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Supporting Young Minds: Mental Health Interventions and the Role of Social Work for Children and Young People

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Abstract

Mental health problems for children and adolescents are continuing to rise, with a risk of poor outcomes into adulthood for those affected. For children who are vulnerable, the risk of deteriorating mental health increases further. Preventative measures are needed to help improve mental health in children and young people, particularly for those experiencing adversity or a lack of support. A systematic review by McGovern et al. (2022) explored secondary preventative interventions for reducing mental health problems in children and young people who are at greater risk of developing mental health problems than the general population. The review provided an evidence overview of effective interventions, factors of effectiveness, and the characteristics of the young people who would benefit. This commentary explores the findings in the context of social work practice, exploring how social work can support vulnerable children and young people at risk of mental health problems. The challenges of providing support in a system under pressure are also considered, and the vulnerability of young people transitioning between child and adult mental health services.

Keywords Children and young people · Mental health · Secondary prevention · Resilience · Family therapy · Risk reduction

Background

The prevalence of mental illness in children and young people in the UK is rising. In 2023, one in five children and young people aged 8–16 years had a probable mental disorder, an increase from one in eight in 2017 (Newlove-Delgado et al., 2023). Depression, anxiety, and behavioural disorders are among the leading causes of illness and disability in 10–19-year-olds, and without effective intervention can impair physical and mental health into adulthood (WHO, 2024). Psychological distress in childhood and adolescence is also reported to increase the risk of poor academic performance and future unemployment (Agnafors et al., 2021; Egan et al., 2015). Early life experiences such as secure attachment, supportive parenting and stable home environments are critical to shaping lifelong wellbeing (DHSC, 2024). Conversely, health inequalities such as poverty, adverse childhood experience and poor housing conditions can increase vulnerability to poor mental health (DHSC, 2024).

The level of need for mental health support in the UK exceeds the available service provision. The number of active referrals to Children and Young People's Mental

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Health Services was 949,200 in the 2022-23 financial year (8% of the 11.9 million children in England), and of these 28% were still waiting to enter treatment at the end of the year, waiting on average 108 days (Children's Commissioner, 2024). Due to the increasing need for children and young adults' mental health services and the increasing demand on resources, early detection and prevention is imperative. For social workers who work with vulnerable young people and recognise the pervasive presence of trauma and its effects on mental health, repositioning the role of social work within mental health presents the opportunity to meet the needs of service users (Ross et al., 2023). Utilising mental health intervention upholds the social work principles of recognising the whole person including psychological, biological, spiritual and social dimensions, upholding each person's health and wellbeing, and promoting empowerment (BASW, 2021).

Two foundational frameworks (Caplan, 1964; Gordon, 1983) have been widely used to structure and classify mental health prevention strategies (Stephan et al., 2025). Caplan's framework categorises prevention based on the timing of the intervention relative to the onset of the disease or disorder using the three tiers of primary, secondary and tertiary prevention. Primary prevention aims to reduce the onset of disease, secondary prevention focusses on early detection and targeted intervention whereas tertiary prevention reduces the impact of long-term chronic conditions (Caplan, 1964). A three-tier prevention framework such as this can be used to categorise mental health interventions including the target group, purpose of the intervention and example mental health strategies. Table 1 shows how this prevention framework can be applied to mental health interventions for children and young people.

In Gordon's framework, prevention is based on population risk rather than just disease, distinguishing between universal, selective and indicated interventions (Gordon, 1983). Within a mental health context, universal interventions target whole populations, for example a mental health awareness campaign, selective interventions target groups at risk of mental health disorder (biological, psychological or social risk factors), and indicative interventions support those who display early symptoms of mental disorder or manifest a risk factor without meeting a diagnostic criteria (Mrazek & Haggerty, 1994; Stephan et al., 2025).

The effectiveness of secondary preventative interventions for reducing mental health problems in children and young people at greater risk of mental distress was explored in a systematic review of systematic reviews (McGovern et al., 2024). This included children and young people who had experienced adverse childhood experiences, and those experiencing internalising or externalising mental health problems below the diagnostic threshold. The review found evidence to support selective and indicated interventions in a range of populations and settings and highlighted the importance of targeted preventative measures. This commentary aims to critically appraise the methods used within the systematic review and expand upon the findings in the context of social work practice.

