healthwatch York

# Mental health in York: what good should look like

January 2026

# Contents

Content warning: This report contains information that may be distressing to some.

For further information on advice and support available in York, please refer to our Mental Health and Wellbeing Guide: **https://www.healthwatchyork.co.uk/seecmsfile/?id=37**



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# Executive summary

This report is a partner to our report: Mental health in York: a progress review. As part of our ongoing project on mental health support in York we ran discussion events and surveys. The aim was to find out what local people and organisations think a good local mental health service should look like. Whilst our progress review looks back at people's experiences in the city, this report looks to the future.

This work was done as the second mental health hub (in Acomb) was preparing to open. Some of the feedback relates to the hubs as well as more general ideas about what good support and services would look like.

As with all of our work all the comments included are the views of people we spoke to, not the views of the Healthwatch York team.

The feedback we received is included in this report and led to the proposed approach outlined below.

# Proposed approach

This approach has been developed based on the feedback and ideas we received face-to-face and through surveys run for individuals and for organisations. See 'What we heard' for more detailed feedback.

- There should be multiple ways for people to access mental health support.
- This should include statutory (primary and secondary care) and voluntary sector organisations as equal partners.
- There should be greater care co-ordination for those people being supported by several organisations. Those taking on a care coordination role should be and continue to be that person's main contact for support, questions and information until no longer needed or if they choose to access this support elsewhere. This could be the first voluntary organisation the person is in touch with / a chosen voluntary organisation if this is not an appropriate role for primary care or statutory mental health services. It would need to be an agreed/authorised organisation within the system who are funded for this role.
- The role of the care coordinator organisation should be recognised by all other statutory and voluntary organisations and be centrally involved in the person's care if they want that to happen. All agencies should recognise the central role of that organisation and work with them as an equal partner at all times.
- The care coordinator organisation should record information from the person (and family and friends as appropriate), including what would help them in future contact and appointments and share this with all other organisations the person is referred to.

- The care coordinator organisation should work with the person (and family and friends as appropriate) to identify other things they need and be authorised to refer them to appropriate statutory and voluntary sector services, supporting them to access these services as needed and being able to speak on behalf of the person as needed and agreed.
- The person can change care coordinator organisation at any time.
- Care coordinator organisations should be fully funded to play this role as part of a new mental health model where they are an integral and equal part of the system.
- Statutory organisations should continue to provide the services, therapy and interventions that only they can provide. Voluntary sector organisations should provide their services and support in partnership with statutory services and other voluntary sector groups, complement statutory services and work together to fill identified gaps. What each sector delivers can develop over time.

This approach is more compassionate and person-centred. It allows the person to build trust with one organisation funded to continue support for as long as they need it. It should reduce the demand for statutory services from people who need additional support as they will feel supported and be clear where to turn for timely help. It should also reduce costs for the system as people engage effectively with appropriate support at the right time in a way that works for them. We envisage that fewer people will need to contact the Crisis Team in this model. The approach builds on the hub model and continues to develop more effective partnership working between statutory and voluntary sector organisations to the benefit of people experiencing mental ill health, the organisations and the community.

# What we've heard

The feedback below comes from our VoICeS meeting held in partnership with Rachael Maskell MP on 2 October, the conversation café on 17 September at the Clarence Street hub, face to face conversations with organisations and individuals and the responses to our survey for individuals (38) and for organisations (3). All the individual survey respondents had experienced mental ill health, were still experiencing mental ill health (77%) or family members had and all sought help.

While this engagement included people sharing their experiences of local statutory and voluntary sector mental health services, that feedback was not the purpose of this report. Throughout this work we encouraged people to focus on their ideas for what good should look like.

Many of the ideas for good services reflect the good practice in existing voluntary sector organisations which needs to be part of a coordinated mental health service. In other conversations, good was talked about in contrast to some of the approaches people had recently experienced.

There was a clear willingness from many of the voluntary organisations involved in our engagement work to play a greater role in supporting people. However, most groups also confirmed they have no capacity to do this unless this support was recognised and funded.

