation of this project. Importantly, I want to thank all that took their time to participate in my research by filling out questionnaires or taking part in my interviews, without your help this research would not have been possible.

### 3. EXECUTIVE SUMMARY

This research project examined access to mental health services for young adults aged between 18-25 and the transition between Child and Adolescent Mental Health Services (CAMHS) and Adult Mental Health Services (AMHS). The project focuses on the experiences that young people had with mental health services aiming to reveal the barriers they face and uncover issues that prevent access to mental health services in England and Wales as an older young person. This project also explores the experiences of young people post 18 years old in navigating mental health support.

The research drew on a mix of qualitative and quantitative data collected via four semi-structured interviews and closed-ended questionnaires which received fourteen responses. The research used a thematic analysis to interpret the responses of participants in the interviews and questionnaires.

The findings revealed that young adults face many barriers that prevent them from accessing mental health services, and that the pathway for transition between child services to adult services is a distorted one. As a result of the difficulties accessing mental health services, many young people fall through the gaps. These young people could often be at crisis level since they were unable to access support when they needed it. Young people in need of mental health support will then often self-refer to low barrier mental health services, organisations such as YPAS, which are not fully equipped to deal with crisis level mental health illness.

The key barriers identified through the research were:

**Awareness:** Interview participants reported that young people have very little awareness of what mental health services were available and how to how to access them.

**Wait times:** Participants from both interviews and questionnaires revealed that there are long waiting times to access mental health services, and during this time young people have limited access to support.

**Independence:** Interview participants made it clear that young adults are independent in accessing mental health services which leads to struggle accessing services.

**The 'eligibility gap':** Participants drew attention to a gap in the services where if an individual is below the threshold of statutory services, they will not be referred to statutory services despite them needing it.

## 4. INTRODUCTION

### 4.1 Project Background

This project was put together by the Young Peoples Advisory Service (YPAS) and the University of Liverpool's Interchange program, a charity that connects social science students from higher education to Voluntary and Community Organisations (VCOs) for the purpose of undertaking research that the VCOs require. As an Interchange student, I chose to partner with the YPAS organisation to produce a report evaluating access to mental health services as an adult, and the transition from CAMHS to AMHS.

### 4.2 The Client Organisation

The Young Peoples Advisory Service was established in 1966. They serve 250,000 young people in the Merseyside area aiming to address their mental health and emotional wellbeing. It has a variety of services, such as the Walk-In Support Hub (WISH) service, therapy services, and parental support. Their services are delivered in three community hubs across Merseyside, in schools, and GP surgeries.

### 4.3 Aims and Objectives

YPAS identified some challenges within their WISH service and requested research that examines the reasons for these challenges. YPAS recognised that the WISH service was tasked with many young adults with mental health needs yet, many of these people required specialist mental health attention. The reasons YPAS found for this was that access to mental health services for young adults was difficult, and the transition from Child and Adolescent Mental Health Services (CAMHS) to Adult Mental Health Services (AMHS) was also not easy to navigate. Therefore, the aim of this project was to investigate the barriers that limit access to mental health services, including the 'eligibility gap', as well as explore the transition between CAMHS and AMHS. The findings of this research are designed to assist YPAS in tackling the challenges that their WISH service faces by addressing these issues.

## 5. BACKGROUND AND CONTEXT

The mental health of young people has become a significant health concern in England and Wales, with rising demand creating strain on mental health services (British Medical Association, 2026). The period transitioning from a child to an adult is a pivotal transitional period, with big changes in responsibility with employment, education and social life all undertaking huge changes, which can impact the mental wellbeing of young adults (Broad et al., 2017).

Currently in England and Wales the NHS system functions separately for children and adults (Lamb and Murphy, 2013). People under the ages of 18 in need of mental health support are usually in CAMHS whereas once above 18 they are referred to AMHS (Lamb and Murphy, 2013). These services have been under increased scrutiny with reports highlighting the long wait times and rising thresholds for the services (Care Quality Commission, 2026). This transition point between children mental health services and adult mental health services is seen as period of disengagement with the services and a variety of unmet needs (Singh et al., 2010). In conjunction with this, there are a broad range of barriers preventing young people from accessing mental health services as young adults.

## 6. LITERATURE REVIEW

Seventy five percent of mental health issues are onset between childhood and young adulthood (Kessler et al., 2005). This developmental period coincides with a critical transition between mental health services in England and Wales, where young people transition from child mental health services to adult mental health services (Broad et al., 2017). The transition between services, or an initial search for mental health support as a young adult happens at the same time as significant life changes, young adults have a newfound autonomy and independence, making a transition or first-time referral to mental health services particularly challenging for them during this time (Broad et al., 2017). This transitional or waiting period is a particularly vulnerable time that sees a significant amount of disengagement with mental health services with young people (Singh et al., 2010).

In England and Wales, 25,000 young people transition from CAMHS to AMHS every year, yet only a small percentage experience an effective transition (Taisha Green, Chun Luen Tse and Fausset, 2026). This highlights significant issues with the services when it comes to the continuity of support for young people, which can lead to negative mental health outcomes in young adults. In conjunction with this, many children and adolescents with mental health disorders are not in contact with CAMHS, which may limit their pathways into support later, indicating that the accessibility of the services is subpar (Hansen et al., 2021).

In addition to this, research also underlines that the structure of CAMHS and AMHS is vastly different, yet a 17-year-old compared to an 18-year-old are at similar levels of psychological development. CAMHS has a more holistic approach, whereas AMHS has a more clinical approach (Hill, Wilde and Tickle, 2019). This coincides with research findings that CAMHS does not prepare people for the autonomy that comes with being an adult, and adult mental health services are not holistic enough (Hill, Wilde and Tickle, 2019). These structural differences can also lead to a disengagement with the service and creating further difficulties for young people with mental health illnesses.

On top of this, there is a service gap where people with mental health illnesses that are below statutory mental health service thresholds are not referred or not accepted to adult mental health services, leaving them with no care despite their poor mental health (Singh et al., 2010). Combined with the reported unclear pathways, there are many significant contributors to disengagement and negative perceptions of mental health services (Taisha Green, Chun Luen Tse and Fausset, 2026).

Despite the strengths of this literature, the literature fails to address the combination of all the named factors when it comes to accessing mental health services as a young adult and transitioning from CAMHS to AMHS. Simultaneously, literature that investigates individuals that have never been in contact with children's mental health services that are attempting to access mental health support as an adult for the first time is scarce. Therefore, this research

aimed to address these gaps by looking at all the factors at play and how they interact with each other, as well as looking at young people that are trying to access mental health support for the first time.

## 7. METHODOLOGY

The key questions that this research aimed to answer were:

- What factors limit access to mental health support as a young adult?
- To what level are young people aware of mental health services available to them and how to access them?
- How effective is the transition from CAMHS to AMHS?

