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What is the role of general practice in addressing youth mental health? A discussion paper

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Authors	Cullen, Walter;Broderick, N.;Connolly, D.;Meagher, David
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The role of general practice in addressing youth mental health?

A discussion paper

Abstract

Background. Mental and substance use disorders are a leading cause of morbidity among young people. Policy and clinical services in Ireland are endeavouring to address these twin issues.

Aims. To review the emerging literature on the role of general practice in addressing youth mental health and to discuss the implications of this literature for further research, education and service delivery.

Methods. We conducted a review of 'PubMed' and a web search of relevant national / international primary / mental healthcare agencies and professional bodies.

Results. Although general practice has an important role in addressing youth mental health, there are challenges in how young people seek help. Specifically, young people do not engage with healthcare agencies and many factors which act as barriers and enablers in this regard have been identified. The detection and treatment of mental and substance use disorders by GPs can be improved and implementing interventions to improve screening and early intervention are likely to be valuable.

Conclusions. General practice is a central agency in addressing youth mental health and complex multifaceted interventions (education, clinical guidelines, promoting awareness) are likely to support its role. Further research exploring this issue is a priority.

(192 words)

Introduction

*The path of least resistance
Is a straight line
But once you deviate
Even slightly
The path of least
Resistance becomes
That of greater
And greater
Deviation*

Tom Clark: 'Wrong from the start' from: *Disordered Ideas*, Black Sparrow Press, 1987.

Mental and substance use disorders are leading causes of morbidity in young people ¹², and their prevention / treatment is a global population health priority ³⁴. The majority of severe and enduring mental illnesses first emerge in young adulthood ⁵ (often defined as aged 15-25), such that this period represents a significant opportunity for early interventions that are associated with considerable health, economic and social gains for a wide of spectrum of psychological illnesses, including psychosis ⁶⁷, depression ⁸, bipolar illness⁹, personality disorder ¹⁰ and problem drug use ¹¹.

Youth mental health is also an important issue in Ireland. Community-based studies consistently estimate that psychological morbidity occurs in 21-27% of young adults ¹²⁻¹⁶. In addition, young people are reluctant to engage with formal channels of help due to concerns regarding stigma and confidentiality ²⁴. Their needs have not been emphasised in traditional services and the optimal interface between primary care, child and adolescent services and adult mental health services where youth mental health is concerned has not yet been outlined. The establishment of community based mental health services with a dedicated youth focus ¹⁷ is a positive development in response to the problem. The ongoing reconfiguration of primary care and general practice provides an ideal opportunity to develop services that are more attractive to young adults and better equipped to respond to their mental health needs. This requires an appreciation of the emerging evidence on 'youth-friendly' interventions where access and engagement are concerned.

As Ireland addresses the international challenge of optimising youth mental healthcare, this paper aims to review the emerging literature on the role of general practice in addressing youth mental health and aims to discuss the implications of this literature for further research, education and service delivery.

Methods

The electronic database 'PubMed' (www.pubmed.gov) was searched by three of the authors (NB, DC, WC) using the following combinations of keywords: 'Prevalence' AND 'psychological distress' AND 'young people'; 'psychological distress' AND 'young people'; 'GP consultation' AND 'youth mental health'; 'primary mental health care' AND 'young people'. The abstracts of all identified articles were reviewed and the full text of relevant articles was reviewed for the purpose of this literature review. Bibliographies of important papers were also reviewed to ensure maximum completeness. This search was supplemented with a web search of relevant national / international primary / mental healthcare agencies and professional bodies, including: the Australian Institute of Health and Welfare, the UK Department of Health, UK Mental Health Foundation, the Prince's Trust, Ireland's Department of Health and Children (www.dohc.ie), the HSE (www.hse.ie), the National Youth Council of Ireland (www.youth.ie), Schizophrenia Ireland (www.sirl.ie) and 'Headstrong' (www.headstrong.ie).

Findings

General practice has a role in addressing youth mental health

General practice can facilitate early intervention for psychological illness among young adults¹⁸⁻²¹. Mental health problems are common among young people who consult with GPs. Martinez et al reported 'psychological difficulties' in 32% of 13-16 year olds consecutively attending nine general practices in Norfolk²², while other work indicates that 38% of young people aged 16-25 presenting to Australian general practices had 'syndromal' mental disorders²³.

