



Adferiad Recovery provides vital support for clients and their families and carers, with a focus on:

- mental health
- drug, alcohol and other addiction problems
- co-occurring and complex needs



Young people and mental health

*Prevention, early intervention, and the role of
mental health services*

The challenge

“Far too many referrals to Child and Adolescent Mental Health Services (CAMHS) today turn out not to be in need of that specialist service. With this goes a great deal of frustration for those children, young people and their families who learned that they have been sent down a route which will not best meet their needs.

“It causes frustration for CAMHS staff in finding time and money being soaked up in assessments which need not have happened. Ultimately, it can cause harm for those young people who really do need the mental health expertise of a CAMHS service but will find their referral to that service delayed by assessments of others who will turn out not to have needed it.

“For many children and young people their emotional needs are better met by talking through issues at the time with their families, school counsellors and youth workers. This is rather than their problems - often related to normal issues about growing up and maturing - being labelled as mental illness with the possible consequences of stigma.”

Mark Drakeford A.M. (now First Minister of Wales)
Welsh Government conference on CAMHS, 2015

In recent years there have been major developments in our thinking about mental health which are changing practice and (at least as important) influencing the priorities of commissioners:

1. The mental health of the whole population has become a preoccupation of public health organisations and of the public at large
2. There is renewed emphasis across all areas of health on prevention and early intervention - and this emphasis has been adopted in mental health as never before
3. There is increasing recognition that mental health problems are often compounded with other challenges including alcohol and drug use and other complexities
4. The Covid-19 pandemic has raised questions about what mental health services can or cannot do in response to events which impact on the whole population

But how *in practice* can prevention and early intervention assist those young people who are at risk of developing a mental health problem or a more serious mental illness?

And how does prevention and early intervention square with the First Minister’s argument that mental health services should not intervene *too* early?

This guide for patients, families, professionals, and commissioners sets out the broad range – and limitations - of prevention and early intervention and draws on Adferiad Recovery’s experience to show examples of what can make a real difference.

Please note that individual case studies which appear throughout the guide have been fully anonymised and accompanying photographs are for illustrative purposes only.



Promoting wellbeing

Everybody agrees that prevention is better than cure. Promoting wellbeing is a form of prevention which has a role in protecting and enhancing the mental health of all young people - and indeed of all of us.

Taking care of our own or other people's wellbeing can include:

- Dealing effectively with worry or sadness
- Having positive family relationships
- Enjoying a varied social life
- Avoiding misuse of alcohol and drugs
- Engaging in satisfying employment, volunteering or other meaningful activities
- Engaging in education and training
- Taking physical exercise

These and other activities can prevent deterioration into mental ill-health.

And this is not just a matter for children and young people themselves but also for families and organisations which affect their wellbeing such as schools, youth organisations and employers: their good practice in supporting wellbeing can enhance young people's resilience and prevent mental ill-health.

But such prevention activity is not really the business of mental health services. They are not experts in how people can look after themselves and others in daily life and in any case they could

never have sufficient resources to engage in such a wide variety of matters.

Further, it is not helpful for people to identify themselves and others specifically in terms of 'mental health': this challenge is fundamental to living our lives successfully, a much wider ambition than purely preventing mental ill-health.

Mental health services have a role in providing information and educational materials about mental health but not about the wider issue of how we should lead our lives.



HIGH



CAMHS and other specialist mental health services



GP and other primary care



(School, college, youth organisation, employer)
School nurse, school counsellor, pastoral support, HR department



(School, college, youth organisation, employer)
Teachers, tutors, youth workers, colleagues, managers



Family, friends, informal carer



Young Person

LOW



Getting through hard times – and preventing a mental health problem from developing

Of course the majority of children and young people will face difficulties as they grow up, some of them presenting really tough challenges. Some events in life can be particularly hard on young people, such as:

- Bereavement
- Family break-up
- Loss of employment or another cause of financial crisis
- Stresses around exams and educational pressure
- Trauma, bullying and other factors often referred to as Adverse Childhood Experiences (ACES)
- One-off events such as the Covid-19 pandemic

These events can lead to very strong, deep emotions, including:

- Grief
- Unhappiness
- Worry and anxiety
- Fear

But many young people will remain mentally healthy despite these high and lows.

