



Youth mental health in deprived urban areas: A Delphi study on the role of the GP in early intervention.

Elizabeth Schaffalitzky, Dorothy Leahy, Walter Cullen, Blanaid Gavin, Linda Latham, Ray O'Connor, Bobby P. Smyth, Ellen O'Dea, S. Ryan

Publication date

01-01-2014

Published in

Irish Journal of Medical Science;6th September, 2014

Licence

This work is made available under the [CC BY-NC-SA 1.0](#) licence and should only be used in accordance with that licence. For more information on the specific terms, consult the repository record for this item.

Document Version

1

Citation for this work (HarvardUL)

Schaffalitzky, E., Leahy, D., Cullen, W., Gavin, B., Latham, L., O'Connor, R., Smyth, B.P., O'Dea, E. and Ryan, S. (2014) 'Youth mental health in deprived urban areas: A Delphi study on the role of the GP in early intervention.', available: <https://hdl.handle.net/10344/4534> [accessed 25 Jul 2022].

This work was downloaded from the University of Limerick research repository.

For more information on this work, the University of Limerick research repository or to report an issue, you can contact the repository administrators at ir@ul.ie. If you feel that this work breaches copyright, please provide details and we will remove access to the work immediately while we investigate your claim.

Table 4: How important is each item in the implementation of youth mental health and substance-use interventions in primary care? The percentage results and average score of each item as rated by the expert panel. Items are listed from greatest agreement to least agreement

Items to help implement interventions	SA %	A%	D %	SD %	\bar{X}
Access to services, especially for psych interventions – which service can help appropriately, seeking accountability and standardization.	86	14	0	0	3.86
List of appropriate agencies or web resources located in central location	71	29	0	0	3.71
Creating appropriate time and space to explore the YP's issues	64	36	0	0	3.64
Which interventions can be initiated in primary care? Which in general practice?	64	36	0	0	3.64
Interagency collaboration – all services have the same knowledge on what happens re: treatment, flexible interface still maintained	57	43	0	0	3.57
Interagency guidelines	57	43	0	0	3.57
Knowledge development	57	43	0	0	3.57
Treatment guides are easy to use – evidence summaries	57	36	7	0	3.50
Development of 'Youth friendly practices' – accreditation or listing, allowing teens to attend these listed services even if registered with other GP or PCT.	50	50	0	0	3.50
Formalising role of GP / PCT input across youth environments – social, home, health and social services	50	50	0	0	3.50
Not overestimating what the patient knows – plain English, drawings for leaflets, presume no knowledge	50	29	21	0	3.29
Specific wording for questions which may be awkward to ask	43	43	14	0	3.29
Inclusion of schools (point of contact, info sharing, visit to PCT)	43	43	7	7	3.21
Skills development	36	64	0	0	3.36
Training for practice nurses	36	50	14	0	3.21
Primary care as an agent of social change in the community – more active role	29	71	0	0	3.29
Role of stepped care	29	64	7	0	3.21
Role of youth worker/key worker	29	57	14	0	3.29
Training for GPs / CPD course (build confidence, lessen stigma)	29	57	14	0	3.14

SA = Strongly Agree; A = Agree; D= Disagree; SD = Strongly Disagree; \bar{X} = mean score on rating (1-4); YP = Young Person; PCT = Primary Care Team.