The potential seriousness of many of these presentations is emphasised by a study of 15-24-year-olds attending general practice in Western Australia which found that one third had syndromal depressive illness while one fifth had experienced suicidal ideation in the previous fortnight²⁴.

General practice is well positioned to respond to the challenge posed by youth mental health. Accurate diagnosis and appropriate management is complicated by a tendency for young people to present with physical rather than psychological problems¹⁹ and by less specific and atypical clinical presentations occurring more commonly than classic melancholic presentations^{25 26}. This is highlighted by studies which indicate that mental disorders are the presenting complaint of as little as 2% of all presentations²⁷. Similarly, a questionnaire study of 13-16 year-olds attending general practice found two per cent had presented with psychiatric complaints, yet 38% had experienced a psychiatric disorder²⁸. The prevalence of mental disorders in young persons attending general practice in Ireland is largely unreported..

There are challenges in how young people seek help

Considerable data suggests young people when experiencing mental disorders, do not seek help from healthcare professionals, including GPs. The UK 'National Survey of Psychiatric Morbidity' demonstrated that young people are less likely than older adults to consult a GP when they experience neurotic symptoms²⁹. Similar findings have been reported where more severe mental disorders are concerned. Only 18% of young people with a probable mental disorder, including suicidal thoughts, had sought help from a GP, while 31% had sought help from friends or family³⁰. In Ireland, a ten year follow-up study of school children from the Dublin area found that while one fifth had symptoms indicative of a *probable* psychiatric condition, only a minority had received any formal medical/psychiatric intervention¹⁵.

Other work has highlighted the different sources of help that are accessed by young persons; young people may seek help through talking to their family and friends, with family being more important for younger adolescents, and friends and partners becoming more influential later on. The professionals most likely to act as gatekeepers to mental health services for young people are school counsellors, GPs,

and youth workers. In Ireland, the 'Lifestyle and Coping Survey' reported that of those young people who reported serious personal, emotional, behavioural or mental health problems, only 20% sought professional help, with friends, mother and siblings respectively the most commonly consulted sources of help¹². This help seeking behaviour was also identified as an issue in another recent study which reported that only 12% of participants had consulted their GP regarding an emotional / psychological problem in the past year¹⁵.

Increasingly, Internet-based information and interventions are being used to engage young people in the help-seeking process³¹. A large national telephone survey of young Australians and their co-resident parents exploring attitudes towards sources of mental health information identified books and websites as useful sources of information, especially for disorders that are often perceived as behavioural problems³².

Barriers and enablers to help seeking for mental disorders among young people

In general adult populations, the major determinants of people with psychiatric illness consulting a GP are illness severity, impact upon social function, gender, marital status, age, employment status and a co-existing physical condition²⁹. In general, there are a number of reasons why young people do not access care when they experience mental health difficulties (see Table 1). Importantly, many of these factors can be modified through a combination of educational interventions and by adapting how services are organised.

Age has been identified as an important issue: in Australia, a national telephone survey reported young adults were more likely than adolescents to consult GPs if they experienced symptoms of depression, alcohol misuse, social phobia or psychosis³³.

A young person's perceptions of mental health and its treatment are important predictors of help seeking behaviour. Emotional distress is not always seen as a medical problem³⁴, while the stigma associated with mental illness and / or its treatment are important barriers to accessing treatment^{35 36}. In a study of 12-25 year olds, being able to recognise symptoms of depression or psychosis correlated with

appropriate help seeking behaviour³⁷. Poor understanding of mental health issues, believing they could sort out their own mental health problems, and difficulty expressing feelings were other factors associated with poor access to healthcare for mental disorders³¹.

Other general issues can impact on a young person's help seeking in general practice, including geographical distance¹⁹ and cost (in Ireland, 20% of respondents in 'Truth about Youth' said that they had not attended their doctor, even when sick, due to the financial cost involved)¹⁶.

One of the most striking factors that impacts upon help-seeking behaviour among young adults is gender, with young men considerably less likely to seek help than young women. The rise in young male suicides has been a significant factor in highlighting the importance of youth mental health but efforts to develop more male-friendly services have not yet demonstrated a positive impact upon use of services by young men which still lags behind that of young women. This is particularly worrying as the majority of suicides in young men are underpinned by significant but untreated mental illness³⁸.