All young people need the support and guidance of friends, family, teachers, youth workers and others to help them through the difficult times and sustain a healthy lifestyle.

In most circumstances family, friends and professionals like teachers can support young people to maintain their well-being even when they face significant problems. For families this normally happens instinctively; for professionals it should be a core part of their role and delivery of services.

For most young people difficult life experiences are not of course a precursor of mental health problems still less of mental illness. But for some more vulnerable young people the support provided by family, friends, and non-mental health professionals when they are going through hard times *may prevent onset of a mental health problem.*

Nevertheless it is not the business of mental health services to provide support in these circumstances except very exceptionally (for example some mental health commissioners may support bereavement counselling which is available to young people who do not have any mental health problem).

HIGH



LOW



CAMHS and other specialist mental health services



GP and other primary care



(School, college, youth organisation, employer)
School nurse, school counsellor, pastoral support, HR department



(School, college, youth organisation, employer)
Teachers, tutors, youth workers, colleagues, managers



Family, friends, informal carer



Young Person





When Aamir was 17 his father died shortly after being diagnosed with bowel cancer. Although it was a sad and difficult time for Aamir, he and his family pulled together and got through the process of bereavement; in time they were able to move on with their lives.

Aamir also received significant support in school from his friends and from his form tutor who took the time to catch up with Aamir for informal chats in the weeks and months following his father's death.

In later life Aamir trained to be a mental health nurse and reflected on this period of bereavement; he concluded that he hadn't had a mental health problem during this time because he and his family had dealt with the situation in a healthy way, experiencing very deep feelings of sadness and loss but supporting each other to get through the challenging process of bereavement.



Lower level mental health problems – early intervention by non-mental health professionals

It is not unusual for children and young people to experience minor mental health problems either in response to difficult events (although as explained above such events do not necessarily lead to mental health problems) or a mental health problem may occur for which there is no obvious cause.

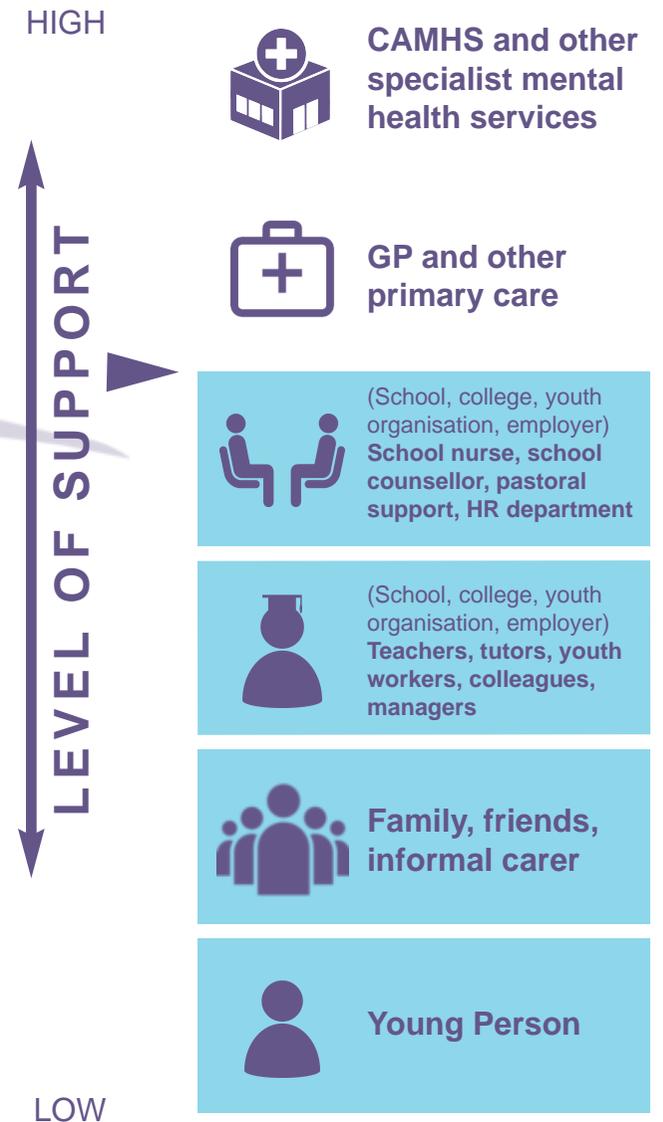
Such problems can come in many different forms but typically include ***persistently experiencing*** one or more of the following:-

- Excessive or obsessive worry about a matter out of proportion to reality or common sense
- Sadness or unhappiness which does not seem justified by circumstances or events
- Confused thoughts
- Difficulties with anxiety or in anxiety-provoking situations
- Difficulties arising from use of alcohol or drugs.