### 7.1 Mixed Methods

This research used a mixed methods approach, combining both qualitative and quantitative research methods. This approach was adopted due to its ability to provide a comprehensive understanding of the research topic, allowing for a broader view and an in-depth analysis of the data (McKim, 2017). Close ended questionnaires generate numerical data that can be used to identify trends amongst the young people's responses (Rowley, 2014). Whilst semi-structured interviews provide rich qualitative data, gaining a detailed account of young people's experience with mental health services from the perspective of YPAS staff, as well as offering the element of *verstehen* (Bryman et al., 2021). Together, these methods allow for the identification of trends amongst the young people, whilst gaining a broader in-depth understanding through the staff that have been working with young people struggling with mental health services day-to-day for years.

### 7.2 Semi-structured interviews

Similar to Belina (2022), this research used semi-structured interviews. The semi-structured interviews were conducted with four participants, all of which are employees of the YPAS organisation. All participants were recruited through YPAS and three of the interviews were conducted in person, whilst one was conducted via Microsoft Teams. The interviews were arranged in advance with the YPAS employees and were transcribed manually. The semi-structured interviews participants were chosen to be staff at YPAS due to their wider knowledge of the system and their knowledge of young people's experiences, making their insights valuable when it comes to identifying issues, barriers, and patterns across the service users, and acquiring an in-depth examination behind these factors. The interview lengths also varied, being between 20 and 40 minutes. The loose restrictions on interview length allowed

for significant data collection whilst also preventing the interviews from being too time consuming for both the interviewer and the participants.

Therefore, semi-structured interviews were selected in order to explore lived experience, gaining in depth knowledge and a detailed account of the experience of young adults in the mental health system (Bryman et al., 2021). Semi-structured interviews maintain the structure of the interview, keeping the interview on topic, whilst also allowing for an open discussion (Bryman et al, 2021). Having a more rigid interview structure such as structured interviews limits the participants ability to fully express their opinions and delve into the details, which is why semi-structured interviews were selected instead (Almeida, Faria and Queirós, 2017). A semi-structured interview also facilitates rapport-building, helping participants to feel more at ease when discussing the mental health services for young adults (Bryman et al, 2021).

The structure of the interviews enabled me to delve into the details and complexities of the participants responses, whilst maintaining a level of structure. The structure conserved time and limited my influence on the interviews and their responses, maintaining a level of objectivity which is why they were chosen ahead of open interviews (DiCicco-Bloom and Crabtree, 2006).

My interviews contained 11 open ended questions (see Appendix 1) alongside some follow-up questions all of which were on the topic of accessing mental health services as a young adult and the transition from CAMHS to AMHS. Follow-up questions were used to delve deeper into answers provided, for example a vague answer such as 'wait times are too long' was followed up with further questions discussing this, doing so provides a deeper understanding of the reasons and meaning of certain answers (Roberts, 2020).

### 7.3 Closed-ended questionnaires

Rowley (2014) explains that questionnaires can be used to gain numerical data of opinions and attitudes. For this purpose, questionnaires were used in this research. They allow for counting of experiences, opinions, and attitudes on the topic of access to adult mental health services.

These questionnaires were distributed as paper copies in person to young people who use YPAS's services (see Appendix 2). Paper copies were chosen as they can be handed to YPAS users upon their visit to the YPAS hub making completion easy and increasing the likelihood of individuals participating in the research (Edwards, 2002). The responses were gathered with the help of YPAS staff and in total the questionnaires gathered 14 responses. The questions primarily focussed on the barriers to mental health services, and the transition from CAMHS to AMHS. This was in attempt to gather numerical data on these topics from a primary source that has direct experience with the subject matter.

The questions were closed-ended and questionnaires were self-completed. The closed-ended nature of the questionnaires created consistent numerical data and prevented the divulgence of sensitive information, whilst the self-completion method was chosen due to the convenience of this for both researcher and participant (Clark et al, 2021).

## 7.4 Sampling

The questionnaires were printed out for YPAS to distribute to users of their services. This included a participant information sheet (see Appendix 3) and a consent form (see Appendix 4) for participants to sign. The questionnaires were then collected after 2 weeks in circulation. This used a mix of opportunity and purposive sampling, purposive in the sense that all participants are within the YPAS mental health services and therefore have some experience with mental health services, and opportunity in that all participants were gathered based on availability to YPAS during the 2 weeks the questionnaires were in circulation (Bryman, 2012).

With regards to the interviews, I used purposive sampling as the research required specific insights (Bryman, 2012). YPAS provided me with a list of employees that work in a variety of areas within the organisation, and we arranged interview times and dates. My link worker was primarily involved with the recruitment of participants for the interviews. Together, we ensured all participants had direct contact with the users of YPAS services on a day-to-day basis in order to gather results with high validity.

## 8. ANALYSIS

### 8.1 Ethical considerations

Prior to the collection of any data this research and its methods were presented to the Ethics Committee for the School of Law and Social Justice at the University of Liverpool, where the research received approval. As a result of this, this research has been completed in accordance with the ethical guidelines of The British Sociological Association (2017).

Informed consent was gathered from all participants with information sheets (see Appendix 3 and 5) being provided to all participants and then consent forms (see Appendix 4 and 6) signed by all participants. The information sheet explained the research, including matters of anonymity, why they were included, and the purpose of the research. The consent form explained what they were consenting to and required a signature for completion.

In terms of anonymity, all questionnaires were completed anonymously so once the data was processed all data was completely anonymous. For the interviews all participants were named from participant 1-4 to ensure confidentiality. Following this, all the gathered data was confidential, being stored in the secure university M drive with paper copies in the principal investigator's secure locked drawer in their office.

Since the research centres around mental health, a sensitive topic, the questionnaire used close-ended questions to avoid the participants divulging sensitive information. The questions were also designed to avoid sensitive subject matter and phrased in a way that avoided any distress. Whereas for the interviews it was acknowledged that questions may cause distress, though this was avoided as best as possible through the phrasing of the questions, and all participants were reminded that they do not have to answer all questions and they are free to withdraw at any point. Due to the care taken there was no obvious distress seen in interview participants and all participants answered every question.

The primary data was collected using two separate groups of participants, young people who have experience with mental health services partaking in the questionnaires, while employees at YPAS from a range of occupations took part in the interviews. The data collection was also supported by a range of secondary sources. These sources allowed for my perceptions to be built upon a broader scope rather than just my own research.

### 8.2 Questionnaires

Analysis of quantitative data is often done using a computer analysis program (Cresswell and Plano Clark, 2017). Due to the questionnaires producing purely quantitative data the data was processed and analysed using Microsoft Excel. Microsoft Excel presents the data as tables and allows for the analysis of data gathered. The analysis mostly involved summarising the data, exploring the findings, finding percentages, identifying trends and connections within the data.

