

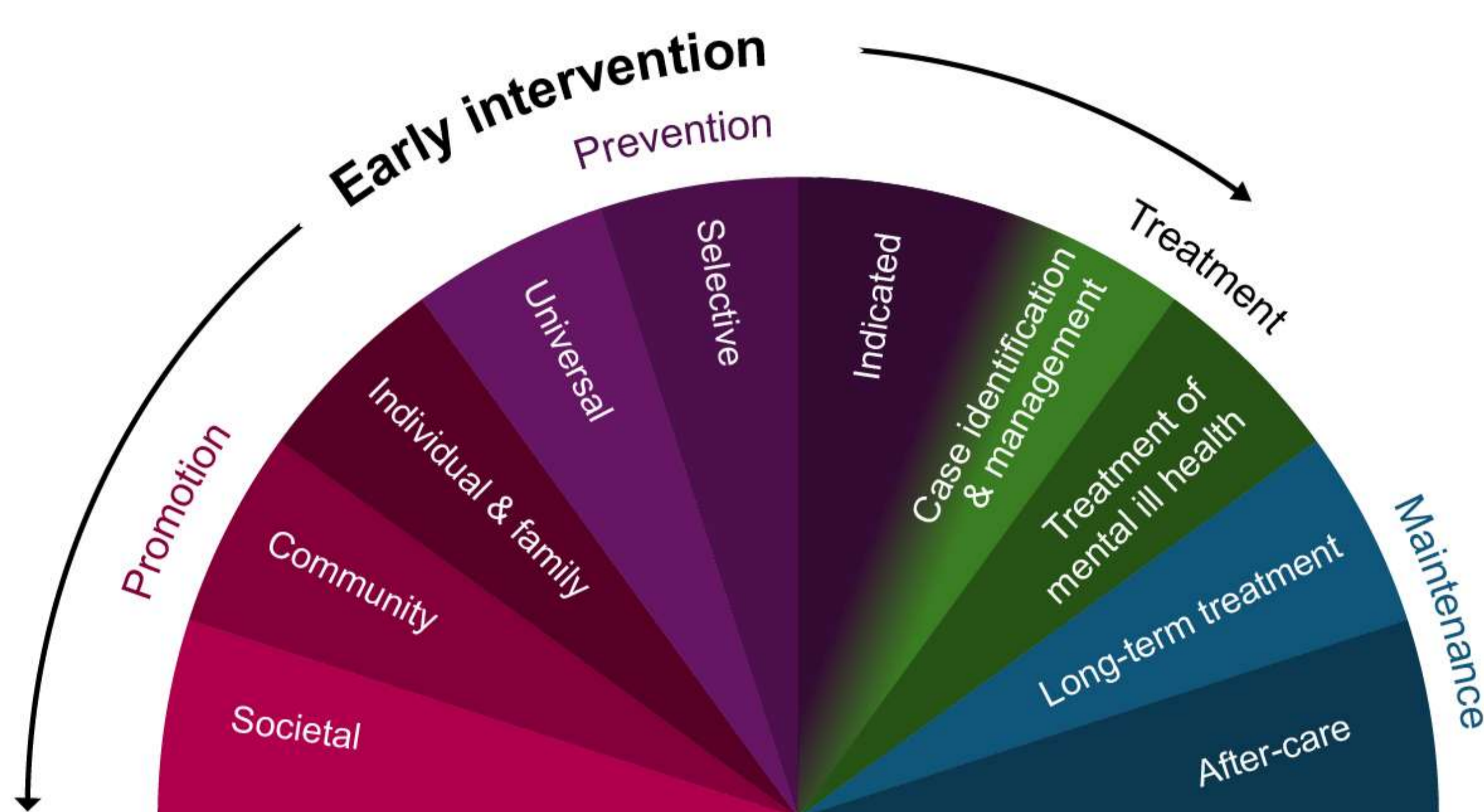


Early intervention mental health supports for children and young people

Introduction

Practitioners in early intervention mental health services commonly work with children, their families and communities to promote protective factors that can positively influence mental health and mitigate risk factors. They aim to support individuals and families before more advanced interventions are needed and/or a diagnostic threshold is reached.

