

NHS Young People Insights Project Health Services

Bringing the voices of 16-25 year olds to make a change

Published September 2025



**citizens
advice**

in West Sussex
North South East

About Citizens Advice in West Sussex (North, South, East)

Citizens Advice in West Sussex (North, South, East) is an independent local charity working tirelessly with partners to deliver communities without inequalities through high quality information, advice, education and using insights to improve the systems we live and work in. We are a team of 250 volunteers and 70 staff working across our County supporting people who face homelessness, food and fuel poverty, debt and managing their physical and mental health conditions in complex systems.

Every year we help tens of thousands of local residents across West Sussex through all channels including local pop ups, six offices and digital channels, to receive help on problems from debt to housing, benefits to employment and more. Over half of our users have a long term health condition and disability.

A key part of our work is our Community Engagement, Training and Insights work which includes Language Cafes, training sessions and research activity.



**citizens
advice**

in West Sussex
North South East

Executive Summary

It is with great pleasure that I introduce this report and share some of the important findings gathered on behalf of local young people via our Insight and Community Engagement Team. Whilst West Sussex is not typically seen as an area of inequalities, we know through the 45,000 people we helped last year that this is not the case. This is sadly a growing problem as more people continue to struggle with the cost of living, challenges at system level and the growing mental health needs of our population.

Within this is the post-Covid impact on our young people where evidence, including via the West Sussex JSNA, has sadly shown growing mental health needs amongst our younger population. Where there is wealth inequality we see health inequality and vice versa. The experiences our young people shared show increasing barriers in accessibility of health services driven by, and compounded by, multiple factors including awareness, self-confidence, trust and increasing generational divides between how the system presents information and young people access and use it.

What we also see is a system which seems to struggle with identifying the varying cohorts of the population and the needs which arise. Our teams worked with three key groups which displayed distinct ways of accessing services and experiences but overlapping needs.

- NEETS
- Social Welfare Support
- Education, Training or Employment

What I found stark were the feelings young people expressed. To ensure healthy future generations, we need to listen to and meet the needs of all our residents.

Emma Cross
Chief Executive Officer
Citizens Advice in West Sussex
(North, South, East)

**citizens
advice**

in West Sussex
North South East

Project Aim and Approach

Taking young people's insights to identify health inequalities and highlight their needs to shape opportunities for wider impact.

This engagement project launched formally in December 2024. Particular challenges included working around academic term dates, which hindered momentum amongst the cohorts in Education and Training. Therefore the work continued until August 2025 to gain the most insight from across the different groups in our communities.

The aim of the project was to gain insights from 16-25-year-olds on their health needs and experiences in accessing services. The key areas reviewed:

- Explore key disparities in health outcomes, access to NHS services, and how this links to lived experiences.
- Understand what the social, economic, and environmental factors contributing to inequalities may be.
- Capture the voices and perspectives of young people themselves to ensure their experiences inform decision-making.
- Provide evidence-based recommendations for targeted action, resource allocation, and partnership working to reduce these inequalities.

In addition to our insight activity, we also analysed our case management data as a snapshot between January to March 2025 as a comparison to the majority of data gained by survey.

The project focused on 18-25-year-olds and young people who experienced homelessness (directly or via household), refugee and asylum seekers, ethnically diverse residents, young people with SEND and people who have had or experienced a mental health condition, disability or physical health condition. Particular insights from the North of the County due to suicide rates was included to assess whether there were any specific findings. Engagement was via surveys, interviews and focus groups alongside informal insight gathering at events and in local community areas and hearing from professionals to gain additional insights.

