Trinity College Dublin
Coláiste na Tríonóide, Baile Átha Cliath
The University of Dublin

Integrating mental & physical healthcare for young people in Ireland: Identifying service users' needs using Growing up in Ireland data

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Background

- Mental health difficulties (MHD) are a growing global public health concern

- MHD symptoms onset prior to age 15
  -co-occurring physical health concerns during a critical developmental period

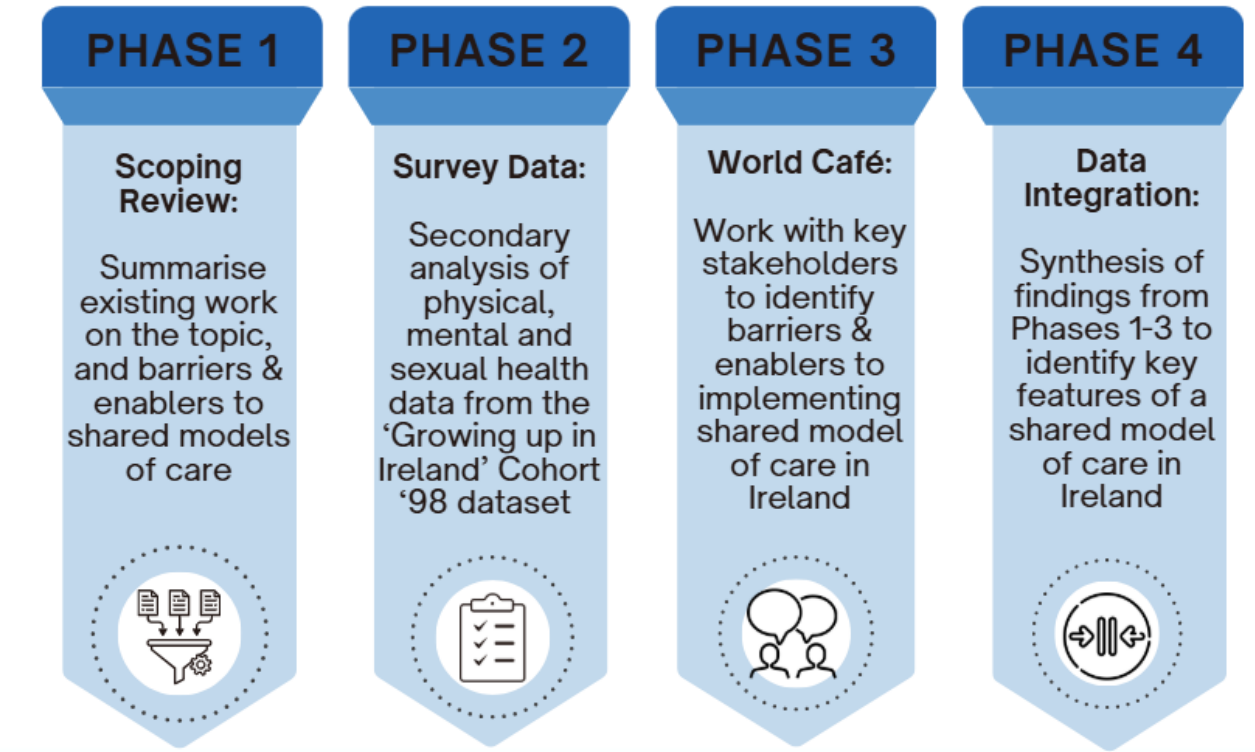
- Need targeted early intervention and prevention to address young people's overall health and wellbeing

- **Shared Models of Care (SMOC):** the collaboration between primary care (e.g., general practitioners) and secondary care (e.g., specialist mental health services) to support patient referrals, assessments and diagnoses, treatment and monitoring, and discharge planning.



Background

- SMOC recommended in Ireland's national mental health policies for over a decade, but has yet to be implemented
- SCOPE for HEALTH seeks to action this recommendation using implementation science and active PPI engagement
- Goal to develop a SMOC that is evidence-based, realistic and meaningful to young service users, healthcare providers and service managers in Ireland.

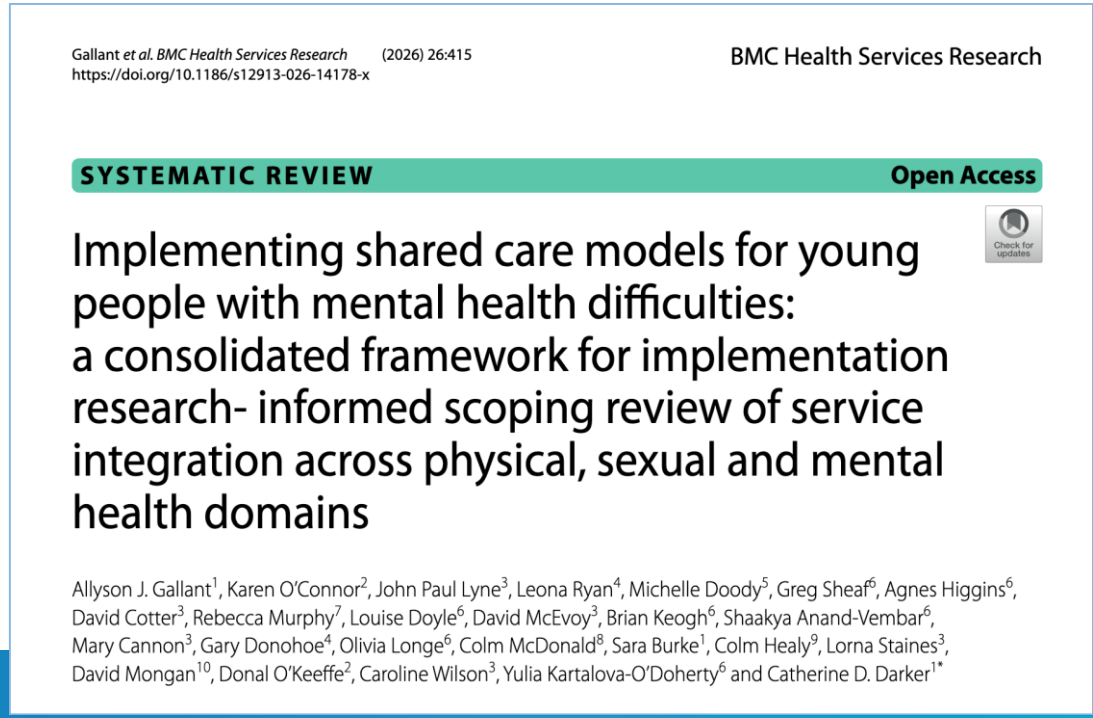


Scoping Review Highlights

- **25 included models** which integrated mental healthcare services for young people (aged 10- 25)
  - **Model components**: referral pathways, assessment, treatment and external supports
  - **Enablers:** Clear communication and adaptable models
  - **Barriers:** Staff & mental health stigma key barriers

