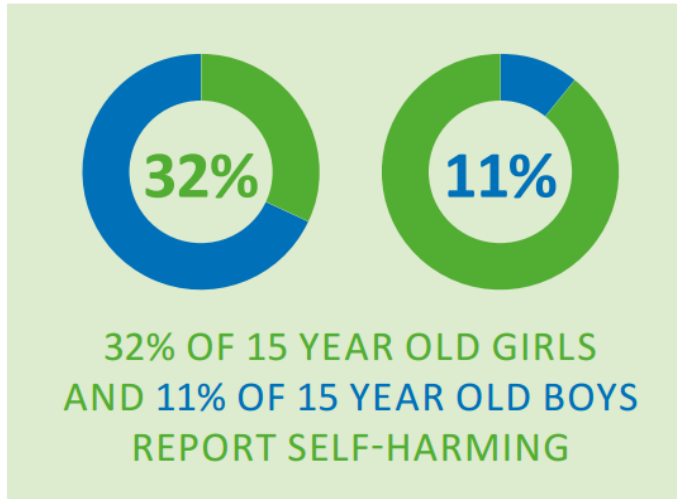


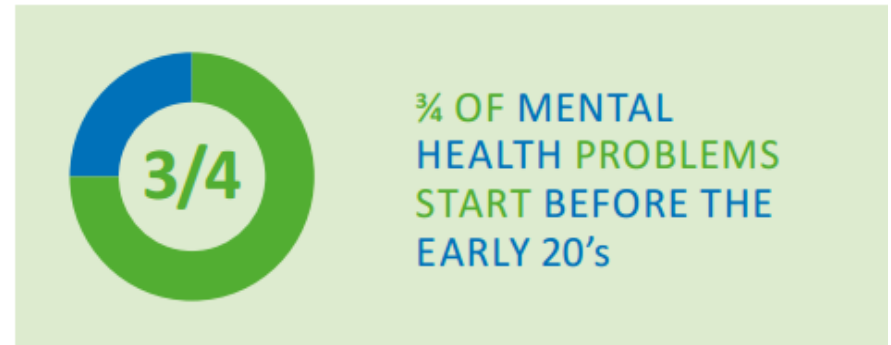


## Youth mental health in primary care: What the evidence shows, and what we still need to know

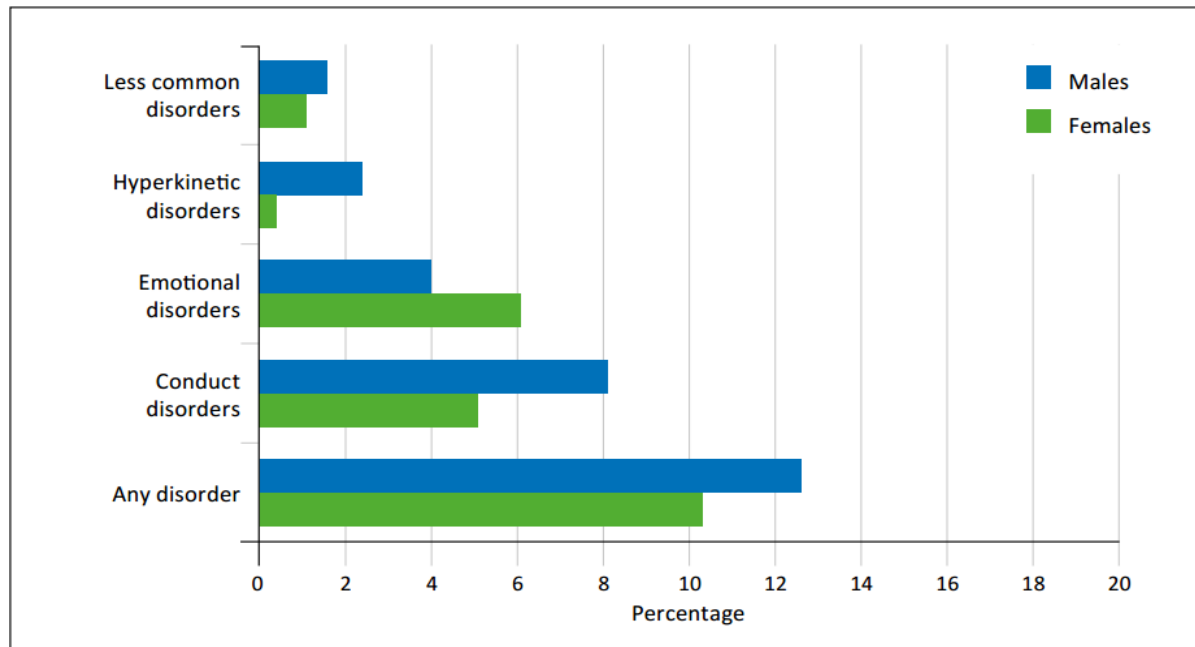
*Dr Ann Hagell, Research Lead,  
Association for Young People's Health*



