Rates of Psychiatric Diagnosis of Clients Attending a substance use service for adolescents

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With

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Background

- YoDA started in 2006
- HSE Service
- Working with teenagers in Dublin South-West
- Not a mental health service
- However, the majority of the staff come from a mental health background
- Regularly find ourselves working with teens with mental health problems
- Tier 3 service

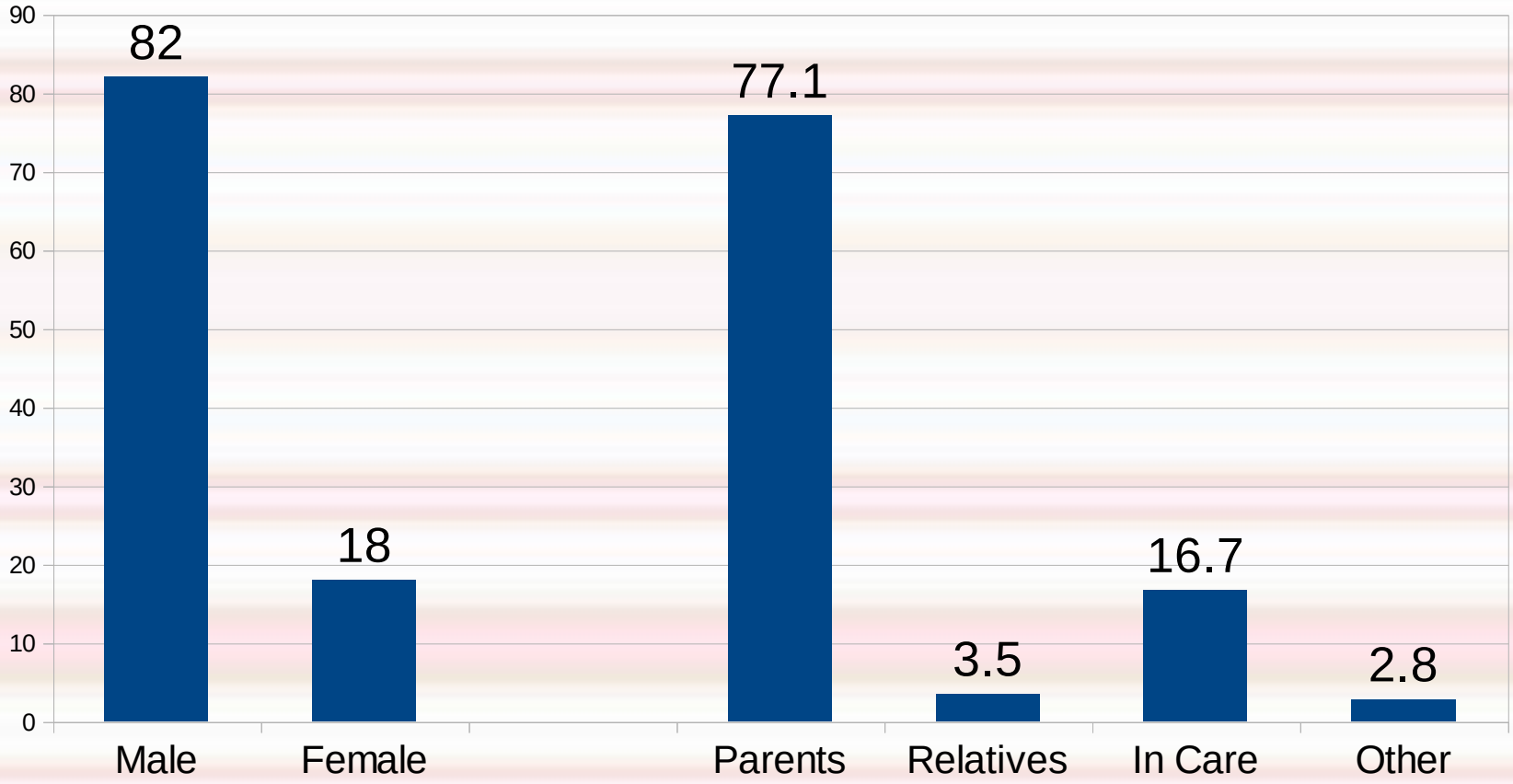
Study aims

- What are the rates of mental health / psychiatric problems among those attending the service?
- Are there gender differences?
- What implications might this have for our service?