Examples of health concerns addressed

- Sleep concerns
- Weight management
- Lifestyle habits



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BMC Health Services Research

SYSTEMATIC REVIEW Open Access

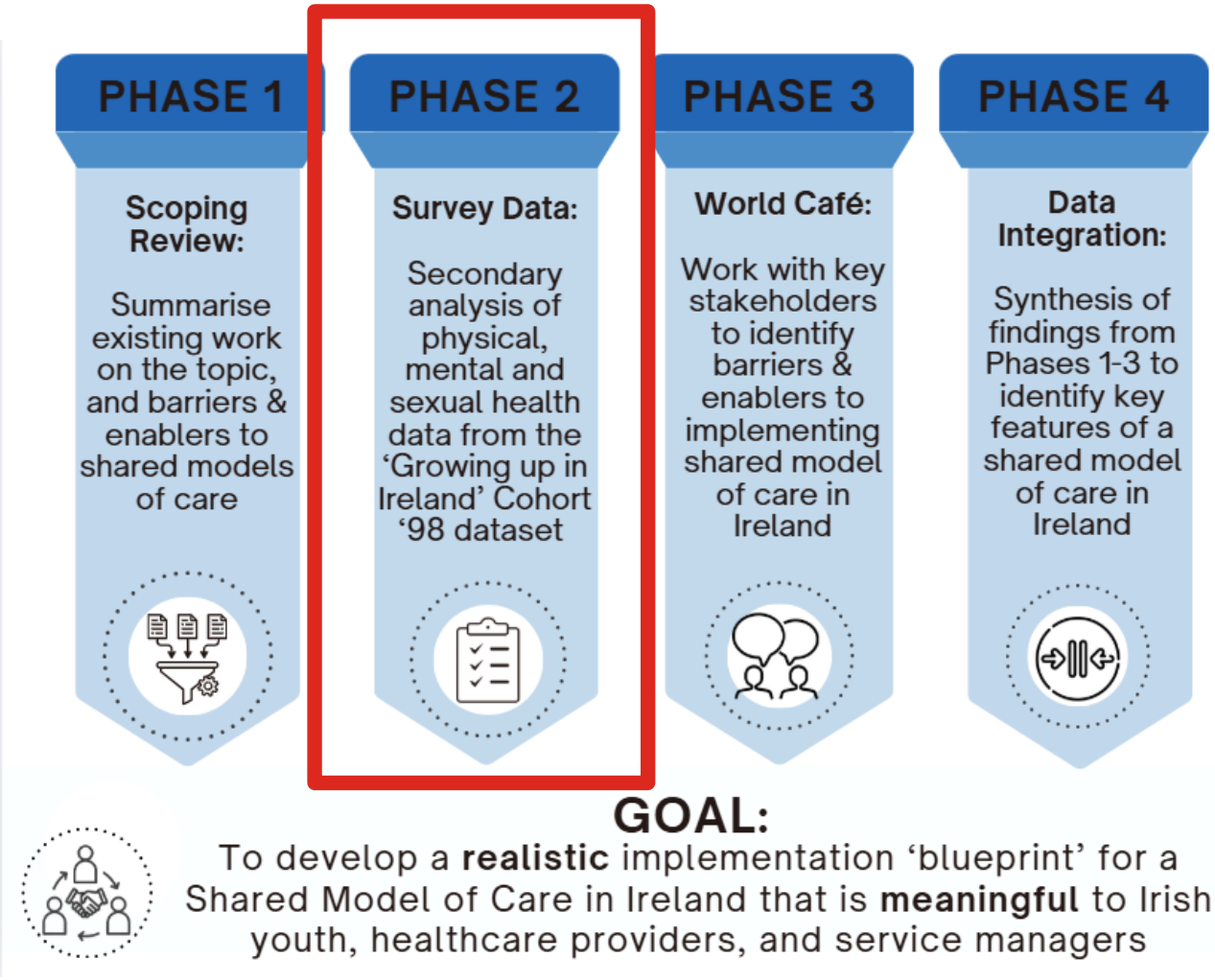
Implementing shared care models for young people with mental health difficulties: a consolidated framework for implementation research- informed scoping review of service integration across physical, sexual and mental health domains

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Growing up in Ireland Objectives:

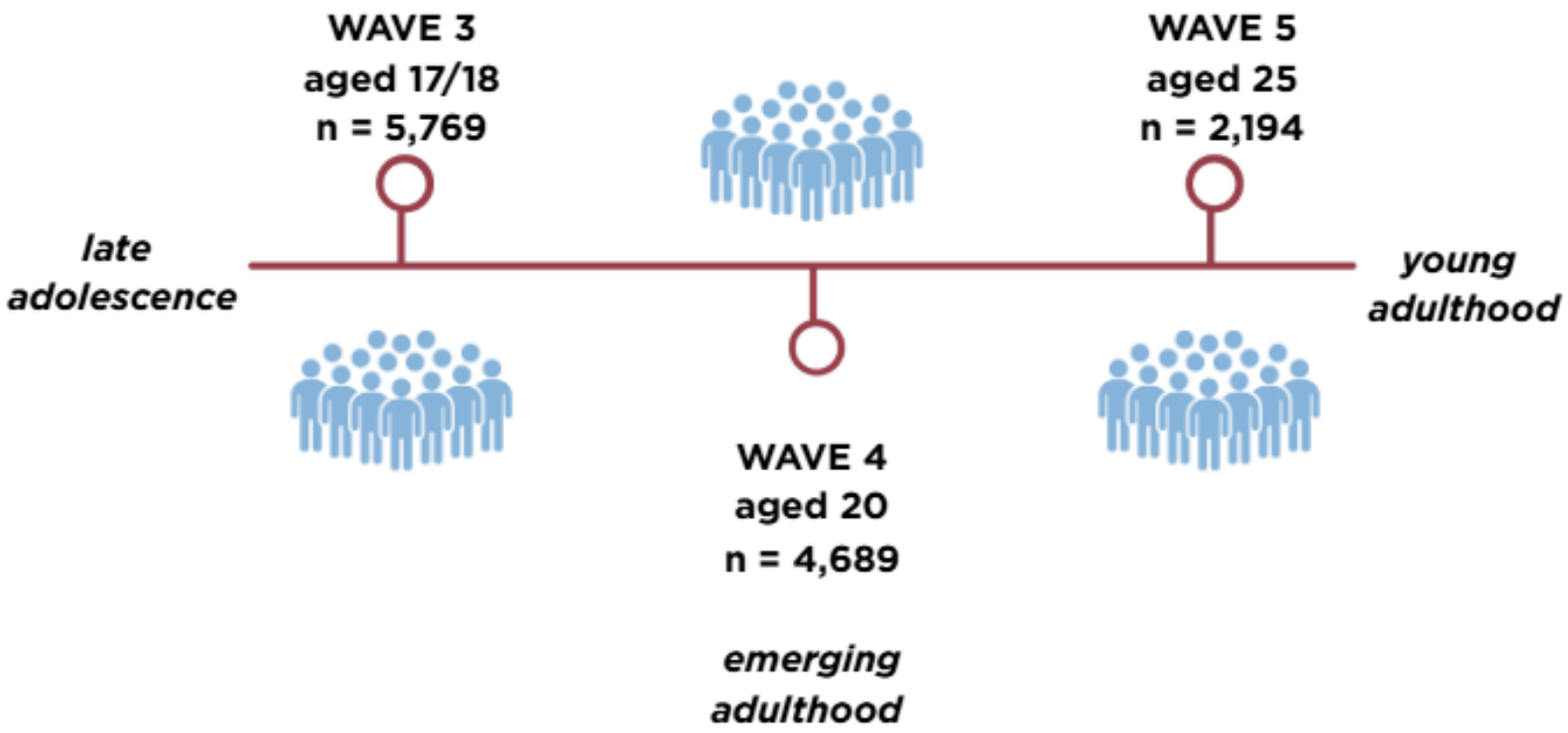
1) To examine associations between physical health outcomes and self-reported anxiety and/or depression (A/D) among young people in Ireland across adolescence and into early adulthood

