**The Denny Review**

**Health Inequalities Report**

**About YMCA Milton Keynes**

YMCA Milton Keynes has been established since 1981 and in that time has supported over 10,000 young people aged 18-35 through emergency accommodation and supported housing. We are the largest provider of dedicated supported housing to young people in Milton Keynes. We work with young people who have experienced homelessness and provide them with, not only a safe place to stay, but a range of support services that empower them to belong, contribute and thrive.



YMCA Milton Keynes £18.5 million development in central Milton Keynes

**Our Resident Community**

The University of Northampton independently reviewed YMCA Milton Keynes & its services and produced the following data. These statistics are constantly in flux because we have a transient resident community of up to 242 young people but will give a general overview of the level of needs our services meet:

* 66% of residents were homeless before coming to the YMCA
* 27% of our residents are Black & Minority Ethnic (BAME)
* 13% of our residents are LGBTQIA+ (a total of 27 young people currently) of which 3% identify as transgender
* 60% of our resident’s class themselves as having a disability, predominately due to mental health issues
* 50% of our residents report a background of trauma
* 54% of our residents have been victims of domestic abuse
* 45% of our residents have been involved with the criminal justice system
* From our own data, we know that in the last 12 months 8 male residents and 6 female residents have attempted suicide

Many of our residents have multiple complex needs which are a unique combination of the varied experiences highlighted above.

Below is a table of the different conditions declared when residents were asked about their disabilities:



Staff feel the numbers are much higher in reality, but the range of conditions highlighted here is an accurate representation of the diverse support needs present in our resident community.

**Our Demographics**

As demonstrated above, our resident community includes many of the groups listed within the Denny Review:

* Ethnic minority communities living in deprived areas
* Disabled people living in deprived areas
* Homeless people
* LGBTQIA+ communities

For this report, we spoke to 47 young people who live at YMCA Milton Keynes based in central Milton Keynes. We collected some basic demographic information that young people felt comfortable to voluntarily share, recognising that half of our residents have a background of significant trauma which could include growing up in the care system or direct experience of the criminal justice system. This means that they may find direct questions challenging or can experience even a basic level of interviewing as an interrogation. Some residents can also question the motive(s) of professionals seeking their information.

That being said, all young people felt comfortable to share their information and views with a trusted professional in a familiar setting. We clearly explained why we were collecting the information, and how the information would be used. All young people reacted positively to the idea that health and social care commissioners were interested in hearing from them directly.

Below is the demographic data we collected during the consultation period:

**Age**

YMCA Milton Keynes residents are aged 18-35, with the age breakdown of those consulted outlined below:

**Gender**

Young people were asked to self-identify their gender:

‘Other’ includes three transgender men.

**Ethnicity**

Young people were asked to self-identify their ethnicity:

Mixed Other includes three young people who identify as both Bermudan and American, both Black British and Caribbean and both Jamaican and Irish.

**LGBTQIA+**

Young people were asked if they self-identified as LGBTQIA+:

Those who answered ‘yes’ included those that identify as lesbian, bisexual, pansexual, and transgender.

**Disability**

Young people were asked if they self-identified as having a disability, including mental health conditions:

Some young people declined to answer and are marked as ‘undisclosed’.

NOTE: The interviewer noted that many young people who did not self-identify as having a disability later spoke of multiple diagnoses in their comments including depression, anxiety, PTSD, autism, learning difficulties etc. There is a potential therefore that the graph above significantly underplays the disabilities present in the group of young people interviewed. It also suggests that young people may not understand what having a disability means beyond traditional notions of physical disability.

**Experience of Homelessness**

Young people were asked if they have experienced homelessness:

Some young people declined to answer and are marked as ‘undisclosed’.

**Our Methodology**

For maximum success, we utilised a variety of resident engagement techniques including informal face to face conversations and group sessions. We engaged with 47 residents in total across all three stages of our housing pathway including Supported Living, Shared Living, and Independent Living.

47 residents were engaged informally in person at YMCA MK either individually or in small groups of up to 6. These direct comments from residents form the main body of text. The interviewer has experience in both youth work and community engagement and used physical prompts and open questions to encourage dialogue. Comments have been written as they were said to the interviewer in their full form although expletives have been edited or excluded in some circumstances.

We asked participants to self-identify in the following categories only: age, gender, LGBTQIA+ status, ethnicity, disability status, and experience of homelessness. This methodology promoted engagement and protected young people’s anonymity and therefore the integrity of the comments given.

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**Our Findings**

Below are the young people’s comments written as they were said to the interviewer grouped loosely by topic or theme:

**Accessing GP Surgeries**

‘The GP now feels really accessible to me. Before, I had to go in. Now, they have an app so I can send photos and book a telephone call and they can make an assessment that way. I don’t work in MK [Milton Keynes] and I can’t always get to weekday appointments so it’s the best way for me currently’, Female aged 25.

‘I prefer when I can phone to get an appointment. At my new GP, you have to book online at 8am and I don’t like it. When I phone, they tell me I’m not allowed. I have learning difficulties so I can’t use the website. When I call, I can talk to a person and explain what I need. The website is too confusing for me’, Female aged 23.

‘I moved to Whitehouse GP now as my GP at CMK [Central Milton Keynes] stopped my referrals that I had from a previous area from consultants. This GP was my named GP so I asked to change GP’s, but they wouldn’t let me, so I changed surgeries instead. The process wasn’t beneficial for my mental health. I find it really difficult to book online for 8am, with my needs I find it hard to get up and remember appointments often. At Whitehouse, they have a dedicated Mental Health Nurse. You can phone at any time, and they will help’, Male aged 30.

‘I know the receptionist at my GP so she always gets me in, that helps!’, Male aged 33.