Many young people will have such feelings and never think of them specifically as a mental health problem: and that can be fine if they find their own way to get over the problem with the support of family, friends, teachers or work colleagues. Such support is an important form of *early intervention* which can postpone or stop a deterioration to a point where mental health services (whether from a GP or from a more specialist service) are required.

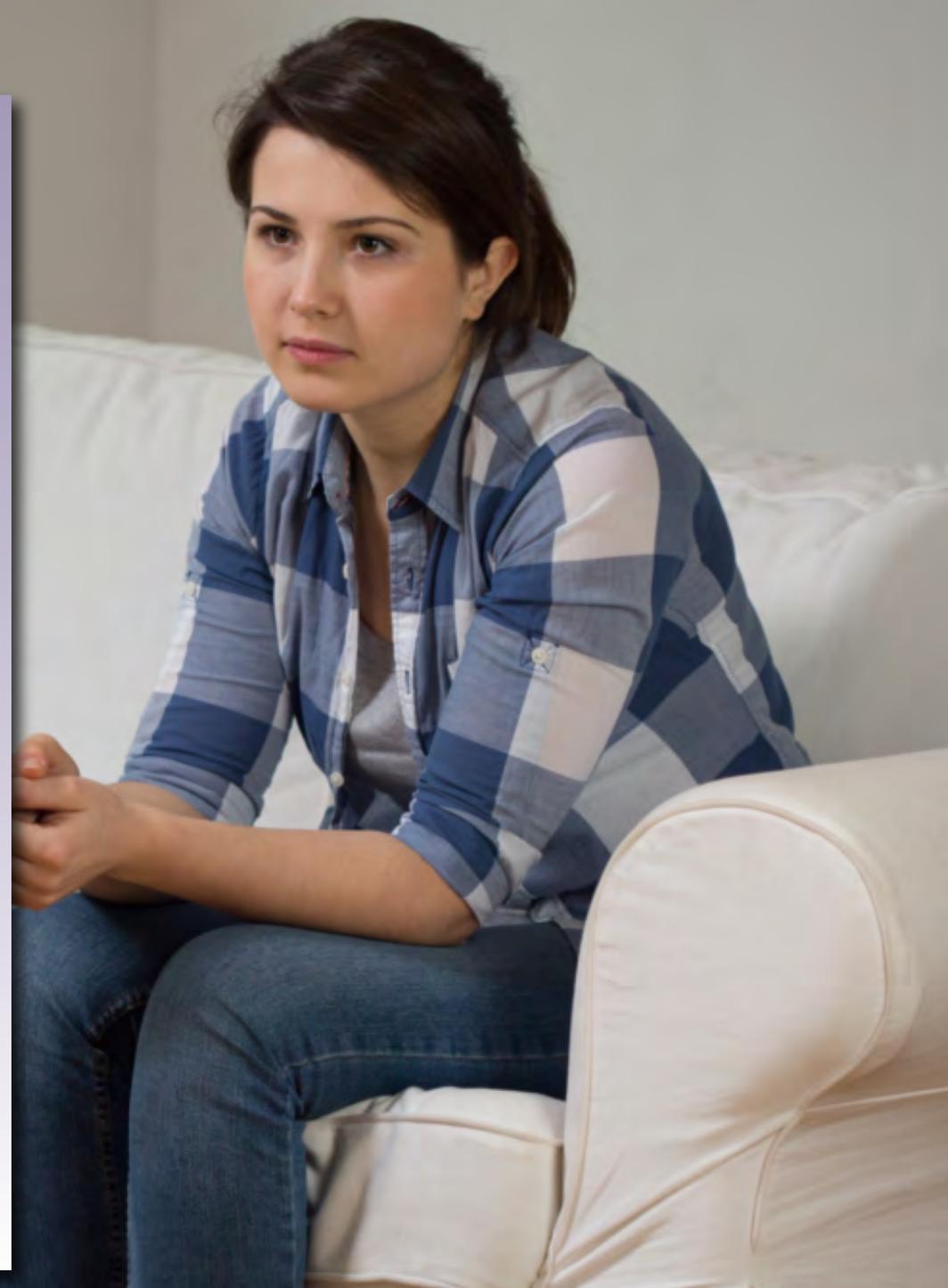
So in many cases the first point of contact should not be mental health services. Many children and young people can be helped through a problem by family or friends or with the help of a teacher, school counsellor or school health nurse, for example. The great advantage of this sort of intervention is that problems can be addressed quickly and discreetly by those who already know the young person well.