2) To examine physical health outcomes of young people with consistent reporting of A/D at age 25



Methods:

Study Population: Youth participants in the GUI Child Cohort '98 dataset



Methods:

Dependent Variable:

- *Have you ever been diagnosed with depression or anxiety by a doctor/ psychologist/ psychiatrist?*

- Item asked at ages 17/18, 20 and 25

- Responses (yes/no) used for cross-sectional analysis

- Response then aggregated into:

  Consistent reporting of A/D: Yes at all 3 time point

  No history of A/D: No at all 3 time points



Methods:

Examples of Independent Variables:

- Socio-demographics
- Self-rated health
- Physical activity levels
- Dietary behaviours
- Body mass index & body image
- Disordered eating habits
- Lifestyle factors
    - alcohol, smoking and vaping, cannabis use



Methods:

Data Analysis:

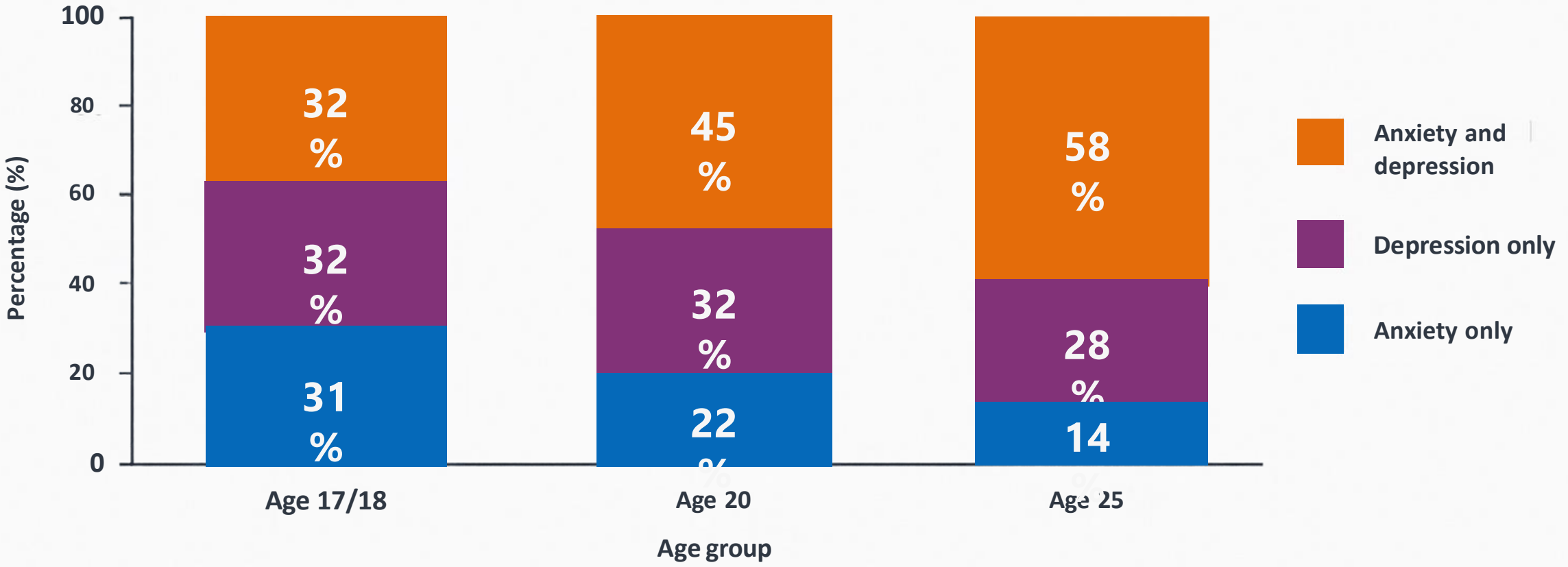
- Descriptives statistics to describe potential service users

- Repeated measures

- Binary logistic regressions to identify concerns to address within our shared model of care