‘Accessing the GP is stressful, then you have to wait months for an appointment, you don’t get a kind response. Sometimes I’m on the phone for 10 minutes waiting, sometimes I don’t call, sometimes the help isn’t worth it. I’ve been waiting for a psychiatrist referral for 2 months. They don’t update you; they should give you a holding letter’, Male aged 24.

‘I think all health services are crap. My keyworker has to support me to get appointments, I get anxiety talking on the phone. I do it, but I don’t like it’, Male aged 30.

‘GP’s never answer the phone and when they do, they just prolong the situation and don’t take you seriously – you have to be literally dying, or they just refer everything to COVID. You can wake up with a headache and they just say COVID, everything’s COVID. Doctors don’t doctor anymore. Everything is an answerphone, or not even a person, or a person not a doctor – they try and triage you over the phone & they assume things. Assume it’s COVID!’, Male aged 30.

‘GP is kind of long, they don’t answer your calls. They have me on hold for an hour, and then answer and tell me to call back Monday. It takes three weeks to book an appointment’, Female aged 20.

‘Anyone can call, but it’s hard to get seen in a reasonable time. Last time I called, they said it would be two months to get an appointment. It took me one and a half hours of waiting before they told me it would be two months to see someone. In that time, the illness would resolve or I’d be dead!’, Male aged 26.

‘I don’t go to the GP often. I was registered but it was in Whaddon which is a trek. [My keyworker] is trying to help me move GP’s now. They are easy, but you do have to make an effort to access them’, Male, aged 21.

‘I think the GPs are rude. I know they’re stretched but it’s not helping me’, Female aged 22.

‘I find it really hard to get an appointment with my GP, they don’t get to the bottom of the problem. You get referred on, but it’s not to the right department. Or you are referred, but the appointment is for a years’ time. I can never see appointments on the online system for the next day, I try to call them but it’s impossible to do that – it doesn’t put me on a waiting list, it just ends the call’, Female aged 22.

‘I don’t go to the doctor, I only get help if I have a medical emergency – I just call 999’, Female aged 23.

‘I’ve tried signing up to the Bradwell Common GPs. I’ve called 3 times, been in twice. I’ve put in two registration forms but they just keep saying it’s not coming up on the system. I don’t feel like they are taking it seriously. I really need support at the moment for my mental health and I think they need to take more responsibility for their side of things’, Female aged 19.

‘It depends on the day, depends on the time of the call. If you call in the morning, it’s not that long, but if you call at like 1pm then it’s half an hour [waiting] at least’, Male aged 21.

‘I’ve been waiting for 8 weeks to talk about my mental health with a doctor on the phone. They told me I’d speak to someone within a month’, Female aged 29.

‘Doctors have forgotten to send prescriptions before, so I’ve withdrawn from a really strong dose of anti-depressants which made me feel suicidal and emotionally distressed - it’s really dangerous to do that’, Female aged 29.

‘You have to declare your personal business to a receptionist and beg for something that should be available to you regardless’, Female aged 29.

‘GPs are just crap. I can’t get an appointment, when I do get through on the phone, they say you have to access the online portal. When I say I can’t, they hang up on me’, Male aged 27.

‘I can never get an appointment. They are fully booked, and I have to wait months to see anyone. Some people just walk to their doctors and get seen straight away, I don’t get it’, Female aged 29.

‘I needed a blood test for anaemia, they said they’d call me for an appointment but they never called. Since then, I haven’t bothered. I don’t see the point in going’, Female aged 21.

‘GPs are hit and miss, I think. It should be the same across the board’, Female aged 29.

‘I don’t want to change doctors when I move. I have a GP I really like in Fenny Stratford, but I now live in CMK. I think there should be special circumstances where they allow you to stay. [Why do you like your GP?] I like him because he listens and takes the time, goes over the five minutes he’s allowed with me. He gives me options and lets me ask questions. He lets me choose. That’s why I will only talk to that doctor’, Female aged 29.

‘Phone consultations only give doctors five minutes to deal with you. I was trying to explain my codeine and anti-depressants cancel each other out, and then he suggested an anti-inflammatory which gave me bad side effects before. He asked what side effects and I said constipation and back pain so he prescribed me laxatives as well. I said I work, I’m at college, I can’t take them. It’s a really good example of my voice not being heard. I also asked to change my anti-depressant which he forgot, and I withdrew from badly, it’s a good example that five minutes isn’t enough time to deal with a patient’, Female aged 29.

‘GPs should be able to discuss more than one issue in the appointment. If they could cover multiple issues then less appointments would need to be made. Sometimes it can be quickly resolved’, Male aged 27.

‘I’d like to receive GP appointments at the YMCA, I think it would really help. And eye tests too, all of it here’, Male aged 27.

**Accessing Walk-In Clinics and Emergency Services**

‘I think A&E is great, every time I’ve been I’ve never had a problem. I’m epileptic so I’m rushed into hospital once a month, I spend a lot of time in there!’, Male aged 27.

‘They’ve saved my life a few times actually [in A&E]. They saved me when I got stabbed. They saved me when I had a heart attack, I’ve had two now. The staff are polite… and flirtatious, the nurses!’, Male aged 33.

‘Twice in a week I was losing consciousness and I waited for hours [at A&E] but I’m ok with that, I got sent home with nothing. The problem has continued but I don’t go to A&E anymore, no point. I might go to a walk-in centre instead’, Male aged 24.

‘It’s like, some [people] are seen twice before you are seen once. It feels understaffed. It feels like you have to prove you are in an emergency’, Female aged 24.

‘A&E… I can’t fault them. I always get seen straight away. I do wait, four hours, but I take my crochet or my iPad to watch a film, keep myself busy. They do their job, I don’t mind it’, Female aged 29.

‘I don’t understand why those who are more injured have to wait longer at A&E? I don’t feel staff take us seriously because we are younger’, Female aged 24.