Modern theories of masculinity provide pointers as to how being male, and particularly younger, impacts upon expression of mental health and wellbeing, highlighting how dominant concepts of masculinity conflict with open expression of emotionality and help seeking. Moreover, the tendency for services aimed at young men to focus on recreational needs and diversionary responses to problem behaviour rather than emotional health and wellbeing serves to compound this pattern and does not address core issues in self care. Other work has explored the attributes of services and professionals that promote engagement (see Table 2) and identified that men are more likely to seek help where it is perceived to be likely to preserve or restore valued masculine functions such as the ability to perform at work or sexually³⁹. Improving recognition of so-called 'masculine' depression characterised by greater prominence of behavioural expressions of dysphoria may also facilitate earlier and more frequent recognition of treatable depressive illness in young men⁴⁰.

Detection and treatment by GPs

Studies of detection rates for mental health problems in young adults largely mirror findings in general that indicate that around 50% of cases of major mental illness remain unidentified⁴¹, in part explained by the tendency for patients with mental disorders to present with general medical problems. Hickie et al demonstrated that of 148 young people attending general practice with a syndromal mental disorder, 77 had a diagnosis and 74 had been treated²³. In a survey of 3242 consecutive patients aged 15-24 years presenting to a national sample of 247 GPs in Australia, McKelvey et al found only 12% had presented with psychological complaints, yet about 50% had clinically significant levels of psychological distress and 22% had clinically significant levels of suicidal ideation⁴². Similarly, Haller et al reported 36% of young adults had a high probability of mental disorder on Kessler's (self-reported) scale of emotional distress and this was associated with a number of factors, including: whether a GP had identified the case, patient fears, frequent consultations, days out of role and continuity of care⁴³.

Clinician factors are also important. Although GPs believe that depression is an increasingly common problem among teenagers⁴⁴, potential areas in which care can be improved have been identified. The use of standardised instruments to identify mental disorders in general practice is inconsistent. In a review of 3934 children aged 4-15 who were recognised by GPs to have psychosocial problems, Gardner et al found standardised assessment tools had been used in only 20% GPs spend less time in consultations with young people⁴⁵, do not always explore psychological problems in young people for fear of over-medicalising their experience⁴⁶ and a specific management or follow-up plan is identified in only a minority of cases²². By way of explanation, others have highlighted the dangers of normalising emotional distress in adolescents²⁷, emphasizing that 75% of young people do not display major emotional distress during their teens⁴⁷. Psychosocial formulations can inform our understanding of the factors that underpin emotional disturbances but this should not be to the exclusion of appropriate psychological and biological treatment.

The gap between how GPs view the care of mental disorders and how this is viewed by young people / their parents may be a barrier to optimal help-seeking⁴⁸. This gap

has been described in the case of early psychosis, with young people and their parents less likely to endorse seeing a psychiatrist, using mental health services and taking antipsychotic medication but more likely to endorse informal social supports, counselling and general stress reduction⁴⁹. This gap is further emphasised in a cross-sectional study of 10,962 persons aged 16-29 years who had screened positive for depression in an Internet-based public health depression screening programme, in which 26% of participants stated their intent not to accept their physician's diagnosis of depression⁵⁰. In this study, a number of factors were associated with intention not to accept a diagnosis of depression, including: 'disagreeing that medications are effective in treating depression', 'disagreeing that there is a biological cause for depression', and 'agreeing that you would be embarrassed if your friends knew you had depression'.

In exploring why young people with psychological symptoms do not present to GPs, the potential impact of conflicting messages about available supports and treatment options should be considered. Attitudes towards treatment is an important enabling factor as young people prefer active treatments (such as counselling) to the traditional 'watchful waiting' approach of some GPs³¹. This could also reflect a lack of understanding on the part of young people that GPs can help psychological as well as physical symptoms. Biddle et al reported that only 4 out of 17 interviewees aged 16-24 identified their GP as a person who could fulfil a listening role and that two-thirds believed s/he would simply prescribe anti-depressants and thus stated that the fear of dependency and addiction to such anti-depressants deterred them from seeking help from their GP³⁰. A cross-sectional survey of health beliefs / service utilisation by young people demonstrated a disconnect between health beliefs / expectations and actual care, as while only 10% presented with psychological complaints, 24% perceived they currently had a mental illness and while 60% received a prescription, only 40% had expected this intervention⁵¹.