A number of themes emerged. We have grouped people's feedback under these themes:

**The voluntary sector is a critical part of the mental health service and should be recognised and funded as such. Trust is vital and currently many people don't trust statutory mental health services.**

- "[Carers Centre] – … we also know that carers are in crisis. We are now getting two or three calls a week from carers worried about their own mental health and at risk of suicide. In the past it was calls from people who were worried about those they cared for. We have trained our staff in suicide awareness training, but they should not be dealing with people in crisis."
- "The voluntary sector is critical but there is only so much it can take on."
- "The voluntary sector needs a formal role and funding."
- "Trust is key and there is not always trust when someone is discharged from a service."
- "The hubs are a part of the culture shift, but more is needed."
- "Second people to voluntary sector organisations. People have trust in the voluntary sector, so put services where people are comfortable."
- Need to have more conversation cafes in other parts of the system, e.g. re neighbourhood models."
- "I have complete lack of faith in NHS services so am reluctant even to speak to them about my health, as they often act as if it is new information every time I engage with them."
- "Because of traumatic experience I find it difficult to trust services and would need to know that it was a supportive place, with caring, professional staff."
- "More help that is not run by TEWV as they never offer help."
- "We need to get VCSE services that are providing crucial offers and that are clearly addressing gaps on stable ground with long term contracts that cover full costs or we will lose them.
  For VCSE sector wider, a variety of investment at different levels is good - to continue work, stimulate innovation, seed fund

grassroots activity and/or empower communities to act when they see a gap/want to trial a solution. We need to support communities to be communities so we can all better support one another. In kind space is much valued and appreciated too. …"

- "There needs to be a culture shift, so NHS services see the voluntary sector as an equal partner and integral. Voluntary sector organisations need appropriate funding to support their role in supporting people. This should fund staff not just skill volunteers."
- "Mental health services could learn a lot from charity sector. We are leaders in creating safe spaces, building trust, validating experiences. That is, we are trauma informed."
- "I have really struggled to find somewhere to help me. The only place I have found is the women's centre. I can talk here. There needs to be a safe place where people can talk about the bad things they have done – people don't understand. You need to be allowed to have a meltdown, to have challenging behaviour but there is no flexibility. You are told you are not engaging, rather than them trying to find ways that you will engage and to give you time and respect. It feels that no-one is listening."

**Building and developing relationships is crucial.**

- "The relationship with a clinician is absolutely key – it matters more than anything else. I see that the system is cracking and they are using online to take some of the load, but it is dubious how this can help people and lead to wellbeing."
- "People need to have regular contact with a CPN and have the confidence in that person to talk."
- "If someone is referred on or signposted, the receiving organisation should work to meet the person before they attend

or help them to attend. This model is done by some organisations already, including Generate."

- "Need staff to have compassion, kindness and a sense of humanity."
- "The mental health team approach me like I am hard work, but I'm not. There is a lot of eye rolling etc. But relationship building is key. Being a mental health worker is an alliance with the person. But often the professionals are not self-aware and don't realise how they are coming across. They can be patronising even if they are well meaning. … They make you feel wrong; they are not reassuring and don't make you feel safe (which is what you need). You need to know people understand how hard it is for you to get to the appointment, that it is good you got here and that someone cares. That isn't my experience of any mental health professional."
- "I have been let down too many times. There is an 'us and them'. I now expect it and look for it. I feel like I am going to war when I am going to get help. They need to acknowledge if they don't understand or are out of their depth. It is OK not to know but do tell us as that helps build a relationship and it is OK. … It is OK to say to someone that you find them challenging so long as you have a relationship with them. As a professional it is good to ask the person how they are finding you – but you have to be OK to hear the answer. In reality things will be hard, but much better if the professional is kind."

**There must be a range of options for support which include face-to-face and individual support provided delivered via a partnership / multi-disciplinary team (MDT) approach including mental health teams working together.**

- "Everyone should have a care plan before they leave hospital or are discharged from a service. Most people have significant

anxiety when they leave services and need clear information provided in a way they can engage with. … without help you will often end up back with the service. Information should be visual – a road with signposts about who can help and how to get that help."

- "There should be more mentoring and peer support systems. A discharge buddy or similar for people where this would help (it won't work for everyone)."
- "Workers in different organisations should be able to access your notes and information."
- "Need hybrid courses so everyone can access them."
- "Need to go out and see people – peer support workers do this already."
- "After being discharged from neurology department was referred to IAPT. After initial consultation - was told they couldn't help me."
- "Was referred for talking therapy. Had the assessment was told because I wasn't suicidal, I wasn't eligible. Received nothing further."
- "The mindfulness support course was good but not the in-depth psychological treatment I feel I required. I was very let down with the way system is run - you can only be under one mental health team in York at a time so you can access what they offer i.e. I couldn't access talking therapies employment support because they were under different teams - this was confusing, unhelpful and infuriating."
- "Increasingly it feels there is a one size fits all through IAPT. As a counsellor myself I am aware of the need of a larger remit."
- "Improving joined up care for people who are struggling with their mental health would vastly improve things. There are too many hand offs in the current system."