Source: Brooks et al, 2015



Source: Kessler et al, 2014



Source: Green et al (2005) Mental health of children and young people in Great Britain 2004 » [Download data](#)

**Means and standard deviations of Strengths and Difficulties Questionnaire subscales and total difficulties score for 2009 and 2014 samples (Fink et al 2015, JAH)**

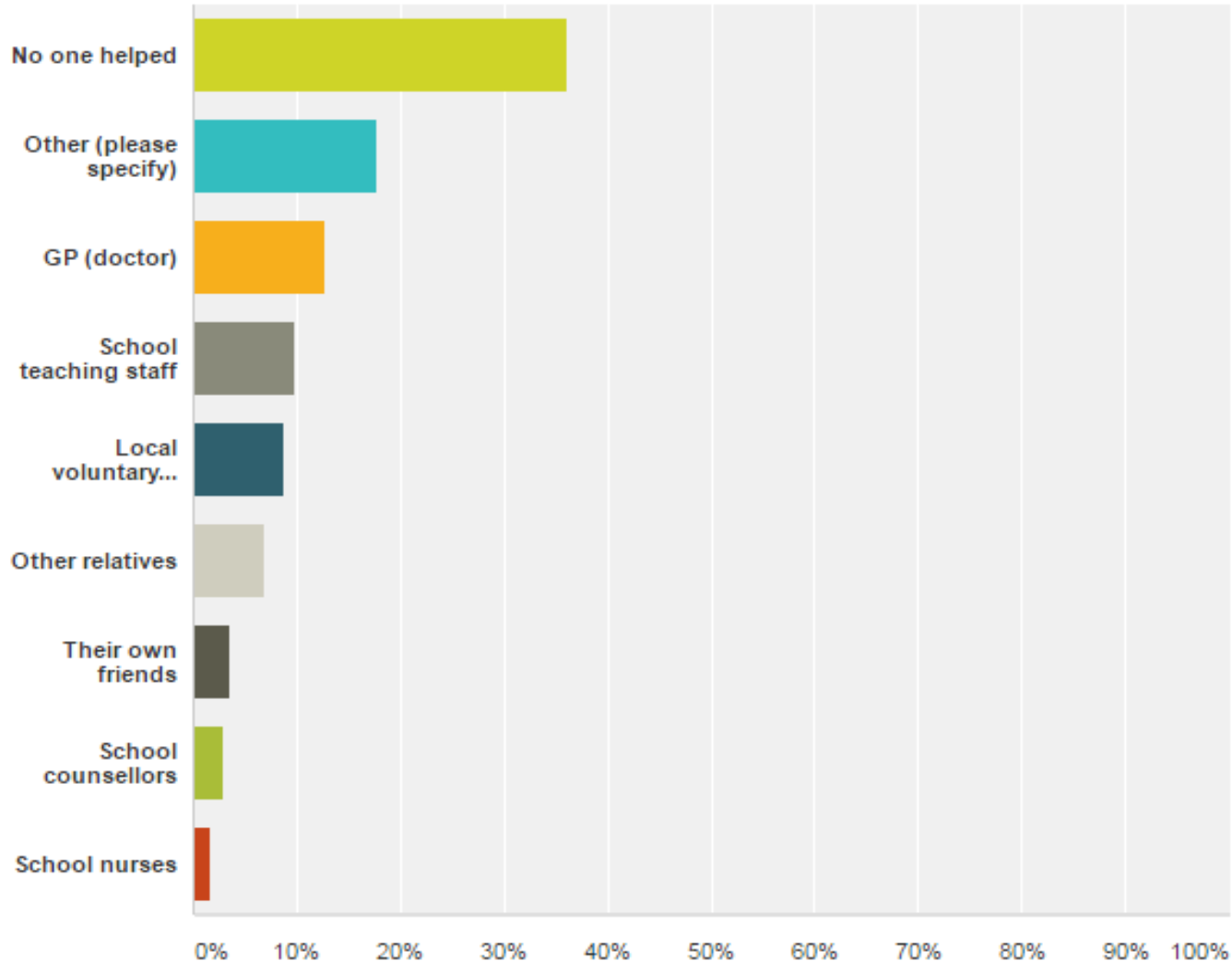
	Boys			Girls		
	2009	2014	Cohen's <i>d</i>	2009	2014	Cohen's <i>d</i>
	Mean (SD)	Mean (SD)		Mean (SD)	Mean (SD)	
Emotional problems	2.21 (2.07)	2.29 (1.99)	.04	<b>2.96 (2.21)</b>	<b>3.49 (2.42)</b>	.23
Conduct problems	2.53 (2.04)	2.29 (1.90)	.12	1.86 (1.79)	1.74 (1.71)	.07
Hyperactivity	4.12 (2.45)	4.13 (2.43)	.00	3.71 (2.22)	3.77 (2.35)	.03
Peer problems	1.95 (1.86)	1.78 (1.67)	.10	1.67 (1.59)	1.69 (1.55)	.01
Prosocial behavior	6.62 (2.07)	6.78 (1.90)	.08	7.64 (1.59)	7.66 (1.68)	.01
Total difficulties	10.81 (6.19)	10.49 (5.63)	.05	10.20 (5.55)	10.69 (5.81)	.08