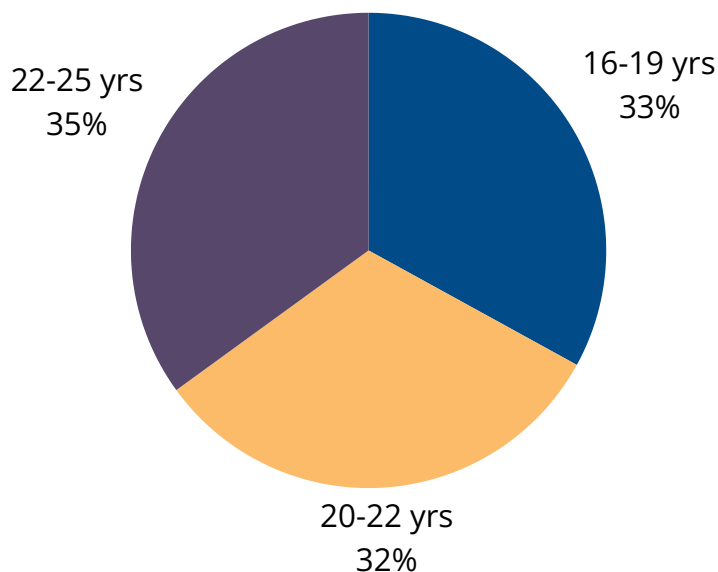
Methodology

The project adopted mixed methods to gain insights, reflecting the different needs, willingness and confidence in engaging with insight work. This also allowed the data to be segmented and identify trends and patterns which could be explored in greater depth.

- Survey of 144 young people
- Snap shot data analysis of 252 service users
- 9 in depth interviews
- Interviews with 9 young people via indepth 1-1 interviews and 50+ via groups including community participation action research approaches
- Targeted meetings with community groups including Chagossian Community, Refugees and Asylum Seekers and Ukranian Nationals
- Insights from 6 key groups supporting young people
- Attended community events including Crawley Pride, "No Knives,

Building insight gathering over a prolonged period allowed us to research and engage with a greater range of people and hear their stories

Breakdown of ages



Key Findings



- 31% are people describe themselves as time poor



- 67% of young people with asthma also reported poor mental health and/or neurodivergence



- 60% fit into more than one economic category e.g. study and carer demonstrating complex lives and compounding needs



- 57% of our survey reached young people engaged in some form of study which may create a bias in some responses leading to a greater emphasis of qualitative insight work with non-students



- Anecdotal feedback from young people included a rise in vaping, particularly amongst under 16's and a rise in smoking amongst 18-25 year old's



- 19.4% people used the pharmacy to access health information



- 57.6% people said delays and waiting times put them off using health services
- 30% said waiting times were a barrier to accessing health services



Participants rated their experience of NHS Services as 3.25 out of 5

Travel and money barriers emerged as practical barriers to accessing support. Stigma and confidential spaces to talk to health care professionals, particularly non-face to face such as counselling or telephone appointments.

Many young people didn't have their own bedroom. Others found it hard to miss college without parents finding out.

Findings - Access

We asked people what the barriers to accessing health services.

Whilst there were no trends based on demographics, ease of access was the main barrier and two thirds stated **long waits** as a problem. A third also stated anxiety or a lack of confidence.

