

# Towards Early Intervention for Youth Mental Health in Primary Care: A Qualitative Study in Two Deprived Urban Areas



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# Youth Mental Health



- Psychological morbidity among 21-27% of young adults in Ireland
- Ireland 4th highest rate of youth suicide in the EU
- Absence of services for the 16-24 age group
- Mental illness primary burden on health of young adults
- Depression, anxiety and problem substance use = 75% of this burden
- Early intervention is increasingly recognised as of value in treating youth mental health issues:

- Easier
- Cheaper
- More Effective

(Sanci et al, 2010)



# The Role Of Primary Care



Primary care is ideally suited for early intervention:

- GPs are the healthcare professional most consulted by young people with mental disorders
- Young people attend primary care regularly
- Gatekeeper for accessing secondary services
- Offer on-going support for those attending mental health services
- Fill current void for those falling between CAMHS and adult services



# The Problem



- Minority of young people with mental illness seek help from healthcare professionals, including GPs
- ❑ Emotional distress not always seen as medical problem by young people
- ❑ Believe that GPs may:
  - lack training in mental health
  - be dismissive
  - not offer 'talking therapy'
  - 'over-prescribe' anti-depressants
- Mental disorders common (31-39%) among young people attending general practice – most neither diagnosed nor treated
- GPs balancing dilemma between what is viewed as normal developmental changes in personality of a young person, and what is indicative of mental distress



# Limerick City and Dublin South Inner City



## Two Areas of Social Deprivation



**Dublin South Inner City:** long history of drug addiction, mental health issues and related criminality, mostly in relation to heroin and opiate addiction

**Limerick City:** More recent history relating to drugs, with certain areas now synonymous with gang culture, mental health issues, and addiction

Increased risk of suffering from mental and substance use disorders and related adverse outcomes, e.g. mortality, criminality, imprisonment, addiction, neglect

# Aim



To inform the future role of primary care in screening and early intervention for mental and substance use disorders among young people

## **Phase 1:**



**To describe experience of youth mental health and addiction treatment in two deprived urban areas**

# Method



## Qualitative Enquiry

**Semi -structured interviews with health care providers, with purposive sampling to reflect the experience of youth mental health treatment, using collaborators to aid recruitment**

Service Type	Dublin	Limerick
Primary Care – General Practice	3	2
Primary Care – Team	3	5
Community Agencies / NGOs	5	7
Secondary Care (Mental Health)	5	3
Secondary Care (Addiction)	2	2
<b>TOTAL</b>	<b>18</b>	<b>19</b>

- GPs
- Child and Adolescent Psychiatrists
- Adult psychiatrists
- Social workers
- Psychologists
- Youth workers
- Public health nurses
- Practice nurses
- Addiction counsellors.

# Method



- Interviews audio-recorded, transcribed verbatim
- Entered into Nvivo 9 for ease of analysis and collaboration
- An inductive thematic approach was taken to the analysis, to ensure the data drove coding
- Transcripts were read and re-read, and constant collaboration used to ensure codes created were accurately reflective of the data and not driven by researcher influence or bias



