

School-based Adolescent Mental Health intervention Adaptation (SAMA) Project – Stage 1 Findings

BACKGROUND

13%

OF 10-19 YEAR OLDS HAVE A
MENTAL HEALTH CONDITION



Most young people first experience or are
diagnosed with conditions at

17 years old for anxiety

20.5 years old for depression

So prevention in early adolescence is needed



In Wales, policy documents
describe the missing middle
as young people who are
ineligible for specialist care
but unable to find suitable
preventive support

THIS RESEARCH AIMED TO UNDERSTAND:

Who the missing middle are perceived to be?

What are their perceived needs?

What is the current context perceived to be for
this group, especially in schools ?

METHODS

DOCUMENT ANALYSIS, AND FOCUS GROUPS AND INTERVIEWS

16 Policy and research documents, and stakeholder reports on
adolescent mental health in Wales

35 Secondary school students

18 School Staff - including senior management team, teaching staff, those
who are responsible for health and wellbeing/pastoral care

25 Wider Stakeholders - policymakers, professionals and practitioners from the
Education, Health and Voluntary sectors



RESULTS

PERCEPTIONS ABOUT WHO THE MISSING MIDDLE ARE

- Young people who are being bounced between services
- They either have anxiety and depression symptoms that do not reach specialist service thresholds, OR they have high distress/functioning issues but few symptoms
- Some participants thought the missing middle also included neurodiverse (ND) young people who struggle to receive adequate ND support



PERCEIVED CAUSES

- School transitions and exam pressure
- Family issues
- Social media and technology
- COVID-19 interrupting young people's development and education

YOUNG PEOPLE PERCEIVED AT ↑ RISK:



Neurodiverse
Care experienced
Disadvantaged backgrounds
Lesbian, gay, bisexual, transgender,
queer, or questioning

PERCEIVED NEEDS

Need for a spectrum of support including school and family interventions

School support could focus on

- Problem-solving skills
- Emotional regulation
- Developing healthy peer relationships particularly to reduce loneliness.



CURRENT CONTEXT IN WALES

- ↑ in how open and aware young people are about mental health and in the numbers help-seeking
- ↓ in stigma surrounding mental health
- ↑ in labelling normal worries and mood fluctuations as depression and anxiety
- ↑ in self diagnosis due to medicalised language used to understand growing up

CURRENT CONTEXT FOR SCHOOL-BASED SUPPORT

- There has been increased funding for counselling and emotional support
- There is an abundance of in-house support offered by schools, and through external providers such as the voluntary and health sectors, and for profit companies
- Schools are a safe, supportive environment to seek help for many young people



- Budgets still aren't sufficient enough to meet demand
- Limited time and resources within schools
- Large demand and long waitlists for services already offered such as school counselling
- Lack of understanding about what services offer means schools can be unsure what to introduce
- Lack of coordination of services offered to schools
- Lack of evidence-based interventions

FUTURE CONSIDERATIONS

Interventions should include those experiencing high levels of distress or functioning issues, as well as those with a high level of symptoms

The missing middle need a spectrum of support including school and family interventions



There needs to be more clarity on what interventions attempt to change to ensure they meet the needs of individual young people

While adolescent mental health has been prioritised in Wales, we need to ensure different sectors work together to offer the best support to individuals

This research is part of a wider study to identify and adapt a school intervention to Wales. For more info contact Dr Hayley Reed at reedhm@cardiff.ac.uk