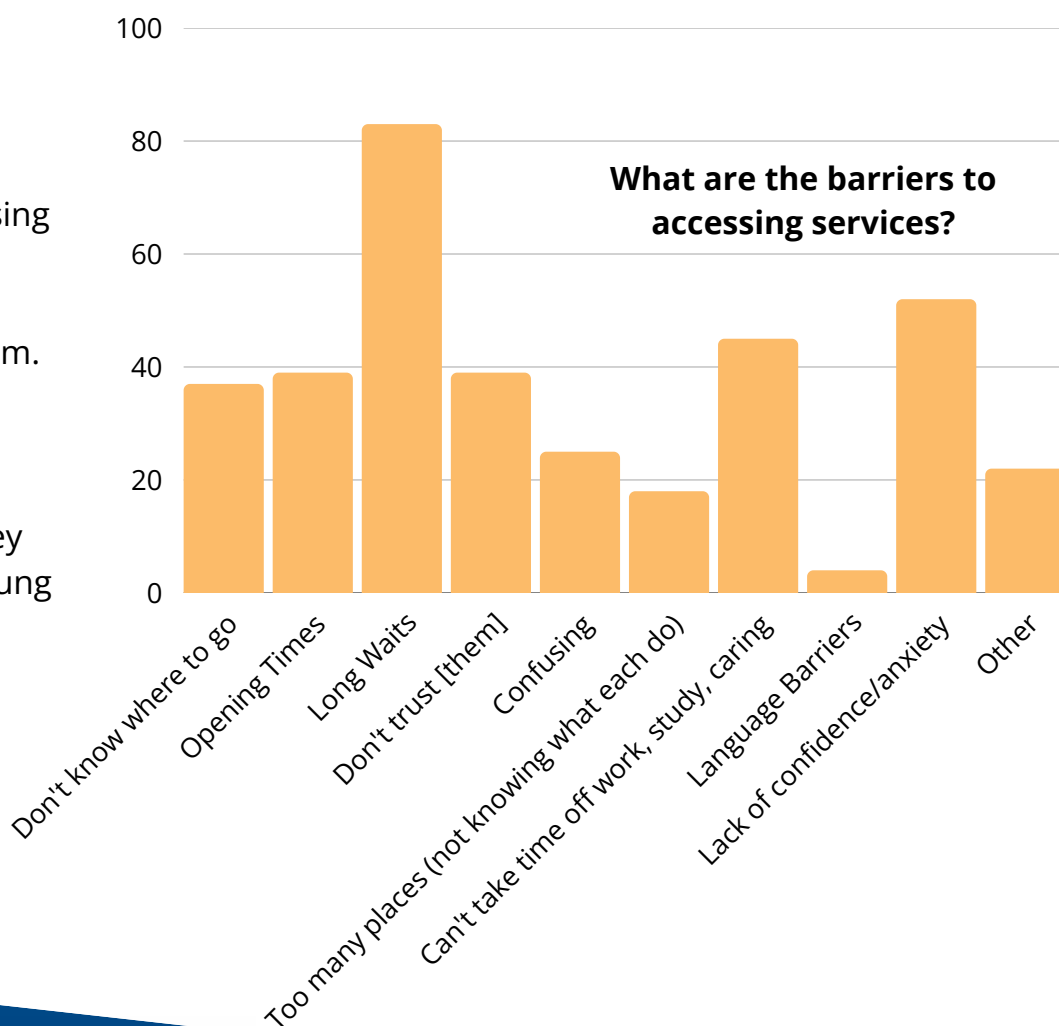
**“I wish health services could be more accessible.”
- Respondent**

“I can’t take time off work and from my studies and lack confidence which makes me feel anxious”

“Having time off caring role and work to go with care covered. Wider range of opening hours and definitely shorter wait times for NHS services”

Health services should consider communicating flexibility of appointments to young people with reference to study hours and travel times from home to college. Recognising that the impact of waits discourages young people in persisting seeking help.

Many of our participants recognised challenges in resourcing services as a cause for delays in accessing and receiving help. This suggests an insight and connection with the system. A number of people referenced training and specialisms so that when services are accessed, they meet the needs of the young person.



Information Choices

Preferred channels to access services can vary quite widely between individuals - in person, webchat and online. Some findings suggest telephone is less preferred and certainly if it is not easily accessible. Email is also a less common channel - whilst young people may have an email address they may not use or check it as regularly. Preferring communication and social groups such as Instagram, Snapchat or Whatsapp with friendships and information-meaning channels to receive health communication are not necessarily in sync with generational choices.

The high use of online resources suggest young people may be higher information seekers than other population groups - this is an opportunity for them to be empowered to self advocate their health

Channels to gain information vary but trust is a constant theme - whether that is trusting digital as a channel over an unknown professional or mistrusted organisation due to poor experience. .

A number of young people and professionals identified rising mental health concerns with more young people seeking answers online, suggesting this a channel which could be utilised.

-Self-diagnosis of health conditions via Google, social media platforms, or peer discussions.