Critical Appraisal of McGovern et al., 2024

Using the JBI Critical Appraisal Checklist for Systematic Reviews and Research Syntheses (JBI, 2017), McGovern et al., 2024 achieved nine of the eleven criteria with two remaining unclear (Table 2). These two criteria are related to whether critical appraisal was undertaken by multiple reviewers and the assessment of publication bias. In relation to the critical appraisal, the review's protocol indicates that this would be assessed by one reviewer and independently assessed by a second, however this is not confirmed in the systematic review. Although it is not clear if this is a methodological limitation or a gap in reporting, it is important to consider that two reviewers are recommended for critical appraisal to balance perspectives improving accuracy and transparency (Higgins et al., 2023). This is notable as independent critical appraisal reduces bias and increases

Table 1 Three-tier prevention level framework: mental health intervention for children and young people

Prevention Level	Target Group	Purpose of Intervention	Examples of Mental Health Strategies
Primary	All children and adolescents regardless of risk status.	To prevent onset of mental health difficulties. Strengthen protective factors such as social skills, coping and supportive environments.	Whole school approach to mental health well being, mental-health education, universal curriculum, anti-bullying programmes.
Secondary	Children showing emerging symptoms or elevated risk of mental health difficulties (without a formal diagnosis or specialist involvement).	To address mental health difficulties through early identification and targeted intervention. Interrupt symptom progression to reduce impairment and prevent diagnosable disorders.	Screening-linked supports in schools or primary care, targeted cognitive-behavioural therapy, family-based interventions.
Tertiary	Children with established diagnoses, recurrent or complex cases.	Long-term treatment and rehabilitation of established mental health conditions. Aims to reduce severity, support recovery and prevent relapse.	Specialist psychological therapy, psychiatric care, psychosocial rehabilitation, intensive family interventions.

(Stephan et al., 2025; Baumann & Ylinen, 2020)

Table 2 Critical Appraisal of McGovern et al. (2024) using the using the JBI critical appraisal checklist for systematic reviews and research syntheses

JBI critical appraisal checklist items	Responses
1. Is the review question clearly and explicitly stated?	Yes, the review question is clearly and explicitly stated: to map secondary preventative interventions and identify effective strategies to reduce child and adolescent mental health problems.
2. Were the inclusion criteria appropriate for the review question?	Yes, the inclusion criteria are clearly defined and appropriate for the review question. Inclusion criteria: • Systematic reviews of Randomised Controlled Trials, quasi-experimental, outcome evaluations • Systematic reviews that assess secondary prevention interventions targeting children and young people at risk of mental health problems or their parents/caregivers. • Interventions could be either selective (targeted to at risk populations) or indicated interventions (targeted to children experiencing mental health distress below the diagnostic threshold). • The review authors definition of mental health included both internalising problems such as anxiety or depression and externalising problems (aggression, or behavioural).
3. Was the search strategy appropriate?	Yes, the search strategy included relevant search terms using free text keywords and thesaurus headings and was included in the supplementary information. No language or date restrictions were applied.
4. Were the sources and resources used to search for studies adequate?	Yes, reviewers searched six key databases, including Medline and PsychINFO from inception to February 2023. Reference lists of relevant studies were searched and known authors contacted for ongoing or unpublished research.
5. Were the criteria for appraising studies appropriate?	Yes, reviewers used the recognised and evaluated AMSTAR 2 tool (Shea et al., 2017) for systematic reviews of healthcare interventions. Data were subsequently presented in tables according to the level of confidence in the evidence (high/moderate or low/critically low).
6. Was critical appraisal conducted by two or more reviewers independently?	Unclear, the protocol reports that critical appraisal is undertaken by one reviewer and checked by a second reviewer. The review however does not explicitly state that the critical appraisal process was undertaken independently by multiple reviewers.
7. Were there methods to minimize errors in data extraction?	Yes, data extraction was independently completed by two reviewers. A bespoke, piloted data extraction form was also used.
8. Were the methods used to combine studies appropriate?	Yes, a narrative synthesis was utilised which is appropriate for combining findings from systematic reviews with heterogeneous interventions and outcomes.
9. Was the likelihood of publication bias assessed?	Unclear, the AMSTAR2 tool used for critical appraisal of the included reviews includes assessment of publication bias but this was not reported or evaluated in the review.
10. Were recommendations for policy and/or practice supported by the reported data?	Yes, the review provides evidence-based recommendations for practice supported by the synthesised data. These include support for early preventative intervention and the effectiveness of resilience-enhancing components and risk reduction for both young people and their families.
11. Were the specific directives for new research appropriate?	The review identifies gaps in the existing literature and suggests areas for future research, including the need for studies of family level intervention with components focussed on parent-child interaction.