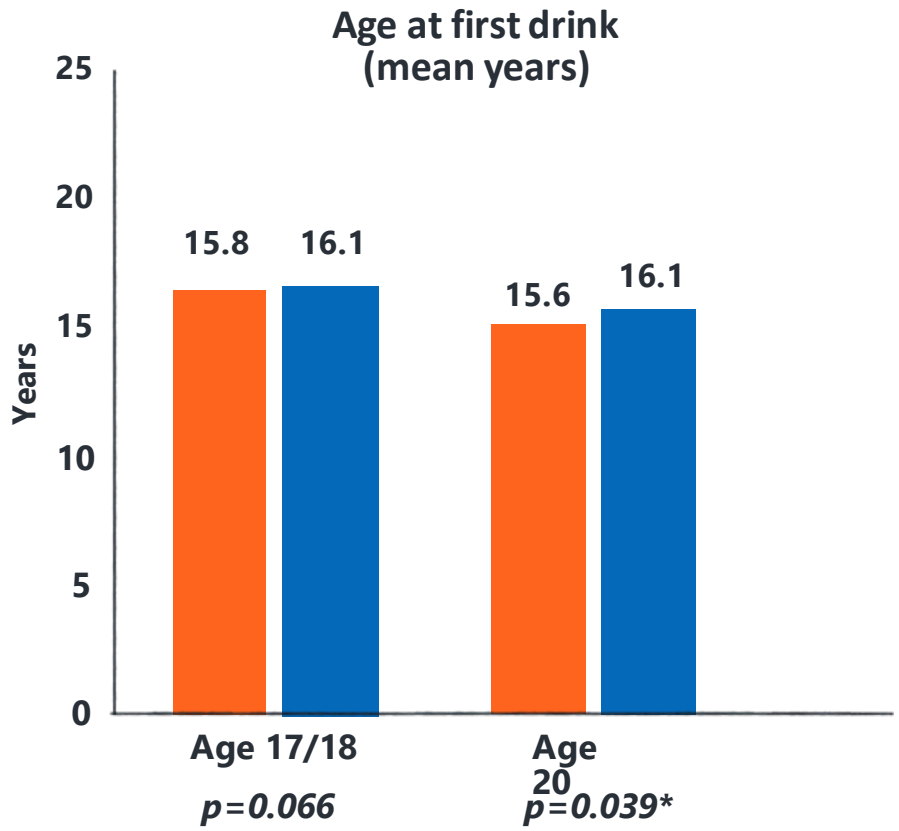
Cross-sectional findings

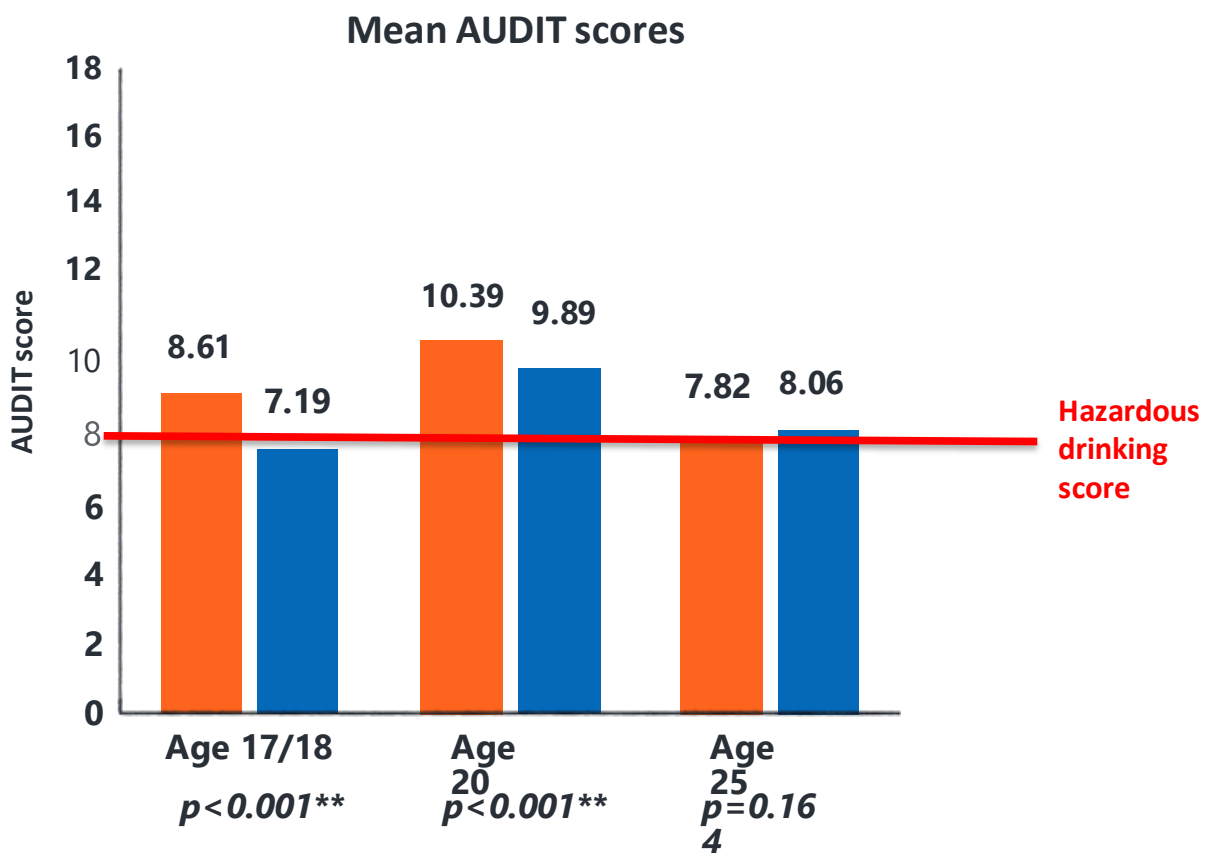
Descriptive Results: Anxiety/Depression Diagnosis Profile



Percentages may not sum to 100% due to rounding.