For these reasons, mental health literacy, or the capacity to recognise mental health problems and to be aware of the associated risks, causes, treatments and services available, is important for young people with mental disorders attending general practice. A cross sectional study of young Australians reported 50% were able to identify depression but only 25% recognised psychosis, with recognition of both

conditions better among young adults and females⁵². Promoting mental health literacy can improve recognition, although a residual reluctance on the part of young people with mental disorders to consult GPs has been suggested²³. Making practices ‘youth-friendly’ can address this challenge, and confidentiality is a key element of this⁵³.

Notwithstanding the many factors which impact on young people presenting with psychological problems, especially variable health beliefs, attitudes to help seeking and clinical practice, GPs are still the healthcare professional most often consulted by young people with mental disorders⁵⁴.

General practice interventions to improve screening and early intervention

Primary care and general practice interventions, which promote screening and early intervention for mental disorders, have demonstrated potential benefits and feasibility of such an approach.

The NICE guidelines on depression in children and young people argue for enhanced detection and risk profiling in community settings⁵⁵. Screening young adults attending general practice for depression using brief screening questionnaires was sensitive, specific and had a high positive predictive value⁵⁶. Universal screening of young adults for depression has also been shown to be both feasible and acceptable (to parents and practitioners) in general practice⁵⁷.

A number of instruments have been used in this regard. Jellinek et al suggested a brief screening questionnaire (the ‘Paediatric Symptom Checklist’) to help busy clinicians identify children who may have psychosocial difficulties⁵⁸. Schubiner and Robin described a brief (seven-item) screening instrument for depression and demonstrated the sensitivity and specificity was better than physician ratings when both were compared to the Beck Depression Inventory⁵⁹. More recently, Richardson and colleagues have demonstrated the usefulness of a simple two-question screening instrument (Patient Health Questionnaire-2) in detecting depressive illness in adolescents⁶⁰, with a similar sensitivity but less specificity than when used in adult

populations⁶¹. This key point highlights the need for access to more specialised diagnostic input to clarify suspected cases in younger populations.

Training has a role in increasing detection of mental disorders by GPs. Sanci et al have shown that specific training for GPs can influence the quality of consultations with adolescents in primary care, as well as sustainable improvements in knowledge, skill and self-perceived competence⁶². Bernard et al developed a training programme on child and adolescent mental health for GP trainees, which included preparatory reading, problem exercises, role-play and video vignettes. Evaluation of this programme demonstrated it enhanced detection of child psychiatric disorder and improved self-perceived competence / knowledge among GP trainees⁶³. However, widespread screening does raise some concerns regarding the potential for false-positives and the resulting exposure to stigma as well as the likely increased referral pressure on existing services that in many cases cannot currently provide for young persons mental health within an acceptable timeframe. Moreover, the evidence that routine screening will improve actual mental health outcomes or that it is cost-effective is relatively scant⁶⁴.

It is crucial that enhanced screening and detection of emotional disorders in younger persons is linked to an accessible and appropriate range of therapeutic interventions but this is not necessarily the experience of primary care physicians within existing service arrangements. Studies have demonstrated the effectiveness of both psychological and pharmacological interventions in treating mental illness in adolescents and that such interventions significantly benefit associated academic and relationship problems⁶⁵⁻⁶⁸. However, compliance issues are problematic and much publicised concerns regarding potential for adverse effects such as increased suicidality in young persons treated with antidepressant agents emphasise the need for coherent service provision where clinical decision making is supported by expert input⁶⁹.

A systematic review of three approaches used in general practice to treat child and adolescent mental health problems, increased management by primary care health professionals, management by specialist mental health professionals working in primary care and a 'consultation-liaison' model, concluded there was preliminary

evidence that consultation-liaison approaches may influence the referral behaviour of primary care staff, but highlighted the need for a significant research effort in the area⁷⁰. General practice interventions (especially education, awareness and crucially improved access to appropriate interventions that are delivered by secondary care / other agencies), have been important elements of services that led to earlier treatment of young people with first episode psychosis in the UK and Ireland⁷¹⁻⁷⁴.