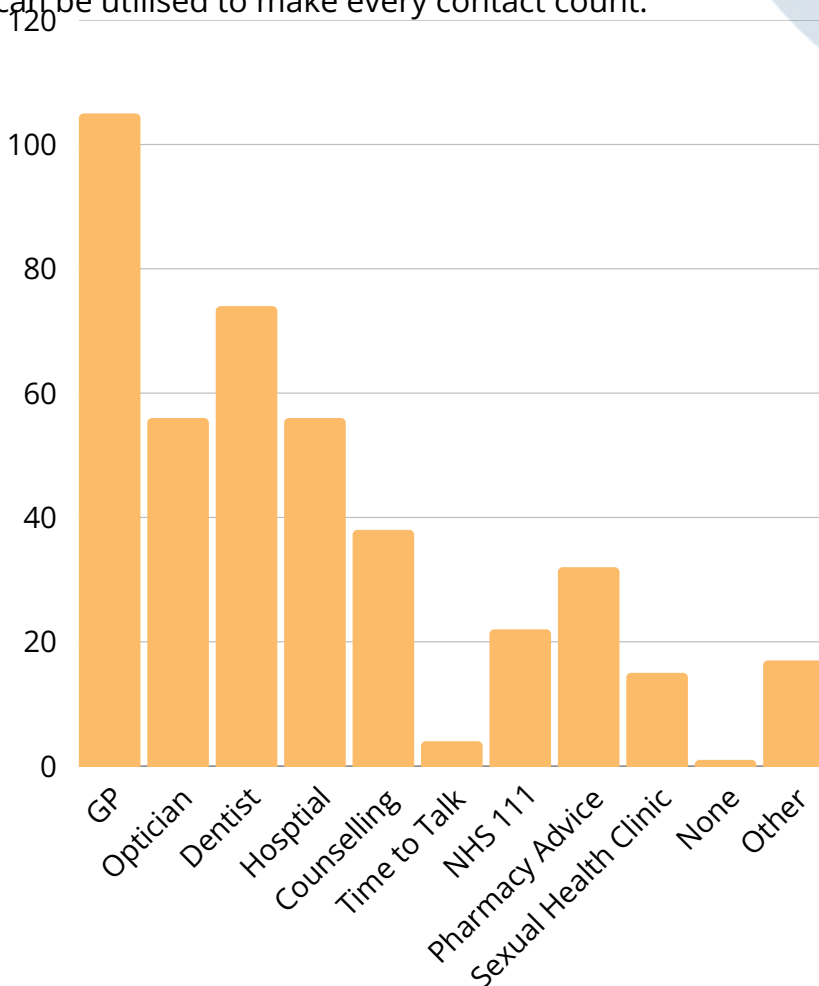
Social Media Challenges - a useful resource but with its own impact on health

-Unique challenges of social media on health reported includes:

- Inability to switch off, leading to anxiety, comparison, and pressure to meet milestones.
- Over-identification with online communities, where platforms like TikTok and influencers (often unregulated) offer unverified mental health advice.
- Risks include self-diagnosis, adopting trends in neurodiversity or conditions such as Tourette's, and using labels as a way to belong.
- Positives of social media: It can provide a supportive community and safe space for connection.
- Negatives: It can also encourage disengagement from real-life activities, amplify harmful behaviours, and reinforce unhealthy identities.

Navigating the System

We asked which of the following had they used in the past year. The answers show a strong recognition and use of GPs, but lower recognition of the services for alternatives such as Pharmacy Advice. A number use opticians and Dentists which show touch points which can be utilised to make every contact count.



- 30% of young people said they experienced delays accessing support, many felt unsupported
- There was a strong sense of confusion and lack of confidence with navigating healthcare services.

The analysis of responses suggests that a GP may be the first point of call for many young people to seek direct NHS support. The low use of NHS 111 and pharmacy services suggest there is an opportunity to raise awareness amongst young people to utilise these services and build a new relationship of trust.

During 1-1 interviews and focus groups, many young people reported using digital online resources to find answers. This included self-diagnosis, use of social media and peer discussions via digital platforms.

Since the insight work, there has been a rapid increase in AI being embedded in search engines increasing the likelihood of this route.

Professionals working with young people also noted that with rising mental health concerns more young people were seeking answers online.

Case Studies

George - NEET

George* is 19 years old and lives at home with his parents. During Covid he studied at home but was not set a lot of work by the school. He struggled to readjust when returning to his studies and dropped out of college. He has been able to find part time work in a local hospitality but finds it hard to socialise and suffers from his anxiety. He would like to work full time as he does not feel able to study and does not cope with crowds, however he has not got high school grades and has struggled to get interviewed for work. He is not receiving any statutory support.

