

**First port of call:**

**The role of GPs in early  
support for young people's  
mental health**

**YOUNG**MINDS

**The  
Children's  
Society**

# Executive summary

General Practitioners (GPs) are a frontline service for young people struggling with mental ill-health. They can play a crucial role in providing advice to young people, and in making referrals to specialist support which can be life-changing. However, both young people and GPs themselves often voice frustration over their experiences of supporting young people's mental health, with each struggling to navigate the complexity of our health system.

GPs see one of their main responsibilities as supporting young people's mental health needs, and this is often achieved by signposting them to services that can provide them with the support they require. Yet, our research suggests that young people's experiences of accessing support through their GP are variable across the country and even between GPs in the same surgery.

Many young people told us that they felt listened to and supported by their GP, received useful advice and signposting and ultimately felt that they benefited from their experience of talking to their GP about their mental health. For some young people, specialist NHS support might not be suitable and therefore a referral to a different service is needed. Other young people reported negative experiences which have left them feeling reluctant to access support through their GP in the future.

Many GPs told us that because specialist services are overstretched, young people can face long waiting times or be rejected because they did not meet the threshold for treatment in their area. Some told us that communications between primary and secondary services do not always enable them to know why a patient is rejected from the service, which can impede them in effectively supporting young people.

Just as importantly, many GPs believe that there are major gaps in local early support services – including youth clubs, local charities and drop-in centres – that could provide early mental health support. This can lead to GPs supporting young people with mental health problems directly, even in cases where they feel that this is beyond their level of competency, beyond what they have been trained to do.

**“ When vulnerable people summon the courage to ask for help, it's utterly wrong that often the first things on my mind are dismay that they're not bad enough to meet the criteria to be accepted by the specialist service, and then how can I possibly tell them the alternative is a one year wait for the self-referral option? I know it's a cliché, but I became a GP to help people, and here I'm often not sure that I can. ”**

# Executive summary

This report also highlights that young people face multiple barriers to accessing mental health support through their GP in the first place. These include stigma and fear of talking about their mental health, as well as a process for engaging with GPs that does not always meet young people's needs. More than two-thirds of young people would prefer to be able to access mental health support without going through their GP.

There have been welcome improvements to young people's mental health services in recent years through the initiatives outlined in the NHS Long Term Plan and the roll-out of the Green Paper on Children's Mental Health. However, it remains the case that access to specialist services varies considerably across the country and that early support is often even harder to access. As we outline in this report, **there must be a renewed focus on early intervention by supporting young people with their mental health much earlier** - and before their needs escalate to the point of needing specialist support.

## Key findings

- **55%** of 16-25 year-olds surveyed had visited their GP about a mental health concern at some point in their lives; 33% reported that they had been to their GPs between two and five times about their mental health.
- **67%** of young people surveyed would prefer to be able to access support for their mental health without going to see their GP.
- Only **53%** of young people surveyed indicated that they know other routes to access mental health support without going to see their GP.
- In a 2019 survey<sup>1</sup>, only **10%** of GPs surveyed agreed that they usually feel confident that a referral to NHS Children and Young People's Mental Health Services (CYPMHS) will result in treatment. More than three-quarters (76%) disagreed.
- In the same survey, only **8%** of GPs surveyed agreed that there is good community support for children and young people with mental health problems in their area (e.g. through youth clubs, local charities, drop-in centres etc). 77% disagreed.

**More than two-thirds of young people would prefer to be able to access mental health support without going through their GP.**



<sup>1</sup> Survey conducted in 2019 by Medeconnect on behalf of YoungMinds. Available at: [youngminds.org.uk/about-us/media-centre/press-releases/lack-of-early-support-for-young-people-s-mental-health-puts-pressure-on-gps-new-survey](https://youngminds.org.uk/about-us/media-centre/press-releases/lack-of-early-support-for-young-people-s-mental-health-puts-pressure-on-gps-new-survey)

# Methods

With this report, YoungMinds and The Children's Society sought to capture a range of views from young people and GPs about the quality and effectiveness of primary health care in responding to young people's mental health. To do so we used a range of non-representative methods including surveys, focus groups and interviews. Our intention is to offer an insight into young people's experiences with their GP and identify areas of provision that merit further exploration and improvement. The following methods were used.

To understand young people's experiences of talking to their GP about their mental health, in March 2021 we commissioned the research agency Census wide to carry out a survey. The survey was completed by 2,005 young people aged 16-25 years old. All respondents live in the UK and the survey includes responses from young people living in Wales (4%), Scotland (5%) and Northern Ireland (2%). The majority of survey respondents were female (66%). 67% of respondents reported being White; 12% of respondents were of an Asian ethnicity, 9% reported being Black and 7% were of mixed ethnicity. Based on this, and the sampling method, the data cannot be considered to be representative. As the survey was completed online, some young people without appropriate access to technology are less likely to have completed it.

In addition to the quantitative findings of the survey, we carried out insight work with YoungMinds Activists in March 2021 through an online insight workshop and 1-2-1 interviews. YoungMinds Activists are young people aged 14 to 25 who have experience related to mental health (including personal experience of caring for someone with a mental health problem). The workshops considered young people's experiences of talking to their GP about their mental health as well as working with young people to understand what changes they thought would be most beneficial to improve others' experiences.

The report also draws on a survey that YoungMinds commissioned through the medical research company MedeConnect with 1,008 GPs across the UK during October 2019. The sample was regionally representative and all respondents were practising GPs. We asked GPs questions related to their experiences of treating young people struggling with their mental health. To understand GPs' views further, we carried out 12 interviews with GPs from geographical regions across England and Wales between July and December

2020. The interviews considered GPs' experiences of supporting young people with their mental health and to understand the landscape of community mental health support in their local area.



The survey was completed by **2,005**  
young people aged **16-25 years old**



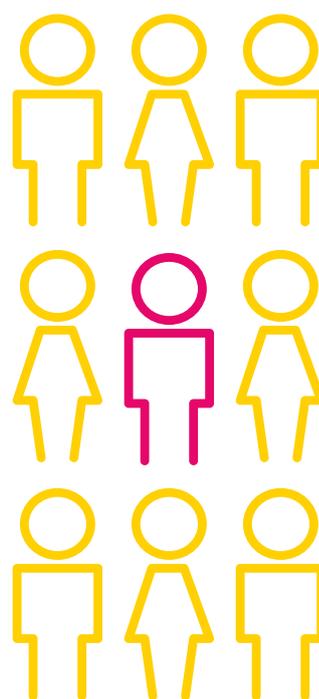
# Rising demand

Before the COVID-19 pandemic, the Government had made real strides to improve access to NHS services through Future in Mind, the Five Year Forward View for Mental Health, the Green Paper on Children and Young People's Mental Health - as well as through the ambitious proposals in the NHS Long-Term Plan. These improvements have led to an increase in access to young people's access to mental health support. But despite this, only just over a third of young people (37%) with a diagnosable mental health condition were able to access NHS specialist support<sup>2</sup>. While the number of children and young people accessing mental health services has increased substantially in recent years, this is in the context of rising demand.