### 8.3 Interviews

To analyse the data gathered from my semi-structured interviews, all recordings were first transcribed. The transcriptions were then separated and piece back together using a code to present meaningful patterns in the data (Boeije, 2010). This data was analysed searching for themes within the interview dataset and then organising themes into categories (Boeije, 2010). Inductive coding was used for analysis of the data, which means the codes emerged from the data itself rather than being determined prior to the collection of the data Chandra and Sahng, 2019). This coding method allowed the analysis of the interviews to be primarily influenced by the perspectives and experiences of the participants. Using this method makes the analysis data-driven so there is maximum objectivity in the analysis, though, it must be acknowledged that the analysis was still informed by my own interpretation of the data since complete objectivity is not possible with qualitative data analysis (Olmos-Vega et al., 2022).

### 8.4 Limitations

This research has inherent limitations when applied on a broader scope since all participants were either employees of YPAS or users of YPAS services. As a result, the experiences of those external to YPAS had little consideration. Due to this, and the small sample size, the project's results have limitations to their applicability for the general population that deal with mental health services. On top of this, majority of the questionnaire's respondents were in a similar age bracket, thus, reducing the reliability of the research.

## 9. FINDINGS

The findings present in this section are taken primarily from the interview results due to the fewer data gathered from questionnaires, though much of the interview results was triangulated and compared to the questionnaire responses.

### 9.1 Barriers to mental health services:

Through the interviews, many barriers hindering access to mental health services were identified. The key barriers identified were:

Waitlists - participant 4 said that from their point of view *“waitlists number one”* in terms of barriers. This was also presented as a barrier by participant 1 showing consistency in the findings.

Independent responsibility - was also identified as a barrier with participants discussing the lesser involvement of parents, guardians and mental health service workers in helping young adults access services. Participant 3 highlighted that *“suddenly (you) turn 18 and then it's like, okay, now deal with it on your own”*.

A gap or misunderstanding in their knowledge -Participant 2 summarised this saying a huge barrier is *“not knowing that they should be accessing mental health services or that they can”*.

From the interview responses, a variety of issues that present as barriers were identified as barriers that prevent or hinder young adults' access to mental health services. These barriers have been identified into subsections of the findings and explored further.

In addition to the interview findings the questionnaires found that amongst the 9 valid responses for the question about barriers 66.67% said waitlists were one of the biggest barriers, 55.56% said the feeling of dismissal was a significant barrier, and 33.33% saying anxiety about approaching the services was a barrier for them. Whilst these responses did somewhat align with the interviews, the young people that participated in the questionnaires also presented a variety of barriers that were not identified in the interviews.

### 9.2 Awareness of mental health services available to young adults:

All four of the YPAS staff members that I interviewed made it clear that in their view young people have very little awareness of the mental health services available to them. Participant

2 commented *"I think in general, young people are not very aware, I think a lot of people think you can just go to the GP".*

In conjunction with this participant 1 stated:

*"I don't think they are that aware in terms of where to go, what to do, because when we have drop-ins with young people, quite often they haven't actually known where to go, but they've gone to, for example, they've gone to like a lecture in uni and like had a breakdown and then they've been like, oh, go to YPAS."*

The findings from interviews with participants 3 and 4 were consistent with this. Both participants 3 and 4 highlighted that young adults who have never accessed mental health support earlier in their lives were often had very little knowledge. It is important to note that these young adults had eventually ended up accessing YPAS, but if awareness of services is low then many young adults suffering mental health illness may fall through the cracks and have no support.

The participants also drew attention to big gaps and misunderstandings in the knowledge of the young people when it comes to what's available to them. Participant 4 said that many of the young people they work with *"they don't really know how it is, they can access them or what even that process entails"*.

The questionnaire responses found that 42.86% said that it was difficult to figure out where to go for mental health support as an adult, with only 7.14% finding it easy. The remaining 50% said it was neither easy nor difficult. This is consistent with interview findings that showed that awareness of mental health services is an issue for young people with mental health issues.

On top of the lack of awareness of mental health services, there is also a lot of misunderstanding and misinformation surrounding the services. Young adults should be fully informed on the process of accessing mental health services, and how to access these services. Yet, our interview participants felt that young people were unaware of the process or how to access it, they commented that there were a lot of gaps and misunderstandings in their knowledge. A lack of understanding of what the next step is or even the first step can deter a lot of young people from engaging with mental health services, leading them to be much closer to crisis by the time they may come in to contact with the WISH service or primary mental health services.

It was highlighted by the interview participants that young people often have significant gaps in their knowledge when it comes to what is available as support and how to seek that support out. Participant 1 said that they *"think a lot of people are really shocked of what there is on offer because they just have no idea"*. Whilst participant 4 illustrated gaps in understanding that young people have surrounding their search for support *"I think there's a gap (in their knowledge), definitely, in terms of them having to seek out support"*.

The participants highlighted that most young people struggling with mental health will begin by going to the GP. The young people will then be directed to mental health services; however, this process takes time and they may not always be directed to the services they need since the staff at a GP are not mental health professionals. However, there are more direct and efficient pathways to these services which was pointed out by the interview participants. Participant 2 highlighted this *“they’ll go to the GP over something else and it’ll be mentioned. And then they’ll be hard to like be directed to us. We see quite a lot of that”*. Whilst participant 1 furthered on this discussing the charities and support networks that young people miss out on due to the gaps and misunderstandings in their knowledge.

*“GP is probably where they’ll be able to find the support. But there is actually lots of different like tiny little charities and things like that that no one would know about unless you’ve been told by a friend or something like that”*

Overall, these findings suggest that gaps in knowledge and misunderstandings serve as another significant barrier to young adults accessing support. Young people are often reliant on indirect pathways that may lead them to services inappropriate for their needs. As a result of this many young people do not access support at an early stage. Therefore, opportunities for early intervention are missed, increasing the likelihood of the young people being closer to crisis or at crisis point by the time they engage with mental health services.

### 9.3 Mental health services and waitlists:

The interview participants also identified waitlists and waiting time as a significant barrier to accessing mental health services.

Participant 1 summarised waitlists as a barrier by saying:

*“Maybe you’ve been on the CAMHS waiting list for two years before seeing and then not offered anything in depth or anything like that. And then you just feel like, oh, what’s the point?”*

This highlights that long waiting times can lead to distrust in the services and even lead to a drop-off in engagement, thus functioning as a barrier for young adults accessing mental health services both physically and mentally.

Through the interviews, it was also highlighted that during these waiting periods young people often have minimal support at this crucial point. Participant 2 commented on this when asked about the waiting period, saying *“they’ve gone from having someone available for support to being essentially alone just with it”*.

Participants furthered on this by discussing the drop-off in engagement that they see during these waiting periods. Participant 2 specifically highlighted that a missed appointment or a lack of response from a young person during these waiting periods can lead to the case being closed and the whole process restarting again, which exacerbates drop-off rates.