Hasan - homeless family

Hasan* is 23 years old and lives with his partner aged 22 and their 18-month-old child. After being made redundant following his apprenticeship a year ago he recently moved back in with his parents, as they were no longer able to pay the rent. The family receive Universal Credit but he has so far been unable to secure new work as he does not drive and there have been no jobs in his trade in the area. His partner is also looking for work but suffers from anxiety which she is hoping to get help with. This has been made worse by the debts incurred trying to make ends meet in their first home. They hope to move out of their parent's home soon.

Street View

A survey of a typical West Sussex street in an area not featuring in the IMD data of 10 houses identified half had at least one person aged 16-25 years old, 12 in total. This spotlight shows that many young people do not fall into typical categories which are used to offer support, such as via a Jobcentre, and there is a growing risk of isolation due to not being in full time education or employment.

This can be seen through the breakdown of the 12 young residents which found:

- 1 is in University
- 2 work part time, 1 a graduate unable to secure work
- 2 are working or seeking work part time during a gap year
- 1 is studying part time
- 6 are studying part time
- 2 are neurodivergent, neither are working or studying full time
- 4 have SEND (dyslexia/dyspraxia/ADHA/Autism) - none are in full time education, training or work

The economic position of young people does not always fit system categories meaning targeted support may miss vulnerable people

Refugee and Asylum Seeker Young People

“The needs of young refugees, asylum seekers and ethnically diverse persons are often overlooked with services and support aimed at the parents. They have their own unique challenges in understanding new health systems for themselves and others. Some report discrimination and fear about their status. Their personal trauma can be neglected but will come out later, help should be given early on and tailored to their needs and age.” A professional.

Many have experienced the trauma of war, lost family and friends and face uncertainty. This can carry a range of health needs from hearing damage due to bombings, mental health, impact of poor nutrition and more.

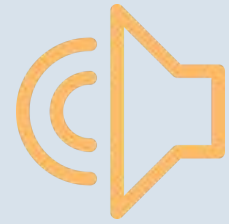
Our wider Community Engagement work has identified some tensions between the community needs and desires of Chagossian elders and younger people, who have expressed a need for more investment in jobs, training, affordable housing and social activities.

Speaking with young people, families and professionals, the needs of young refugees and asylum seekers are complex and often have compound needs featured amongst the wider population of 16-25-year-olds. Many have experienced trauma, in addition to housing and financial instability, often expressing a sense of mental health but stigma and an ability to come forward can be a barrier.

In some cases, young people have been able to learn English as a second language and become an interpreter for parents in health and official meetings. Whilst there is evidence that this can be difficult for parents to share information, this can also create additional challenges and pressures for young people who can develop a sense of responsibility to support the family.

Professionals also talk about the effects of living in temporary accommodation and the impact this can have on schooling, diet and life skills which may lead to longer term health inequalities. This can provide missed opportunities for critical life skills including cooking, space for homework and socialising online or in person.

Case Studies



Luke - homeless

Luke is 22 and in a youth hostel. He was thrown out of his home when found to be taking drugs. He has been in the hostel for some time and hopes to rebuild his relationship with his family, however he cannot return there. He has been unable to find work due to his poor school and college grades, with a police caution. Before he was in the current hostel he found it hard to access health services as he did not have a permanent address and often had insufficient credit to stay on the line to book appointments. This has improved with the support of a youth worker. He has, at times, faced sanctions from the Jobcentre for not engaging fully with the work commitment, usually due to poor mental health or no digital or transport access. This has made it difficult to pay for food but also risked his hostel placement.

Debbie - Disability

Debbie* is deaf and receives Personal Independence Payments. She experiences some anxiety and experiences daily language and communication barriers. Debbie is working full time and uses the PIP to help meet some of her additional costs such as digital equipment. She finds it hard to communicate with health services, in particular booking appointments with GPs and dentists, due to needing an interpreter.