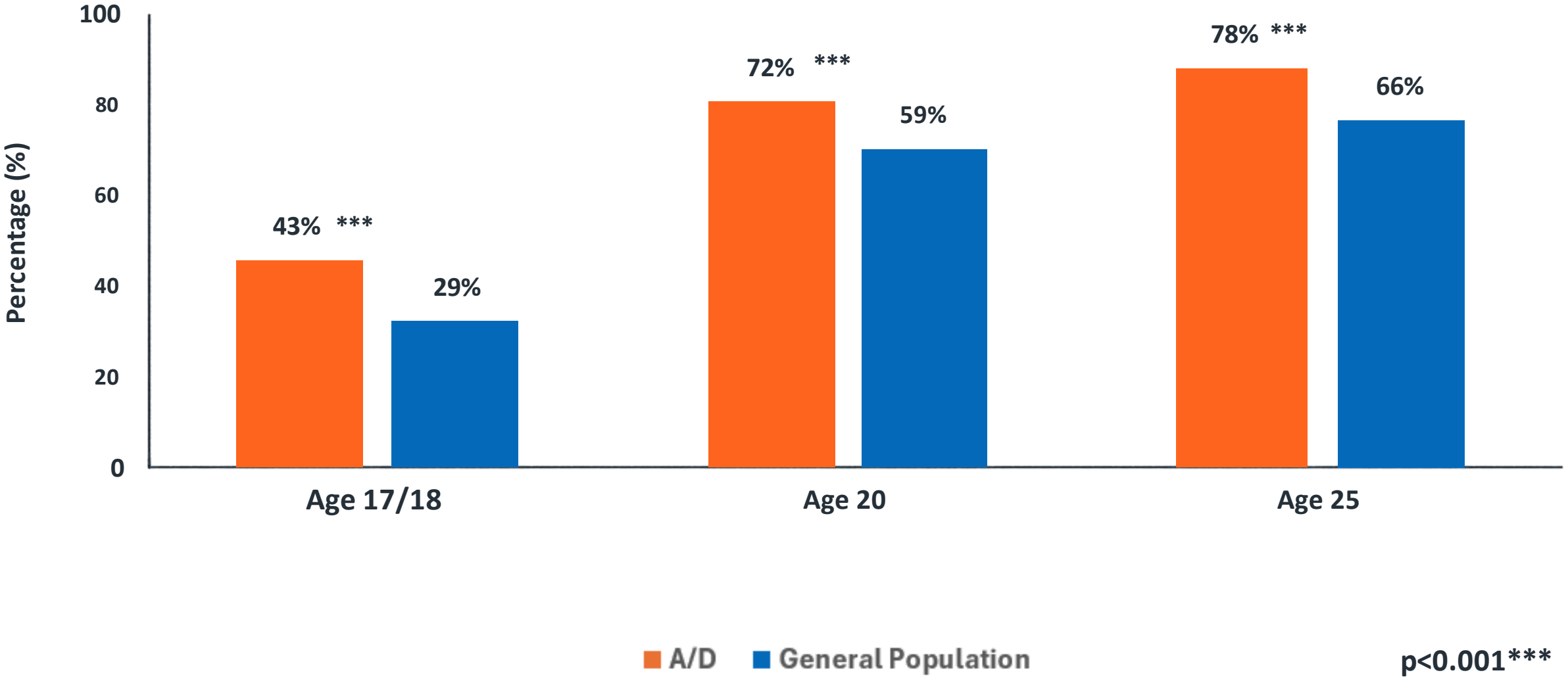
Descriptive Results:
Alcohol Use





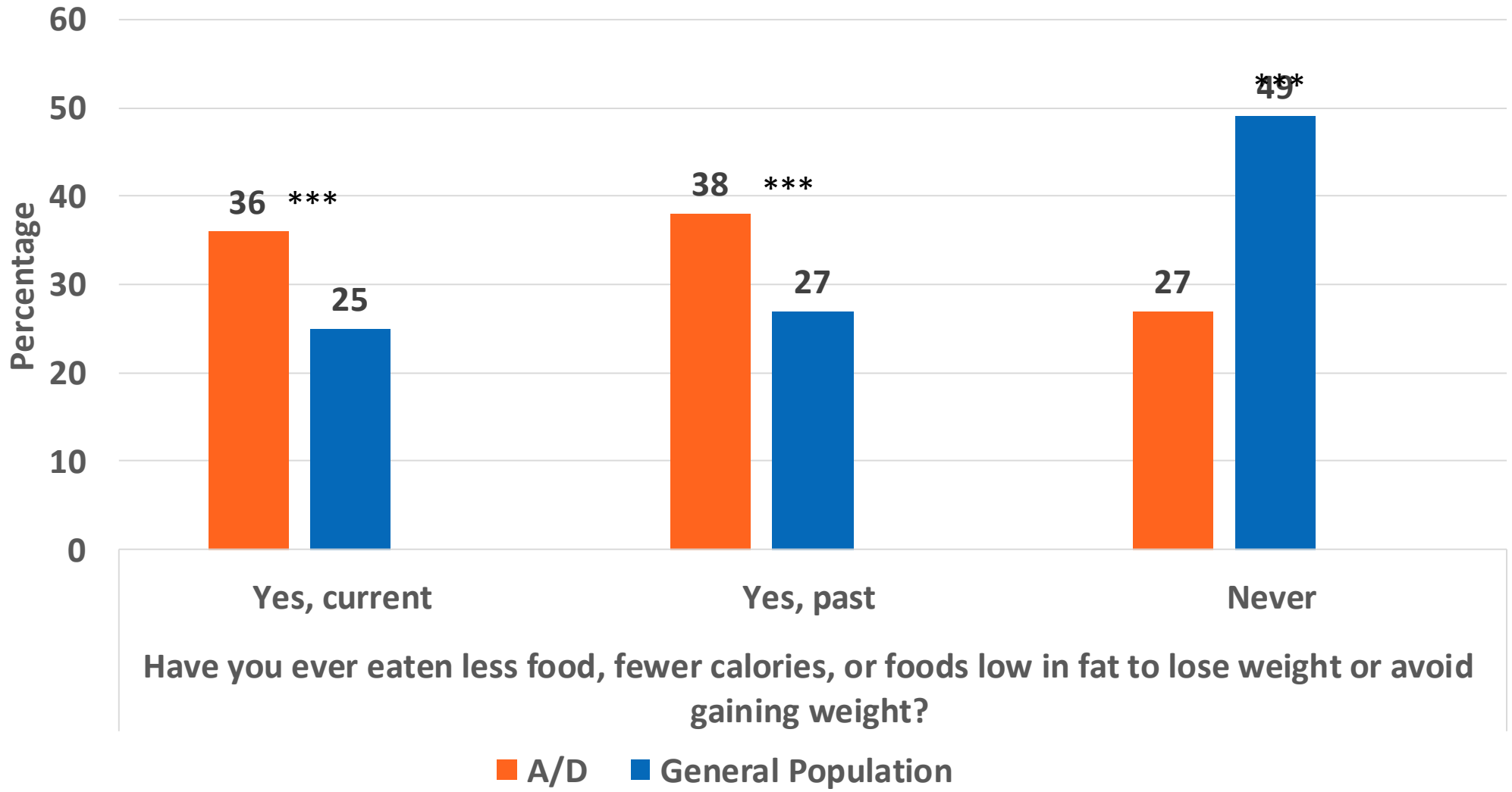
A/D General Population

Descriptive Results: Cannabis Use



p<0.001***

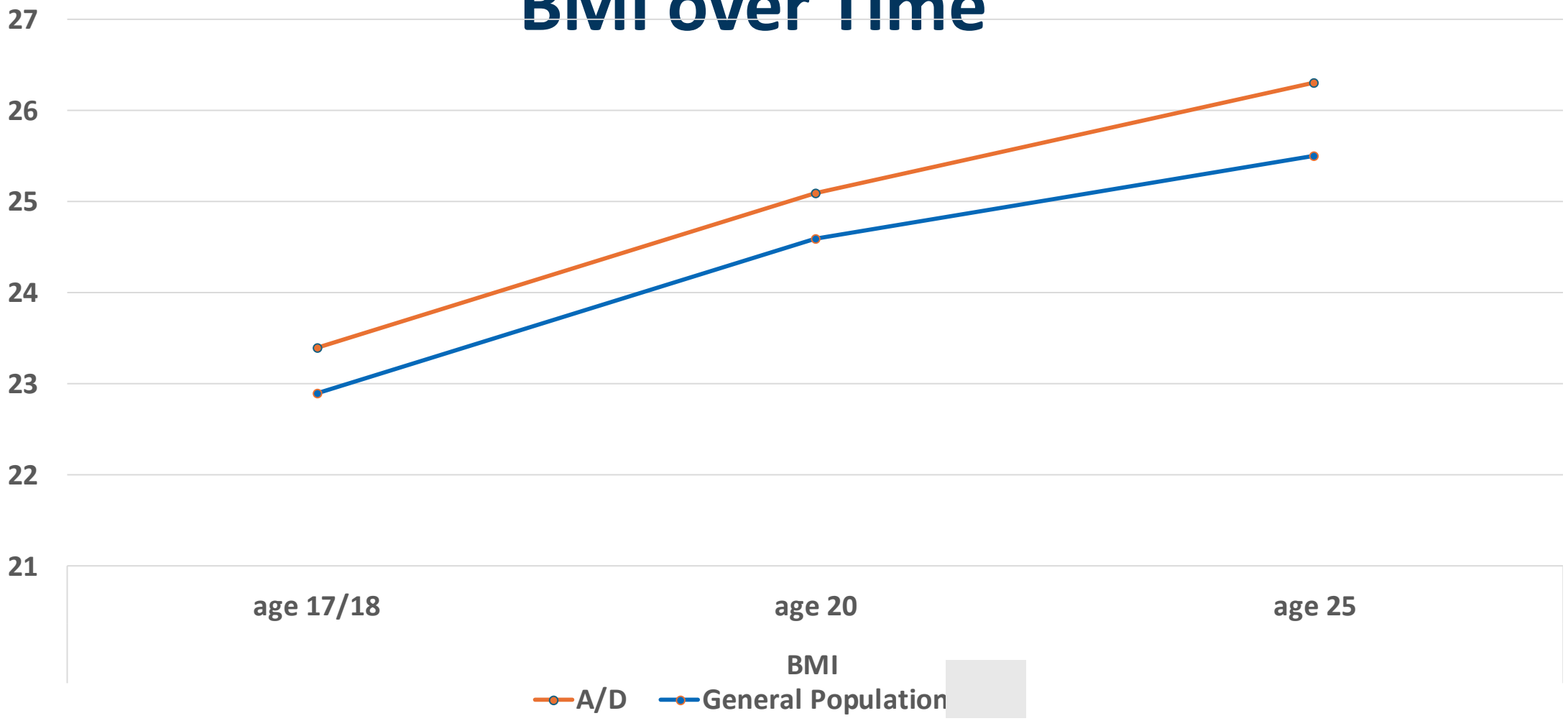
Descriptive Results:
Dieting (age 17/18)



P <0.001***