confidence in the results. In relation to the publication bias assessment, this was not explicitly reported or evaluated in the review. Publication bias would however have been assessed in the critical appraisal tool used by the systematic review, contributing to an overall rating of confidence in the results. Publication bias relates to the selective publication of studies based on their results and failing to report on it can lead to an overly optimistic interpretation of the data (Montori et al., 2000). It is therefore recommended that reviews discuss potential biases in included studies to show a more complete picture of the evidence (Belbasis et al., 2022; Montori et al., 2000). In summary, McGovern et al. (2024) provide an accurate and comprehensive overview of the data available that addresses the question of interest; however, some caution should be applied to the findings due to the unclear items identified in the JBI critical appraisal.

Results of the Review by McGovern et al., 2024

From 1433 potentially relevant references identified from the search, 170 full-text papers were retrieved and 54 included of which 49 were unique reviews. Most reviews (70%) included only or mostly Randomised Controlled Trials with the rest including a combination of randomised and non-randomised trials. Reviews included: selective interventions delivered to young people experiencing adversity, minority groups and adolescent mothers ($n=22$), and indicated interventions for young people with internalising problems (e.g. anxiety and/or depression) below a diagnostic threshold or externalising problems (e.g. behavioural), and self-harm ($n=15$) or a synthesis of both ($n=12$). Confidence in the results of the reviews was rated high ($n=12$), moderate ($n=5$), low ($n=9$) and critically low ($n=23$).

Selective Interventions

Selective interventions were mostly delivered to groups of children and young people who had experienced adversity (mostly having a parent with mental health problems). Focusing on evidence of moderate to high quality certainty, most of these interventions found evidence of effectiveness in reducing mental health problems. As interventions within each review varied, it was difficult for McGovern et al. (2024) to determine which interventions were most effective. Typically, effective interventions included cognitive behavioural therapy or psychoeducation approaches that focussed upon building resilience through relational or social skills, family therapy and skills training, and some creative arts-based interventions.

Indicated Interventions

Reviews for indicated interventions and with high confidence evidence, were mostly found to be effective at reducing externalising problems in children and young people. A resilience enhancing intervention delivered directly to children and young people to develop relational and social skills showed a small effect size for improving behaviour. A resilience enhancing parenting intervention identified a moderate effect size for improving externalising symptoms, behaviour and anxiety symptoms. One review found that Dialectical Behavioural Therapy reduced repetition of self-harm. Interventions for children with internalising mental health problems below a diagnostic threshold were often effective at reducing depression based on evidence that was mostly high certainty. These interventions mostly involved CBT with a focus on modifying risk factors for mental health and consisted of components designed to change behaviour and thoughts that may contribute to symptoms.

Combined Secondary Interventions

Reviews that combined selective and indicated interventions typically identified some evidence of effectiveness at reducing mental health problems in children and young people based on high or moderate confidence.

Exploring the Findings from McGovern et al. (2024); How can Social Work Support Vulnerable Young People?

The rising prevalence of mental health challenges among children and young people calls for effective and accessible interventions. As a team of social workers in child and adult mental health, we are increasingly called upon to respond to the increasing mental health needs of children and young people. Our response may cover all three levels of prevention from mental health education to emphasising early identification and risk, long-term co-ordination, and recovery-oriented support. The recent systematic review by McGovern et al. (2024) related to secondary prevention for children and young people deemed at risk of mental health difficulties or showing early symptoms. The review identified encouraging evidence for efficacy of selective and indicated interventions, particularly those including CBT, psychoeducation, and family therapy with a focus on resilience skills training and reducing risk. Translating this evidence into effective social work practice however presents both opportunities and significant systemic challenges, given the complex and often under-resourced systems we work within.

Secondary prevention in child and adolescent mental health requires social workers to identify emerging difficulties early, stabilising risk factors before they escalate into chronic impairment. Mental health difficulties however present in different contexts with distinct implications for intervention and interagency work. Internalising presentations are characterised by withdrawal and inwardly directed distress whereas externalising presentations are outwardly directed behaviours attributed to expelling distress (Hatoum et al., 2018). Exposure to complex trauma may present as a reduced capacity for self-regulation and interpersonal relatedness (Cook et al., 2005). In neurodevelopmental conditions such as Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD), mental health difficulties are common including internalising and externalising presentation (Boulton et al., 2023).