Julie*

"More counselling, less wait. Finding confidential places, a lot of people I know are scared to let their parents know they are struggling so don't reach out for support because they would find out (e.g being questioned about where they are going, not having access to get to appointments by themselves if they live in more out of Worthing areas without a car and bus travel is too infrequent / expensive. Can't do calls because of hearing conditions, so online isn't a choice in addition to this). The stigma around reaching out for help is attention seeking. People are often scared to go to pastoral people in school/HE settings because they are scared their parents will be notified that they are struggling, or they will be looked down on or considered incapable to perform as well as other people in studies. Mistreatment happened a lot, particularly pastorals teachers being horrible at schools, I have had multiple friends experience traumatic experiences where they have been locked in cupboards at Davison high school for girls a couple of years ago after reporting mental health struggles to pastoral teachers. So trauma from being mistreated is a significant barrier to them accessing support too."

- *anonymised not real name

Housing and Young People

Housing had a significant impact on the young people we engaged with. This ranged from:

- Impact on physical health such as asthma due to damp and disrepair
- Impact on mental health due to overcrowding, temporary accommodation or housing insecurity
- A sense of hopelessness, an aspiration to have their own home which was unachievable affecting overall wellbeing
- Financial impact of high costs causing debt and poor mental health

Homeless Young People

we spoke with many young people who were homeless, most were reluctant to complete surveys but there was a willingness to speak. We also spoke with professionals who advised or supported this group.

Many lacked social capital and this had a wider affect on young people, not only did this seem to make it more likely they would need statutory or charitable sector support to be housed but also the connections to manage independent living. This included navigating the benefit system, arranging health support, maintaining engagement with services. A number will have experienced trauma which led to the housing situation.

Drug use was a factor for some young people facing homelessness, but there were others who found being in hostel environments created anxiety and poor mental health due to being close to antisocial behaviours.

Refugees and asylum seeker's often had past trauma but may be living with family but becoming a source of support where parents had English as a second language.

Overall the risk of poor physical and mental health appeared high and ongoing, suggesting a holistic approach to housing, money and health could support this group.

Findings - Transition to Adult Services

“Need more counsellors! I was on the waiting list for CAMHS, but did not get seen. Then I had to join a new waiting list when I became an adult.” A participant

A number of young people referenced the challenges facing them when transitioning to adult services. This is predominantly in relation to mental health support and CAMHS but also featured as part of SEND support. 12% of participants were neurodiverse

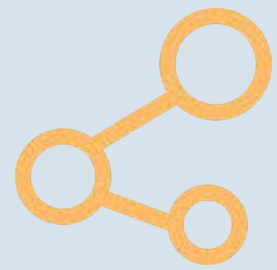
Challenges many young people face during the transition to adult services can range from:

- Financial - move from Disability Living Allowance to Personal Independence Payments with higher thresholds
- Move to Universal Credit when turning 19 including not qualifying for support creating financial and difficulties in households and pressure for parents/carers
- Incorrectly dropping out of EHCP support at 16 and 19 years with missed opportunities for health interventions to be included in the EHCP
- Greater independence and autonomy without the knowledge and confidence framework
- Cliff edges of SEND and informal support for young people
- Move between children's and adult service waiting lists

The last point came up more frequently, particularly for mental health services but is also applicable for Social Services support.



Deep Dive: Asthma



67% of young people with asthma also self reported having anxiety or a mental health condition

Housing:

Our insight work did not find a direct correlation between housing and asthma due to sample size however poor housing conditions was a concern particularly in temporary accommodation. There was a greater use of services amongst this group as expected but low level of holistic self help information being used. Suggesting they knew how to access crisis and chronic health management but not holistic support.

Vaping and smoking:

A significant issue among under-18s being reported by charity workers and through engagement with young people which emerged was a reporting of a rise in vaping and smoking. Whilst there is no quantitative data on this, one charity estimated that around 50% of the young people they supported were vaping

Some local interventions are taking place with workshops, though challenges remain around addiction and difficult behaviours. Many young people reported to us that vaping has increased their anxiety levels.

We were also told that more young people aged 18-25 were smoking suggesting a growing public health issue.



**citizens
advice**

in West Sussex
North South East

Young People and Mental Health

Our cohort of young people aged 16-25-year-olds are part of the “Covid Generation” where mental health concerns have increased significantly across the UK. This high prevalence played out amongst the young people we spoke with and received survey responses from, shared self-reported poor mental health in addition to a large number who had received or were waiting for mental health interventions such as counselling.