‘A&E is so confusing, there are like 8 entrances. It’s so hard to get around’, Male aged 23.

‘I was stabbed in my spine; I went to A&E, and I was leaking blood. I didn’t get seen for a couple of hours. I was in a huge amount of pain. They said it wasn’t life threatening. I had to have crutches and physio to learn how to walk again, it was very blasé – no one was actively supporting me. I was 15 then, but now I wouldn’t go into a hospital. I don’t feel comfortable when I go there, I just get a bad vibe from it. They could make it more comfortable, but they choose not to’, Male aged 23.

‘I wouldn’t access A&E alone; I can’t go alone. I was allowed to take a friend which meant I did go, but I wouldn’t have stayed if this wasn’t the case. The environment is very busy, noisy, too much going on – it makes my anxiety worse’, Male aged 30.

‘I think A&E is slow as f\*\*\*. I broke my finger and I was in loads of pain. I called prior to going to arrange a time to be seen, I was still sat there for two and a half hours. Then I got sent away, and then they put me in an arm cast for a broken finger’, Female, aged 23.

‘I find the staff quite cold normally [in A&E], they seem stressed’, Female, aged 23.

‘I’ve been to A&E quite a lot actually… [When entering in an] ambulance A&E is perfect, they see you so quickly. It makes sense. I’ve arrived at A&E at night, & I wasn’t seen until 10am the next morning when the doctors came in. I recently had a broken foot from work, and I wasn’t seen for 11 hours. They told me I needed to rest it for 2 weeks, I can’t do that – I need to work’, Female aged 22.

‘You do get seen faster if you go in in an ambulance, I do intentionally try to get an ambulance as I know I will be seen quicker. I think lots of young people do it, it’s the only way we get taken seriously’, Male aged 23.

‘[A&E is a] hostile environment’, Male aged 22.

‘The walk-in centre has to triage you, so those who are worst get seen first. Last time I went, I waited for five hours. I don’t know what other people had but my throat was closing up and I was struggling to breathe or eat – it was the most painful experience I’ve ever had’, Male aged 26.

‘[A&E is] horrible’, Male aged 30.

‘Children get seen quickly in A&E, and older people get seen, but young people don’t get seen. I feel like receptionist’s stare at you and don’t think you should be there; they can be really rude, and I don’t need it really. The nurses and actual medical staff are always really nice, it’s just the people behind the desk’, Female aged 22.

‘[Your experience in A&E] depends on what you go for. Every time I’ve gone for something visible, it gets taken seriously. If it’s something they can’t see, it feels like it doesn’t matter. The other day I had a fever and I felt like I was high. I went to the walk-in centre; they said I had epiglottitis which could be fatal if left untreated. They took me straight to A&E, the walk-in staff handed me over, but the A&E nurse said, “you are able to get around so you’ve probably got a sore throat”. They did tests and it turned out I did have it, and another infection too, but because they couldn’t see it, they didn’t believe it until the tests came back. [How did it feel?] It feels like shit. I felt so unwell, I had a fever, I couldn’t focus and I just wanted some help’, Male aged 23.

‘[Doctors] only see blood results as proof that there is something wrong’, Female aged 24.

‘I only go to A&E when I need too. The people behind the desk at A&E are condescending, they always say I need to go to the walk-in centre’, Male aged 23.

‘One time I had COVID, I didn’t know it yet, but I felt like I was going to die. I called an ambulance as I couldn’t even walk, and they told me I wasn’t a priority. It took seven hours for the ambulance to come. When I asked them why it had taken so long for them to arrive, [the paramedic] said “some people exaggerate their symptoms”. I reported that he’d said that to me, but no one ever got back to me’, Female aged 25.

‘The walk-in centre wait time is longer than A&E, and they always send you to A&E anyway, so you have to wait again. It’s just so hard to get seen’, Female aged 22.

‘The [A&E] staff will say come back to A&E in a week, but I go back, and they send you to the walk-in clinic’, Female aged 22.

‘An ambulance crew forced me to come down to the [YMCA] foyer from my bedroom, and I was vomiting at the time. They refused to take me in, as my vomiting had briefly stopped, and they said I was having a panic attack. I wasn’t. In the end, my mum took me down to the hospital and they admitted me straight away, and the ambulance people saw me in my bed and looked so shocked. I think that they think we are lying just to get admitted to hospital’, Female aged 22.

‘My experiences with A&E have not been great. One time I fell down the stairs and I had numbness down the back of my legs. I had to wait 12 hours for an MRI, and they discharged me twice without even looking for me in the building. Another time, they left a catheter [cannula] in my arm for 6 hours which I didn’t need as they were giving me pills by mouth. I had to take it out myself in the end, it really hurt’, Female aged 29.

**Accessing Mental Health Services**

‘Last year, I had a mental breakdown and I was really unwell. I was planning to take an overdose, I told them “I want to take an overdose, I want to die”. The [A&E] nurses said, “you look really on edge, here is some medication so go home & take it and we will call in an hour”. An hour later, I was back in A&E as I’d taken all of the medication and more, and they just shouted at me’, Male aged 22.

‘Mental health [support] is few and far between. Mind and GPs, the NHS, don’t interact and I find it frustrating. [Mind] are all the way over in Bletchley so they aren’t that accessible. I struggled to find it. I find the travel expensive, they do have a support line’, Male aged 30.

‘There is not enough support and resources to help people, in general, but especially with mental health’, Female aged 29.

‘I think mental health [services] should be a lot more. I think we need people to talk to… activities… support really’, Male aged 29.

‘I think mental health is misunderstood. Most people I’ve met in [mental health] services don’t care about the person experiencing mental health. I’ve needed help since I was 13, and I didn’t get anything [in terms of support] until I demanded it. I still had to wait three months even then. I feel like they just pity you – have a bath, have a cup of tea’, Female aged 21.