The questionnaires results showed the lengths of these wait times, with results illustrating that wait times for mental health support vary significantly. The responses on the question about waiting times showed that 28.58% of participants waited over 12 weeks, 28.58% are still waiting to access support, 28.58% waiting between 6-12 weeks, and only 14.29% waiting between 2-6 weeks. This aligns with the interviews showing that there are significant waiting times, but these results also highlight the inconsistency in waiting times for mental health support. On top of this, the questionnaires revealed that support whilst waiting was not offered to 57.14% of the respondents with only one out of the seven answers saying that the support whilst waiting was helpful to them.

## 9.4 Adult Mental Health services and independence:

A young adult has the same independence as an older adult; however, these people are at a critical time in their lives when they have only recently gained independence. This independence is new to them, yet they are expected to be fully responsible for their mental health care. Interview participants were concerned that young adults, especially those suffering from mental illness are not ready for this responsibility, and that this can lead to their experience with mental health services being worsened and access to mental health services being hindered.

Participant 4 demonstrated the issue of independence by saying:

*“When you turn 18, you look looked up through society, through the lens of society, as well as being an adult, are fully responsible, self-sufficient, independent, adult. And now I don't know any, you know, who fits within that category, nor do I know any 16-year-old fits in within that category.”*

Participant 2's statement was consistent with this, stating:

*“You start getting independent, you start doing things like, you might book your own GP appointment, or you might start going places without telling anyone, and stuff like that, but I feel like adult services, it's like all that responsibility is on that young person, and actually they've never had to do that before, so there needs to be that sort of transition period for them.”*

Participant 1 furthered upon these findings by discussing the consequences of the self-sufficient model of adult mental health services, demonstrating how it presents as a barrier through their statement saying:

*“The minute they turn 18, they're quite often just expected to just figure it out” and “a lot of the support only goes up to 18 and then literally the next day there's no support available in terms of like mental health, etc. Although there is support available, but it does have a really long waiting list.”*

These results illustrate that young adults are in need of more youth friendly pathways and services since this part of their lives is a transitional period between being a child and being an adult. The interviews revealed that without any youth friendly support young adults are at further risk of disengaging with the services.

## 9.5 The ‘eligibility gap’:

A significant finding in the data was the eligibility gap whereby young people were deemed not complex or severe enough for primary services whilst too complex for secondary services. This grey area leaves individuals in a place without continual or support despite them needing it.

Interview participants consistently highlighted the frequency of this occurring. Participant 1 said that it happens *“so much”* in practice. Similarly, participant 4 stated that it occurs *“very, very often”*, reinforcing that this issue is not a single outlier but rather consistent across the services.

Participant 3 summarised the eligibility gap by saying *“they (mental health services) won't refer them (the young people with mental illness) higher up... they don't reach the threshold”*. Participant 3 also furthered on this by discussing the intersections of mental illness and how certain diagnoses can prevent proper referrals and care exacerbating this eligibility gap due to symptoms being attributed to a single diagnosis in statutory services *“that anxiety is because of their autism”*.

Overall, the interview findings present the threshold-based gap as a barrier that gatekeeps people with mental health illness from accessing the resources that they need. As a result, young people that are not close to crisis-point may be excluded until their difficulties worsen. The ‘eligibility gap’ therefore undermines opportunity for early intervention leading to young people having worse mental health before they receive mental health support.

## 10. RECOMMENDATIONS

This project thus far has identified what limits young adults' access to mental health services and the limitations of the current transition from CAMHS to AMHS, now this research will identify what has worked, what needs improvement, and recommendations for YPAS.

### 10.1 What has worked?

A theme across all interviews was the effectiveness of third-party organisations such as YPAS when it comes to providing accessible support. Unlike the NHS services, these organisations were seen as easy to engage with. Participant 4 highlighted the value of flexibility and low-barrier access, suggesting that services *“where you can just walk in”* were more accessible to young people in search of mental health support. Similarly, participant 1 highlighted the importance of drop-in models, explaining that they can be extremely informative to young people, and services like YPAS due to the drop-in, low barrier access can *“be the person to be like, oh, do you actually know what available?”*.

Another effective tool is a proactive approach. This framework maintains communication and engagement with the young people. The questionnaires revealed that this is lacking in the statutory system with 57.14% of participants revealing that they were not offered support/communication over the course of their wait time. Participant 4 revealed that within their role in YPAS ongoing communication is prioritised saying *“I'm texting them before [sessions]... throughout the week... asking them when's best... can I go and see you?”*. This level of communication was seen as a crucial factor to preventing disengagement, especially when in the NHS system missing appointments can lead to a discharge from the service, restarting the entire referral process.

Another strength of the voluntary organisation's services is that when somebody reaches 18, the holistic youth-centred approach is not completely abandoned as it often is in adult statutory services. Participant 2 highlighted this; *“from what I know from young people is like when they're seen under youth mental health there's a lot of support and it's a lot around like kind of holistic support as well. So like at YPAS we would be asking about like do they need any help looking for jobs and things like that”*. Participant 1 offered deeper insight into this, framing adult mental health services as fairly one dimensional whilst saying *“I believe in a personalised approach to mental health, and I believe that people will need different things”*.

Interview participants also highlighted the disjointed nature of the statutory adult mental health services, with participant 1 pointing out that *“because the systems don't talk to each other, (the services) are not easy to navigate because loads of people have different pieces of*

*the jigsaw for what's going on for that young person*". Participants underlined the value of collaboration between services and agencies, discussing multi-disciplinary team (MDT) as a valuable tool for referrals and communication between services. Participant 3 said *"it might be a young person that's accessing our service and then through an MDT, they might be recommended to put a referral into step forward service"*.

Finally, the NHS adult mental health services, including their pathways and accessibility, were not all bad. Findings from the questionnaires and interviews underscore the qualities and value of the services even despite the constrained conditions of the services. Through the questionnaires, it was seen that a majority of participants found the opening times to be convenient with 42.86% of respondents saying this. In conjunction with this, 66.67% of the valid responses said that the locations were convenient for them, with the remaining 33.33% saying locations were somewhat convenient. This shows that there are minimal physical barriers when it comes to accessing mental health services and illustrates that the services are effective at being in convenient locations and being open at convenient times. However, it must also be considered that all questionnaire respondents were taken from the YPAS hub in Liverpool city centre, a place close to many mental health services, thus reducing reliability.

There was also recognition from the interviews, with the findings highlighting that if AMHS can be accessed there are many aspects of it that are productive to young people in need. Participant 4 in particular suggested that the statutory services have many people that are willing to help, *"but they (young people in need) have got to pass through so many hurdles"* to access it. This was expanded on by participant 1 who noted that *"you do get absolute gems of people that work in mental health services"* who go *"above and beyond"* for young people. On top of this, in terms of accessing the services participant 1 pointed out that *"sometimes if you've got additional needs, for example, like autism or like a disability, sometimes it is easier to get a bit more support"*. These findings suggest that whilst the adult mental health pathways are flawed, they do present qualities and provide significant care to young adults in need of it.

## 10.2 What would improve statutory services?

The findings from the interviews presented many changes that would assist in mitigating barriers to mental health services for young adults, as well as creating more cohesive pathways for those transitioning between CAMHS and AMHS.