The pandemic has had an impact on the mental health of many children and young people, especially those who faced a disadvantage in accessing support before it hit. In 2017, 1 in 9 children and young people were estimated to have a diagnosable mental health condition; recent data from NHS Digital collected in July 2020 suggested that 1 in 6 young people now has a probable mental health disorder<sup>3</sup>. The Children's Society's Life on Hold report during the pandemic found that while most children are happy with their lives as a whole, a greater proportion than would usually be expected reported low subjective well-being (a key risk indicator for poor mental health)<sup>4</sup>.

Research has also shown that the pandemic and measures taken to respond to it have increased risk factors associated with mental health difficulties, including exposure to trauma or adversity, loneliness and social isolation. Groups that were already marginalised or disadvantaged, including Black and minoritised ethnic communities<sup>5</sup> and people who have disabilities, are likely to have been disproportionately affected given the unequal impact that the pandemic has had.

The Children's Society found a significant association between levels of worry and relative poverty status, where a higher proportion of children in relative poverty (23%) indicated that they were very worried than peers who were not in relative poverty (15%) when asked how they felt about the coronavirus<sup>6</sup>.



**In 2017, 1 in 9 children and young people were estimated to have a diagnosable mental health condition**

<sup>2</sup>NHS Mental Health Dashboard Q2 2020/21 Available at: [england.nhs.uk/publication/nhs-mental-health-dashboard](https://www.england.nhs.uk/publication/nhs-mental-health-dashboard)

<sup>3</sup>NHS Digital (2020) Mental Health of Children and Young People in England, 2020: Wave 1 follow up to the 2017 survey. Available at: [digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2020-wave-1-follow-up](https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2020-wave-1-follow-up)

<sup>4</sup>The Children's Society (2020) 'Life on Hold: children's well-being and Covid-19'. Available at: [childrenssociety.org.uk/information/professionals/resources/life-on-hold](https://www.childrenssociety.org.uk/information/professionals/resources/life-on-hold)

<sup>5</sup>Xenzone, Kooth (2020). 'Kooth sees Significantly Higher Increases in Suicidal Thoughts, Anxiety and Depression among BAME Young People, Compared to White Counterparts'. Available at: [xenzone.com/kooth-sees-significantly-higher-increases-in-suicidal-thoughts-anxiety-and-depression-among-bame-young-people-compared-to-white-counterparts](https://www.xenzone.com/kooth-sees-significantly-higher-increases-in-suicidal-thoughts-anxiety-and-depression-among-bame-young-people-compared-to-white-counterparts)

<sup>6</sup>Ibid

# Young people's use of GP surgeries for their mental health

YoungMinds' research<sup>7</sup> suggests that some young people's access to mental health support has been disrupted during the pandemic. In a survey conducted in January 2021, 54% of young people surveyed who said that they had needed mental health support during the pandemic had been able to access some form of support. A further 22% said that they had needed mental health support but had chosen not to look for it; while 24% said that they had looked for support but not accessed it. Health professionals supporting young people with their mental health across all sectors, including GPs, deserve huge credit for adapting to the challenges of the pandemic. Ensuring that young people have access to mental health support as we recover from the pandemic must be a priority.

Since the start of the pandemic, the Government has taken a number of steps to address the likely rise in mental health needs. These include investing an extra £79 million to accelerate the rollout of Mental Health Support Teams children across England, alongside increasing access to NHS services and eating disorder services; additional funding for charities; and the expansion of the Every Mind Matters campaign. These initiatives should make a difference, but it is vital to acknowledge the vast scale of the challenge we face.

In March 2021 we commissioned a survey with 2,005 young people aged 16-25. The results suggested that **55% of young people in our survey had visited their GP about a mental health concern at some point in their lives.** This does not mean that 55% of young people have had a diagnosable mental health condition: many of those who attended appointments are likely to have had sub-clinical mental health needs. These could include low mood, self-esteem issues, sleepless nights, concerns about exams, worries about food or appearance, concerns about bullying or isolation, or stress related to a physical health condition. **A smaller number of young people (33%) reported that they had been to their GPs between two and five times about their mental health,** while 4% estimated that they had been to their GPs more than five times with a concern.

In our survey, we asked young people who had been to see their GP about what subsequent support they received for their mental health. Around a third of young people (36%) were referred to an NHS mental health service such as CYPMHS or adult mental health services – and a further 28% were advised to access mental health support through their school, college or university. It is important to highlight that not all young people who go to see their GP about their mental health need to access specialist mental health support such as counselling or therapy. Many would benefit from low-level early support for their mental health.

# 55%

**of young people in our survey had visited their GP about a mental health concern at some point in their lives.**

<sup>7</sup>YoungMinds (2021) 'Coronavirus: Impact on Young People with Mental Health Needs, January 2021 survey'. Available at: [youngminds.org.uk/about-us/reports/coronavirus-impact-on-young-people-with-mental-health-needs](https://youngminds.org.uk/about-us/reports/coronavirus-impact-on-young-people-with-mental-health-needs)

# Young people's experience of accessing their GP about their mental health

Many of the young people that we engaged with said that they had had a positive experience of receiving support, advice or signposting from knowledgeable and sympathetic GPs. In some cases, young people saw their GP as the adult who had helped them most throughout their mental health journey. In our recent survey with young people, **60% either agreed or strongly agreed that they felt like their GP had understood their concerns.** Additionally, **61% perceived that their experience of talking to their GP about their mental health was positive.**

Similarly, our work with young people suggests that there is real variation in the experiences of young people who receive from their GPs, with some young people reporting negative experiences from their GP including stigmatising language, a feeling that the GP doesn't understand their concerns or a perceived lack of training related to mental health. This includes young people reporting differences between the GPs that they have seen – and sometimes trying to ensure that they only see one GP in the practice because of past positive or negative experiences.

Differences in experiences can also be seen amongst different groups of young people. For example, data from the annual GP Satisfaction Survey<sup>8</sup> suggests that young people from Black and minoritised ethnic communities feel less understood when talking to their GP about their mental health. In total, 83% of 16-24-year-olds who were white and 83% of young people with mixed ethnicity reported feeling that the professional recognised or understood their mental health needs. In comparison, this was the case for 78% of young people from any Asian background and 77% of young people of Black/ African/ Caribbean background. It is therefore important to consider the experiences of young people and particularly those that may face inequalities with access to services, such as Black and minoritised ethnic communities, and we would welcome further research in this area.

Many young people also highlighted a frustration that they often face long waits for support after going to see their GP. According to NHS Digital figures, waiting times have fallen over the last three years against a backdrop of rising referrals. Despite this the proportion of young people<sup>9</sup>. For many young people, this lack of access to services and long waiting times can lead to an unnecessary escalation in their mental health needs.