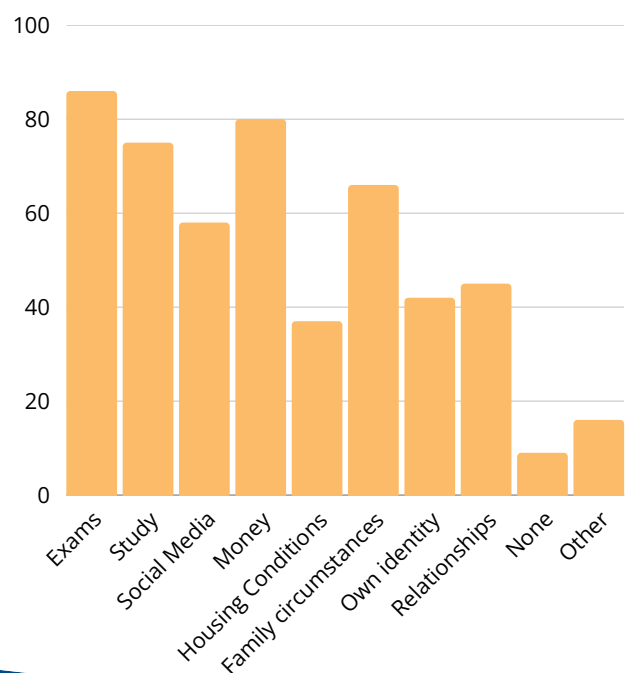
“More services available and people can get help quickly [SIC]. Not sit on long waiting lists until things get worse and then end up really unwell or sectioned.” A participant

The insight work focused on socio economic causes of mental health and highlighted a combination of causes underpinned by challenges in access to support, stigma and wider social support to manage their mental health. Drug use was not included directly in the research, but use of Ketamine, Cannabis and Vaping including with THC either to self-medicate or with potential impacts of stopping their use are known and use should be mindful when supporting young people.

- 77% Exam and Study Stress and Pressure
- 55% Money Worries
- 46% Family Circumstances
- 40% Social Media

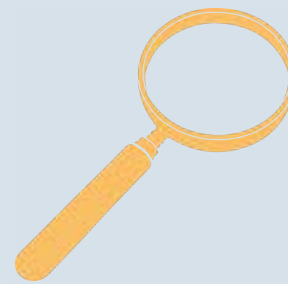
The findings demonstrate show that the wider household unit does have an impact on young people and therefore the whole family should be considered by health and other services.

A number of people identified that delays in accessing the **right type of support** worsened their health. Whilst there are widespread delays in many parts of the system, the young people in this insight work repeatedly pointed to **training, targeted support and awareness of the issues facing young people** including **past trauma** as an important part of accessing and receiving the help needed.



Spotlight: Our Young Users

A snapshot review of 369 Citizens Advice in West Sussex user records of people aged 16-25 from January to March 2025 found we helped them with 1,875 problems, an average of 5 issues per person.



The vast majority of young people needed advice and support with money related problems including benefits, grants and debt. This was the predominant issue for 16-19-year-olds but 20-25 year old's this was followed by Housing and then Work. Demonstrating the health inequalities issues facing many young people. It's also It

- **31% had a long term health condition or disability**
- **10% reported a mental health condition and 10% had multiple impairments and 3% had a physical impairment.**
- **Add how many were homeless, on benefits, in work, with children**

Financial Problems

With money worries the biggest issue this group come to us for advice, we deep dived to find trends behind this.

Work

A pattern of good work v. bad work featured in the advice needs, with a number of people being treated poorly by employers, paid minimum wage and more recently reductions in hours. A number found it hard to balance their health needs and work. A number were struggling with fluctuating hours because they have bills to pay and creating instability. When considering our survey and qualitative engagement, we know there is a relationship between debt and financial instability and poor mental health.

Housing

Housing concerns have an impact on health although we predominantly see young people who are directly homeless or at risk rather than with parents/carers. Trends include:

- Relationship breakdowns can be the cause housing insecurity (parental or partner)
- Sofa surfing is common amongst our younger clients and causes instability in work, study and health
- Many report distress of antisocial behaviour in temporary accommodation which causes distress and sense of vulnerability with fear of being exploited.
- Overcrowding puts strain on relationships with family and household members

**citizens
advice**

in West Sussex
North South East

Findings - Stigma

A number of young people raised stigma as a barrier which predominantly related to sexual health and mental health.