One of the biggest recommendations from the interviews was the development of more accessible services. Participant 4 recommended the services operate from *"multiple hubs across the city... open 24/7"*, though the questionnaires showed that location and opening times was not a massive issue, the lack of reliability in these results due to the low number of

respondents and all respondents coming from YPAS city centre hub leads me to believe that this would improve access to adult mental health services. Participant 4 also recommended that these hubs operate as a service where people can *“just walk in”* without the need for referrals. This reflects the requirement of low-barrier entry points for mental health services, allowing the service to receive early intervention rather than only receiving support once at a critical point.

Another area which has been identified as in need of improvement is the transition between CAMHS and adult mental health services. The transition is currently seen as very abrupt and not youth friendly but improving this in statutory services will improve the transition between CAMHS and AMHS.

Through the interviews it became obvious that continuity of care and a proactive approach were essential for ensuring a positive transition between CAMHS and AMHS but also ensuring better accessibility. Interview participants pointed out that patients are discharged if they miss too many meetings, however this can be mitigated by a proactive approach. Participant 2 outlined how this can lead to a lot of people in need missing out on the services they require *“a lot of people as well that get missed because they'll maybe be sent like an appointment and then they don't respond back. Yeah. And so they're just closed.”* Participant 4 corroborated these issues, questioning why statutory services do not actively follow up on missed appointments, asking *“why are they not chasing them up?”*. During periods of unwellness and instability contact with many patients can be difficult, but this is when the young adults need the most help, which is why a more proactive approach from adult mental health services needs to be adopted.

Finally, increasing the awareness of available mental health services and how to access them in young people is of utmost importance for improving the services. Through the questionnaires this was identified as the biggest barrier to mental health services with 42.86% of respondents saying that it was difficult to know where to go for mental health support once reaching adulthood. By increasing visibility through guidance, advertisements, and education young adults could have much easier access and more obvious pathways into mental health services which could empower them to seek intervention earlier and more effectively.

### 10.3 Recommendations for YPAS

The findings from this research have significant implications for practice. Particularly illustrating that their accessible, flexible, youth-centred services are highly valuable and sustaining this model should be in the best interest of YPAS. The results from the interviews show that YPAS are providing services that are extremely valuable when it comes to supporting young adults and specifically, the WISH service stood out as accessible and helpful

to people looking for support. Therefore, YPAS should continue to maintain their model and where possible expand their services.

It is also recommended that YPAS utilise the findings from this research to inform people in positions to make change, be that local authorities, NHS commissioners, or policymakers. The data presented in this research displays evidence of the barriers that young adults face when trying to access mental health services. In doing so, YPAS can contribute to the wider discussion around mental health support and advocate for reform within the service that is reflected by the lived experience of young adults.

Overall, YPAS should continue in their efforts to provide accessible, proactive, youth-friendly support, whilst also using this research to advocate for improvements in the NHS mental health services.

## 11. CONCLUSION

This research explored the barriers that affect individuals above 18 years old when it comes to accessing mental health services in Merseyside. The project had a particular focus on those that are transitioning from CAMHS to AMHS and the challenges that occur in the WISH service as a result of reduced accessibility to statutory mental health services. Overall, the findings produced from this research demonstrate that support is available, yet the pathways to it are difficult to navigate and many barriers must be overcome in order for an individual to access NHS mental health services. Through this research four key barriers were identified which hinder young adults' access to mental health services.

The research found that the most significant barrier was awareness of the services; including what is available, navigating them and how to access them. Both interview and questionnaire data highlighted that many young adults are unaware of what is available and how to access it, commonly relying on indirect pathways such as GPs. The lack of clarity surrounding mental health services leads to difficulties for many people in pursuing the support that they need and often prevents early intervention, thereby increasing the likelihood of individuals being closer to crisis point by the time they are in contact with mental health services.

In addition to this, there are many structural barriers to accessing support. The findings showed significant wait times for accessing mental health services, and often there is no support available to people whilst they wait, as well as an expectation of total independence as soon as individuals become adults. The long waiting times combined with the expectation for independence contributes to disengagement with mental health services, highlighting the disconnect between service expectations and the realities of adulthood. Furthermore, the 'eligibility gap' emerged as a critical issue which limits access to mental health support. The interview findings made it clear that statutory mental health services have strict thresholds which if not met means that young adults in need of support will struggle to access mental health support.

Despite these challenges, the research demonstrated examples of effective practice in voluntary mental health organisations. The accessibility, flexibility and holistic nature of these services were shown to be valuable for improving access to mental health services. The findings suggest that implementing this model into the wider mental health services would improve young adults access to the mental health support that they need.

In addition, some limitations of this research must be acknowledged. The sample size for the study was small, and all participants were either staff members or users of YPAS. This reliance on staff perspectives for the interviews may introduce bias since their views are shaped by their roles within YPAS and their experience within these roles. Due to this, the results cannot account for the experiences of those who have not accessed voluntary organisation services, or those from places outside of Merseyside, limiting generalisability.

In conclusion, the research highlights that young adults face many barriers when attempting to access mental health services for the first time, particularly in their transition from CAMHS to AMHS. A more accessible, holistic model with lower thresholds should likely be adopted following the aforementioned recommendations to address these issues. Without these changes, young people will continue struggling to access the support they need and opportunities for early intervention will continue to be limited.

## 12. REFERENCE LIST

Almeida, F., Faria, D. and Queirós, A. (2017). *Strengths and Limitations of Qualitative and Quantitative Research Methods*. [online] ResearchGate. Available at: [https://www.researchgate.net/publication/319852576\\_Strengths\\_and\\_Limitations\\_of\\_Qualitative\\_and\\_Quantitative\\_Research\\_Methods](https://www.researchgate.net/publication/319852576_Strengths_and_Limitations_of_Qualitative_and_Quantitative_Research_Methods).

Belina, A. (2022). Semi-structured interviewing as a tool for understanding informal civil society. *Voluntary Sector Review*, 14(2), pp.331–347. doi:<https://doi.org/10.1332/204080522x16454629995872>.

British Medical Association (2026). *Children and young people's mental health services in England*. [online] BMA. Available at: <https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/pressures/children-and-young-people-s-mental-health-services-in-england>.

Broad, K.L., Sandhu, V.K., Sunderji, N. and Charach, A. (2017). Youth experiences of transition from child mental health services to adult mental health services: a qualitative thematic synthesis. *BMC Psychiatry*, [online] 17(1). doi:<https://doi.org/10.1186/s12888-017-1538-1>.

Bryman, A. (2012). *Social Research Methods*. [online] Available at: <https://arunodayauniversity.ac.in/wp-content/uploads/2025/01/Social-Research-Methods-4th-Edition-Bryman.pdf>.

Bryman, A., Clark, T., Foster, L. and Sloan, L. (2021). *Bryman's Social Research Methods*. [online] Available at: <https://read.kortext.com/reader/epub/974675>.