## Case Study:

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*I went to the GP when I was 13, after struggling with severe anxiety surrounding school and beginning to refuse to go. It was daunting, as this was the first time I'd sought professional help for my mental health. Whilst the GP was lovely and kind, I didn't feel like he took me seriously. He said it was likely that I had an anxiety disorder and referred me to CYPMHS. Other than that he said to keep trying to go to school, as there wasn't a lot else that they could do.*

*After my appointment with the GP, my mum had an initial assessment with CYPMHS who decided I was not a high enough priority. Aside from referring me to CYPMHS, there was no extra support offered in the way of a phone call check-in or a follow-up appointment. I haven't been back to the GP since, even though there have been many times where professional support would have been beneficial. At the time I was really dreading going to the GP as I felt I was wasting their time. This didn't change much after my appointment as I still felt that my anxiety was not serious enough. - Lana, YoungMinds Activist*

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<sup>8</sup> This is an independent survey run by Ipsos Mori on behalf of NHS England with over two million people across England to ask how people feel about their GP practice. Further information about the survey and the data set is available at: [gp-patient.co.uk](http://gp-patient.co.uk)

<sup>9</sup> NHS Digital (2020) 'Waiting times for children and young people's mental health services, 2019 -20'. Available at: [digital.nhs.uk/data-and-information/supplementary-information/2020/waiting-times-for-children-and-young-people-mental-health-services-2019---2020-additional-statistics](https://digital.nhs.uk/data-and-information/supplementary-information/2020/waiting-times-for-children-and-young-people-mental-health-services-2019---2020-additional-statistics)

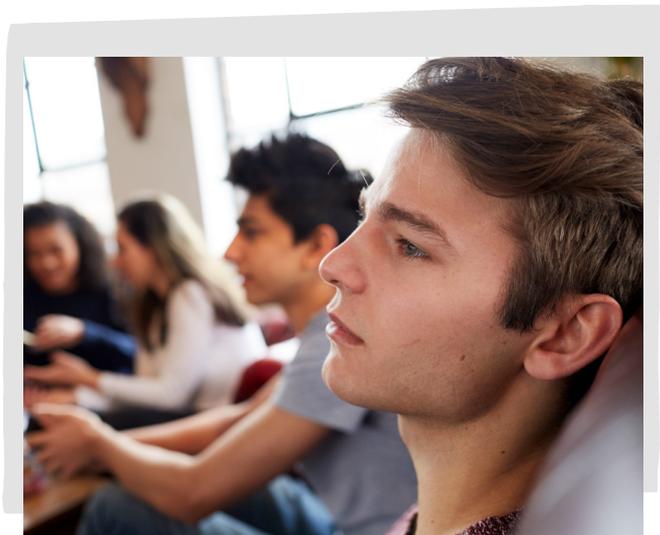
# Barriers to accessing mental health support through GPs

In our survey, we asked young people if anything might stop them from going to see their GP about their mental health.

- I don't feel like my problems are bad enough to see a GP – **35%**
- I am worried I will be judged – **30%**
- I don't want to inconvenience anyone – **28%**
- I don't think my GP will be able to help me – **25%**
- I would be worried about my family or friends finding out – **25%**
- I don't like talking to my GP over the phone – **25%**
- Worries over Covid guidelines – **24%**

The most common response that young people gave was not feeling like their problems were bad enough to go and see their GP about their mental health. Alternative responses included feeling worried that they will be judged (30%), not wanting to inconvenience anyone, and feeling worried about friends or family finding out.

The COVID-19 pandemic has also presented new barriers to accessing mental health support for young people. To understand the impact that the COVID-19 pandemic was having on young people's mental health, YoungMinds has undertaken a series of surveys<sup>10</sup> with young people with existing mental health needs. As part of our January 2021 survey, we asked respondents about their experiences of going to see their GP about their mental health during this time. The top concern that prevented young people from going to the GP was not wanting to add pressure onto the NHS during the pandemic (66%).



## The stigma around accessing mental health support

The stigma around accessing mental health support has decreased in recent years following several high-profile campaigns such as Time to Change and the PHE mental health campaign Every Mind Matters. However, our work with young people suggests that stigma persists as an important barrier for accessing support through GPs and elsewhere.

This may be exacerbated by additional stigma related to young people's behaviours or identity. For example, whilst not limited to primary care settings, there is a persistent stigma surrounding young people who self-harm<sup>11</sup>. Additionally, the Queer Futures study<sup>12</sup> investigated the help-seeking behaviour of LGBTQ+ young people related to their mental health. This research suggests that stigma may be compounded with experiences of discrimination that LGBTQ+ young people have faced more widely within society.

<sup>10</sup> YoungMinds (2020) Coronavirus: Impact on Young People with Mental Health Needs. Available at: [youngminds.org.uk/about-us/reports/coronavirus-impact-on-young-people-with-mental-health-needs](https://youngminds.org.uk/about-us/reports/coronavirus-impact-on-young-people-with-mental-health-needs)

<sup>11</sup> APPG on Self-Harm and Suicide Prevention (2020) 'Inquiry into the support available for young people who self-harm'.

<sup>12</sup> Queer Futures: Understanding lesbian, gay, bisexual and trans (LGBT) adolescents' suicide, self-harm and help-seeking behaviour. Available at: [queerfutures.co.uk/wp-content/uploads/2016/06/Queer-Futures-Final-Report.pdf](https://queerfutures.co.uk/wp-content/uploads/2016/06/Queer-Futures-Final-Report.pdf)

# Barriers to accessing mental health support through GPs

The young people that we engaged with to inform this report felt that GPs need further training to ensure that they understand and do not further stigmatise the issues that young people are facing related to their mental health. In addition, as highlighted in the following section, given that young people may interact with a number of professionals and staff at their GP surgery, all staff in the practice should have a good level of mental health knowledge to reduce the stigma that young people may feel or experience. This is also important to ensure that young people do not feel alienated from accessing mental health support from their GP or elsewhere.

## Length of appointments

Young people told us that GP appointments are often approximately 10 minutes in length, in which the GP needs to investigate the concern and decide what the appropriate course of action for the patient is. While this time pressure is understandable, young people reported that the length of time does not always feel sufficient to discuss the issues that are affecting them and their mental health. As one young person told us:

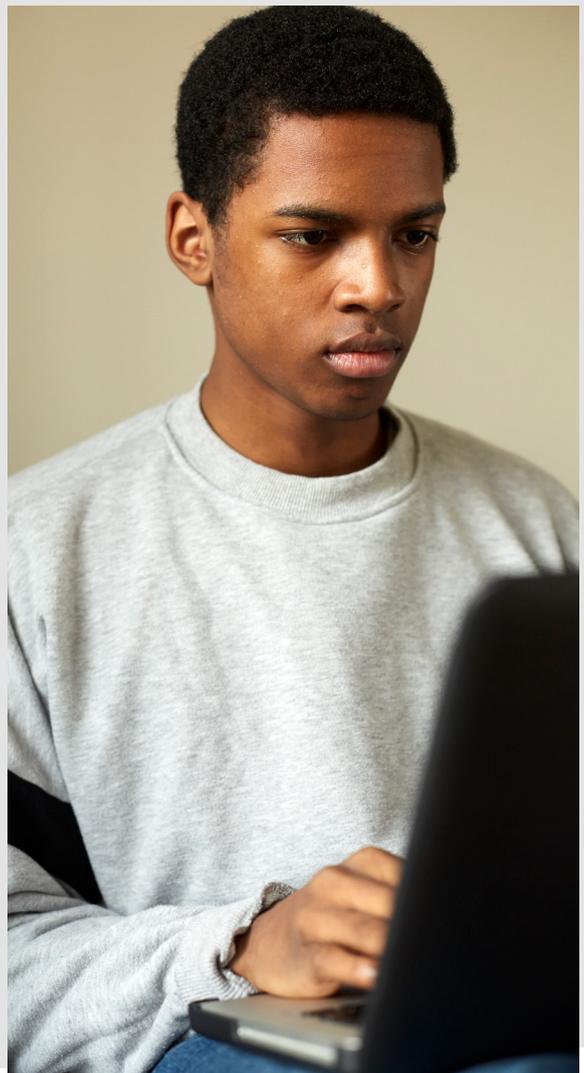
“GPs can be really scary because it’s so abrupt. Mental health is so complicated and involves so many different factors in your life. It can feel very unnatural to blurt out your life experience instantly.”