Significant differences ( $p < .01$ ) are represented in bold.

SD = standard deviation.



## Which of these was most helpful to your child when they first started having difficulties?



## If England were a 1000 children and young people...



If England were a village of 1000 children and young people (CYP) of 0-17 year\* olds there would be:

**24** CYP referred into community services\*\*

**18** CYP referrals accepted into community services\*\*

**£78** spent on community and inpatient services\*\*\* per CYP

Of total CYPMH spend on community and inpatient services\*\*\*, **46%** would come from CCGs, **38%** from NHSE and **16%** from Local Authorities

**0.7** clinical CYPMH staff in community services\*\*

\* Population segments used are 0-17 years general population based on latest available ONS data

\*\* Community services in relation to *referrals and work force* refers to Tier 3 or Tier 2/3 depending on the data provided by the local CYPMH system.

\*\*\* Community and Inpatient services in relation to *expenditure* includes Tier 2/3 **and** also NHSE spend on in-patient services (Tier 4)

## Treatment gap by age group: Knapp et al (2016)

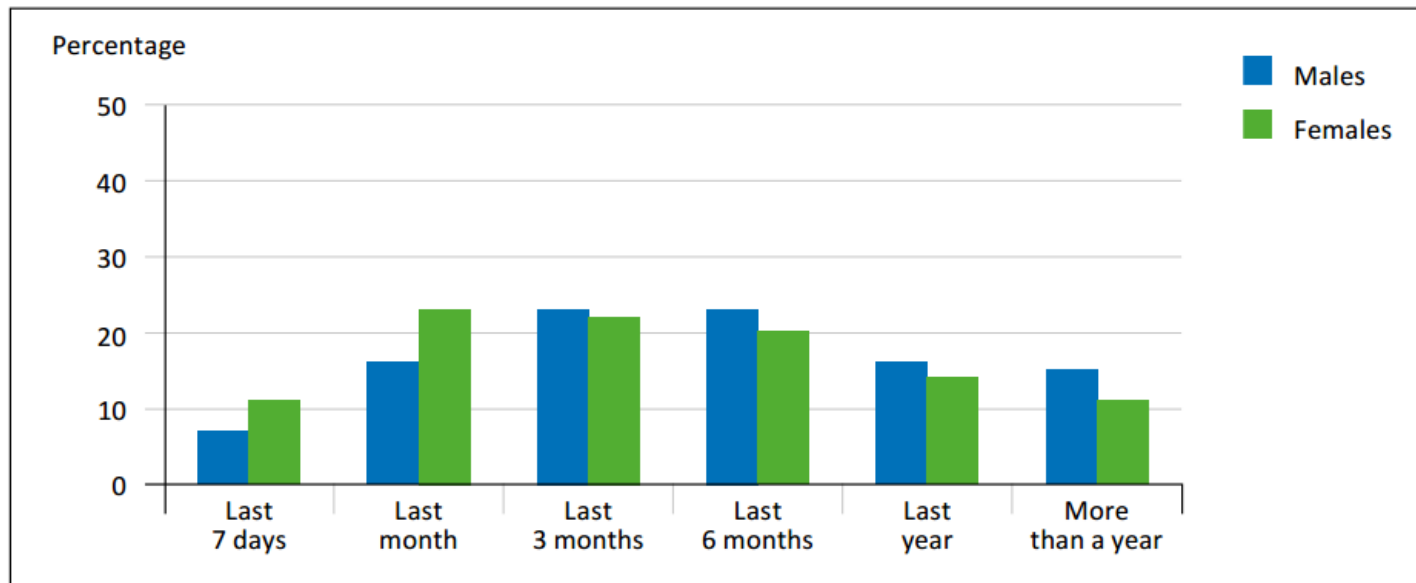
**Table 7. APMS: breakdown of longitudinal sample by mental health status and receipt of mental health services at baseline**

Age in years	Without mental health problems/ disorders	With mental health problems/disorders*	
		Receiving services	Not receiving services
16 to 25 (n=244)	166 (68.0%)	35 (44.9%)	43 (55.1%)
26 to 45 (n=1,026)	708 (69.0%)	172 (54.1%)	146 (45.9%)
46 to 65 (n=878)	571 (65.0%)	200 (65.2%)	107 (34.9%)
66 to 74 (n=258)	211 (81.8%)	37 (78.7%)	10 (21.3%)

\* CIS-R total score of 12 or higher.