“Easy availability, a good contact system. Personally, and speaking to my friends, many don't tend to get professional help because it can be embarrassing and you don't want to feel like you're bothering anyone, so possibly emphasising it's not a burden.”

Trust – Sharing health concerns, barriers and communicating about mental health is still met with a stigma. This also came through discussions about sexual health and concerns parents or others may find out including if connected to LGBTQ+ young people.

“More counselling, less wait. Finding confidential places, a lot of people I know are scared to let their parents know they are struggling so don't reach out for support because they would find out (e.g being questioned about where they are going, not having access to get to appointments by themselves if they live in more out of Worthing areas without a car and bus travel is too infrequent / expensive. Can't do calls because of hearing conditions, so online isn't a choice in addition to this). The stigma around reaching out for help is attention seeking. People are often scared to go to pastoral people in school/HE settings because they are scared their parents will be notified that they are struggling, or they will be looked down on or considered incapable to perform as well as other people in studies. Mistreatment happened a lot, particularly pastorals teachers being horrible at schools, I have had multiple friends experience traumatic experiences where they have been locked in cupboards at Davison high school for girls a couple of years ago after reporting mental health struggles to pastoral teachers. So trauma from being mistreated is a significant barrier to them accessing support too.” A young person's own words

Stigma manifested for some as a reluctance to share physical or mental health symptoms and diagnosis amongst peers, sometimes due to community stigma. Easy access and privacy to have health conversations can address this.



**citizens
advice**

in West Sussex
North South East

Recommendations

Whilst the overall experiences and needs of young people may be the same as other groups such as access, waiting times, complex systems, the impact creates a lived experience which shapes future relationships with the NHS and other providers. Using the information seeking behaviours and channels provides a unique preventative approach to supporting good health and aging well.

Provide targeted holistic support to address specific needs and challenges including .

- A recognition of changing demographics, rising mental health issues, and barriers to work and housing.
- Offer specialised training to help young people overcome these obstacles.
- Professional awareness of stigma and confidentiality concerns, travel costs and time commitments for young people.

Utilising Digital Channels - Leverage digital platforms to help young information seekers access trusted health information, enhancing their health knowledge with AI support.

Education - Incorporate health rights and system navigation into school curriculum to **empower** young people to **self-advocate**, building knowledge and confidence.

Transition to Adult Services Support - Adopt a systems approach to link children's and adult health services, preventing gaps in care, especially for those with learning disabilities, deafness, neurodiversity or mental health issues.

Integrated Approach - Address health inequalities linked to housing, poverty, education, and immigration through strategic integration, improving referral processes and reducing stigma.

Awareness Raising - Utilise community groups and trusted relationships to promote health campaigns and services like NHS 111, building trust in the NHS through wider services.

Investing in Mental Health - Increase investment in mental health resources, focusing on stigma reduction and comprehensive support for diverse youth populations, including refugees and LGBTQ+ individuals.

"Less intimidating people working with the mental health side of things."

"Easier access to areas of support and those with lived experience. Communication between services and support in getting help"



in West Sussex
North South East

Published September 2025

Copyright © 2025 Citizens Advice in West Sussex (North, South, East). All rights reserved.

All content within this document is protected by copyright.

Citizens Advice in West Sussex (North, South, East) holds the copyright for all material contained herein, unless otherwise stated. You may not copy, share, or use any part of this document or its associated materials for commercial purposes. "Commercial" refers to any activity intended to generate income.

If you wish to use any content from this document for other purposes, you must obtain prior written permission from the copyright holder.

Citizens Advice in West Sussex (North, South, East). Company limited by guarantee. Registered in England. VAT Registration 919 004 735. Company No. 05551406. Registered Charity No. 1116660 (England and Wales). Authorised and regulated by Financial Conduct Authority FRN 617546, Registered office: Citizens Advice in West Sussex (North, South, East), Lower Tanbridge Way Horsham, West Sussex RH12 1PJ, United Kingdom