**Understanding what people need, what works and what could make things worse. This must include being truly trauma informed and understanding the needs of neurodivergent people.**

- "There are also issues about people who are neurodivergent. Services, including the police, need a better understanding of how to support [neurodivergent] people."
- "Healthcare professionals and others need training about neurodivergence so they can better support people and people aren't expected to explain their diagnosis before they get any support."
- "Involve people's family and friends if that works for the person. They can support the person. Although recognise that family and friends are not always supportive."
- "Offer longer term support in quieter spaces and have somebody that is trained in trauma that can support people with the trauma they've been through etc such as when that person is having bad flashbacks or bad memories and not tell them to just stop thinking about things which is what's happened with me in the past."
- "Survivor-led trauma informed groups and survivor-led power threat meaning framework groups that encourage people to reclaim authorship of their narratives and identities."
- "My experience with York services has been very much complicated by the breathtaking lack of understanding or knowledge of autism, both at an organisational and individual level. … My concern is that if there is not significant co-design of other services with autistic people, then they will remain equally inaccessible to me. This goes for disabled people as well. … An understanding and acceptance of difference needs to be basic in service provision."
- "I have been re-traumatised by interactions with mental health professionals. On one occasion someone came to my home (as

planned) but was wet (it was raining) and visibly stressed. He banged on the door, didn't introduce himself and started talking about how the bus was late and things were going against him. What I needed was connection and trust. But I got none of that and spent the time he was in my home just wishing him gone. It was awful and made things worse."

**Providing timely support and easy ways to get it, including a clear and effective referral process for other healthcare professionals.**

- "I went to see the primary care mental health worker and they were fantastic. I felt safe, heard and validated… The GP mental health worker knew about other services and did what they said they would do. I didn't need crisis care or a medication review. They were exceptional."
- "The GP mental health workers need to be invested in. The current wait is six weeks."
- "Real people come to us and they know what they want. We are filling the gaps where the statutory services aren't delivering… GPs or the Crisis Team are sending men to us [Menfulness] and we feel a duty of care to support them. They need clinical support that they can access quickly… We know we can't fix people but we do respond quickly to someone in crisis and we don't ask questions… We know that counselling can work and have made sure it is available and available quickly. Often men are seen in a week… When they need us, we are there. There needs to be a universal entitlement to counselling and therapy. When the men talk together about counselling it normalises it. The key things are to respond quickly, kindly and appropriately."
- "A lot of social prescribers hold people who need mental health input and yet we aren't trained to provide that support… There is a three-month waiting list for statutory support. We can't just leave people for that long… There is a huge impact on people as

a result of such long waiting lists. Lots of people are supported via the voluntary sector and social prescribers."

- "…There is no criticism of people who work in mental health services. The system is overloaded but still there is a practical problem of people accessing treatment."
- "There is a flaw in the current system – failed triage. If triage fails you are referred back but have to start at the bottom, not the level you were referred to. So, you have to start again with talking therapies and that can be clinically inappropriate. It is for the person I care for. They need trauma stabilisation before any therapy, but they are referred to talking therapies when it is contra indicated."
- "It is brilliant when a referral into the system works. But a lot of people don't have that experience. It doesn't matter who makes the referral, it doesn't get through. An experienced GP referred someone twice to CMHT but both times it was refused. A GP with 13 years' experience said they had never succeeded to have a person with a mental health referral seen by a clinician."
- "There are many different needs and support for people experiencing mental ill health, I would like to see a 'tidying up' of the ways people can get the correct support they need and not have to go around trying different avenues."

**Providing support while people are waiting for services.**

- "There should be a directory of the help available."
- "Social prescribing is a real solution / support in these cases – secondary care social prescribers might be an idea."
- "Need more social prescribers and more peer support."
- "Need a central place for information which is updated."
- "Groups being offered online again e.g. like those offered by York Mind at the start of the pandemic for anxiety, obsessive thoughts, nutrition, peer support etc. If a good quality

programme was offered online with lots of choice of different topics, I'm sure people would be interested."

- "I've had some really good experiences these past few years when online support has been offered which has really helped with social isolation especially."