This is not to discourage checking with a GP if there is a concern that more help is needed or that the young person may be at risk. This can provide reassurance even if treatment is not required.





Justine started to diet at age 15 when she felt she looked overweight in her Instagram selfies. Initially this didn't seem to be an issue, but after a few weeks her Mum noticed that she was looking a little underweight and talked to her about it. They agreed that Justine would go to the school nurse. Over a couple of sessions the school nurse supported Justine to feel more comfortable with her body image and understand the importance of providing her body with the nutrition it needs. Within a few weeks the issue was resolved and Justine had a healthier self-image and a balanced diet.



Referral to mental health services

All mental health services should focus on providing help as quickly as possible. Prompt treatment and care can keep young people safe, prevent deterioration or ongoing difficulties, avoid damage to career/education - and cost less.

However, as set out above, prevention and early intervention are not necessarily best achieved by rapid escalation to primary or on to specialist mental health services. On the contrary, a “precautionary” approach which involves escalating referral as a routine response can be counter-productive because:

- Those young people who would be best supported in the familiar environments of family, friends, school, or workplace can be stigmatised and possibly over-treated through inappropriate referral to services
- Those young people who need specialist support face long delays and receive scant support from services stretched by over-referral, although progress has been made for example by fast tracking for first episode psychosis.

Referral to GP and other primary care

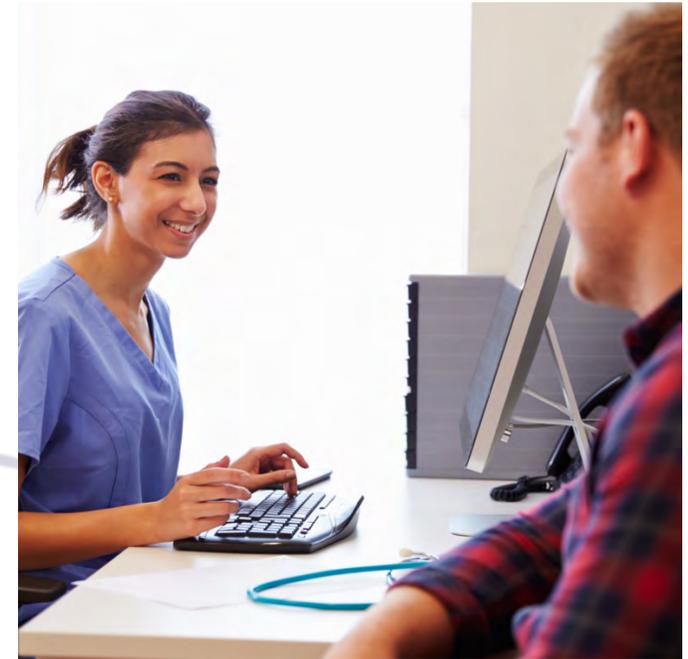
We have shown that it is not always necessary to involve GPs and other primary care services to address lower level problems. However, it is reasonable to consult GPs at a relatively early stage and it is important that young people, their families, and non-health professionals supporting