This may be particularly difficult for young people who feel uncomfortable talking to other people such as their GP about their mental health. When we surveyed young people to inform this report, **only 52% agreed or strongly agreed that they would feel able to talk about their mental health if they needed to.**

Where young people reported positive experiences with their GP, these were often when they felt like their GP had taken the time to understand what they were going through, including booking longer or repeated appointments where a shorter consultation was not sufficient.

## Virtual consultation platforms

The NHS Long Term Plan indicates that over the next five years every patient in England will have a new right to choose the option of digital consultations. Many GPs now offer virtual consultations. Our work with young people suggests that this is a positive step as some young people, including those with mental health difficulties, find speaking on the phone or in-person difficult, particularly related to speaking about their mental health.



# Barriers to accessing mental health support through GPs

Some young people report preferring consultations to take place in person and see this as being an integral element of building trust with their GP and feeling able to talk about their mental health. Additionally, there are important limitations to consulting with young people digitally. There is a clear link between poverty, inequalities and digital exclusion which can mean that young people aren't able to access virtual consultations or other digital services offered by GPs. Face to face consultations must remain a central element of the process for talking to GPs.

It is also important that virtual platforms used by young people are accessible to their needs. While writing this report, it was highlighted that the dominant virtual consultation platform presents a confusing pathway for 16-17 year-olds wanting to use the platform. This has led to an interpretation that 16-17 year-olds can only use the virtual consultation platform with their parent's knowledge and awareness. Our work and past research suggests that some young people do not want their friends or family to know that they are looking for mental health support. Health-tech companies designing e-consultation platforms need to design their platforms carefully to ensure they work well for children and young people.

25% of young people reported to us that feeling worried that friends and family might find out might stop them from going to see their GP about their mental health. Therefore, we would welcome a review of this process to ensure that virtual consultation platforms are meeting the needs of young people.



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**The first time that I visited my GP about my mental health it was booked by my parents. They had noticed some changes in my behaviour and motivation to do certain things. My GP was very supportive and listened to what I had to say, he asked me a few questions to get a better understanding of my thoughts and feelings.**

**It was a family appointment which made me feel slightly awkward when trying to express myself in front of my parents. In our culture, mental health was always taboo so I grew up with advice such as “just get on with it”. I know that my parents wanted to support me and that was the entire reason they booked the appointment. But it would have been beneficial to speak to the GP privately as having the family around did influence my words. After the appointment, I was referred to CYPMHS and put on a waiting list. They also wrote a letter to my school to ask them if they could put a few things in place to help. The GP was really supportive and was behind us from that initial appointment. - Luke, YoungMinds Activist**

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# Building a more flexible GP service for young people

As highlighted in previous research, many people have a preferred clinician and feel more able to talk about personal issues when there is continuity in their care and the clinicians that they engage with<sup>13</sup>. The young people we spoke to for this report felt similarly and told us about the importance of young people being able to choose which clinicians they see. They highlighted that knowing the gender or ethnicity of the healthcare professional would also make them feel more comfortable and engaged with their care.

Our work with young people suggests that young people's access to support is greatly enhanced when young people are offered greater flexibility in how and when they access support. Building on the work of the Association of Young People's Health, Youth Access and the Royal College of GPs<sup>14</sup>, these principles should feature:

- Accessible and flexible appointments, including allowing young people to have face to face or virtual appointments depending on what best meets their needs.
- Listening to young people and giving them time, including longer appointments if necessary.
- Allowing young people to get to know their GP by the inclusion of a 1-1 consultation even when attending with their parents, GPs should explain confidentiality in front of the young person and their parent.
- Making waiting rooms more welcoming for young people.
- Involving young people in patient participation groups.
- Appointing a 'champion' in the practice for young people's health.

As highlighted by Mughal and colleagues (2019)<sup>15</sup> a youth-friendly practice can help young people to feel welcomed, accepted and be more likely to feel able to talk about their mental health.



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<sup>13</sup>The Kinds Fund (2016) 'Understanding pressures in general practice'. Available at: [kingsfund.org.uk/sites/default/files/field/field\\_publication\\_file/Understanding-GP-pressures-Kings-Fund-May-2016.pdf](https://kingsfund.org.uk/sites/default/files/field/field_publication_file/Understanding-GP-pressures-Kings-Fund-May-2016.pdf)

<sup>14</sup>GP Champions for Youth Mental Health Project Toolkit. Available at: [youngpeopleshealth.org.uk/wp-content/uploads/2015/06/GPToolkit\\_ONLINE.pdf](https://youngpeopleshealth.org.uk/wp-content/uploads/2015/06/GPToolkit_ONLINE.pdf)

# GPs' experiences of supporting young people with their mental health

## Skills and Confidence

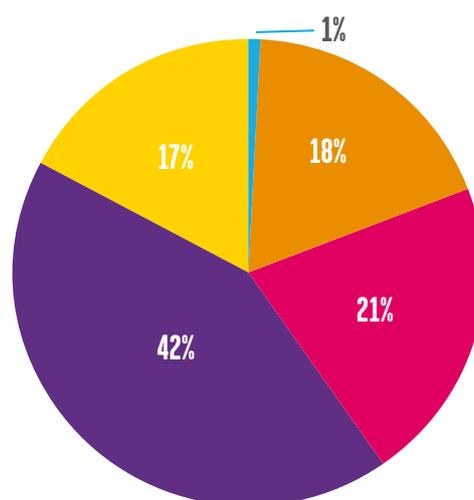
When we polled GPs in 2019, **we found that 59% of GPs felt they did not agree to respond to mental health problems.**

In one study, GPs highlighted the lack of emphasis on mental health in medical training<sup>16</sup>. Given the high prevalence and significance of mental health problems in children and young people, it is clear that serious attention is required to support primary care practitioners in facilitating access to evidence-based interventions.

Primary care services are most people's first and most frequent point of contact with the NHS. Past research by The Children's Society has found that GPs are by far the most popular source of support for children and young people's mental health among parents surveyed<sup>17</sup>.