The provisional practice framework below (Table 3) considers how different mental health presentations correspond to key risks and a secondary prevention focus for social workers, drawing upon McGovern et al. (2024) and the wider developmental psychology, trauma informed practice and preventative science literature (Cook et al., 2005; Ford & Finning, 2020; Hawton et al., 2012; Hiller et al., 2023; Karlsson & Lundström, 2021; Katsantonis & Symonds, 2023; Levenson, 2020; McGovern et al., 2024; NICE, 2013; NICE, 2019; Reardon et al., 2017; Schlack et al., 2021).

Harnessing the Power of Families, Communities and Building Resilience

Family centred approaches and enhancing resilience through developing relational and social skills were reported as key components of effective interventions in McGovern et al. (2024). Interventions that are family and parent focussed remain central to effective mental health support and mental health and wellbeing outcomes for children (Pedersen et al., 2019). Family support, school support and school peer

Table 3 Mental health presentations in children and young people, key risks, and a secondary prevention focus for social work

Presentation of mental health difficulties	Key risks	Secondary prevention focus for social work
Internalising difficulties (anxiety, depression, withdrawal, self-harm, school refusal)	Self-harm, suicide risk, social withdrawal, academic decline	Early identification; risk assessment for self-harm and suicide; school-family collaboration; supporting family with help-seeking; CBT and psychoeducation to build resilience
Externalising difficulties (rule breaking, aggression, substance misuse)	Criminalisation and youth justice involvement; school exclusion, peer reinforcement of risk	Multi-system assessment; motivational interviewing; behavioural planning and structured routines; cross-agency collaboration; interventions targeting risk behaviours; family therapy approaches
Trauma related and attachment difficulties (abuse, domestic violence, disrupted caregiving, relational instability)	Re-traumatisation through system processes; emotional dysregulation; placement instability	Establishing safety and stability; trauma-informed practice (safety, trust, collaboration); working with caregivers to reduce instability; trauma informed family therapy; preventing systemic re-traumatisation through reflective co-ordinated practice
Neurodevelopmental conditions and complex comorbidity (ASD, ADHD, learning difficulties)	Misdiagnosis or delayed diagnosis; school exclusion due to unmet needs; caregiver stress and burnout	Promoting reasonable adjustments in school and home environments; supporting caregivers; advocacy for EHCP processes; multi-agency coordination; long-term integrated planning for transitions

support are all associated with mental well-being in children, with the more sources of support available, the less chance of low mental well-being (Butler et al., 2022). Mobilising social support to improve children's mental health can be achieved through education for families about the benefits of social support, offering repeated opportunities for practising social skills, and experiencing the benefits of positive relationships through reciprocity and trust-building (Bauer et al., 2021). By equipping parents and families with tools to support their children's emotional development and resilience, social workers can help to stabilise home environments and reinforce progress made by therapeutics. Family Support workers within Child and Family Wellbeing Services are particularly well-aligned to engage families with this goal through supportive initiatives such as parenting programmes, social activities and educational workshops. Social workers who assess and embed this work within community-based and accessible environments may help to bridge the gap between clinical care and everyday life. By helping parents with strategies to manage behaviour, build communication, coping skills and connect with others, we can contribute to longer-term resilience and relational repair.

Bridging Evidence and Practice in a System Under Pressure

Waiting times for Child and Adolescent Mental Health Services (CAMHS) continue to be long and referrals can be rejected if high eligibility thresholds are not met (CQC, 2018). These challenges are further compounded in the UK by differences in waiting times dependent on geographic location with variations in median waiting times from 5 to 79 days (Children's Commissioner, 2024). For young people with less severe mental health problems, there is also a greater likelihood of experiencing longer waiting times than for young people with more severe challenges (Edbrooke-Childs & Deighton, 2020). As such, help is required before problems escalate further, with many children and young people reaching crisis point before they can access support (HoCHSCC, 2021). For children with a learning disability who are at increased risk of mental health problems, access to and experience of CAMHS can be further complicated due to families' understanding of what help is available, multiple points of referral, lack of clear care pathways, the available skillset of the workforce, and dis-jointed commissioning and planning (Sin et al., 2010).

As the demand for CAMHS continues to rise, social workers are increasingly on the frontline, providing critical support and advocacy to vulnerable children and young people within a climate of resource scarcity (Children's Commissioner, 2024). As frontline practitioners, we often witness the consequences of these issues with children and young people left without timely access to care and families struggling to navigate fragmented pathways. A coordinated approach is urgently required across services to provide early support and intervention, prior to crisis point. Social workers are encouraged to proactively identify children and adolescents who have experienced adversity or exhibit subclinical symptoms of mental health issues. Implementing early interventions may help prevent the escalation of these problems.

