

Mental health problems in adolescents and young adults

The GP's pivotal role in helping young people with mental health problems must be developed, write Gillian Kidney and Sinead McGilloway

"The lack of attention to the mental health of children and adolescents may lead to mental disorders with lifelong consequences, undermines compliance with health regimens, and reduces the capacity of societies to be safe and productive" (WHO, 2003)

IN THE LAST NUMBER OF YEARS, the issue of mental health problems among young people has received considerable attention in the Irish media, mainly focused on this group's high suicide rate. Previously a neglected area,¹ the immense number of adolescents and young adults affected by mental ill-health is finally being recognised as an issue of urgent importance.

In 1998, the UN expressed its concern in relation to the prevalence of suicide in young people living in Ireland.² The Mental Health Commission (MHC), established under the Mental Health Act in 2001, has highlighted the fact that one-in-five children in Ireland has a mental or behavioural disorder. International literature has indicated that mental illness is in fact the main health issue of young people, making up over half of their total burden of disease.³

A common misconception in general practice is that young people are relatively healthy and attend for consultation infrequently compared with other patient groups.⁴ In fact, research shows that young people are uniquely vulnerable to mental ill-health, including alcohol and drug abuse,⁵ and that in three-quarters of the cases of lifetime mental

illness, onset begins before the age of 24.⁶

GPs, who are often the first port of call for individuals with mental health problems, indicate that 20% of all their consultations involve patients who present with psychosocial problems.⁷ In the Irish healthcare system, GPs are uniquely placed for early diagnosis, intervention, and treatment in young adult mental ill-health.⁸

The principal aim of this study was to assess the prevalence of mental health problems amongst a sample of 16-25-year-old attendees of a large general practice in the midlands region of Ireland. The specific objectives were to:

- Assess the extent and nature of mental health problems (including alcohol and drug use) among the sample
- Explore the relationships between mental health and key socio-demographic and background factors
- Examine help-seeking behaviour.

This study is centred on a cross-sectional questionnaire-based survey of a sample of 101 young people, aged 16 to 25 years, who were attending their GP over an approximate four-month period at a large general practice in the midlands. The practice has five doctors and two practice nurses. Quota sampling was used to ensure that the gender ratio of the sample matched the known attendee ratio of the general practice. An eight-page self-report questionnaire booklet was compiled including:

- A background information questionnaire and the CAGE (a



- brief alcohol dependency screening tool)
- A general health questionnaire (GHQ-12)
- Beck's depression inventory (BDI-II).

Findings

Prevalence of mental health problems

- Results from this study indicate that 32% of 16-25-year-olds attending their GP were classed by the general health questionnaire as having a mental health problem
- 13% of the sample were classified as depressed according to the BDI
- Despite the high rate of mental health problems identified, only 4% of females and no males reported that their reason for attendance at the practice that day was in relation to a mental health problem
- The most common mental health problems reported were depression (57%) and eating disorders (29%)
- 25% of males reported being unsure as to whether they had a mental health problem compared to only 3% of females. Of the 25% of males who were unsure, almost two-thirds were depressed according to the BDI
- Suicide ideation was more common in males (21% of those classified by the BDI as cases) than females (16% of those classified by the BDI as cases) and was slightly more common among the 21-25-year-olds.

Alcohol and drug use

- 53% of those under the age of 18 consumed alcohol, with more female drinkers (63%) than male drinkers (55%) admitting to binge-drinking
- More than 1-in-10 attendees were classified as alcohol-dependent by the CAGE
- 40% of those found to be alcohol-dependent were cases on the GHQ
- 21% of males and 12% of females admitted using drugs for recreational purposes
- Almost all of those who used drugs were also found to be binge drinkers
- Mental health problems were closely associated with alcohol use.

Help-seeking behaviour and attitudes to GPs

- Parents and GPs were the two most frequently reported sources of help amongst those with current or pre-existing mental health problems (*see Table 1*)
- 79% of participants felt that GPs should routinely ask young people about their mental health and believed that GPs should follow up on patients who reported mental health problems.
- 72% felt that GPs were sensitive to the needs of young people and 68% rated the quality of their relationship with their GP as good/very good.

Implications

The findings of this study have important implications for how GPs might address mental health issues in their younger patients. Of all health professionals, GPs were rated as the most popular source of help by the participants. This finding further emphasises the unique position and role of the GP in offering assistance to distressed young people. The majority of participants reported a positive relationship with their GP, again supporting the suggestion that primary care is a suitable setting within which young people can address their mental health problems.

From this study it is clear that the young participants felt

Table 1

Sources of help


Sources of help identified by subjects and ranked according to frequency.

Help sources	No. of times chosen
Parents	14
General practitioner	12
Mental health professional	9
Friends	7
School	3
Relatives besides parents and siblings	3
GP nurse	2
Siblings	1
Religious leader	1

GPs should ask them about mental health issues during consultation. Previous research has suggested that GPs may be reluctant to make mental health enquiries due to perceived stigma or fear of causing insult to the patient.⁹ The findings of this study can serve as reassurance to GPs that young people generally have a positive attitude in relation to enquiries about mental health.

Males were significantly less likely than females to report mental health problems on the questionnaire, particularly current problems. More males were also unsure of their mental health status, both at the time of participation and in the past, suggesting that males may fail to recognise mental health problems for what they are. It is also possible that this lack of recognition could be playing a role in the higher numbers of suicides in males.⁵

Research has suggested that progress in suicide prevention may be achieved by improving the ability of GPs to recognise and treat mental illness.¹⁰ The lack of opportunistic screening represents a missed opportunity for early recognition of mental health difficulties and suicidal tendencies. Such screening is likely to be low-cost, effective, efficient, and acceptable to patients in identifying mental health issues. Readily available screening tools, such as the BDI, the general health questionnaire, and the CAGE, are ideal due to ease of use and well-established reliability and validity.

This study shows that an opportunistic screening approach is likely to identify a substantial number of young people with poor mental health. The resulting caseload may have implications for GPs and the primary care team structure. Management of the high levels of psychological distress among adolescents and young adults could be addressed through the inclusion of allied health professionals as part of the core primary healthcare team, as is currently being piloted across the country. It is clear, though, that without increased recognition and intervention, we will continue to see high morbidity in relation to mental health problems among our young people, and the devastating impact of suicide is unlikely to be reduced. 

Gillian Kidney is assistant psychologist with the Brothers of Charity and Sinead McGilloway is senior lecturer, NUI Maynooth

References on request