‘[Mental health services] haven’t always taken me seriously, no fast response, they just fob me off’, Female aged 19.

‘I went to the hospital for mental health support. I felt like they didn’t care, they were judgmental and came to their own conclusions without listening to me. They referred me for alcohol support but I didn’t need that, I took alcohol with an overdose – that wasn’t an alcohol problem, it was a suicide mental health problem. I just felt like the mental health nurses didn’t want to be there. Why do that job if you don’t want to listen? If you don’t want to help?’, Female aged 25.

‘I had to wait for three years for diagnosis as they kept handing me around and my GP didn’t take me seriously and said my anxiety and depression was ‘normal’ for my age even though I was self-harming at 13. I was in care, and once my mum took us back, I didn’t get any support or therapy, and I’m still experiencing the effects from it now. I suffer with CPTSD, I struggle to work, can’t do everyday activities alone and daily tasks are a struggle. I eventually got medication, but they caused physical issues like I got anxious ticks so now I can’t drive. My CPTSD will never go away, and I will suffer from panic attacks, depressive episodes, and manic episodes for the rest of my life. [How does it make you feel?] I feel angry, let down and upset. If I got the help I needed sooner, I could have been fine’, Female aged 20.

‘I think for some people therapy is more important, medication can work in the short term, but you need therapy. Some people don’t know how to manage their own care’, Male aged 22.

‘Mental health support is really poor. I’ve gone to A&E several times because I wanted to un-alive myself and I’ve just had a conversation. They gave me a leaflet with services on it and that was it. I could have gone home and… yeah’, Female aged 25.

‘Mental health is a double-edged sword, I’ve been accessing services since I was 10. The main issue is the wait times, I waited a year for group therapy and went once, realised it didn’t work for me and so now I’m on a waiting list again. There is no support or services in between whilst you are waiting, you are left alone to deal with your stuff’, Female aged 29.

‘Mental health support just want to send you to group therapy all the time. I don’t want to share my issues with 10 other people. I feel their stories could trigger me, and vice versa’, Female aged 22.

‘No one really helps you that much with your mental health, you have to figure it out for yourself. I was directed to the Mind app but it wasn’t helpful for me, it might work for others but it’s all relax, chill out, and I need something stronger than that. I think you’ve got to build your own mental fortitude, a lot of what’s out there is for a stereotype [of a person with mental health issues] rather than what I personally need’, Male, aged 21.

‘I think people think [mental health issues] is an easy way to get out of work, but it’s not. I work. They always want to give you anti-depressants and say it’s anxiety and depression when it’s actually ADHD or something else’, Female aged 22.

‘It takes ages to get mental health support, you have to be on the waiting list for ages’, Female aged 19.

‘I don’t think CBT works. With the mental health team, I think they need staff with lived experience. I don’t want to be on medication that makes me feel like a zombie or go to group therapy. I think someone with lived experience would make better choices to give better care. Midwives often have babies, so they know what it’s like, it’s why they choose to do it’, Female aged 22.

‘I’m really enjoying talking therapies for my trauma. The GP referred me to an agency. I think I waited 3-4 months, I was surprised as I thought it was going to be at least a year’, Female aged 27.

‘I’ve been referred to talking therapies but it’s online, but I would rather it be in person. I want to be in front of someone and speak to someone in person, I don’t find being in my own surroundings helpful. I made it clear about that from the start, but it wasn’t under I met the therapist online who agreed that it wasn’t the right fit for me that they took it seriously. They didn’t believe me, but they believed a professional. This is what I mean when I say they don’t listen to us. Now I’m back on another waiting list waiting for support, they didn’t listen so the time has started again’, Female aged 19.

‘Mental health support is woefully unhelpful. They ask you questions & regardless of how I answer they give me twelve pieces of paper of other people to call. I think what’s the point? Why are you here? My friends and I have all experienced the same thing, our severity didn’t seem to impact it – from suicidal thoughts to mild anxiety, same thing’, Male aged 26.

‘I have PTSD, anxiety, separation anxiety, depression and I was diagnosed with bipolar when I was younger. Counselling didn’t work, tablets didn’t work, so I’m going day to day without anything. I need someone to actually listen, to actually be there. I’d like something to distract me. When I was young, I went to the local family centre and they were great, I got asked how I felt on a scale of 1-10 and it helped me to share how I felt. I feel like professionals judge too much, they just tell me to get over it’, Female aged 26.

‘[Mental health support] is about having someone to talk to when I need it. I speak to my keyworker but I wouldn’t talk to them about some things. I see [my keyworker] once a week, and they really help me, but it would be good to have someone else to discuss this stuff with – once a week isn’t enough’, Female aged 26.

‘When you are sectioned, they say they want to help you but it doesn’t help you at all. They are really cold towards you, and everything feels very black and white. It was really scary. And once I was out, they only saw me one more time after’, Female, aged 23.

‘[As someone with autism] mental health doesn’t work for me. It triggers me, it makes me worse. I accept and love myself, but when I access mental health services it just doesn’t work for me. I feel I’m very self-aware… [when I do access mental health services] I feel triggered, I feel uncomfortable and I feel really anxious. I did counselling in school but my brain thinks it’s when I have to share details. I carry so much trauma, there is too much, and I was taught not to share my emotions so I find counselling really hard. Breathing exercises just don’t work for me, it doesn’t feel good in my body. I can’t imagine what good health services for me would look like. I hope that there will be a service that meets my needs in time’, Male aged 19.

‘I think the more I’ve learned to advocate for myself, the better [support] I’ve had. In my early 20’s, it was hard to open up and tell [health] services how I’m feeling. When I opened up, I was able to access the right services’, Female aged 27.