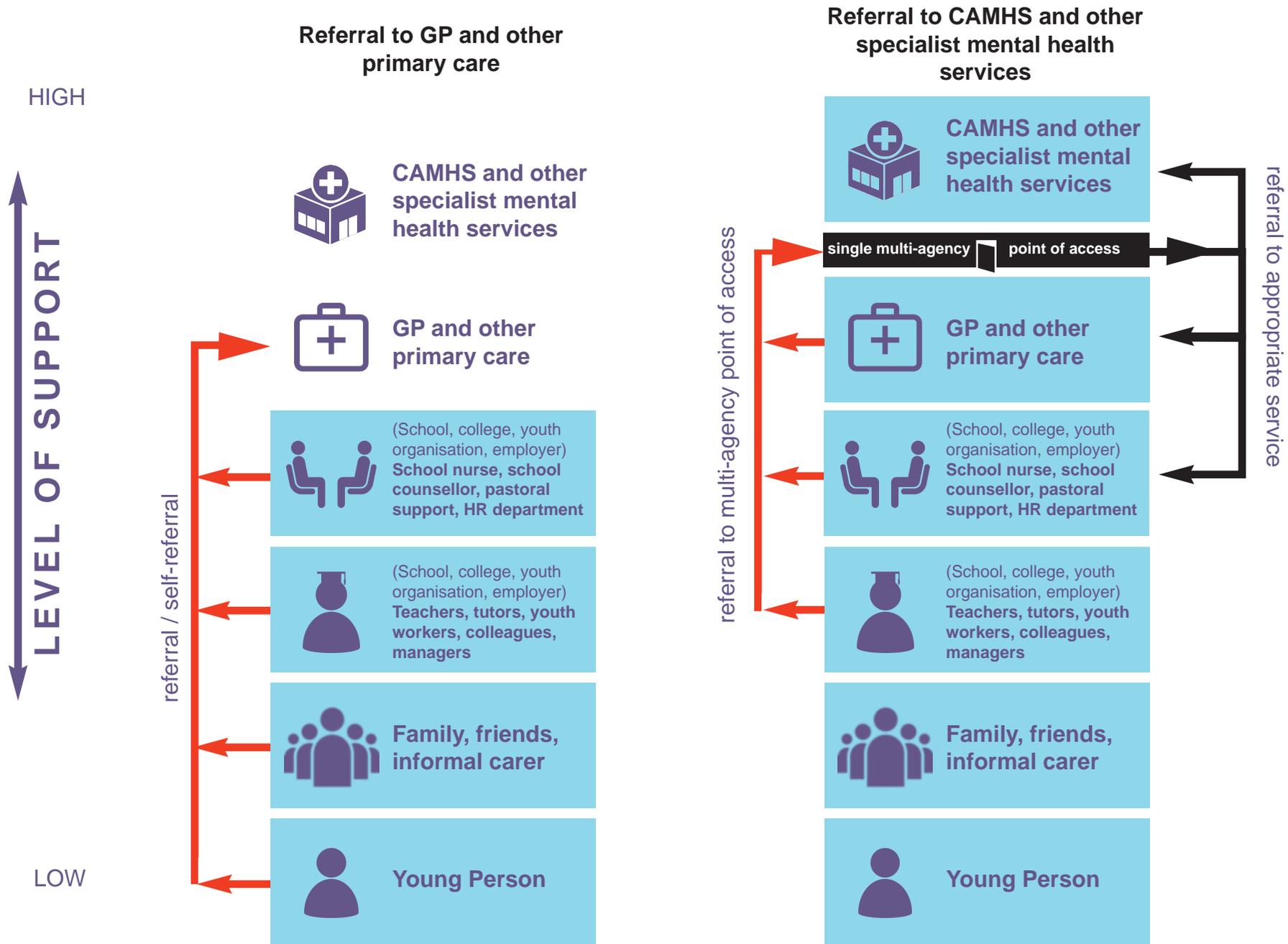
them can have easy access to their GP when the need arises.

Referral to CAMHS and other specialist mental health services

The major challenge is to regulate referral to CAMHS. Clear referral criteria needs to be introduced and managed to ensure that only appropriate referrals are made. Training should be given to all referrers to implement Wales-wide criteria on what constitutes an appropriate referral. Referrers also need to know who to refer where.