Repeated Measures:

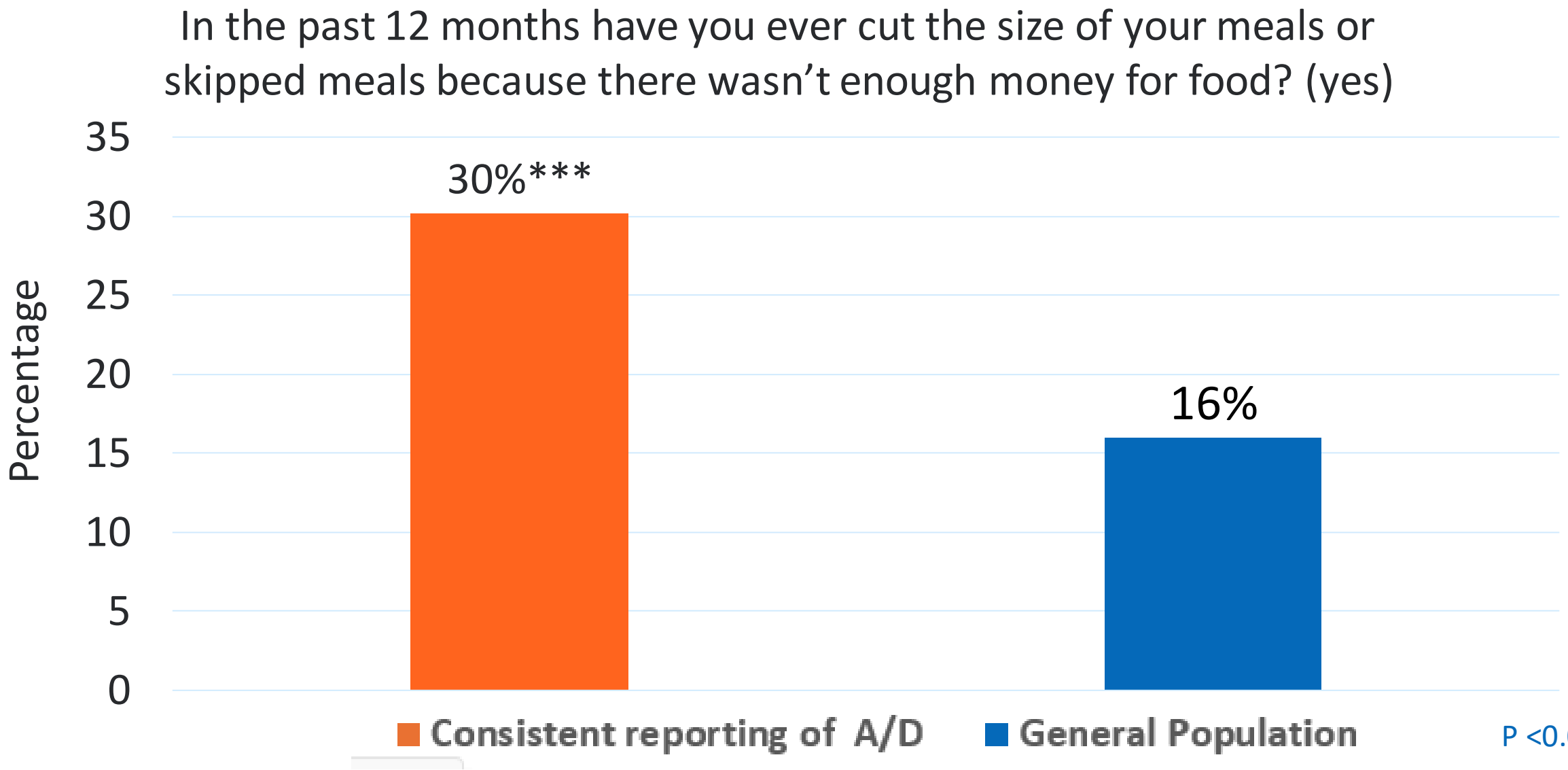
BMI over Time



Significant increases in BMI for both group groups over time. A/D group moved into ‘overweight/high weight’ group at age 25 compared to general population who remained in ‘healthy’ BMI range (all p-values <0.001)