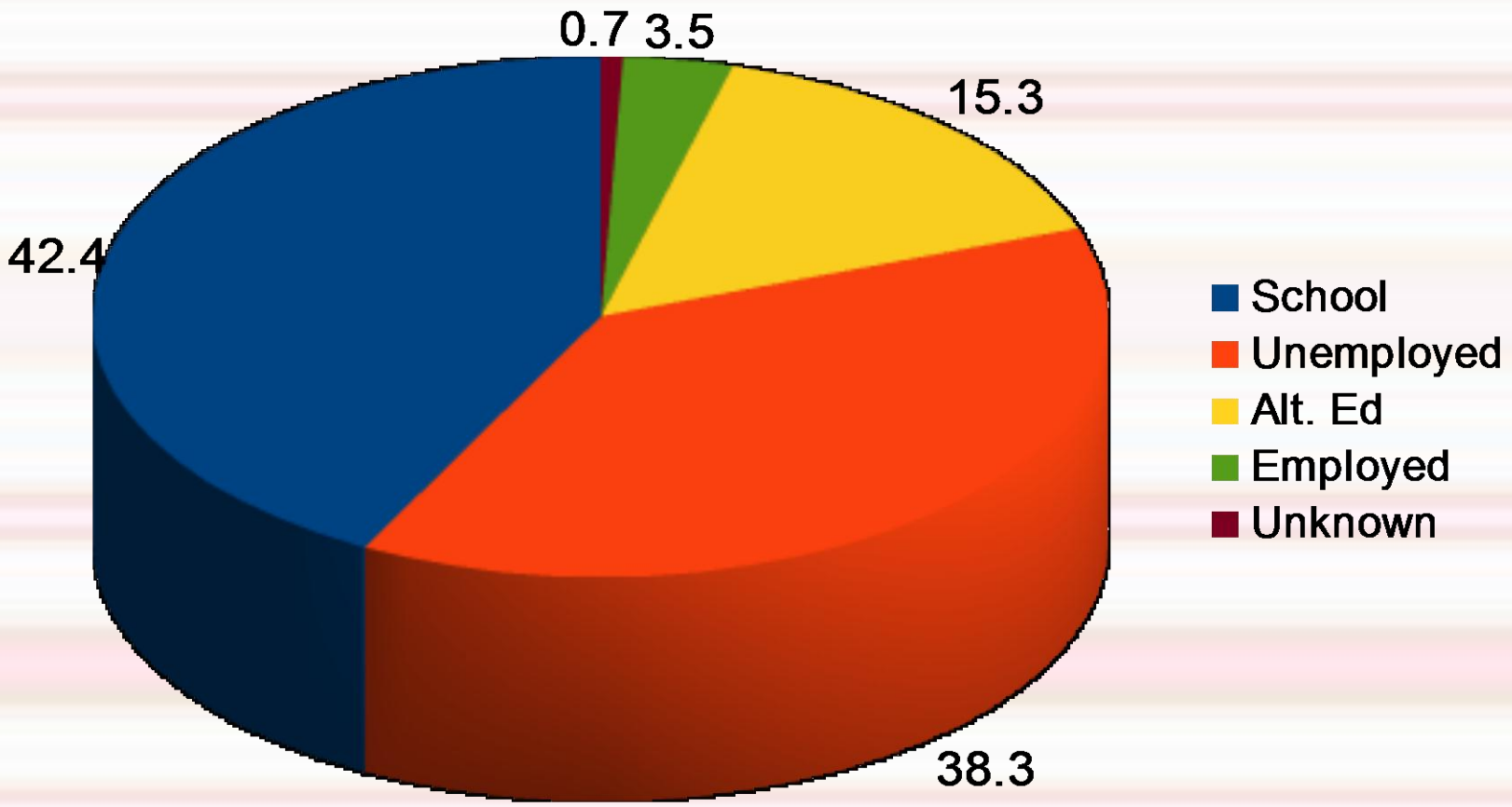
Method

- A retrospective review of all assessments (n = 165) for an 18 month period was undertaken
- Excluded 2 inappropriate referrals, 3 incomplete assessments and 16 were repeat assessments
- Final sample therefore 144
- Data was gathered from the file and NTDRS form and entered into SPSS
- Psychiatric diagnosis were only included if they were made by a medical Doctor – a psychiatrist or GP
- Mean age was 16.2 years and ranged from 13-19 at the time of assessment