**Quicker referrals to the right service/support and support for as long as people need it**

- "Counselling initially then discharged, it wasn't enough to even scratch the surface. Then after being referred by the NHS resilience hub, I waited over a year but am currently having intensive therapy including EMDR and it is being extremely helpful."
- "I have seen two therapists so far but as they cut off care before I felt in control. They have wasted that time and I find myself just in the same situation now as I was in 2018."
- "I need to see a trained therapist who will see it through to the end."
- "It is night and day between talking with a "mental health worker" or even a "counsellor", and a trained psychologist or psychotherapist. I have had many sessions with "care co-ordinators" or "mental health workers", and while some of them have been lovely people who are doing their best, all of those sessions together did not shift the dial on my mental ill-health the way even a single session with a psychologist did. We need many, many more trained professionals within the NHS …"
- "The intensive therapy/CBT/EMDR has been amazing and continues to help me, the clinician is fantastic but the waiting lists are too long I needed help three years ago when I first contacted the service. The system is obviously under huge pressure but that is not the clinicians' fault, people have complex problems, I am coming to the end of therapy but would

love to have further sessions but I know they need to discharge me to see people who are waiting. They need more funding and more clinicians."
- "No limit on appointment numbers (it would cut out repeat referrals)."

**Better support for people with complex needs**

- "People with complex needs need a clear pathway as they currently get lost in the system. They should not be seen as a problem and there should be funding and services to support them."
- "Didn't get help - was told that my condition was too severe/complex to get the help I needed and therefore I'd get nothing suitable!"
- "I got offered six weeks and then discharged then got referred again and the same cycle happens all over again. I referred myself to IAPT and they refused to help me, they never even called me back and the crisis team are a waste of time and never offer any help with anything."
- "The CMHT offers six weeks of "managing your emotions" then when you're suicidal and self-harming you get discharged again!"
- "I was asked to identify potential triggers for a worsening of my mental health but when these triggers happened, the CMHT said they were unable to provide any extra support, even for that one week."
- "I would like a mental health service that would be able to support me with health anxiety and understands that physical and mental health are entwined."
- "We need to talk about prevention and treatment, so that people don't end up so often in crisis. For serious mental illness this needs significant amounts of contact time with real

medical professionals - psychiatrists, psychologists, psychotherapists. This needs to be given on the basis of need, without re-traumatising patients with deflecting, waiting, promises that are never kept, and requiring us to fight tooth and nail for the most basic scraps of treatment."

- "There is a lack of support or unwillingness to support people with personality disorder diagnosis and psychosis. Early Intervention in Psychosis Team offers good support but only for people experiencing psychosis for the first time and eligibility criteria is high."
- "They don't recognise the panic that you have when going to an appointment and what it takes. The complex trauma is there 24/7 and is hyped for appointments – I am often petrified. And then if you are met with negativity from the professional, things can quickly turn into an argument. The professionals don't know how to de-escalate or help people by listening."

**Services must learn from things that have gone wrong (and what is working).**

- "It is good to look forward to what you can do, but you need to know what has gone wrong. … Nothing will change until you know what is wrong. I am sick of hearing that 'lessons have been learned'. That is nonsense."
- "Need a change of culture so support is there, and people don't have to ask or find it for themselves."
- "Need to provide services people need, not just refer them to what is available."
- "We need safe and effective mental health crisis care as a priority. The current TEWV Crisis Line and A&E liaison teams are unsafe services for patients to access, with deep-rooted toxic cultures among the professionals, and patients continue to be harmed because of this."

- “The mental health support in York from the NHS is in my opinion awful. I myself work in support services (homelessness) and experience mental health services not only personally, but professionally. NHS services are so cold, unapproachable, judgemental, and often just look at you as a suicide risk rather than actually caring about you - asking the obligatory "do you have any plans to kill yourself?" and if it is a no, they'll just fob you off, telling you to self-refer to somewhere else. If it is a yes, they will probably forward you to the crisis team that is often just passing the buck back to the GP. Appointments are short, rushed, and often you are sat with a doctor who has little empathy, and often gives little if any advice on anything, or prescribes medication with absolutely no explanation of side effects, and no proper follow up other than a text "medication review" where you reply "Continue" if you're feeling OK. It is so ridiculous. It feels like you're driving your own treatment.”

# Conclusion

Currently, mental health services are not working for everyone in York (Mental health in York: a progress review[1]; Breaking Point[2]). York is not unique in this respect; people are experiencing significant challenges in accessing mental health support across England.