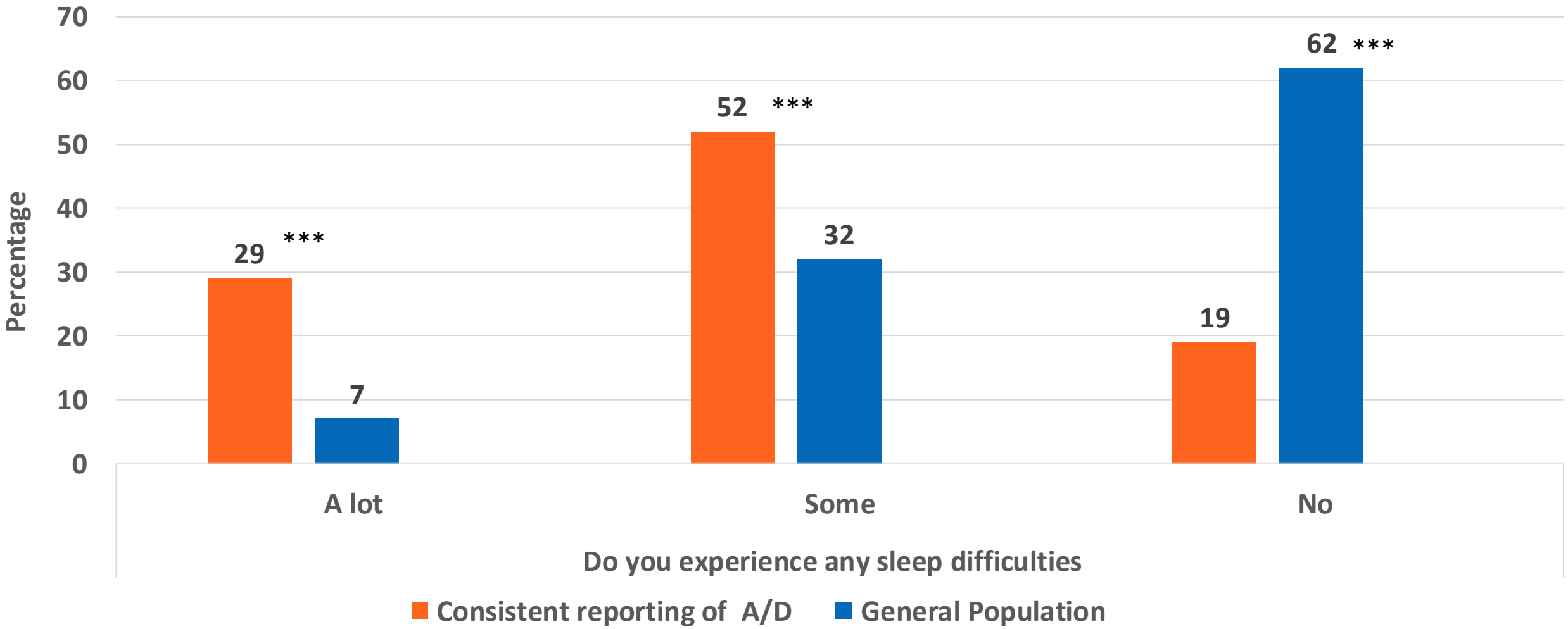
Longitudinal A/D findings

Descriptive Results: Food Insecurity (age 25)