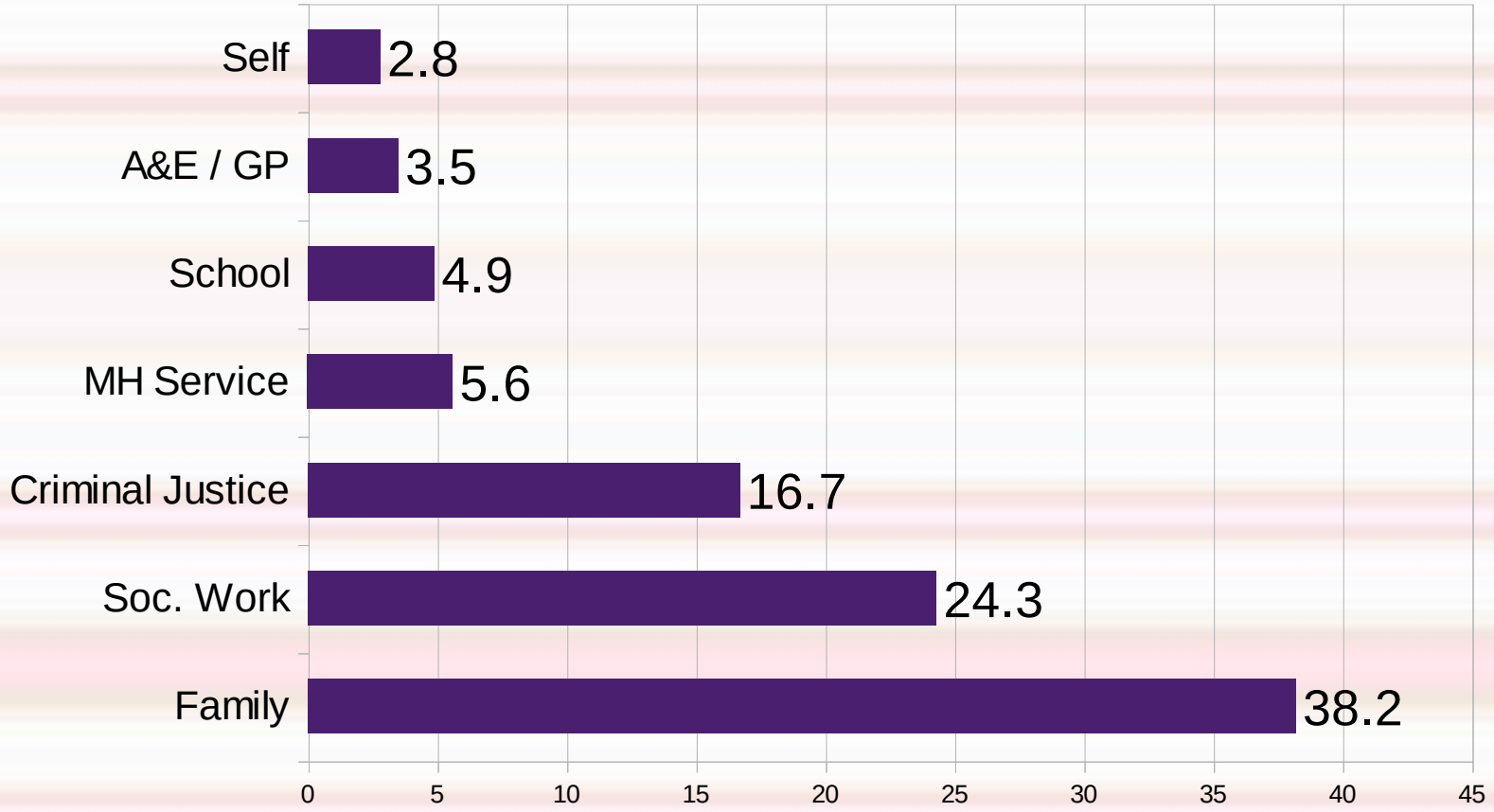
Gender and Living arrangements



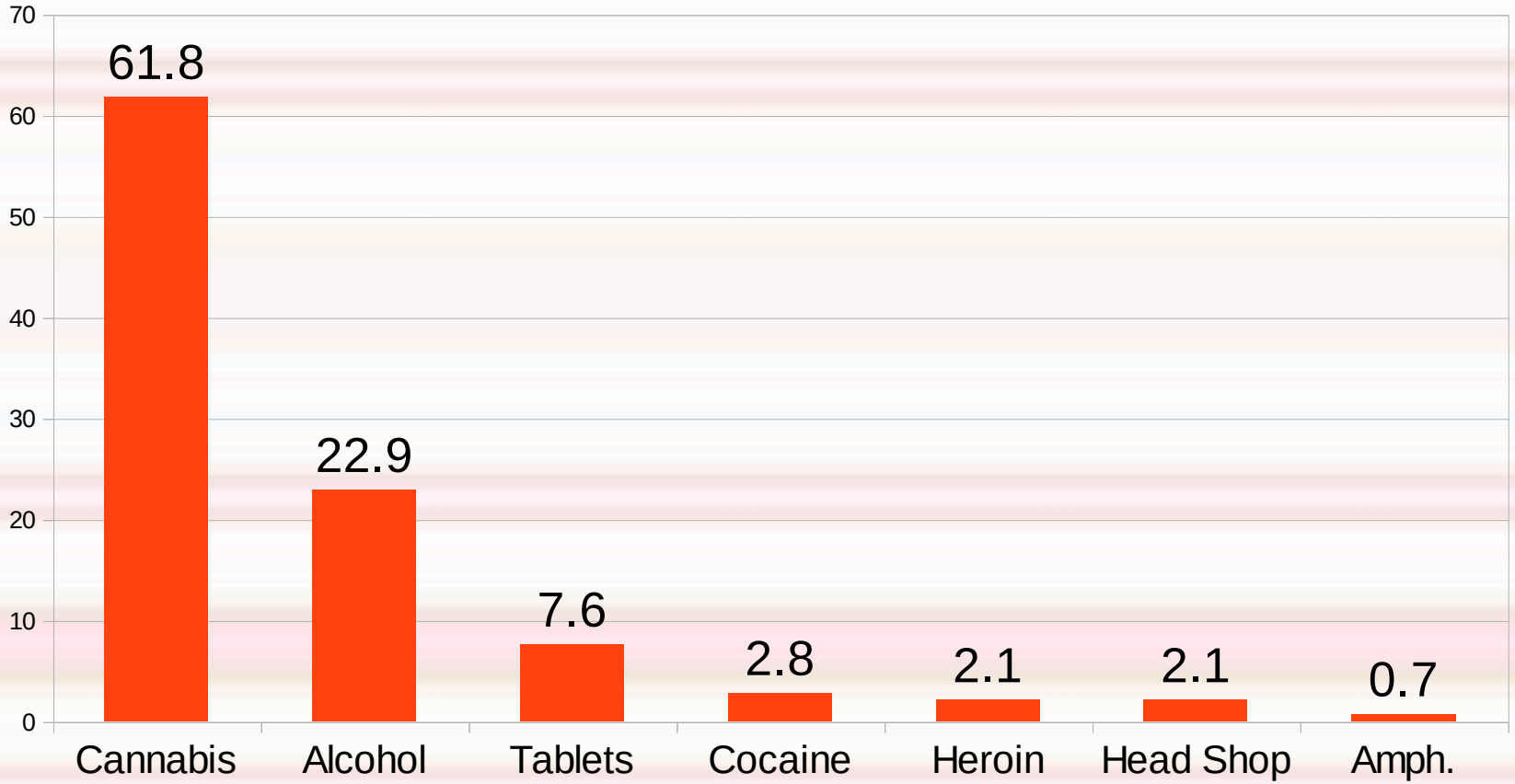