This is particularly important for young children, or those with additional needs, whose parents may make appointments on their behalf. Another survey of over 1,000 GPs found that 40% of contacts involved a mental health element. GPs themselves have variable levels of knowledge and confidence in meeting young people's mental health needs, especially when they are linked to other health or social issues<sup>18</sup>.

I have received sufficient training in children and young people's mental health to respond to mental health problems.



<sup>15</sup> Mughal, F. et al (2019) 'Self-harm in young people: the exceptional potential of the general practice consultation'. British Journal of General Practice 2019; 69 (681): 168-169.

<sup>16</sup> O'Brien, D. et al (2016) 'Barriers to managing child and adolescent mental health problems: a systematic review of primary care practitioners' perceptions'. British Journal of General Practice. Available at: [bjgp.org/content/bjgp/66/651/e693.full.pdf](http://bjgp.org/content/bjgp/66/651/e693.full.pdf)

<sup>17</sup> The Children's Society (2019) 'Finding Help'. Available at: [childrenssociety.org.uk/information/professionals/resources/finding-help](http://childrenssociety.org.uk/information/professionals/resources/finding-help)

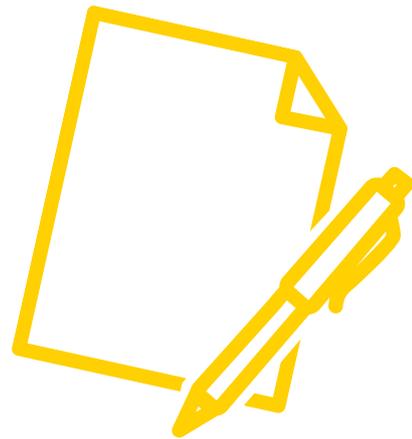
<sup>18</sup> The Centre for Mental Health (2020) 'Clinical psychology in primary care'. Available at: [centreformentalhealth.org.uk/sites/default/files/publication/download/CentreforMH\\_ClinicalPsychologyInPrimary-Care.pdf](http://centreformentalhealth.org.uk/sites/default/files/publication/download/CentreforMH_ClinicalPsychologyInPrimary-Care.pdf)

# GPs' experiences of supporting young people with their mental health

In a 2018 survey of GPs by Mind, when asked about their training<sup>19</sup>, children and young people were the most frequently referenced group on which doctors wanted mental health training. Steps have been taken to increase GPs' knowledge and awareness of mental health concerns amongst children and young people. For example, in 2016 the Royal College of General Practitioners (RCGP) and the Charlie Waller Memorial Trust developed a toolkit<sup>20</sup> to assist GPs with undertaking a mental health consultation with young people, and RCGP also developed a resource for GPs responding to self-harming behaviour amongst young people. Work is also currently ongoing within Health Education England to improve the continuing professional development (CPD) of GPs with their training on mental health. Despite this progress, our work with primary care practitioners clearly identified a lack of confidence in recognising childhood mental health problems and a lack of training in this area, which, given the prevalence of such issues, is resulting in a serious skills gap<sup>21</sup>.

In our interviews with GPs, issues around family relationship dynamics, family breakdown, and stress at school and with friends were found to be some of the main reasons behind young people's visits to the GP for mental health support. GPs told us that children and young people's responses to these difficult and challenging events were often appropriate and expected, and that sometimes their role as a professional was about reassuring the young person about their concerns and building their confidence. One GP explained their view that a 10-15 minute conversation to reassure the patient could in some instances effectively resolve immediate concerns. The GP described this as "counselling with a small 'c'".

It was reflected upon that this a common role GPs undertake. A lot of low-level needs are managed in primary care; however, this is dependent on the skills and confidence of the GP as to who can provide this type of support to young people. Some GPs reflected that they saw their role as being to primarily signpost and refer but often felt that the responsibility to manage low-level needs was left solely with them.



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<sup>19</sup> Mind (2019) 'GP Mental Health and Training Survey Summary'. Available at: [mind.org.uk/media-a/4414/gp-mh-2018-survey-summary.pdf](https://mind.org.uk/media-a/4414/gp-mh-2018-survey-summary.pdf)

<sup>20</sup> RCGP (2016) A Toolkit for GPs. Available at: [rcgp.org.uk/clinical-and-research/resources/toolkits/-/media/54C9D-F1CA97E47BC81D5D04EADB4B219.ashx](https://rcgp.org.uk/clinical-and-research/resources/toolkits/-/media/54C9D-F1CA97E47BC81D5D04EADB4B219.ashx)

<sup>21</sup> O'Brien, D. et al (2016) 'Barriers to managing child and adolescent mental health problems: a systematic review of primary care practitioners' perceptions'. British Journal of General Practice. Available at: [bjgp.org/content/bjgp/66/651/e693.full.pdf](https://bjgp.org/content/bjgp/66/651/e693.full.pdf)

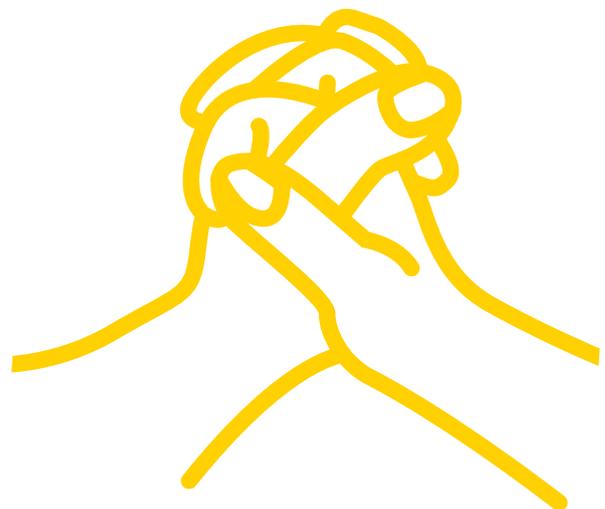
# GPs' experiences of supporting young people with their mental health

It is important to recognise that while talking to their GP may help a young person in the short-term, it does not necessarily replace the long-term, consistent and professional support they may still require to address their mental health and well-being concerns. Furthermore, when GP provision is more about signposting than the provision of direct support, it can just feel like another hoop to jump through that does not always achieve very much.

GPs often play a critical role in continuing support for a young person once they turn 18 and no longer meet the requirement for Adult Mental Health Services (AMHS). Despite the Long Term Plan ambition for the creation of a comprehensive offer for 0-25 year olds that reaches across mental health and physical health services for children, young people and young adults, many services continue to have a cliff-edge at age 18, leaving those young people without support. GPs are often the one stable point who can continue having a relationship with the young person.

Furthermore, a range of needs are frequently seen within general practice, ranging from low mood and anxiety through to self-harm, suicidal thought and behavioural concerns. It is concerning that medical training does not equip GPs to respond to these behaviours confidently.

It became apparent during the interviews that the GPs also frequently had to respond to parents' own anxieties and fears as much as those of young people themselves. Often, it is the parents that need reassurance about what their child is feeling and experiencing. It becomes the GPs responsibility to re-frame the expectations of parents and sometimes this was difficult to manage with confidence.