Care Quality Commission (2026). *People waiting too long for mental health care and becoming more ill while they wait, CQC finds - Care Quality Commission*. [online] Cqc.org.uk. Available at: <https://www.cqc.org.uk/press-release/people-waiting-too-long-mental-health-care-and-becoming-more-ill-while-they-wait-cqc>.

Cresswell, J. and Plano Clark, V.L. (2017). *Designing and Conducting Mixed Methods Research*. SAGE Publications.

DiCicco-Bloom, B. and Crabtree, B.F. (2006). The qualitative research interview. *Medical Education*, [online] 40(4), pp.314–321. doi:<https://doi.org/10.1111/j.1365-2929.2006.02418.x>.

Edwards, P. (2002). Increasing response rates to postal questionnaires: systematic review. *BMJ*, [online] 324(7347), pp.1183–1183. doi:<https://doi.org/10.1136/bmj.324.7347.1183>.

Hansen, A.S., Telléus, G.K., Mohr-Jensen, C. and Lauritsen, M.B. (2021). Parent-perceived barriers to accessing services for their child’s mental health problems. *Child and Adolescent Psychiatry and Mental Health*, [online] 15(1). doi:<https://doi.org/10.1186/s13034-021-00357-7>.

Hill, A., Wilde, S. and Tickle, A. (2019). Review: Transition from Child and Adolescent Mental Health Services (CAMHS) to Adult Mental Health Services (AMHS): a meta-synthesis of parental and professional perspectives. *Child and Adolescent Mental Health*, 24(4), pp.295–306. doi:<https://doi.org/10.1111/camh.12339>.

Kessler, R.C., Berglund, P., Demler, O., Jin, R., Merikangas, K.R. and Walters, E.E. (2005). Lifetime Prevalence and age-of-onset Distributions of DSM-IV Disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62(6), pp.593–602. doi:<https://doi.org/10.1001/archpsyc.62.6.593>.

Lamb, C. and Murphy, M. (2013). The divide between child and adult mental health services: points for debate. *British Journal of Psychiatry*, 202(s54), pp.s41–s44. doi:<https://doi.org/10.1192/bjp.bp.112.119206>.

McKim, C.A. (2017). The Value of Mixed Methods Research. *Journal of Mixed Methods Research*, 11(2), pp.202–222. doi:<https://doi.org/10.1177/1558689815607096>.

Olmos-Vega, F., Stalmeijer, R., Varpio, L. and Kahlke, R. (2022). A Practical Guide to Reflexivity in Qualitative research: AMEE Guide no. 149. *Medical Teacher*, [online] 45(149), pp.1–11. doi:<https://doi.org/10.1080/0142159X.2022.2057287>.

Roberts, R. (2020). Qualitative Interview Questions: Guidance for Novice Researchers. *The Qualitative Report*, [online] 25(9), pp.3185–3203. Available at: <https://nsuworks.nova.edu/tqr/vol25/iss9/1/>.

Rowley, J. (2014). Designing and Using Research Questionnaires. *Management Research Review*, [online] 37(3), pp.308–330. doi:<https://doi.org/10.1108/MRR-02-2013-0027>.

Singh, S.P., Paul, M., Ford, T., Kramer, T., Weaver, T., McLaren, S., Hovish, K., Islam, Z., Belling, R. and White, S. (2010). Process, outcome and experience of transition from child to adult mental healthcare: multiperspective study. *British Journal of Psychiatry*, [online] 197(4), pp.305–312. doi:<https://doi.org/10.1192/bjp.bp.109.075135>.

Taisha Green, L., Chun Luen Tse, J. and Fausset, A. (2026). *Understanding Barriers in Personality Disorder Services During the Transition From CAMHS: A Service Evaluation*. [online] Wiley Online Library. Available at: <https://onlinelibrary.wiley.com/doi/10.1002/pmh.70061?af=R>.

## 13. APPENDICES

### Appendix 1: interview questions

Interview questions:

1. Can you describe your role within YPAS and how long you have done this for?
2. From your perspective, how aware are young people of the support available to them once they become an adult? Do you see any gaps or misunderstandings in their knowledge?
3. Based on your experience working with young people, how would you describe the navigation of the adult mental health pathways? (what barriers do you see etc)
4. How would you describe the transition from CAMHS to AMHS?
5. How do young people feel about adult mental health services? Are they understood as young people? (needs met etc).
6. What is the typical waiting experience for young people referred to adult services? (drop-off in engagement, communication/support during the wait)
7. How often do you see young people fall into the 'eligibility gap' – too complex for primary care but not ill enough for secondary care? (what are the typical cases, how this affects the young people)
8. What do you feel are the biggest barriers that young people face when trying to access support?
9. In your opinion, what would an ideal mental health service for young adults look like? (culture, accessibility, more youth oriented etc)
10. What changes to mental health services do you think would make the biggest difference for this age group? (workforce changes like training, changes to pathways)
11. Is there anything else that you want to share?

### Appendix 2: questionnaire copy

Access to adult mental health services questionnaire

Age:

☐ 16–17 ☐ 18–19 ☐ 20–21 ☐ 22–25 ☐ Prefer not to say

Gender:

☐ Female ☐ Male ☐ Non-binary ☐ Prefer to self-describe: \_\_\_\_\_ ☐ Prefer not to say

Have you previously used children's mental health services (e.g. CAMHS)?

☐ Yes ☐ No

How easy or difficult was it to figure out where to go for mental health support after turning 16/18?

☐ Very easy ☐ Easy ☐ Neither easy nor difficult ☐ Difficult ☐ Very difficult

If you have tried to access adult mental health services, how easy was the referral process?

☐ Very easy ☐ Easy ☐ Neutral ☐ Difficult ☐ Very difficult ☐ I haven't tried

Were service opening times and locations convenient for you?

Opening times:

☐ Yes ☐ Somewhat ☐ No

Location/travel:

☐ Yes ☐ Somewhat ☐ No

How long did you wait (or have you been waiting) to access adult mental health support?

☐ Less than 2 weeks ☐ 2–6 weeks ☐ 6–12 weeks ☐ Over 12 weeks ☐ I am still waiting ☐ Not applicable

Did you receive any support while waiting?

☐ Yes – and it was helpful ☐ Yes – but it was not helpful ☐ No support offered ☐ Not applicable

Was the support available while waiting sufficient for your needs?

☐ Yes ☐ Partly ☐ No ☐ Not applicable

What are the biggest barriers you've faced when trying to access adult mental health services? (select all that apply)

☐ Long waiting times ☐ Not knowing where to go ☐ Difficulty getting a referral ☐ Services unclear or confusing ☐ Feeling dismissed or not taken seriously ☐ Practical issues (travel, time, cost) ☐ Anxiety about approaching adult services ☐ Lack of youth-friendly support ☐

Other: \_\_\_\_\_

Overall, how satisfied are you with your experience of trying to access adult mental health support?