We regularly hear from people who are struggling. They report that they are not getting the support they need or when they reach out to statutory mental health services, support is not available; they are discharged from services or the contact they get is detrimental to their mental health. We do hear positive feedback about mental health services but this is limited in comparison with complaints or concerns.

People in York deserve a comprehensive and holistic approach to mental health services. This must cover everything from lower-level support and preventative care to care for people with the most complex needs. We believe this is possible, but it needs a different approach and integrated services working across sectors. We anticipate the work to develop Neighbourhood Health Centres will provide fresh opportunities to transform support together.

This report aims to contribute to the conversation that has already started about new approaches to mental health support. In it, individuals and services have shared what they believe would improve support. Their hope is that this could easily be implemented with a shift of focus and resources. A true partnership between primary and secondary health services and the voluntary sector

[1] https://www.healthwatchyork.co.uk/resource-hub/publications/
[2] https://www.healthwatchyork.co.uk/resource-hub/publications/reports-2023/

could address many of the issues that people have shared with us with each organisation delivering the services and support it is best placed to provide.

It is widely accepted that significant changes are needed to shift our model of care towards prevention and early intervention. The challenges in doing this also remain – namely that it is hard to invest in earlier support whilst continuing the services already available. The commissioning of services must change, with investment in early intervention and prevention support needed to shift the dial, alongside the statutory mental health services our communities need.

We believe a new approach is not only possible but can be realised in York building on and developing the current hub model and the role of primary care mental health link workers in GP practices. We look forward to discussions about how this can be implemented.

# Appendix

## Feedback, learning and ideas about the hubs (Yor Community Wellbeing Hub)

### The current hubs

As part of this engagement, people provided feedback about the Clarence Street Hub and the planned Acomb Hub. We recognise that some of this feedback may have been superseded by actions taken, particularly about the Acomb hub.

The feedback included:

- "It has such a welcoming, caring atmosphere. Everyone is helpful and makes me feel welcome."
- "Good, sympathetic staff - a really useful thing to have in York... and, in a crisis, the only place that was actually any help."
- "I went to the opening of the [Acomb] hub and I wasn't impressed. There was no signage. The area round the building was disgusting and there was no easy access for someone who is disabled. The acoustics are not good which would be awful for some neurodivergent people. At the opening everyone was shouting because of the poor acoustics. I met a representative and said that the landscaping needs softening. There is a nice space, but you have to climb over a fence to get there. There could be herb gardens. It could be a lot better. In the local area there is a great community and a lot of organisations doing things to wrap round people who are lonely. They need to link to the local community."
- "What are the objectives of the hub? I am a social prescriber and don't know anything about what they are planning to do. I haven't seen a vision. Nothing is clear and we need to know what is available."

- “Autism and learning disability services in York are struggling. Will the hub staff have any training in supporting autistic people?”
- “The hubs sound good but there is no trust for services. People have lost family members in the worst ways possible when it was completely preventable.”
- “We need to build on the hubs and what we have got there.”
- “Need better transport to get to the hubs and information about the bus routes the hubs are on.”
- “Need phone lines as well as physical hubs.”
- “… I feel I would definitely benefit from their support but cannot access in person.”
- “The Hub is a good resource - but there is honestly so little available apart from that. Converge and Ecotherapy at St Nicks are great - but they do not offer the direct mental health support that is so desperately needed in York.”
- “They couldn't help me as they said they can't offer any trauma therapy/treatment which is what I'm needing, and they can't offer me long term support which is what I'm needing. All they could do for me is a short six-week course and a group thing which I struggled with.”
- “My experience was of the nighttime service and it was awful. I was made to feel daytime services were not for people like me.”
- “I am 20 years old and have autism. Although I am high functioning with no learning disabilities, I would feel vulnerable going into the hub. Even with my mum. I have seen the building and I can’t be dropped off near it. I would need my mum to park outside if there was a carpark so we could walk in together. So, I would be less panicking to be able to get out and go in.”

