



Early intervention for youth mental health and substance use disorders: the role of the GP

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Early Intervention for Youth Mental and Substance Use Disorders in Urban Deprived Areas: the Role of the GP

D. Leahy, E. Schaffalitzky, W. Cullen & ‘The Youth Mental Health Steering Group’*

Introduction

In Ireland, psychological morbidity has been reported in 21-27% of young adults, while the rate of youth suicide is the fourth highest of 26 European Union countries. The challenge of youth mental health for primary care is especially evident in socio-economically disadvantaged areas where risk factors for mental health problems are especially common. Mental health care in primary care has been defined as “the provision of basic preventive and curative mental health care at the first point of contact of entry into the health care system” (WHO, 2001). However despite frequent interaction with general practice, young people may be reluctant to contact general practitioners (GPs), or even recognise them as a source of help when distressed. Health professionals also face many challenges when trying to identify the mental and substance use disorders, including fear of ‘over-medicalising’ young lives and misinterpreting depression as a normal response to the wider psychosocial context of a young person’s life.

Aims

This research aims to determine the role of the GP in addressing mental and substance use disorders among young people in deprived urban settings from the perspectives of *both* healthcare providers and young people and determine best practice to address these issues.

Methods

Semi-structured interviews were conducted with 37 healthcare professionals and 20 young people across a range of clinical sites from primary care, secondary care and community agencies in areas of socio-economic disadvantage in Limerick city and Dublin South inner city. Inductive thematic analysis was performed using NVivo 9.

Results

GP role and approach emerged as a key over-arching theme across both data sets in regards to barriers and enablers associated with help-seeking and early intervention for mental and substance use disorders.

1) Help-seeking – barriers

Some of the young participants did not associate the GP with mental health and tended to avoid discussion around issues that they felt their GP was not qualified to engage in:

“Personally I feel with the GP it is kind of like coming in and talking to you about how to make music, it is not your field, do you know what I mean. You are not really going to understand it. So, when I do see my GP, I try not to go into it too much because I feel - he is a GP; he doesn’t work with the brain. So, I wouldn’t go into it too much because I feel there is no point. Although I would like to but – I don’t think you would get much from it really – that is the way I would feel I suppose” (Young Participant – General Practice).

2) Help-seeking - enablers

Contrary to some participants feeling too ashamed to disclose their mental health problems with a familiar GP other young participants commented on the importance of having a good relationship with their GP to establish trust and confidence in their care:

“If your GP has a good relationship with you then, I think that is the way to go. I think the relationship that you have is important because you will believe in what they are going to say to you. A lot of the GPs would say things to you and you are in two minds so you have got to go and get a second opinion” (Young Participant – Community Agency).

3) Early Intervention for mental and substance use disorders – enablers

The GP was recognised as a first point of contact and an important link between the young person and external agencies by the majority of healthcare providers:

“The GP, it is just so useful to have someone who has all the information in one place. We all work at specialties and we tend to zone in on what our little interest is. In reality you really need somebody there who has everything. It is so useful as well when someone is referred here and you know all their history. I think always the GP is the first point of contact” (Child Psychiatrist).

4) Early intervention for mental and substance use disorders - barriers

Inappropriate or poorly written GP referral letters can result in further delays for young people with mental and substance use disorders who are in need of quick access services:

“We depend on the referral letter, the quality basically of the referral letter is the initial requirement to get past the gatekeeper. If the quality of the referral is not suitable, the letter will go back, and we might receive another referral from the GP with supporting evidence. We might actually ring the GP; I have often rung the GP” (CNM).

The lack of GP training in youth mental health and addiction can prove to be a major barrier for screening and early intervention of mental and substance use disorders in young people. All of the GPs interviewed in this study did not feel that they had sufficient training to address youth mental and substance use problems in their practice, and some GPs felt under pressure to diagnose the young person without sufficient training prior to referring them on to a mental health service:

“It is something that GPs have absolutely no training in. It used to be the case that if you got a letter like that you could forward it on to the mental health services and now they won’t accept that. The mental health services now...they want coded diagnosis on the referral from the GP before they will consider seeing someone. They are putting the onus on the GP to make a diagnosis. As a result I think because GPs are given really no training in this at all, anywhere along the line, not in college; maybe now in the GP schemes but when I did the GP schemes there was nothing. I think it is a big ask. If you are going to ask GPs to make the diagnosis then you have got to train them” (GP).

Conclusions

- General practice is central to early intervention for youth mental health, particularly in deprived areas.
- Further research to enhance our understanding of this issue, including epidemiological studies, qualitative accounts of young people’s experience and developing / evaluating complex interventions that promote early intervention are priorities, especially in deprived areas.
- Promoting awareness of mental health and the role of primary care in helping these issues, education of practitioners, and improving access to psychological treatments and for young people with more complex morbidity, specialist care are likely to be the key domains of such an intervention.

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