☐ Very satisfied ☐ Satisfied ☐ Neutral ☐ Unsatisfied ☐ Very unsatisfied

Thank you for completing this questionnaire.

## Appendix 3: questionnaire information sheet

### 1. Title of Study

Challenges within the WISH service: accessing mental health services post-18 years old and transition from CAMHS to AMHS

### 2. Version Number and Date

Version 2, 23/02/2026

### 3. Invitation Paragraph

You are being invited to participate in a research study. Before you decide whether to participate, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and feel free to ask us if you would like more information or if there is anything that you do not understand. Please also feel free to discuss this with your friends, relatives and GP if you wish. We would like to stress that you do not have to accept this invitation and should only agree to take part if you want to.

Thank you for reading this.

### 4. What is the purpose of the study?

YPAS have identified that there are many barriers to accessing mental health services as an adult and have requested this research on account of this.

The purpose of this research is to explore the challenges young people between 18-25 face in accessing mental health services. Exploring the transition from child mental health services to adult mental health services, barriers to accessibility, engagement with mental health services, and the eligibility gap.

### **5. Why have I been chosen to take part?**

You have been chosen to take part in this research project because you have direct experience with UK mental health services or experience trying to access them.

### **6. Do I have to take part?**

Participation in this research is completely voluntary, and participants have the right to withdraw their participation at any time prior to the handing in of the questionnaire.

### **7. What will happen if I take part?**

If you take part in this research, you will be asked to fill out an anonymous questionnaire. The questions asked in the questionnaire will be based around access to mental health services as a young adult, barriers that prevent this, and the transition from CAMHS to AMHS. As a participant in this research your responsibility is to answer the questions as honestly as possible. The data gathered from the questionnaires will be processed by the Lead Student Investigator Daniel Blythin, and following this it will be used to create a client report for YPAS that details access to mental health services as a young adult.

### **8. How will my data be used?**

The University processes personal data as part of its research and teaching activities in accordance with the lawful basis of ‘public task’, and in accordance with the University’s purpose of “advancing education, learning and research for the public benefit”.

Under UK data protection legislation, the University acts as the Data Controller for personal data collected as part of the University’s research. The Supervisor (Lynn Hancock) acts as the Data Processor for this study, and any queries relating to the handling of your personal data can be sent to [lynn0406@liverpool.ac.uk](mailto:lynn0406@liverpool.ac.uk).

Further information on how your data will be used can be found in the table below.

|                                                                                    |                                                                                            |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| How will my data be collected?                                                     | Via a questionnaire                                                                        |
| How will my data be stored?                                                        | In paper copies in a secure location and on the University M drive                         |
| How long will my data be stored for?                                               | Until July 2026                                                                            |
| What measures are in place to protect the security and confidentiality of my data? | All data will be anonymised, and all data will be securely stored.                         |
| Will my data be anonymised?                                                        | Yes                                                                                        |
| How will my data be used?                                                          | To create a client report for YPAS                                                         |
| Who will have access to my data?                                                   | The Lead Student Investigator (Daniel Blythin) and the projects supervisor (Lynn Hancock). |
| Will my data be archived for use in other research projects in the future?         | No                                                                                         |
| How will my data be destroyed?                                                     | Wiped from the database and paper copies shredded                                          |

## **9. Expenses and / or payments**

N/A

## **10. Are there any risks in taking part?**

No risks in taking part

**11. Are there any benefits in taking part?**

No benefits or incentives involved in taking part.

**12. What will happen to the results of the study?**

The results of the study will be used to create a client report YPAS, which the organisation can use as they wish. The results will also be used to create a project that will be graded by the University of Liverpool.

**13. What will happen if I want to stop taking part?**

Since the questionnaires are anonymous once they are given in we cannot withdraw your data as we could not know which belongs to you. Prior to handing in the questionnaire though you are free to withdraw your participation from the research at any point.

**14. What if I am unhappy or if there is a problem?**

If you are unhappy, or if there is a problem, please feel free to let us know by contacting Principal Investigator Lynn Hancock (0151 794 2980) and we will try to help. If you remain unhappy or have a complaint which you feel you cannot come to us with then you should contact the Research Ethics and Integrity Office at [ethics@liv.ac.uk](mailto:ethics@liv.ac.uk). When contacting the Research Ethics and Integrity Office, please provide details of the name or description of the study (so that it can be identified), the researcher(s) involved, and the details of the complaint you wish to make.

The University strives to maintain the highest standards of rigour in the processing of your data. However, if you have any concerns about the way in which the University processes your personal data, it is important that you are aware of your right to lodge a complaint with the Information Commissioner's Office by calling 0303 123 1113.

## 15. Who can I contact if I have further questions?

Contact details of investigatory team:

Lead Students Investigator: Daniel Blythin, [hsdblyth@liverpool.ac.uk](mailto:hsdblyth@liverpool.ac.uk)

Principal Investigator: Lynn Hancock, [lynn0406@liverpool.ac.uk](mailto:lynn0406@liverpool.ac.uk), 0151 794 2980.

## Appendix 4: questionnaire consent form

### Participant consent form

Version number & date: Version 1, 29/11/2025

Research ethics approval number:

Title of the research project: Challenges within the WISH service: accessing mental health services post-18-years and transition from CAMHS to AMHS

Name of researcher(s): Daniel Blythin

Please initial box

|  |
|--|
|  |
|  |

I confirm that I have read and have understood the information sheet dated 29/11/2025 for the above study, or it has been read to me. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

2. I understand that taking part in the study involves my questionnaire answers being used for statistics in research.

|  |
|--|
|  |
|--|

I understand that my participation is voluntary and that I am free to stop taking part and can withdraw from the study at any time without giving any reason and without my rights being affected. In addition, I understand that I am free to decline to answer any particular question or questions.

☐

I understand that following the collection of your questionnaire, I will no longer be able to request access to or withdrawal of the information I provide, as it is all anonymous.

☐

I understand that the information I provide will be held securely and in line with data protection requirements at the University of Liverpool until July 2026, when the research is completed, and then deposited in the archive for sharing and use by other authorised researchers to support other research in the future.

☐

I understand that signed consent forms and questionnaires will be retained in SLSJ office's in a locked drawer, accessed only by the Lead Student Investigator (Daniel Blythin) and the Principal Investigator (Lynn Hancock) until July 2026.

☐

I agree to take part in the above study.

---

---

---

Participant name

Date

Signature

---

Name of person taking consent

---

Date

Signature

**Principal Investigator**

Lynn Hancock

0151 794 2980

[lynn0406@liverpool.ac.uk](mailto:lynn0406@liverpool.ac.uk)

**Student Investigator**

Daniel Blythin

[hsdblyth@liverpool.ac.uk](mailto:hsdblyth@liverpool.ac.uk)

## Appendix 5: staff interview information sheet

### 1. Title of Study

Challenges within the WISH service: accessing mental health services post 18-years old and transition from CAMHS to AMHS

### 2. Version Number and Date

Version 2, 23/02/2026

### 3. Invitation Paragraph

You are invited to participate in a research study. Before you decide whether to participate, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and feel free to ask us if you would like more information or if there is anything that you do not understand. Please also feel free to discuss this with your friends, relatives and GP if you wish. We would like to stress that you do not have to accept this invitation and should only agree to take part if you want to.