The Challenge of Transitioning between Services

The transition from CAMHS to Adult Mental Health Services (AMHS) is a vulnerable time for young people who are already experiencing an intense time of change, with many feeling unprepared for the transition, and disengaged from services (HSSIB, 2018). The National Institute of Clinical Excellence (NICE, 2016) offer guidance on what constitutes an effective transition. This centres on well-planned and co-ordinated transitions that prepare and support a young person to access universal services or AMHS depending on their needs. In a systematic review that explored the outcomes of young people who reach the transition boundary

of CAMHS, only a quarter transitioned to AMHS, a quarter remained with CAMHS beyond the age boundary and the remaining 50% went to various destinations such as other CAMHS services, transfer to GP, community-based or private care, with many disengaging altogether (Appleton et al., 2019).

McLaren et al. (2013) explored the view that CAMHS and AMHS have different cultural approaches to service delivery, manifesting in different beliefs, approaches and attitudes. In their findings, CAMHS were seen as being more proactive, family orientated, inclusive and holistic in contrast to AMHS who were perceived to be focused on medications and crisis intervention, with less involvement of family. Appleton et al. (2021) emphasise this issue, finding that young people seeking access to AMHS often need to self-refer and undergo frequent telephone assessments to determine eligibility, thus forming a barrier to young people reluctant to contact a new service themselves. It is understandable that in some cases this new level of autonomy may deter young people from seeking or continuing care, ultimately hindering their access to necessary services and leaving them feeling abandoned and struggling to manage (Appleton et al., 2021).

The transition period is also fraught with inconsistent communication between the two services, making the transition process more challenging for young people to engage with, parents wanting more involvement and access to age-appropriate services (Singh et al., 2008; Paul et al., 2015). While most protocols in both CAMHS and AMHS emphasise placing the service user at the centre of the transition process, they often fall short in adequately preparing young people for this significant change (Singh et al., 2008). Furthermore, children and young people who are neurodivergent or have an intellectual disability often face additional challenges in continuity between services and accessing appropriate specialist services, particularly during transitions (Cvejic & Troller, 2018; Reale et al., 2018, Lamb & Murphy, 2013). For some, this may result in their needs going unmet, leaving them 'falling through the cracks' without appropriate ongoing care or a successful transition to adult services. Early intervention services (EIS) may act as an effective bridge or balance between CAMHS and AMHS, facilitating a friendly and low threshold diagnostic entry point (Poletti et al., 2022). Systematic reviews have highlighted the positive outcomes from EIS for young people and adolescents who may be particularly susceptible to mental health issues during this development stage. These include a reduced likelihood of hospitalisation, improved continuity of care during the transition to adulthood, and support for long-term recovery and employment (Ly et al., 2019; Bond et al., 2015). Social workers have a vital role in supporting transition for young people by advocating for early intervention, continuity and person-centred approaches, challenging systemic gaps, and preparing families for what may be an apprehensive period.

Trauma-informed Practice as a Foundation

A trauma-informed approach is pivotal to mental health social work. There is strong evidence for a link between trauma and experiencing mental health difficulties (Sweeney et al., 2015). Many of the children and young people we support have experienced significant adversity and require interventions that consider and understand their trauma histories. Trauma-informed approaches such as the Trauma Recovery Model (Skuse & Matthew, 2015) have been incorporated within the youth justice system for several years and are particularly relevant to social work. Such approaches offer a valuable framework that prioritises safety, consistency and emotional readiness before any formal therapeutic intervention is attempted. This model strips back to the basics of making sure children's basic needs are met and uses consistency and predictability to support emotional stabilisation before the 'cognitive readiness threshold' has been reached, supporting children through their trauma and planning for the future (Skuse & Matthew, 2015). Social workers can help to embed these principles across services and settings, particularly in residential and care contexts.

Conclusion: The Role of Social Work Moving Forward

The review by McGovern et al. (2024) concluded that secondary preventative interventions may help to reduce mental health problems for children and young people experiencing adversity or a mental health problem below a diagnostic threshold. Of note were the CBT and psychoeducation interventions, with a focus on family-centred approaches, building resilience and addressing risk factors that could lead to mental health problems. Ultimately, mental health intervention requires more that the right therapy and should also be timely, accessible, person-centred and continuous. Social workers are well-placed to support families with enhancing resilience, utilise trauma-informed approaches, identify children and young people for early intervention, and advocate for integrated and consistent mental health services for children, young people and their families.

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Declarations

Conflict of interest The authors declare that they have no conflict of interest.

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