# GPs' experiences of supporting young people with their mental health

## Referral and Rejections – NHS CYPMHS

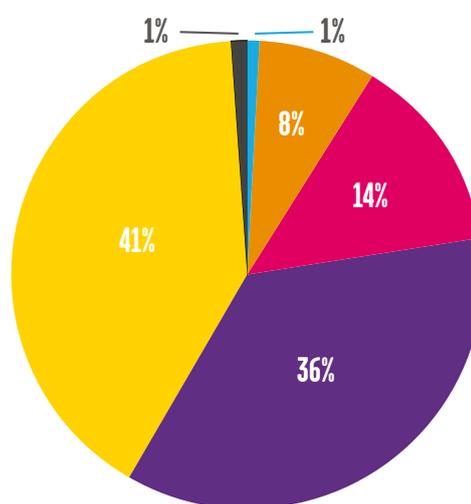
**When we polled them in 2019, we found that 77% of GPs were not confident that referrals they made to NHS Children and Young People's Mental Health Support (NHS CYPMHS), would result in treatment.**

GPs' satisfaction with children's mental health services is often reported as low, and GPs have reported many barriers to accessing specialist help<sup>22</sup>. Given GPs' unique position, it is unsurprising that they make more referrals to specialist CYPMHS than any other single referral source. However, past evidence suggests that rejection of referrals from GPs to specialist CYPMHS is high<sup>23</sup>.

In past research, GPs have expressed frustration about access to secondary care services. They reported long delays and frequent rejection of referrals, and a lack of clarity about how the services were structured and governed. GP experiences and degrees of frustration varied. Where cross-disciplinary relationships with secondary care services were low, high levels of professional anxiety were reported. Where there were more constructive cross-disciplinary relationships, less anxiety was voiced as CYPMHS practitioners were offering clinical updates at meetings, and where consultants were accessible by telephone<sup>24</sup>.

In our consultation with GPs, one respondent noted that GPs frequently undertake risk assessments to find out what level of support is necessary for the patient. Their criteria include if the young person needs external support, if they are at high risk and require intervention from NHS CYPMHS, or if the case is urgent and the young person needs to be seen by NHS CYPMHS on the same day. GPs reflected that understanding referral criteria for NHS CYPMHS would allow them to confidently refer and act as effective 'gatekeepers' to the service. GPs are aware of the high thresholds of these services, but the lack of guidance on the criteria leaves them feeling 'burdened' with not knowing how to appropriately signpost their patients.

When I make a referral to Child and Adolescent Mental Health Services, I am usually confident that this will result in treatment.



<sup>22</sup> Lamber, A. et al (2020) GP perceptions of community-based children's mental health services in Pennine Lancashire: a qualitative study. BJGP Open 4 (1).

<sup>23</sup> Lamber, A. et al (2020) GP perceptions of community-based children's mental health services in Pennine Lancashire: a qualitative study. BJGP Open 4 (1).

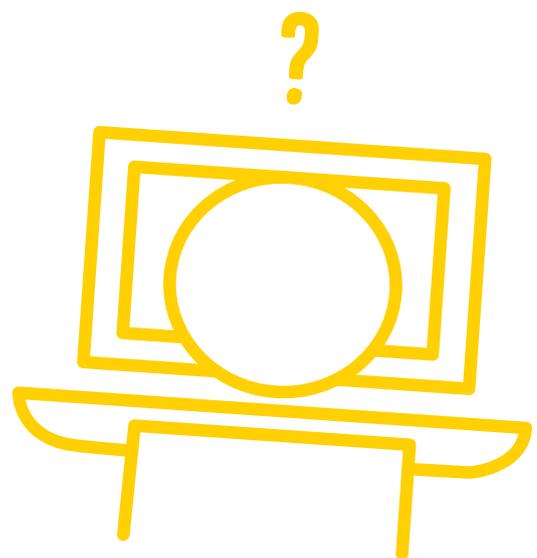
<sup>24</sup> Roberts JH, Crosland A, Fulton J. (2013) "I think this is maybe our Achilles heel..." exploring GPs' responses to young people presenting with emotional distress in general practice: A Qualitative study. BMJ Open

# GPs' experiences of supporting young people with their mental health

GPs expressed concern about the lack of interaction between themselves and secondary care providers. One GP drew a comparison to the interaction between paediatrics (physical care) and primary care. The constructive communication between the GP and the specialist allows for the progress of the patient to be tracked on the GPs IT system. GPs receive correspondence sent after every encounter with the physical care provider but this is not always replicated by NHS CYPMHS. It was also identified that in some areas, IT systems used respectively by primary care and secondary care services, do not update each other. As a result, GPs are unable to access information about any mental health support that is offered by specialist services. Our work with young people suggests that this can often leave them feeling like it is their responsibility to communicate and coordinate between GPs and specialist mental health services themselves.

If a referral is rejected, the lack of communication subsequently means the GP will not always be informed as to how or why that decision was reached. However, the misalignment of systems used by primary and secondary care is part of a wider problem that was identified related to wider communications between services. One health professional found that they were constantly asking for an understanding of the decision-making process but always received 'a closed-door response'.

This is especially concerning as GPs also expressed their main responsibility for children and young people presenting mental health and well-being concerns was to refer and signpost to appropriate services. If GPs are unable to track progress, they are limited in the awareness of how secondary care services are impacting young people. This impedes their ability to intervene and find effective solutions to problems for their patients.



# GPs' experiences of supporting young people with their mental health

## GPs and early intervention in young people's mental health

When we polled GPs, we found **only 8% of GPs felt there was good community support for young people with mental health problems** in their local area.

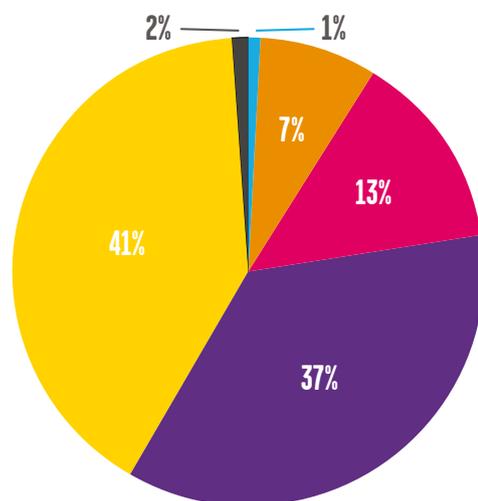
A common theme found in research is around GPs feeling 'stuck' when young people are rejected from NHS CYPMHS and there are not alternative provisions in place<sup>25</sup>. In the same study, GPs spoke about areas for further improvement, including collaboration involving specialist CYPMHS and schools, as well as the need for increased lower-level support for children and young people's mental health<sup>26</sup>.

The NHS Long Term Plan has taken some steps to address this in the context of primary care. One of the targets contained in the plan includes an increase in social prescribing through an expansion to the availability of Link Workers within local communities, including for children and young people.