Chi-squared test of significance of association between receipt of services and age group, among those with a mental health need, result: Pearson  $\chi^2(3)=21.98$ ;  $p$ -value=0.001.

## Last visit to the GP by Year 10 pupils, 2014



Source: Balding and Regis (2014), Young People into 2014 » [Download data](#)



## An estimate of the proportion with mental health problems in the “average” young person/GP consultation (Hagell & Lamb 2016):

**Table I** SNOMED top-level codes for presenting health difficulties

<i>Illness and disease categories “Presenting with [...]”</i>	<i>Number</i>	<i>Proportion of 368 clients presenting with this issue (%)</i>
General nervous symptoms harmful thoughts and mood issues	129	35
Mental health disorders	124	34
Infectious and parasitic diseases	37	10
Genitourinary system disease	31	8
Skin and subcutaneous tissue diseases (e.g. eczema and acne)	29	8
External causes of morbidity and mortality	28	8
Respiratory system diseases (e.g. asthma)	24	7
Injury and poisoning (e.g. overdoses, accidents)	14	4
Nervous system and sense organ diseases	12	3
Musculoskeletal and connective tissue disorders	10	3
Endocrine, nutritional, metabolic and immunity disorders	9	2
Digestive system disease (e.g. irritable bowel, colitis)	6	1
Circulatory system disease	2	< 1
Complications of pregnancy, childbirth and the puerperium	2	< 1
Neoplasms (cancer)	2	< 1
Diseases of blood and blood forming organs (e.g. anaemia)	1	< 1
Symptoms ,signs and ill-defined conditions	24	7
Other	27	8
Unspecified conditions	19	5
Total number of presenting problems (for 368 clients)	503	

## From the young people's perspective:

Reported experiences of young people 11-16 if they do attend the GP (Yassae et al, 2016):

91.8% treated with respect

85.7% satisfied with their GP's explanations

78.7% felt at ease with their GP

53.9% felt able to talk to their GP about personal things

Boys more likely to be at ease & satisfied than girls

Students who did not report good GP experiences were more likely to report poor health measures – more likely to be self-harming, more likely to feel low, more likely to have sleeping problems.

## From the GP's perspective:

### Reported experiences of GPs seeing young people (Stem4 survey, 2016):

- Almost eight in ten said the number of patients experiencing mental health problems had increased, either somewhat (61%) or greatly (17%), over the past five years
- Six in ten (61%) were seeing more young patients self-harming than five years ago
- 63% had seen a young patient with an addiction problem
- 89% had seen patients with eating disorders
- 85% say children's mental health services generally are either inadequate (59%) or extremely inadequate (26%)
- 83% say services for young people who self-harm are either inadequate or extremely inadequate
- Almost nine in ten (86%) had concerns about patients coming to harm while waiting for treatment
- Most (76%) want more funding for mental health, and over half (54%) want more specialist training for GPs on young people's mental health problems
- However, half (50%) said they had received no specialist training on self-harm and over a third (36%) said they had received training but it was not adequate for them to feel confident supporting young patients.

## What we still need to know

- More on young people's perspectives and help seeking behaviour in relation to primary care.
- In-depth exploration of the young person-clinician encounter, and how to maximize for both parties
- Best way to improve GPs ability to detect & treat young people's mental health problems in the context of their lives and with the time and resources available
- How to 'hold' cases while they wait for treatment
- How to incentivize all this (role of the QOF)

# YOU'RE WELCOME PILOT 2017

All young people are entitled to receive appropriate health care wherever they access it. The You're Welcome quality criteria for making health services young people friendly lay out principles that will help health services – community and primary care, secondary care and wider health services – to 'get it right' for young people.

BACKGROUND

[www.ayph.org.uk/yourewelcome](http://www.ayph.org.uk/yourewelcome)



“Very often there’s no help available until the problem has become totally unmanageable”

*Young Person*

“Young People don’t want to be sent to a different service for every different problem they are dealing with. They want someone to help them through a variety of different issues, recognising that they’re often connected.”

*Be Healthy Advocate*

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[www.ayph.org.uk](http://www.ayph.org.uk)

[@AYPHcharity](https://www.instagram.com/AYPHcharity)