# Themes

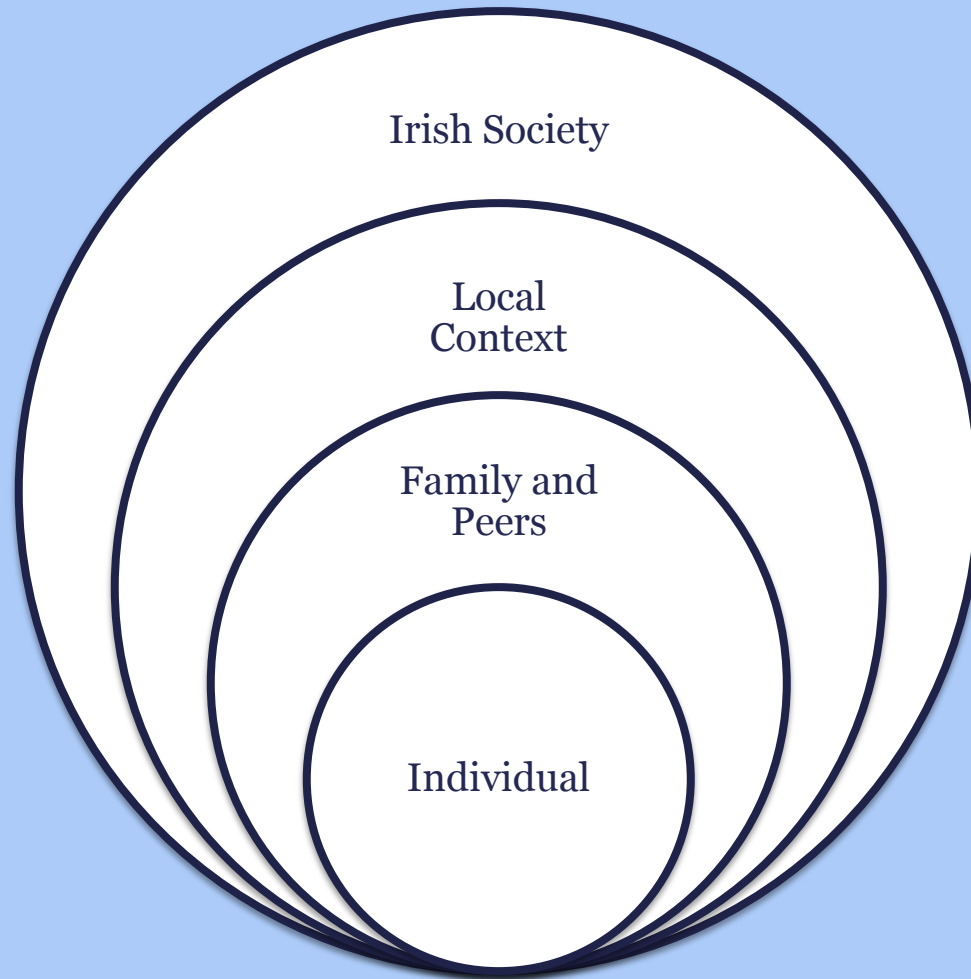


2 Main themes identified

**CONTEXT**

**INTERVENTION**

# Theme 1: Context



# Theme 1: Context

Irish Society	Local Context	Family and Peer Group	Individual
<ul style="list-style-type: none"><li>• Problematic Drinking Culture in Irish Society</li><li>• Stigma</li></ul>	<ul style="list-style-type: none"><li>• Bereavement</li><li>• Drug Culture</li><li>• Early school leaving</li><li>• MH and Addiction Problems the Norm</li></ul>	<ul style="list-style-type: none"><li>• Family Support</li><li>• Parental addiction and Mental Health Issues</li><li>• Role of Peers</li></ul>	<ul style="list-style-type: none"><li>• Anger Issues and Coping Skills</li><li>• Chaotic Lifestyles</li><li>• Delayed Maturity</li><li>• Non-disclosure of MH issues</li></ul>

# Theme 1: Context



## Local Area Context

‘...those children will arrive at twenty years of age with no skills...some would be kind of semi-literate, almost all would be out of school very young. They can’t cope with school, and they are on the streets and they are using marijuana and - like twenty-three year old thirteen year olds.’ Outreach Worker Limerick.

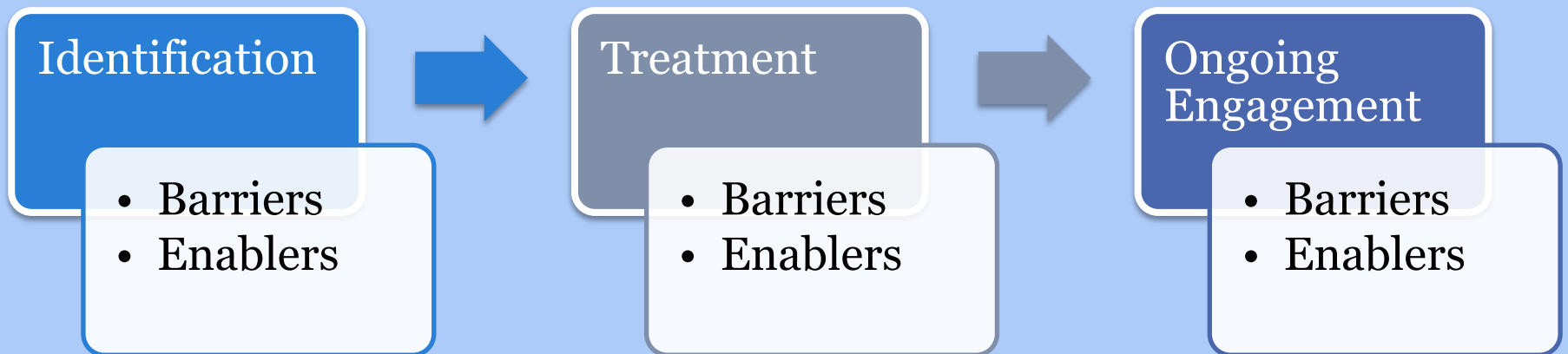
# Theme 1: Context



## Family and Peer Group

‘Unemployment or drug use within their wider families and people dying...sometimes I used to be shocked, I used to be like: how can this much happen to the one family? And yet it does, so you can see how it does put such stress on families’ PCT Dublin