But in practice this will never be enough: a single point of access controlled by a multi-disciplinary team is required through which all referrals (including those by GPs) must be assessed. And every assessment should have a positive outcome – referral back to non-specialists, to primary care or, where appropriate, to CAMHS or other specialist mental health services.





Preventing psychotic illness

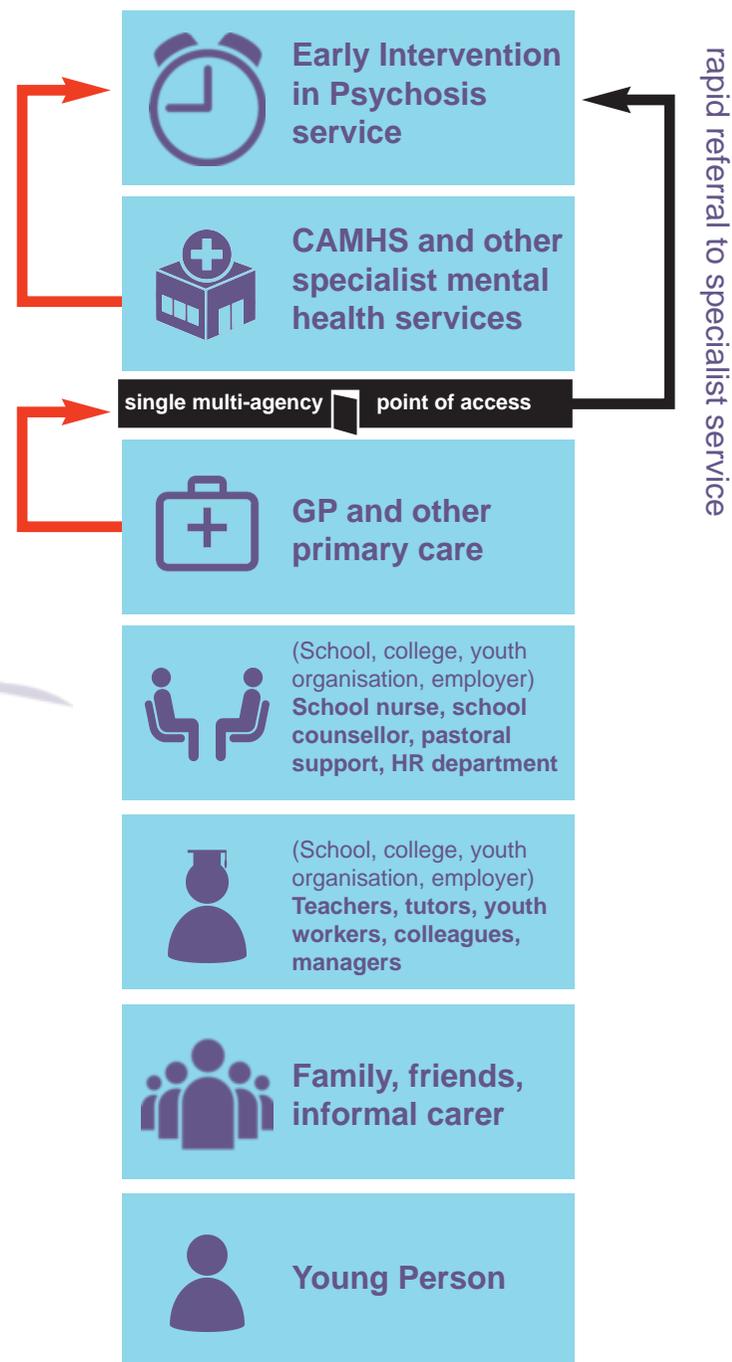
Extensive research is being undertaken into the causes and warning signs of psychotic illness but in the present state of our knowledge there is limited scope to predict that a patient will experience psychotic illness through medical or psychological tests.

Use of illegal drugs can increase the chance of some people experiencing psychotic illness. It is also possible that a person's life experiences may contribute to their chances of experiencing psychotic illness – but no clear “cause and effect” links have been identified.

There is increasing evidence of genetic links to psychotic illness though it has not been shown that specific genes lead to psychotic illness. But it is quite likely that a person's genetic make-up may make them more susceptible to some psychotic illnesses.