## What is social prescribing?

There is no single agreed definition of social prescribing, but it is a process of linking patients with non-medical forms of support within the community. This process usually involves a healthcare professional, such as a GP, referring a patient to link worker. In turn, the link worker develops a non-clinical plan which connects the patient with community organisations to improve mental wellbeing and other areas of people's lives. Activities can include but are not limited to: arts and music, volunteering, gardening, sports and exercise.

There is good community support for young people with mental health problems in my area (e.g. through youth clubs, local charities, drop-in centres etc)



<sup>25</sup> Lamber, A. et al (2020) GP perceptions of community-based children's mental health services in Pennine Lancashire: a qualitative study. BJGP Open 4 (1).

<sup>26</sup> Ibid

Integral to this approach is a focus on personalised care which aims to give young people more control and choice over their health and wellbeing. We welcome that this approach is being implemented more widely, giving young people greater access to support in a more flexible and less medicalised model. Importantly, the voluntary and community organisations that young people are referred to must be provided financial support to ensure that they can manage increases in demand.

To further strengthen personalised care, it is important that there is liaison between the mental health workers in schools and primary care.

However, it was evident in our interviews with GPs that there was a variation of sub-threshold support available across different local areas. GPs stated their frustration with inadequate services to signpost children and young people to, with many respondents mentioning that they would hold young people in primary care to ensure they got some form of support. This involved arranging longer appointments with the young person and giving them additional support, lasting for as long as the young person needed.

We observed some GPs proactively responded to the gap in sub-threshold provision in their local areas. One GP we spoke to has set up their own local service specifically for young people's health. Young people were consulted to find out what they wanted from the service, and what setting they preferred the service to be in. Through the consultation process, young people expressed that they wanted an informal setting to destigmatise seeking help.

The service is based in a GP practice to ensure it is CQC compliant and is for young people aged 11-25. The clinic is open one afternoon a week and is run by ten GPs who are trained in adolescent health. The service is holistic focusing on physical, mental and sexual health, however it was noted that the service mainly sees young people with mental health needs<sup>27</sup>.

Other examples included GPs early support hubs for young people, and integrated provision for adolescent health (11-25) in a youth setting. Whilst it was recognised that GPs are able to fulfil this provision of support, they felt that the responsibility should be with services that have the time and expertise to support children and young people with their mental health. Services for young people should not be an afterthought. Whilst the provision of these services sit locally, they need to be planned and funded for, a responsibility that resides with the Government.



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<sup>27</sup> The service is funded through Extended access funding. Extended access is the offer, to registered patients of a practice, of pre-bookable appointments outside of core contractual hours, either in the early morning, evening or at weekends. Due to the success of the services, it is now being considered how the service can be extended across the local area with a more sustainable funding source.

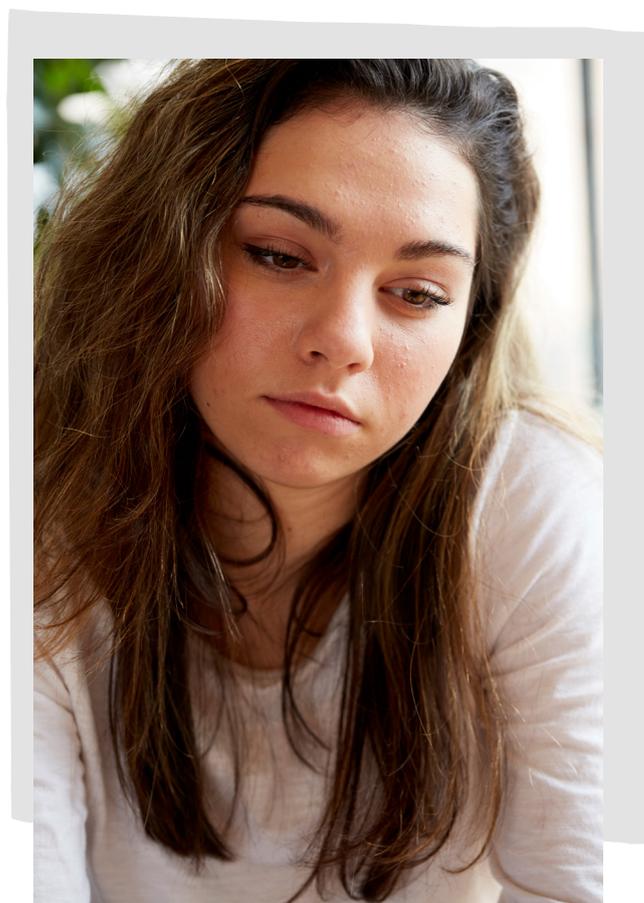
# The need to invest in early mental health support for children and young people

In our survey with young people aged 16-25, **the most common reason that young people provided for not going to see a GP about their mental health was not feeling like their problems were bad enough** (35%).

As we have highlighted, despite the expansion of provision in recent years, the demand for mental health support remains high. But there is a lack of investment in early mental health support for young people across the whole system, access to which would reduce the chance that their needs escalate to the point of needing specialist support. **67% of young people who responded to our survey suggested that they would prefer to be able to access support for their mental health without going to see their GP.** Despite this, **only 53% indicated that they know other routes to access mental health support without going to see their GP.**

Despite this, in recent years two-thirds of Local Authorities have cut their spending on 'low-level' mental health support – which includes local charities, helplines and additional pastoral support in schools<sup>28</sup>. Because of national cuts to their budgets, Local Authorities have also reduced wider youth provision: according to the YMCA, Local Authority spending on youth services fell by almost £1 billion between 2010 and 2018-19 – a 70% real-terms cut<sup>29</sup>. In practice, this means that local charities and youth centres are often under significant financial strain, and less able to provide early mental health support. These financial pressures have only been exacerbated by the pandemic.

Early support hubs present a viable approach to embedding early support for young people's emotional health and wellbeing to reduce pressures on existing NHS services and to build a mental health system that is built around young people's needs.



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<sup>28</sup> Children's Commissioner for England (2019) 'Early Access to Mental Health Support. Available at: [childrenscommissioner.gov.uk/wp-content/uploads/2019/04/Early-access-to-mental-health-support-April-2019.pdf](https://childrenscommissioner.gov.uk/wp-content/uploads/2019/04/Early-access-to-mental-health-support-April-2019.pdf)

<sup>29</sup> YMCA (2020) 'A Report Examining Local Authority Expenditure on Youth Services in England & Wales. Available at: [ymca.org.uk/wp-content/uploads/2020/01/YMCA-Out-of-Service-report.pdf](https://ymca.org.uk/wp-content/uploads/2020/01/YMCA-Out-of-Service-report.pdf)

## Early support hubs

Early support hubs offer easy-to-access, drop-in support on a self-referral basis for young people who don't meet the threshold for Children and Young People's Mental Health Services (CYPMHS) or with emerging mental health needs, up to age 25. A mix of clinical staff, counsellors, youth workers and volunteers provide a range of support on issues related to wellbeing, while additional services can be co-located under one roof; offering wrap-around support across, for example, psychological therapies, employment advice, youth services and sexual health.