‘My epilepsy meds cause depression. I’ve found it affects me as a guy. Men in this culture can’t show their feelings, it’s seen as weak. I have found my mental health support [quality] depends on whether it’s a man or a woman. You can get relatable therapists, but I think most are there for the high need’s patients because that’s where the money is. There’s no help for guys, its all “you’ll be ok”’, Male aged 33.

**On Mental Health Stigma**

‘I think personality disorders are really stigmatised, most psychiatrists just want to give you pills and tell you to go away’, Female aged 21.

‘With mental health, I didn’t get any support with my schizophrenia. Other people think you are scary so they put you to one side. I didn’t get support. When I was in the Marvel House, for people with schizophrenia and serious illness, people who can’t cope and that. It was shit, you don’t see no one. You’re locked away. It’s worse than prison. No one can visit, you can’t leave. It’s all security gates. They have rooms with support workers and I know they are trying to help you but as soon as they know you have schizophrenia, they manipulate you and treat you like you have a big issue’, Female aged 29.

‘[Mental health] has lots of stigma, I know the help is there, but I don’t know what the help will be. I don’t always want to call a stranger. Sometimes I’m too ill to get the mental health support, or I forget an appointment and I’m penalised for it’, Male aged 24.

**On Reaching Crisis Before Gaining Support**

‘I have been with mental health services for a long time. If you want to be seen, you have to release, let it all go, then I get arrested. I’ve been arrested three times now for this. Then when you are in the cells… they have to see you on the edge... no past the edge. You have to try to kill yourself to get help’, Male, aged 25.

‘When you try to kill yourself, they just section you. For me, I think they treated me differently, I don’t know why… they took time to think that I shouldn’t be in with people much more serious than me… with personality disorders and stuff… but I went to A&E and they saw me… I’d taken an overdose so they made me drink charcoal and I was sick for like five hours. After that, the crisis team saw me every two days for a month. It was my fault that happened, I got a job and I stopped taking my medication. I had a big dip, and yeah, you know the rest. The support isn’t there [prior to crisis], it’s only there when you do it’, Male, aged 22.

**On Getting Stuck in the System**

‘You wait for ages, and then at the end of the wait, they say there’s nothing they can do. It’s the same across all the services. They make referrals to seem like they’re doing something and it never goes anywhere’, Male aged 19.

‘I struggled for ages to register with my GP. Then I got signed up, but they didn’t have any appointments – even emergency appointments – until the next month. I couldn’t wait that long so I went to the walk-in clinic who gave me medication and said I’d need a follow up with the GP in a week’s time. The GP couldn’t get in me until the end of the month so I had to go with no meds again. I was waiting longer and longer as it went on, I think others would just give up. I had to put in a lot of effort and really chase them. If someone’s struggling, they wouldn’t be able to do all of this’, Female aged 19.

‘I don’t have a GP. I don’t have any ID so I can’t join. We tried to register at Bradwell Common. It means if I have any health issues, I have to go to A&E. I need a fit note from the GP for my universal credit, but I can’t get it as I’m not signed up to the GP’, Female aged 22.

‘Because I had to wait so long to move in [to the YMCA] and for CBT [Cognitive Behavioural Therapy], in between all that I think I started wanting to leave my house. I got so frustrated that everything was taking so long, I felt disheartened, like I deserved to be stuck where I was [with unsafe family members]. I mean I was born there, I couldn’t do anything about [my circumstances]’, Female aged 20.

‘I’m diabetic but I haven’t been tested properly, I had DexCom 1 fitted but when I moved to YMCA, I had to move GP’s and some of my records have been lost. Now my new GP are saying they only have the DexCom 1 sensor on my records and not the transmitter so they are saying they can’t re-prescribe it. I am constantly being hospitalised with high blood sugar, but I can’t even get a pin prick set to manage it for myself. I was with paramedics for four hours in an ambulance the other night and my blood sugar went from 2.9 and spiked to 4.3 and dropped again and then went to over 11 all in less than 15 minutes. When I share this with my new GP, they tell me it’s normal. I just don’t know what to do or where to go. It’s really affecting my day-to-day life’, Female aged 21.

‘When I was made homeless, I got referred to the council, but I never heard anything from them. When I called, the woman laughed and said I wasn’t a priority. I’m a young woman with disabilities and poor mental health’, Female aged 29.

‘I went to the walk-in, I was sat there in pain. When I saw someone, they referred me back to my GP so it was pointless. I was sat for 3-4 hours waiting to be seen. It was out of hours on a weekend so I couldn’t see my GP. I called 111, they advised me to go there, and then I just got referred back to my GP’, Female aged 25.

‘Sometimes I have to stay up overnight just to be awake to get an 8am slot [for a GP appointment]. I work nights so it doesn’t really work for me. I can get seen at the hospital, but then they refer me back to the GP, and I can’t see them! It feels like I’m being pushed from pillar to post. There are so many steps to follow and it feels overwhelming. I’ve been forced to go private before, but then I fall behind on my rent’, Female aged 24.

‘I haven’t had a period for a year and feel like nobodies listening. They make me feel guilty for calling. I feel stuck in a loop. I can’t afford to take time off work’, Female aged 24.

‘I often get caught in a loop between the walk-in clinic and A&E. The walk-in clinic say you’re too serious for them, but A&E say you aren’t serious enough’, Female aged 22.

**On A Medication First Approach**

‘[Mental health support] depends on your GP. My previous GP wasn’t helpful, just gave me medication and didn’t get down to the root of my issue. My new GP took time to understand what was going on for me, they also gave me medication but one better catered to my needs – it helps with my sleep and appetite, not just diminishing my emotions’, Female aged 25.

‘GP doesn’t listen to me; he just palms me off with anti-depressants. The anti-depressants mean I can’t work, they make me lose all motivation and I can’t sleep. I don’t take them; I need to work. I need to keep my mind busy. If I’m busy, I feel better’, Male aged 25.