But prevention can be possible in a narrow window of opportunity: sometimes a patient may develop unusual behaviours or experience seriously disturbed thoughts which a psychiatrist or other specialist can recognise as likely (though not certainly) to lead to psychotic illness – these are known as “prodromal” symptoms or as an “At Risk Mental State” (see the Clinical Assessment of At Risk Mental States (CAARMS) - Young, Yuen, McGorry et al, 2005).

There can be benefit in providing treatments for psychosis to people with prodromal symptoms/ARMS. In these cases a referral pathway is needed which can progress a young person rapidly through to specialist help.





George, 16, became anxious and paranoid at school and developed severe low mood, depression and increased anxiety, while also experiencing some fleeting voice hearing. He was referred to an Early Intervention in Psychosis (EIP) service by a clinical team following an assessment. An EIP recovery practitioner spent the initial six weeks engaging with George at home for up to 2-3 hours at a time solely building a rapport and relationship with him. From those discussions it became apparent that there were a number of difficult experiences that George hadn't processed that were likely to be contributing to his low mood/anxiety. By building up a relationship with the recovery practitioner George started dealing with those issues; he was then able to re-engage with school and get his GCSEs. He also joined a football team and played weekly. His mental health improved significantly and he no longer needed the support of the EIP service.



Early intervention in psychotic illness

Because psychotic illness is difficult to predict or prevent (except possibly at the prodromal/ARMS stage) the key to getting the best outcome for most patients is to respond quickly when psychotic symptoms (or prodromal symptoms) first occur: this is sometimes called “Early Intervention” (EI) or, more specifically in this context, “Early Intervention in Psychosis” (EIP).

There are two compelling reasons to respond quickly:-

1. There is clear evidence that if medical treatments aimed at treating psychosis directly are used promptly then the patient has much better prospects for maximum possible recovery in the long term. There are no “cures” for psychosis but progression to psychosis can be slowed down and in some cases prevented, many people get completely ‘better’ and many others can recover to the point where they can manage very well; some people will need a lot of ongoing care and support but they too can benefit from having had early treatment as this can affect the severity of the condition and the long term damage’ of the same.
2. Other forms of treatment including psychological therapies, plus timely “holistic” support and care across a wider range of matters, can help prevent lasting damage to the patient’s life in terms of career, education, social life, etc. – all

things again which also make a difference to the patient’s long-term recovery. *See the whole person approach below.*

This can make a big difference to the patient’s long-term prospects.



HIGH

LEVEL OF SUPPORT

LOW



Early Intervention in Psychosis service



CAMHS and other specialist mental health services



GP and other primary care



(School, college, youth organisation, employer)
School nurse, school counsellor, pastoral support, HR department



(School, college, youth organisation, employer)
Teachers, tutors, youth workers, colleagues, managers



Family, friends, informal carer



Young Person





Molly, 17, initially presented as generally struggling with her mental health, although concerns grew upon finding that Molly was experiencing auditory hallucinations as well as having an unhealthy relationship with drugs and alcohol. As a result, Molly was referred to the Early Intervention in Psychosis (EIP) service. Following a number of initial engagement sessions with a recovery practitioner, where a relationship of trust was forged, Molly engaged with the EIP activity group. This engaged Molly in a number of outdoor adventure sessions including walks in the mountains and sailing and paddle boarding sessions. This supported Molly's growth in confidence and improved her relationships with peers. Through this weekly contact, Molly's skills grew tremendously. This personal development led her to take part in a week-long tall ship voyage alongside six other young people from the service. After the week Molly spent at sea, her insight into her future and ability to overcome challenges was greatly increased and she started planning for the future, looking for training opportunities with confidence and enthusiasm. Molly, through the support of the recovery practitioner, partner services and the group engagement, also worked to overcome her substance misuse issues, identifying and finding alternative coping mechanisms to deal with the challenges she faces.



The wider context

Mental health is important for everybody - and everybody can experience mental health problems. But it is not necessary for young people to start each day with a special mission to protect or enhance their mental health: this is something which happens naturally if young people (and older people of course) focus on living a happy life through friendship, close relationships, learning, earning a living, and physical exercise – just to name a few things.