Discussion and conclusions

In this discussion paper, we explored the role of general practice in addressing the emerging issue of youth mental health of youth mental health. General practice, while well placed, is probably inadequately equipped to address this issue. In the region of 70% of young people will attend general practice in each year, of whom 32-38% will have a mental disorder. Despite this, young people with mental disorders do not seek help from health and social care professionals. The reasons for this are complex and could be summarised under three categories: young person factors (eg age, emotional distress / illness severity, stigma, mental health literacy, prior experience of illness, perceptions of treatment), structural issues (eg distance and cost) and GP issues (eg attitudes, knowledge / awareness and young person's perceptions of the role of general practice). Moreover, evidence repeatedly emphasizes the need for complex multifaceted design for interventions that are likely to impact upon mental health outcomes such that educational interventions and development of practice guidelines must be supported by significant supports at the level of service organisation⁷⁵

We hypothesise a ('Four As') model to describe the key elements of such a multifaceted intervention:

- **Awareness** of the problem (by young people, their parents and healthcare professionals)
- **Accessibility** of services by young people
- **Acceptability** of these services to young people and their parents
- **Accuracy** of the response that penetrates the key domains of a young person's life, especially their home, social, health and education environments.

This has clear implications for service delivery. Internationally, the development of ‘youth-friendly’ health and social services is a clear priority^{19 51}. One such service ‘headspace’ aims to improve access, service cohesion and quality for young people experiencing mental illness and related substance use problems through establishing a network of integrated service hubs and networks supported by programs for community awareness, workforce training and evidence-based resource material^{76 77}. In Ireland, the recently established ‘National Youth Mental Health Foundation (Headstrong)’ has adopted a similar model, and this will undoubtedly make an important contribution to youth mental health in Ireland¹⁷.

In this new landscape featuring services which aim to promote awareness of / help seeking for mental health problems among young people, what is the optimum role for general practice and indeed, wider primary care services? At the very least, such new services will need to effectively integrate with general practice, primary care and secondary care. However, consideration should also be given to strengthening general practice and primary care’s intrinsic capacity to identify and treat mental and substance use disorders among young people.

While potential effectiveness and feasibility of primary care interventions which promote identification of mental disorders has been described in general practice, the evidence base is weak. Therefore, a research agenda, which explores the role of primary care in addressing youth mental health and developing and evaluating complex interventions (ie multiple complementary interventions which address various aspects of this issue) is an international priority. Training and professional development of healthcare professionals and promoting awareness of mental disorders among young people are likely to be important components of such an intervention.

In Ireland, health policy which advocates a shift in mental health services to primary and community care, identification of youth mental health as a priority and the establishment of a ‘National Youth Mental Health Foundation’ are all initiatives which will support this important agenda.

*‘Strange thing will happen one day
You think you hear somebody say*

Get rid of complications

Free yourself from your frustrations

Gotta control depression

Gotta gotta control this depression.'

Peter Shelley, from: 'Strange thing' by The Buzzcocks, United Artists, 1980.

Author's contributions and acknowledgements

NB, DC, WC initially identified articles considered for this review. WC and DM conducted a subsequent review of the literature and WC, DM led writing the initial and subsequent drafts of the literature review and all authors have seen and approved the final draft.

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Table 1. Factors associated with reduced help-seeking among young persons with psychological distress (^{16 19 31 33 36 37 78-80})

<p>1. Sociodemographic factors</p> <p>Male sex</p> <p>Younger age</p> <p>Lower SEG</p> <p>Ethnic minority</p>
<p>2. Factors related to knowledge / attitudes and beliefs</p> <p>Poorer recognition of significance of psychological symptoms</p> <p>Misattribution</p> <p>Limited knowledge of help available</p> <p>Stigmatised attitude towards mental illness or treatments</p>
<p>3. Service factors</p> <p>Cost</p> <p>Geographical accessibility</p> <p>Previous negative experience of service</p> <p>Belief that GP's knowledge of mental health is limited</p> <p>Belief that GP will be dismissive of mental illness</p> <p>Belief that medications will be favoured over talk therapies</p>

Table 2. Service and practitioner attributes linked to enhanced engagement with sources of emotional help by young men (adapted from Harland⁸¹).

<p>1. Service attributes</p> <p>Non-threatening</p> <p>confidential</p> <p>Non-judgemental</p> <p>Clarity in service arrangements and expectations</p> <p>Use of activities that promote reflection</p> <p>Avoidance of excessive focus on problem behaviour over psychological processes</p>
<p>2. Attributes of professionals</p> <p>Respect</p> <p>Humour</p> <p>Listening skills</p> <p>Honesty</p> <p>Ability to control environment</p> <p>Understanding of pressures of male youth culture</p> <p>Non-judgemental / acceptance</p>

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