‘Mental health assessments just make people relive their experiences only to just give them a pill, instead of trying to find the problem they say this is the symptoms for this, so they give me a pill. It’s not listening to or helping me with my feelings. They assume, they don’t listen properly and then prescribe any drugs – the wrong drugs – and it will make them worse. Some anti-depressants are downers or uppers, they need to know. They turn me into a druggie’, Male aged 30.

‘It’s so easy to give out pills, but they should try other things like go to the gym’, Male aged 30.

‘[GPs] just stick you on tablets, they just want to go for the easy thing. It’s quick, they can get you in and out and on to the next patient’, Female aged 26.

‘The GPs don’t seem to listen; I’d like them to listen more. I went to the GP for mental health support, they just threw medication at me. It just made me worse. They suggested talking therapy, but I’m still waiting to hear from them two years later’, Male aged 29.

‘I think they [GPs] push pharmaceuticals if I’m honest, instead of trying to solve the situation. My epilepsy meds give me anorexia, they melt your teeth. I think the meds I’d like to be on are only available privately, I shouldn’t have to destroy my body because I’m on the NHS’, Male aged 33.

**On Sharing Side Effects**

‘I don’t feel like [the NHS] share the side effects of [mental health] medication properly. I had some medication for suicidal thoughts but in the first week, I wanted to kill myself even more. They didn’t tell me that until the most recent time. Luckily, I could manage those thoughts but some people might not’, Male aged 22.

‘I went on anti-depressants but I wasn’t warned about the side effects. Honestly, the doctors are rubbish to me anyway so I don’t bother’, Female aged 24.

**On Accessing the Appropriate Service**

‘We need to know when to call 999, lots of people call 999 when they shouldn’t I think’, Female aged 23.

‘I think people go for ridiculous reasons [to A&E], or no reason actually. They might be trying to get drugs out of it. I think people go, not all people but some, but they block the waiting list’, Female aged 21.

**On Receiving a Diagnosis**

‘Diagnosis is important to me, so I know what’s going on in my head. If I know what it is, I can fix it. I don’t know, a diagnosis makes it feel easier to cope. With a diagnosis, you can manage your condition for yourself. I can go to my keyworker, and we can be like: This is what’s up, and this is how we sort it’, Female aged 26.

‘You need a diagnosis to access the support you need’, Male aged 25.

‘I spent ten years undiagnosed not understanding who I am or what’s going on for me. I didn’t know where to go or what to do, or how to access help. Having a diagnosis means I can research and learn about my conditions. Since I’ve been diagnosed, I don’t overthink or worry about what’s wrong with me or why I am the way I am – it makes sense to me now’, Female aged 29.

‘I’ve been waiting for [an Autism & ADHD] diagnosis but no luck. It takes years. It’s not seen as a priority but it means so much to me for closure and clarity. [Without it, it] makes me revert to feeling like a child… make me feels vulnerable’, Female aged 24.

**Accessing Drug and Alcohol Services**

‘I was engaging with ARC, but I just didn’t turn up to meetings. I was either too drunk, or on drugs, or not in the [YMCA] building. It’s just not the right time, so I wouldn’t access the service however it was delivered. I think I need to be in the right place to access it’, Female aged 22.

‘I’ve called up for alcohol support before, they took all my details and then they never got back to me. I think I called AA? I’m not sure. They were absolutely useless’, Male aged 26.

‘I do have a problem with alcohol and cocaine. When you are homeless, time drags. You are tired all the time so you take it [cocaine] to stay awake. Then you get a come down, but I don’t want to feel that, so I take a Zanex. When I take Zanex, I lose time. I took 5 Zanex and ended up in A&E but I didn’t know where I was. I only knew I’d been to A&E the next morning because I had a hospital ID tag, the ones they put on your wrist, on my bike. I was like, did I go to A&E or did my bike?! I’m not addicted to Zanex though’, Male aged 29.

‘The main issue for me is substance misuse, that’s my biggest problem. I don’t have many excuses now not to take drugs, I have a roof over my head… but I’m a realist, it’s going to take me years to get off drugs. I have to want to do it’, Male aged 29.

‘One of the only ways to get by on the streets is to do crack or sell crack, you have to do one or the other. You hit rock bottom, and people are waiting to take advantage of you. I wonder, what’s it like for a female or someone with mental health issues [on the streets]? You wake up sometimes and people you trust have taken your stuff. I wonder… sometimes I wonder about the choice… you find yourself in poisonous situations, it’s tragic. Is it coercion? Who is responsible? There are so many reasons people take drugs’, Male aged 29.

‘I went to rehab for alcohol addiction, and it felt like home. It was a local place, and I miss it to be honest. I had so many friends in there. I didn’t have any responsibilities and I had loads of support. I don’t have a big family and I was all alone [outside of it], so it felt like home. Still feels that way, but the YMCA keep me going. I still would like to make more friends’, Female aged 22.

‘Drug and alcohol services are really good. I’ve been a recovering weed addict for the past 3 years. I didn’t have to wait for referrals, there were services I could just walk into and receive help. A good example is Compass [now ARC], they gave me one to one support and group therapy which I got access to straight away’, Female aged 29.

‘Only problem with Compass [now ARC], it that it wasn’t based in a very nice area so I had people offering me drugs on the way in – it really didn’t help!’, Female aged 29.

‘I did have a drug and alcohol problem, but they just gave me a booklet to work through. I want to talk to someone, not do a booklet and then book another appointment. By that point, I’d helped myself’, Female aged 21.

‘I smoke weed to manage my epilepsy. It’s similar to what I’d get if I could afford to go private, CBD it’s called’, Male aged 33.

‘I don’t know why alcohol is legal honestly. I think it costs the system a fortune, and there is a double standard. It’s OK to go out and drink beer with your mates in the pub, but you can’t smoke weed in your own home. Doesn’t make sense to me’, Male aged 33.