Educational Status



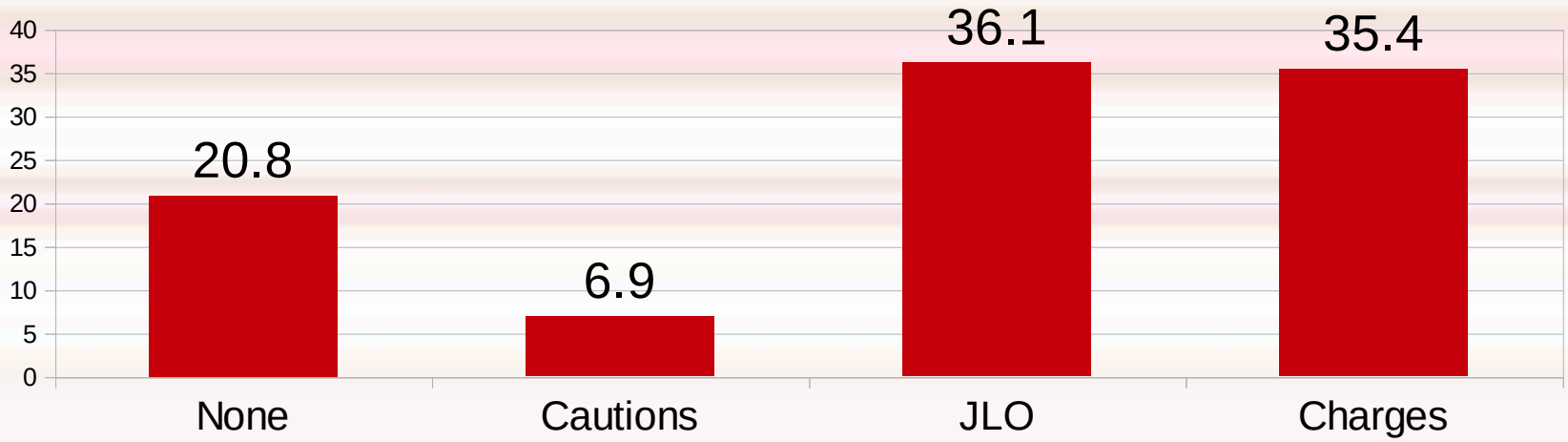
Source of referral



Main Drug of Use