However, insights from a scoping review of the mental health literature, as well as practitioner consultation, showed us that practitioners sometimes struggle with differing definitions of 'early intervention' and knowing where their activities fit. This poster presents a framework for understanding levels of early intervention service provision and highlights challenges in providing early intervention supports.



Sources: Institute of Medicine, 1994; US Institute of Medicine and National Health Commission, 2019a and 2019b)

Figure 1: Mental Health Intervention Spectrum

What does early intervention look like?

There is no single clear definition of early intervention. A useful framework in community-based mental health is the Mental Health Intervention Spectrum (Institute of Medicine, 1994; US Institute of Medicine and National Health Commission, 2019a and 2019b) (Figure 1).

This framework identifies the different levels of early intervention supports and where they sit relative to treatment and long-term specialist supports. It outlines different phases of mental health support, the components or activities that typically fall under each phase and signals which phases and components often fit under early intervention.

The 3 levels of early intervention service provision are:

1. **promotion**
2. **prevention**
3. **case identification and management** (early intervention treatment).

Prevention as early intervention

Building skills and knowledge to reduce incidence of mental illness

Three types of prevention:

- **Universal:** delivered to anyone, including those with low risk of developing mental ill health (e.g. school-wide psychoeducation interventions to enhance social skills and problem solving).
- **Selective:** extra support for groups recognised as being more likely to develop mental ill health due to biological, individual, familial, and social factors (e.g. [Seasons for Growth](#), aiming to reduce the impact of change and loss on young people).
- **Indicated:** delivered directly to individuals with high risk of developing mental ill health but currently have minimal signs or diagnosable symptoms (e.g. one-on-one counselling, family group counselling).

Promotion as early intervention

Broadly promoting mental health literacy and strengthening protective factors

Three types of promotion:

- **Societal:** delivered at a large-scale to emphasise the importance of positive mental health and wellbeing (e.g. [RUOK day](#)).
- **Community:** developed in collaboration with and targeted to a specific group with shared identity or background. Can be large or small-scale activities. (e.g. partnership between the [Brisbane Broncos and the Black Dog Institute](#)).
- **Individual/family:** direct practice with individuals and families (e.g. non-challenging conversation starters about stress management, diet and exercise to support mental health).

Treatment in early intervention

Focuses on identification, referral, and creating a safe space

Treatment of mental ill-health primarily takes place in clinical settings (e.g. private psychological services). This is considered outside the scope of early intervention.

Case identification and management, however, often sits within early intervention.

Early intervention treatment services play a key role in:

- identifying signs that a young person is experiencing, or at an increased risk of, mental ill-health (i.e. case identification) and when a young person may benefit from more specialist support services.
- case management and supporting the transition to specialist services. This can include providing information about services, providing referrals, assisting with applications and providing ongoing support and strategies while people wait to access specialist services.

Common challenges in early intervention

There is general agreement that early intervention is essential. The Mental Health Intervention Spectrum is a useful idealised tool for visualising what kinds of supports should be provided when. Realistically, service provision is likely to be messier (e.g. people don't present when it would be ideal and/or they have needs for support that sit across more than one 'level'). Challenges fall under the following 4 categories, each including a variety of challenge types:

- **Community challenges:** Stigma can deter help-seeking; lack of mental health awareness amongst frontline staff who act as gatekeepers to services (e.g. GPs); early signs of mental illness may be mis-attributed to behaviours such as 'acting out'; fear of treatment or the consequences of seeking help; mistrust of mental health services.
- **Practice challenges:** Increasing case complexity relating to: (1) increases in neurodivergence and trauma, (2) increasing rates of comorbidity where early intervention is needed for one issue, but specialist support needed for another; and (3) previous negative experiences of mental health services leading young people and their families to delay support from early intervention services until they reach crisis.
- **Systemic challenges:** Staff shortages causing long wait times; limited accessible services especially in rural areas; age thresholds and a lack of coordination across age-restricted services create difficulty for young people transitioning between child, adolescent and adult services.
- **Limitations of mainstream design:** Lack of culturally/community representative staff; insufficient youth-friendly spaces; limited tailored supports for First Nations, LGBTQIA+, and culturally diverse groups; language barriers; accessibility issues for young people with disabilities.