**Future hubs**

We asked what else the hubs could offer. Responses included:

- “Short courses on a particular coping strategy e.g. managing anxiety.”
- “Information - what is a "hub"? What is it there to do? Which services exactly are involved? What numbers are planned for? Are they drop-in, or yet another service with a years-long waiting list to sit on? Why are they being provided?”
- “Free parking and in a well-lit area would be safer.”
- “I would want to be reassured it was ok inside and safe with well trained staff including NHS staff.”
- “A way of accessing it discreetly and with confidential space available.”
- “Employment support, holistic therapies, pain management/the mind and body connection support. Access to counselling/psychological support and assessments.”
- “Support for people that have experienced severe and complex trauma.”
- “A 24/7 place to go and feel safe. To be listened to and receive advice on how to stay safe and where to turn to get help. Wellbeing self-help groups. Professionals and charities working together. "A tell it once" system of sharing your personal backstory and current situation.”
- “Someone to talk to. Regular staff so they get to know you. People you can learn to trust. Somewhere to escape, somewhere that feels safe.”
- “Counselling, EMDR, CBT, post-natal support.”
- “Quickly accessible counselling and other access to a variety of treatments as well as experts who can refer to others.”
- “Young person’s support; older person’s isolation support; suicide ideation support; relationship breakdown support; homelessness support; county lines safety advice.”
- “Provision for survivors of child sexual abuse. These individuals deserve access to specialist support to heal, rebuild and thrive.

They are not mentally ill … they are traumatised. And trauma can be worked on very effectively."

- "Offering a safety net and encouraging joint work across all services, rather than creating another competitive silo."
- "Three different entrances, one for women only that leads to rooms that can only be accessed by women. One for men only, that again leads to a space for men only. One for anyone."
- "A welcoming entrance. Have a way of quickly dealing with things if it gets messy outside."
- "Somewhere that looks nothing like a doctors' surgery or NHS building."
- "Artwork from groups at the hub on the walls."
- "Something for kids to do if they have to come with their parent."
- "Always have all staff available – psychologist, psychiatrist, prescriber (nurse or doctor), nurses, mental health workers, counsellor – this should be the alternative to A&E for someone in a mental health crisis at any time with staff there to support someone at anytime. Have people available to section someone if needed and to get them to a safe place."
- "Have someone there from the police (not in uniform) or someone who can talk about police issues; how to get help if you are being followed, your rights, issues with your children getting into trouble etc."
- "Food and drink available – sandwiches, toasties, hot and cold drinks."
- "A room for someone in crisis to be able to be supported by a professional / person trained to de-escalate the situation."
- "A room for someone who is intoxicated to be supported by a professional or just to be in time of crisis. There should not be a no-entry policy for people who have used substances and come for help."

- “A peer support group of people with lived experience to talk to.”
- “A very good GP who understands the issues people might be facing including mental health and substance misuse.”
- “Have people there regularly from York in Recovery, IDAS, Change Grow Live and other local organisations.”
- “Group sessions with trained facilitators.”
- “Things to distract people – arts, crafts etc, but not television.”
- “Places to go for people to make phone calls, so they don’t do it in the same room as other people.”
- “In Lancashire you ring a number and get to the closest Asda and someone will meet you there within a set time. Can we do that in York?”
- “An introductory video that people can see and share online about what to expect when you get there and who you might meet. Make it friendly and walk people through what they might expect. Put it out on TikTok and Facebook. Make sure the people are really friendly and not just pretending!”
- “If you can’t get there yourself, there should be a helpline you can call and they will arrange for a taxi to come and get you and bring you to the hub.”
- “Need information about where they are, where is the closest bus stop, who will be at the hub and whether it is safe/how it is safe.”
- “Have people with lived experience on any recruitment panels.”
- “There should be people whose only job is to make people feel welcome, to break down barriers.”
- “Staff should be willing to meet people at the bus stop and text them to provide reassurance before they get there and ease people’s anxiety.”
- “A clothes washing and drying facility.”
- “Have showers that anyone can use.”

- “Everyone should be welcome – no-one can be too difficult or challenging. Staff must be trained to support everyone.”

Another person had a different idea:
“Emergency type accommodation like student studios with self-contained bathrooms where people can de compress from their own environment when everything is too overwhelming such as when in the family home but they need some time to calm and have space for a few days or a week.

“… a block allocated for young 20 years old onwards with autism and some linked mental health problems to be able to live independently and move forward in life whilst having the York mental health service to be fit for purpose and be there during their navigation into the adult world.

“… I am 20 not a child but I cannot afford to rent fully. But I need to feel better and get my mental health team to keep me well. And have a safe place to live and learn to cope with normal life experiences and learn skills.

“… Respite is also needed. For me, I don’t get a break from my family home. Then my mum doesn't get a break at all. There needs to be some system to help us all with mental health. … I would maybe be in a better place mentally if had regular breaks from the family home. They need their time to recharge to be able to care for me. My experience is that I reach burnout but my Mum my carer also gets exhausted and is in burnout too.”

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