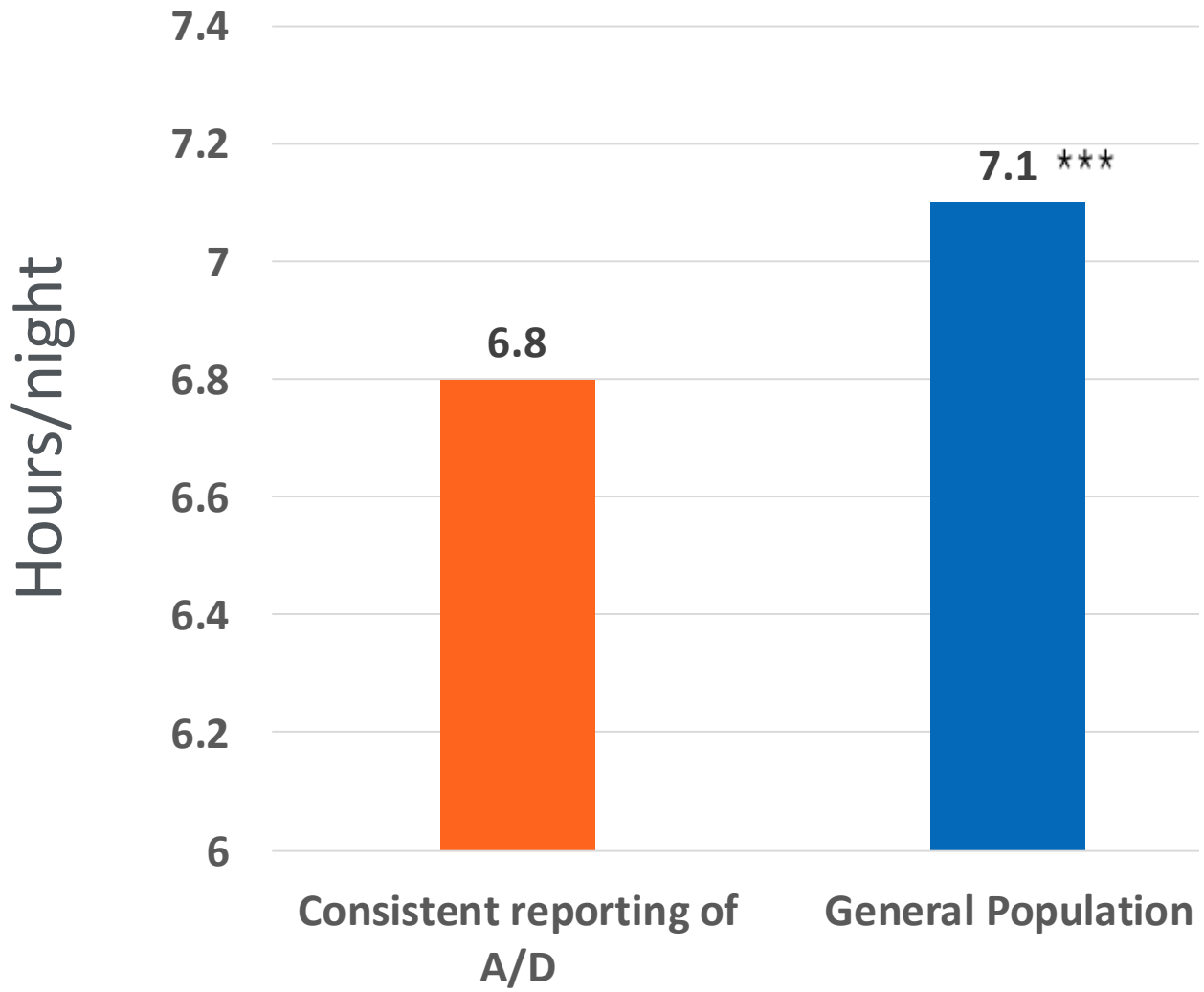
P <0.001***

Descriptive Results: Sleep Difficulties (age 25)



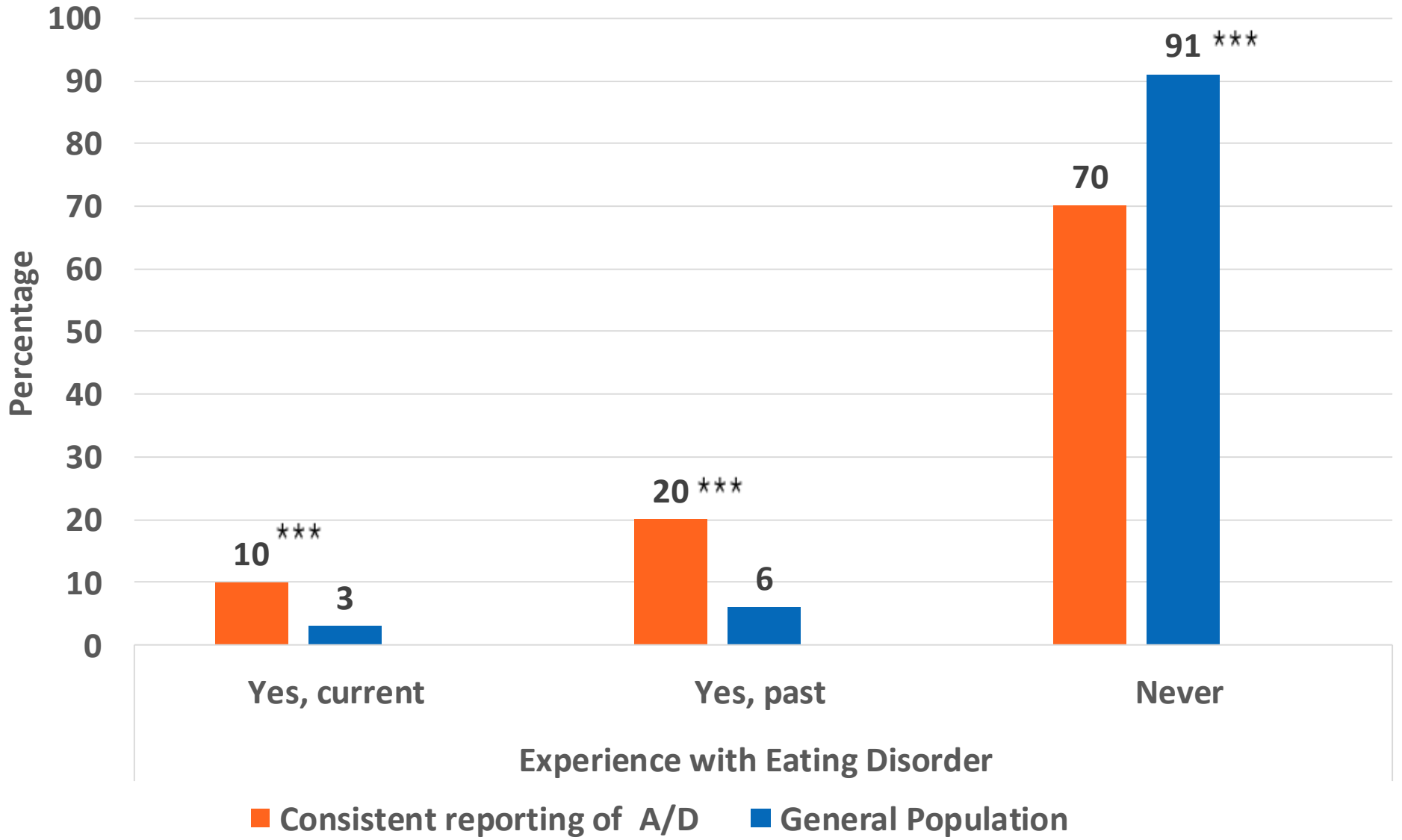
P <0.001***

Descriptive Results: Mean Sleep Length (age 25)



P <0.001***

Descriptive Results: Eating Disorder (age 25)



P <0.001***

Regression Results:

Independent variable	Category	Odds ratio (95% CI)
BIOLOGICAL SEX		
	Male (ref)	1
	Female	2.74*** (1.84–4.08)
VIGOROUS ACTIVITY		
	0 (ref)	1
	1–2 days	0.57* (0.37–0.87)
	3–4 days	0.28*** (012–0.45)
	5–6 days	0.92 (0.47–1.84)
	Every day	0.08 (0.01–1.57)
SLEEP DIFFICULTY		
	Yes, a lot of difficulty (ref)	1
	Yes, some difficulty	0.37*** (0.23–0.61)
	No	0.08*** (0.05–0.14)
EXPERIENCE WITH EATING DISORDER(S)		
	Yes, current (ref)	1
	Yes, past	0.98
	Never	0.44* (0.22- 0.90)
HAVE YOU EVER TRIED CANNABIS?		
	Yes (ref)	1
	No	0.29*** (0.18–0.47)

P <0.05*
P <0.001***

Engagement with Stakeholder Groups

- Sharing the Vision's Shared Care Working Group
- HSE Sexual Health Group
- Jigsaw
- Canadian contacts within Integrated Youth Mental Healthcare

Conclusions

- Young people in Ireland with Anxiety/Depression experience a broad constellation of physical health, behavioural and lifestyle needs that persist across adolescence and young adulthood

- Health services need to move from current symptom-focused mental healthcare towards a more integrated, developmentally responsive model of care

- Health promotion approaches for addressing modifiable behaviours
  - Importance of attending to physical health, lifestyle, and overall wellbeing alongside mental health

Questions & Comments



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