Criminal involvement



Results

&

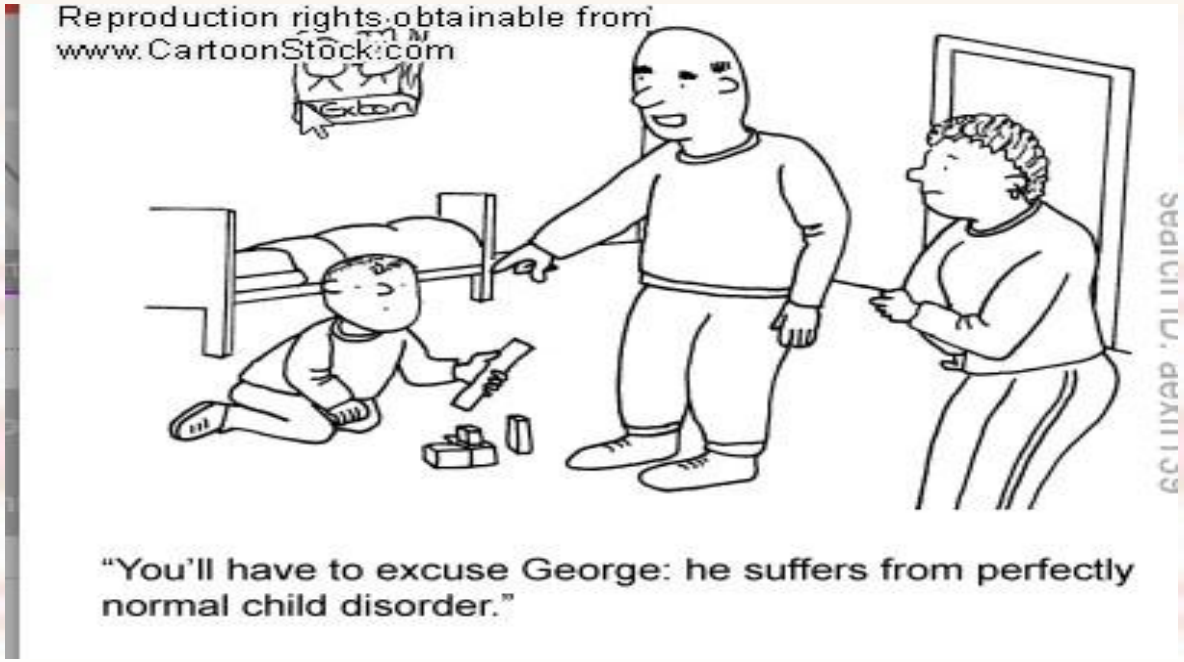
Discussion

Prior to YoDA...