**Accessing Social Services**

‘I think the system makes me dependent and then it blocks my chance to learn to do things for myself… [social services] say they will remind you to do something, and then they don’t. I could have set an alarm for myself’, Male aged 24.

‘I don’t like the social services. They tell me I can see my daughter once a month. I can video call, but it’s not enough. It pisses me off because her dad can see her more than I can. I don’t always have a tablet or phone to Facetime from’, Female aged 22.

‘[Social services] don’t listen to the male party when it comes to children. I feel they’ve heard her side of the story and acted on it but haven’t heard my side. I need to be heard too’, Male aged 25.

‘I’m with Luton social services and they are on and off, ask anyone. Support wise it depends on the social worker. My current one is quite good, she bought me lots of stuff to help me settle in at YMCA. Most social workers are shit, but mine’s good. Some just do it for the money, but there are those that do it because they like their job – that’s better’, Female aged 21.

‘[Social services] tried to take me away, they tried to put me in care. I was going to lose my family. I did in the end anyway, but…’, Male aged 21.

‘I had a social worker when I was living in hostels aged 14 to 18. I saw my social worker once in four years, it was supposed to be once a month’, Male aged 27.

‘At the age of five to now, I’ve been with social services. They’ve been shit. I’ve been in and out of foster homes… I was sexually abused there; I feel they need to do more to protect us… They do try, but they give children to n\*\*\*\*’s [paedophiles] who abuse them for a long time’, Female aged 29.

‘I’m not sure about them [social workers]. When I was younger, I wasn’t sure if I had one or not. I had a social worker who took me out sometimes but she pushed me to say things about my mother – it put a lot of pressure on me as a kid. Later on, my siblings had a different social worker. I felt I could confide in her but I felt she used the information I shared with her against my family so they could take my siblings into care. I just wanted some help, but it made the situation worse. There was… tension you know, because of what I shared. Now my younger sibling is in care, they keep me updated and include me in his care plan. They do support me now with housing letters and things for my job. It’s really varied’, Female aged 25.

‘It’s been eighteen months since I’ve been involved with my kids. I was deemed unfit because of my mental health. The social worker asked my partner questions about my mental health but they never asked me. I feel I was written off because of it and I’ve been completely pushed out the picture. No effort to speak to me or to try and help me with my kids so I can have a relationship with them’, Male aged 31.

**Black and Minority Ethnic Experiences**

‘Giving birth as a black woman in A&E, it’s… my sister died. As a black person, or anyone from a different ethnic origin, there always seems to be a bad outcome or complication somewhere’, Puerto Rican Male aged 23.

‘I went to the NHS and got put through to a psychologist. She’d say I was coming back with a new thing each week; I had a lot going on in my life at the time, and she asked me why I kept coming with different things – her words were, “I’m not your therapist, I’m here to manage your issues only”. I asked for someone not Asian, and they gave an Asian psychologist anyway who then accused me of internal racism for requesting a non-Asian doctor. That is exactly why I didn’t want someone like that. She made comments about my religion, my dress sense – she said, “You’re quite Western, aren’t you?” – and couldn’t get the name of my hijab right even though I’d told her multiple times’, Asian British Female aged 25.

‘I’ve experienced a lot of racism [accessing the NHS]. One time, I said I had food poisoning and the paramedic said, “have you eaten chicken curry?”. I think to myself, why is that? Is it because I’m Asian? He then asked me if I eat ham and I thought why are you asking me this [the paramedic], he wouldn’t do anything related to my food. I could sort that with other staff later’, Asian British Female aged 25.

‘Somali is my first language and English is my second. I speak in English at the YMCA but Somali everywhere else. [Would you like anything translated?] Nah, I prefer reading documents in English’, Male aged 20.

**Transgender and Non-Binary Experiences**

‘I have transitioned from female to male, the GP and hospital still call me by my birth name, and it really impacts my mental health. I avoid anywhere or anyone who won’t correctly use my pronouns. I followed a process to get my name changed by deed poll and now my GP is using my correct name, but it’s been a long process. I just think if they used my correct name [from the start], it would be much easier, it's not that hard. It’s basic courtesy and respect’, Male aged 30.

‘I’ve moved homes about 4 times in the last 2 years, and I’ve changed GPs twice. I put Mr down on all of my forms, but they changed it to Mx. They didn’t ask me, they just changed it. I think it could have been linked to my hormone injections, I think they just assumed? Mx is still misgendering me, it’s not how I identify... I signed up as a Mr so why would they change that? It’s super frustrating. Mistakes get copied over from previous GP’s so you can’t even get away from it’, Male aged 23.

‘When you are waiting to be seen in the GP surgery, your name and title comes up on the screen. If it’s the wrong gender, it’s really hard. I have been a victim of hate crime quite a few times, that’s why I moved to the YMCA, so getting my title and gender wrong could actually be endangering to me’, Male aged 23.

‘I would like to see more funding for trans services, the gender clinics are so backed up. I’ve missed my last two hormone injections. They have been rescheduled by my GP a lot, then your hormone schedule gets messed up, and I can’t talk to anyone [at the gender clinic] about what to do so I’m just going without’, Male aged 23.

‘I knew I was trans when I was 11. My GP refused to let me access an under-18 clinic. I had to wait until I was 18 to refer myself and had to wait on the waiting list for two years to be seen. Also, you don’t get given help straight away – they make you wait to check that it’s definitely what you want. I’ve heard you have to wait six years in some parts of the UK now, I feel for young trans people coming up’, Male aged 23.

‘It was really hard to not kill myself [whilst waiting to access the gender clinic]. I think 40%, or 60%, of trans people kill themselves. Can you fact check that for me? Maybe if they put more funding in [to trans services] that number wouldn’t be so high. It’s not just the hormones or surgery that we need, it’s the [specialist] therapy as well’, Male aged 23.