Thank you for reading this.

### 4. What is the purpose of the study?

YPAS have identified that there are many barriers to accessing mental health services as an adult and have requested this research on account of this.

The purpose of this research is to explore the challenges young people between 18-25 face in accessing mental health services. Exploring the transition from child mental health services to adult mental health services, barriers to accessibility, engagement with mental health services, and the eligibility gap.

### **5. Why have I been chosen to take part?**

You have been chosen to take part in this research project because you work closely with users of the YPAS (Young Persons Advisory Service) WISH (Walk In Support Hub) service and have in-depth knowledge of the research topic.

### **6. Do I have to take part?**

Participation in this research is completely voluntary, and participants have the right to withdraw their participation at any time, without need for explanation.

### **7. What will happen if I take part?**

If you take part in this research, you will be asked to partake in an interview that will be audio-recorded. The questions asked in the interview will be based around access to mental health services as a young adult, barriers that prevent this, and the transition from CAMHS to AMHS. This interview will be conducted by the Lead Student Investigator, Daniel Blythin. These interviews will be capped at 30 minutes, and all data recorded from these interviews will be anonymised. All the gathered data from the interviews will be processed by Lead Student Investigator Daniel Blythin so that it can be used to create a client report for YPAS that details access to mental health services as an adult.

### **8. How will my data be used?**

The University processes personal data as part of its research and teaching activities in accordance with the lawful basis of ‘public task’, and in accordance with the University’s purpose of “advancing education, learning and research for the public benefit”.

Under UK data protection legislation, the University acts as the Data Controller for personal data collected as part of the University’s research. The Supervisor (Lynn Hancock) acts as the Data Processor for this study, and any queries relating to the handling of your personal data can be sent to [lynn0406@liverpool.ac.uk](mailto:lynn0406@liverpool.ac.uk).

Further information on how your data will be used can be found in the table below.

|                                                                                    |                                                                                           |
|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| How will my data be collected?                                                     | Via a Dictaphone                                                                          |
| How will my data be stored?                                                        | On a hard drive that will be secured                                                      |
| How long will my data be stored for?                                               | Until July 2026                                                                           |
| What measures are in place to protect the security and confidentiality of my data? | All identifiable data will be anonymised, and all data will be securely stored.           |
| Will my data be anonymised?                                                        | Yes                                                                                       |
| How will my data be used?                                                          | To create a client report for YPAS                                                        |
| Who will have access to my data?                                                   | The Lead Student Investigator (Daniel Blythin) and the project supervisor (Lynn Hancock). |
| Will my data be archived for use in other research projects in the future?         | No                                                                                        |
| How will my data be destroyed?                                                     | Wiped from the database                                                                   |

## **9. Expenses and / or payments**

N/A

## **10. Are there any risks in taking part?**

No clear risks arise from taking part

### **11. Are there any benefits in taking part?**

No benefits or incentives for taking part in the research.

### **12. What will happen to the results of the study?**

The results of the study will be used to create a client report YPAS, which the organisation can use as they wish. The results will also be used to create a project that will be graded by the University of Liverpool.

### **13. What will happen if I want to stop taking part?**

You can withdraw at any point prior to the anonymisation of your data by contacting Daniel Blythin at [hsdblyth@liverpool.ac.uk](mailto:hsdblyth@liverpool.ac.uk). However, once the data is anonymised, it will not be possible to know who the data belongs to so withdrawal will not be possible.

### **14. What if I am unhappy or if there is a problem?**

If you are unhappy, or if there is a problem, please feel free to let us know by contacting Principal Investigator Lynn Hancock (0151 794 2980) and we will try to help. If you remain unhappy or have a complaint which you feel you cannot come to us with then you should contact the Research Ethics and Integrity Office at [ethics@liv.ac.uk](mailto:ethics@liv.ac.uk). When contacting the Research Ethics and Integrity Office, please provide details of the name or description of the study (so that it can be identified), the researcher(s) involved, and the details of the complaint you wish to make.

The University strives to maintain the highest standards of rigour in the processing of your data. However, if you have any concerns about the way in which the University processes your personal data, it is important that you are aware of your right to lodge a complaint with the Information Commissioner's Office by calling 0303 123 1113.

## 15. Who can I contact if I have further questions?

Contact details of investigatory team:

Lead Students Investigator: Daniel Blythin, [hsdblyth@liverpool.ac.uk](mailto:hsdblyth@liverpool.ac.uk)

Principal Investigator: Lynn Hancock, [lynn0406@liverpool.ac.uk](mailto:lynn0406@liverpool.ac.uk), 0151 794 2980.

## Appendix 6: participant consent form

### Participant consent form

Version number & date: Version 1, 29/11/2025

Research ethics approval number:

Title of the research project: Challenges within the WISH service: accessing mental health services post 18 years and transition from CAMHS to AMHS

Name of researcher(s): Daniel Blythin

Please initial box

|  |
|--|
|  |
|  |

I confirm that I have read and have understood the information sheet dated 29/11/2025 for the above study, or it has been read to me. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

2. I understand that taking part in the study involves an audio-recorded interview.

|  |
|--|
|  |
|--|

I understand that my participation is voluntary and that I am free to stop taking part and can withdraw from the study at any time without giving any reason

and without my rights being affected. In addition, I understand that I am free to decline to answer any particular question or questions.

☐

I understand and agree that my participation will be audio-recorded and I am aware of and consent to your use of these recordings for the following purposes: quotations within the research that will be used to create a client report.

☐

I understand that I can ask for access to the information I provide and I can request the destruction of that information if I wish at any time prior to the anonymisation of the data. I understand that following the anonymisation of my data I will no longer be able to request access to or withdrawal of the information I provide.

☐

I understand that the information I provide will be held securely and in line with data protection requirements at the University of Liverpool until it is fully anonymised and then deposited in the archive for sharing and use by other authorised researchers to support other research in the future.

☐

I understand that signed consent forms and original audio recordings will be retained on a hard drive stored in a locked drawer, only accessed by Lead Student Investigator and Principal Investigator until July 2026.

☐

I agree to take part in the above study.

\_\_\_\_\_  
\_\_\_\_\_

Participant name

\_\_\_\_\_

Date

Signature

\_\_\_\_\_  
\_\_\_\_\_

Name of person taking consent

\_\_\_\_\_

Date

Signature

**Principal Investigator**

Lynn Hancock

0151 794 2980

[lynn0406@liverpool.ac.uk](mailto:lynn0406@liverpool.ac.uk)

**Student Investigator**

Daniel Blythin

[hsdblyth@liverpool.ac.uk](mailto:hsdblyth@liverpool.ac.uk)