They will also need to solve practical problems which stand in their way. Most of those problems will not be matters which mental health services can help with. This may seem obvious but there is a growing tendency in western culture for young people to see problems in mental health terms – and services too often let them down by not helping them find more suitable ways to address their problems.

This “medicalisation” of life problems is unhelpful if it distracts young people from seeking practical solutions to their problems. It can also lead to serious forms of abuse which are now widespread, for example:

- Children with behavioural problems caused by poor parenting or inadequate professional support may be given behavioural drugs

- Young adults suffering from abusive relationships may be prescribed anti-depressant medication.

In both these examples it is obvious that the “external” problems are what need to be fixed but only the cheaper, mental health option is provided, sometimes encouraged by those who have actually caused the problems in the first place. It is important to note that non-medical therapies such as counselling are also not the essential answer to such “external” problems.

Young people need to know that mental health services are available and how to access them – and that is explored in this guide. But they should be encouraged to recognise that most problems, including very challenging ones which may cause them real worry, need practical solutions which will not be found in mental health services or through self-analysis.

It is widely agreed that there need to be improvements in the availability of support and opportunities for young people to help them lead happy lives – but if this help is not available then mental health services are a very poor default source of help outside their area of expertise. Mental health services are also not the right agencies to act as a referral point for young people seeking help for problems which may not be connected to mental health, though they may have

a role in partnership with other agencies.

It would be impossible to list all the sources of help and opportunities which may be available to young people but some of them are identified in the diagram opposite. Mental health services are there too – one among many others.



Young Person

School

College

Youth club

Sports club

GP and other primary care

Work colleagues

Drug and alcohol services

Employer

Mental Health Services

Employment advice and support

Friends

Housing/homelessness services

Family

Support for young carers/young parents

General advice/advocacy services e.g. CAB

Finance and benefits advice

Legal advice



Adferiad's services for Young People

Adferiad Recovery delivers a range of services supporting young people affected by mental illness, addiction, and co-occurring issues. These include:

- Our **Early Intervention in Psychosis Services** which offer support to young people aged 14-25 who are experiencing their first episode of psychosis, or who have done so in the previous three years. Recovery Practitioners work with young people in collaboration with clinical EIP teams to provide a robust early intervention model of recovery focusing on the client's personal, social, emotional and vocational development. The projects also support young people who are displaying very early prodromal stage symptoms or behaviours by helping them to build resilience and confidence through psycho-education, social inclusion, self-help and coping strategies.
- **Bloom**, delivered as part of Mental Health UK: a programme for 14-18 year-olds which focuses on supporting young people's mental health resilience through a range of workshops, and by coaching teachers.
- **Don't Touch – Tell!** and **Don't Drink – Think!**, our preventative education programmes delivered to every primary school pupil in north Wales. The services educate children aged 4 to 11 about the dangers of drugs and alcohol, including prescription drugs and syringes.

- The **Powys Young Persons' Substance Misuse Service** which delivers mentoring and support to young people who have issues with drugs or alcohol, or who have concerns about the substance use of a carer or family member.
- **Project Evolve**, an innovative project which uses music to engage with young men aged 14-20 who have experienced an episode of psychosis or who are at risk of developing psychosis, encouraging social inclusion and integration.
- In several areas of Wales we are part of the **Youth Justice Service**, a multi-agency team that is coordinated by the local authority and overseen by the Youth Justice Board. The Service supports young people who are at risk of, or already engaging in, risky activities involving the use of drugs or alcohol, and prevents criminal behaviour. Adferiad Recovery supports the Service by providing 1-1 sessions, group

interventions and diversionary activities for clients.

More widely all Adferiad Recovery's services are available to young people, including:

- housing services
- inpatient services
- support for addiction problems
- employment services
- peer support services
- support for carers and families
- services for people with cooccurring diagnoses
- veterans' services
- support for offenders
- information and advice.

For more information please visit:
Adferiad.org.uk



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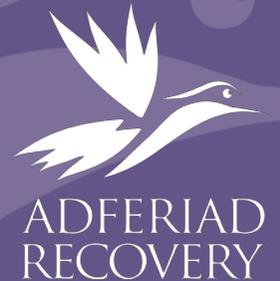
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