Building on the existing evidence base for these services in the UK, early support hubs would reduce pressures on the NHS and improve young people's life chances by providing a community space to access flexible support for emotional wellbeing. Previous evidence from the UK and Headspace services in Australia demonstrates that early support hubs reduce psychological distress amongst young people<sup>30</sup> including self-harm and suicidal ideation<sup>31</sup>. Importantly, they have also been shown to attract young people less likely to engage with NHS mental health support, such as young men, LGBTQ+ and young Black and minoritised ethnic communities<sup>32</sup>.

These services have been shown to save costs to a range of services across the health system and more widely. For example, in a UK study investigating Youth Information Advice and Counselling Services (YIACS)<sup>33</sup>, for young people who reported that advice had improved

their stress or health, savings in GP costs alone (and disregarding the cost of other health services) were estimated to equate to £108,108 per 1,000 clients of youth advice agencies, or £108 per young person, exceeding the average cost of advice provision.

Some local areas have developed this approach to include primary care alongside mental health support. **The Well Centre** in Lambeth is a health hub where you can see a doctor, counsellor or Health and Wellbeing Practitioner to discuss any of your health concerns or worries in a safe and confidential space. This initially developed as a means to embed some of the principles of a youth-friendly practice, such as flexibility for appointments for young people.

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<sup>30</sup> Balmer, N.J., and Pleasence, P., (2012) 'The Legal Problems and Mental Health Needs of Youth Advice Service Users: The Case for Advice' Youth Access

<sup>31</sup> Hilferty, F., et al (2015). Is headspace making a difference to young people's lives? Final Report of the independent evaluation of the headspace program.). Social Policy Research Centre, UNSW Australia.

<sup>32</sup> Duncan et al (2018) Counselling for young people and young adults in the voluntary and community sector: An overview of the demographic profile of clients and outcomes. *Psychology and Psychotherapy, Research and Practice* 93 (1)

<sup>33</sup> Balmer, N.J., and Pleasence, P., (2012) 'The Legal Problems and Mental Health Needs of Youth Advice Service Users: The Case for Advice' Youth Access.

# Conclusion

As this report details, GPs are a significant source of support for young people's mental health across the country. Many young people told us that going to see their GP made a positive difference in their journey to mental health support. For some young people, GPs provided significant levels of support whilst they received or waited for specialist services.

However, young people also reported experiencing negative experiences associated with going to see their GP about their mental health, and barriers to accessing support. This may be related to persistent stigma related to accessing mental health support, not feeling that problems are bad enough to go to see a GP, or because of difficulties related to the processes of engaging with GPs.

Our work and past research suggests that GPs have variable confidence and knowledge in supporting young people with their mental health. In some areas, the disparities include insufficient knowledge and awareness. The process for communicating decisions reached by CYPMHS is also inconsistent across the country, which presents a barrier for GPs to follow up with referrals to specialist support.

The Integration and Innovation White Paper recognises that clinical and other frontline staff have led the way in working across professional and institutional boundaries and will be supported to continue to play a significant leadership role in places and systems. NHS England will be producing advice for ICSs on embedding system-wide clinical and professional leadership at every level of governance. This will include a central role for GPs and primary care networks. As well as planned primary care representation on the NHS ICS board, clinical leaders representing primary care will sit in place-based partnerships reflecting their important part in place-based planning and local leadership.

Not all young people who are struggling with their mental health need a referral to specialist mental health support, but GPs told us that they are often faced with limited options for signposting young people for support that they can access quickly. This means that some GPs are supporting young people in ways that go beyond their training, while other young people and families are being left without the support that they desperately need.

As our report demonstrates, we need a more effective and systematic approach to supporting young people with their mental health in the community. Importantly, we need to consider how young people can be provided with much more timely support before their needs escalate whilst waiting for access to services. To address the existing crisis in young people's mental health, and to respond to the new challenges of the COVID-19 pandemic, we must prioritise early intervention in our communities alongside strengthening the support provided by specialist NHS services.

# Recommendations

**1. Create a network of early support hubs for young people's mental health.** GPs often struggle to provide support to young people with emerging mental health needs who will not meet the threshold for CYPMHS or cannot access IAPT services. There is a vital need for improved early support. We are calling for a network of early support hubs to be rolled out across the country, which could provide early support for young people who are struggling with their mental health alongside advice on education, employment and housing. This should be in addition to existing commitments contained in the NHS Long Term Plan and Green Paper on Young People's Mental Health. *For further information see here: <https://youngminds.org.uk/get-involved/campaign-with-us/fund-the-hubs/what-is-an-early-support-hub/>*

**2. Improve access to NHS children and young people's mental health services.** We welcome the recent announcement of increased funding for mental health services. The Government must continue to increase access to NHS mental health services for children and young people by delivering on the commitments of the NHS Long-Term Plan and make sure that the promised investment reaches the frontline. This should include outlining how they will meet their target over the coming decade: that 100% of children and young people who need specialist care can access it.

**3. Embed the principles of a youth-friendly practice in GP surgeries across the country** to improve accessibility for children and young people. Building on the work by the Association of Young People's Health, youth Access and RCGP these principles should feature:

- Accessible and flexible appointments, including allowing young people to have face to face or virtual appointments depending on what best meets their needs.
- Listening to young people and giving them time, including giving them longer appointments if necessary.
- Allowing young people to get to know their GP by the inclusion of a 1-1 consultation even when attending with their parents. GPs should explain confidentiality in front of the young person and their parent.
- Making waiting rooms more welcoming for young people.
- Involving young people in patient participation groups.
- Appointing a 'champion' in the practice for young people's health.

**4. Provide additional training for GPs and surgery staff on children and young people's mental health.** Whilst there has been an increase in the mental health training for GPs in recent years, there should be more training focused on working with young people, with 10-25-year-olds incorporated as a separate life stage. The training should focus on the consultation process with young people and how to enable them to access health care in their own right. Consideration should also be given to how wider staff within a GP practice can be provided more training on young people's mental health.

**5. Improve GPs' ability to track young people's access to support.** To do this, there should be a review of the IT system and communications methods between practices and mental health services. If appropriate, a new approach could include utilising existing software such as GP Connect to allow clinicians to report on the success of a referral.

**6. Ensure that GPs and other professionals are aware of services and support options for young people's mental health.** Building on existing work such as the Anna Freud Centre's Youth Wellbeing Directory and the Hub of Hope, every local area should have a directory of services that could provide support for young people's mental health – including local charities, youth clubs, peer support groups - a guide to helplines; and clear advice on local and national options for social prescribing and self-management. This should be updated regularly to ensure that service information is correct. Where possible this should also link to existing roles such as Young People's Link Workers, to provide a physical capacity for building and sharing this knowledge.

**7. Enable families to support young people who are experiencing mental ill health.** The Government must help families to support young people who are experiencing mental ill health by expanding provision for a designated online and telephone service to provide advice, information and emotional support for parents, carers and adults who are concerned about the mental health of a child or young person. Locally, CCGs should commission support services for parents of children with mental ill health to provide both well-being support and high-quality advice and advocacy support to help them navigate local systems and services.

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