‘Accessing therapy is a risk for transgender people. If you go through IAPT, you don’t know if you’ll get someone who understands trans issues – it’s a bit of a gamble. I did get a really good therapist actually, but I know some people don’t’, Male aged 23.

**On Autism and ADHD**

‘I’ve just been accepted for a full autism assessment. I’ve been waiting ages; the waiting list is 24 months currently. It really matters to me, but I’m willing to wait for it. The wait might mean I struggle to find work, it takes me a long time to process things and I feel really drained. I find bright places draining, I wear headphones and sunglasses to manage it. With a diagnosis I could get additional support and I’d really like support whilst I’m working and to have someone I can talk too if I need support. I hope a diagnosis will explain to employers and managers why I am the way I am’, Male aged 19.

‘I’ve been waiting a year and a half for autism and ADHD testing, I think I’d live a better quality of life with a diagnosis’, Female aged 29.

‘My autism and ADHD mean I clash with work. I can’t handle the stress. I don’t feel like doctors listen or accommodate me’, Female aged 24.

**On Consent**

‘They find it hard to find my veins, they poke me a lot. I have scars on my arms from where they’ve done this. I get faint because they dig the needle around. I said I wanted them to stop, they said they’d “take it easy” and then continued’, Female aged 25.

**On Being Signed Off**

‘Doctors don’t give me sick notes [anymore] – I have to call 111 but that just leaves me feeling angry’, Female aged 24.

‘The GP will sign me off for a month, but I just feel fobbed off. They don’t offer you any support in that time off. A friend told me that she had a three-hour call with a doctor when she was signed off, I had nothing. It’s really inconsistent’, Female aged 24.

**On Fatphobia**

‘I went to the GP last night and they should think about the way they say things. They said I was obese; it came out of nowhere and it really hurt me. The [health] issue was nothing to do with my weight, I’m on the pill as well which makes it much harder to lose weight’, Female aged 23.

‘I think weight is always mentioned [by GPs]. My friends who are a bit chubbier than me, they just always say you need to lose weight. I am slimmer so they treat the issue, but with my friends it’s weight first. They don’t even tell you how to lose weight, just that you need to’, Male aged 22.

**On Being Surveyed**

‘I wouldn’t want to be asked these questions by someone I don’t know, it’s personal you know. Those questions [listed in a survey], it’s too much’, Male aged 30.

**On Sexual Health**

‘With the sexual health clinic, why is it only for certain ages? I wanted to access Brook, but I couldn’t because I’m 29. Why can’t anyone just walk in? Everyone has sex, it’s natural’, Female aged 29.

‘I think you should be able to get appointments with gynaecologists directly, not having to go to the GP to ask them to refer you. Why can’t you just go direct to specialists?’, Female aged 24.

**Do You Feel Healthy?**

‘During the day I do, but at night I can’t sleep, and I have things running through my head’, Female aged 23.

**On Students Being Present**

‘I’ve had students in with the doctor before, and I don’t like it. I think they do it with younger people because we won’t say we don’t feel comfortable. I wasn’t given an option. Now I’d say I’m not comfortable with a student being present, but I didn’t feel confident when I was younger’, Female aged 27.

**On NHS Staff Development, Pay & Working Conditions**

‘Why don’t they give [future/potential] NHS staff free degrees and training to make it more accessible to poorer people? I don’t think people are encouraged enough to become nurses and doctors, it’s not an appealing job’, Male aged 27.

‘I don’t think NHS staff are paid enough; it should be a lot more. I understand receptionists must get a lot of abuse, but it needs to be professional. It should be kind and respectful to all’, Male aged 23.

‘Doctors get paid well everywhere else around the world, but here, they get shit pay. All of the NHS staff are underpaid’, Male aged 30.

‘A&E staff are understaffed & underpaid’, Female aged 21.

‘I do feel sorry for the doctors and nurses as it’s so understaffed, but that doesn’t mean they can treat you like shit’, Male aged 23.

‘GPs are ridiculous. They are so understaffed. They aren’t paid enough. They are so underpaid it’s not motivating them to help’, Female aged 21.

‘I think GPs are doing the best they can. They are overworked and underpaid… you are only going to get the quality of service you pay for’, Male aged 33.

‘They should employ more staff to decrease the waiting times, it’s unlikely’, Female aged 23.

**On Taking Medicine**

‘When I have to take something every day, I struggle to remember and follow routines. They say take it the same hour and this makes it even more difficult for me’, Female aged 20.

**On Receiving Letters**

‘Why do they send us letters? Like, it’s not very young people friendly is it? We like texts and emails, not letters. I don’t open them’, Male aged 27.

**On Sexism**

‘I’ve found accessing the GPs extremely difficult. I feel very dismissed by the GPs, they say “avoid that GP, he’s a bit of a misogynist” [Who said that?] The other NHS staff. I’ve found communicating with male GPs very difficult, I feel like I’m not trusted to speak accurately about what is going on with MY body. I feel like it’s dismissed as ‘women’s problems’’, Female aged 23.

**On Feeling Unimportant**

‘[The] lack of access, the lack of care… it… makes you feel like you don’t matter’, Female aged 29.

‘I’ve been let down by all of them, the whole system. I’ve had no support – I did it all by myself’, Female aged 29.

‘I feel like… babies and kids, a priority… elderly, a priority… adults 20-40, NOT a priority. I feel like we are slipping through the net’, Male aged 27.

‘I’ve done it myself; I’ve done it better myself. I’ve been sorting [my health issues] alone for the past 16 years’, Female aged 21.

**Contact Information**

If you’d like to request any further information about the contents of this report please contact Kat Newman, Head of Youth and Community, at YMCA Milton Keynes - kat.newman@mkymca.com / [www.mkymca.com](http://www.mkymca.com) / 01908 295 600