# Theme 2: Intervention



# Theme 2: Intervention – Identification



## Barriers

- **Attributing Mental Health Issues to Puberty or Adolescence**
- **Confidentiality Issues**
- **Perception of Treatment as a Barrier**
- **Problems That Don't Require Psychiatry, but Need Intervention**

## Enablers

- **Building Relationships, Rapport, Trust**
- **Experienced Health Care Professionals**
- **Importance of Formal Assessment Tools**
- **Importance of Outreach Work**
- **Mental Health and Drug Awareness**

# Theme 2: Intervention - Identification



## Barriers

‘That is what I think is the biggest bugbear, because how can you get on and help these kids when they are saying to you very clearly “I don’t want my mum and dad to know”.’ CAMHS Limerick

## Enablers

‘You give them facts. They are very good at taking on board facts if you get them in time. It is not enough to come in and say – Thou shalt not drink- that does not work. What we have discovered that you come in and tell them that you are not here to judge, you are not here to tell them what is right and wrong.’ PCT Dublin



# Theme 2: Intervention - Treatment

## Barriers

- Cuts to Services, Lack of Funding Resources
- Differences Between CAMHS and Adult MH Services
- Gaps in Services for Young People
- Gaps in Primary Care
- Inefficient Use of Resources
- Organisations Under Stress

## Enablers

- Agency Collaboration
- Client-Centred Approach
- Integrating MH and Addiction Services
- Less Formalised Treatment
- Parental Involvement
- Quick Access to Services

# Theme 2: Intervention - Treatment



## Barriers

‘ideally we need a dedicated youth counselling service which is designed to be more acceptable to young people. None of it exists. It is woefully inadequate. Psychiatry is a big step. What we desperately need is something in-between. What ends up happening is you try and do that role yourself which isn’t so practical. Because first of all, I have no training and second of all I have no time.’ GP Dublin

# Theme 2: Interventions - **Treatment**



## Enablers

‘I don’t see why agencies that, for the most part, are populated by people who have got to third level education, and have had access to educational facilities, that their clients will never get near it for the most part, why they can’t put their intelligent heads together, and put their differences aside and work for the common good.’

Addiction Service Limerick

# Theme 2: Intervention – Ongoing Engagement

## Barriers

- Moving From Child to Adult Mental Health Services
- Treatment Engagement Cannot be Forced
- Under-Utilised Talking Therapies

## Enablers

- Continued Opportunity for Engagement
- Importance of Intrinsic Motivation
- Quick Access to Services
- School and Community Setting Involvement

# Theme 2: Intervention – Ongoing Engagement



## Barriers

‘Medication around here would be seen as quite an acceptable way to treat things. You will often get surprisingly [people in their] early 20s coming in looking for anti-depressants. If you suggest that a more suitable way to deal with it would be to engage in some kind of counselling they are very reticent.’ GP Dublin

# Theme 2: Intervention – Ongoing Engagement



## Enablers

‘Okay, you don’t want to engage with us now but this is where we are at. This is our phone number. You could pick up the phone anytime and make an appointment. You might have to wait a day or two. If you are really in distress, call us and we will talk to you for five minutes.’  
Counselling Psychologist Dublin

# Conclusions



- Large number of factors affect the development of mental health and addiction issues in young people
- Also affect their interactions with services
- Context plays a large role, but services currently not fully capable for this age group
- If primary care is to take on this role, needs to take into account the needs of young people AND environment in which they live

# Next Steps



- Analysis of young persons' data to gain further information on services from young person's viewpoint
- In conjunction with experts, to develop clinical guidelines for primary care for identifying youth mental health and addiction issues
- Develop these guidelines to be context appropriate for both Dublin South Inner City and Limerick City with help of expert panel, including young persons.



# Acknowledgments



- Participants in the study
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- Our Collaborators:

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Gerry Bury  
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