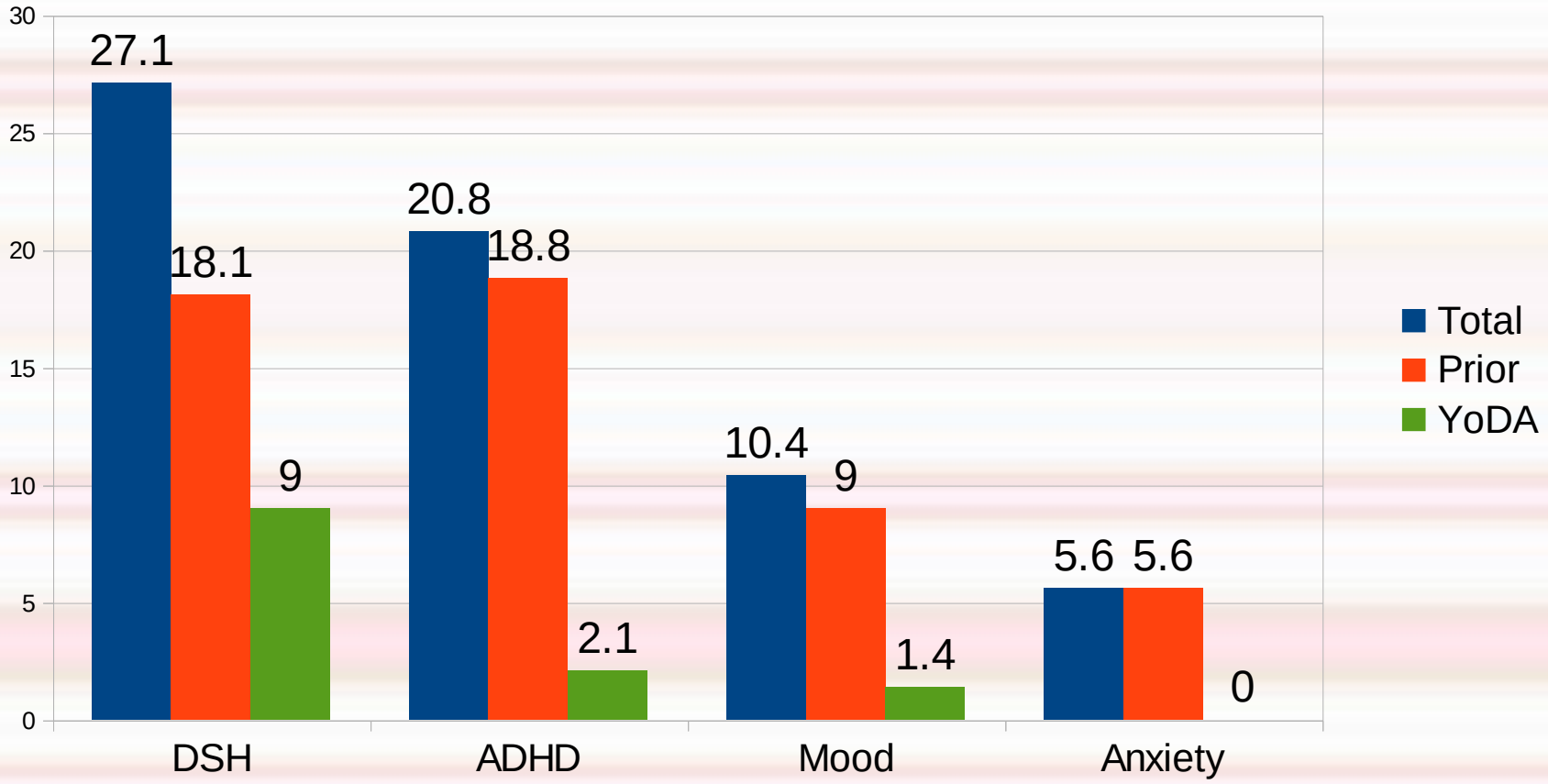
- 38.2 % (n = 55) of clients had received a diagnosis
- Multiple diagnosis were common, ranging from 1 to 4
- A total of 97 diagnosis between the 55 – or 1.8 diagnoses each!
- Or 0.67 diagnosis per clients across the whole sample
- DSH as a diagnosis!

In Total!

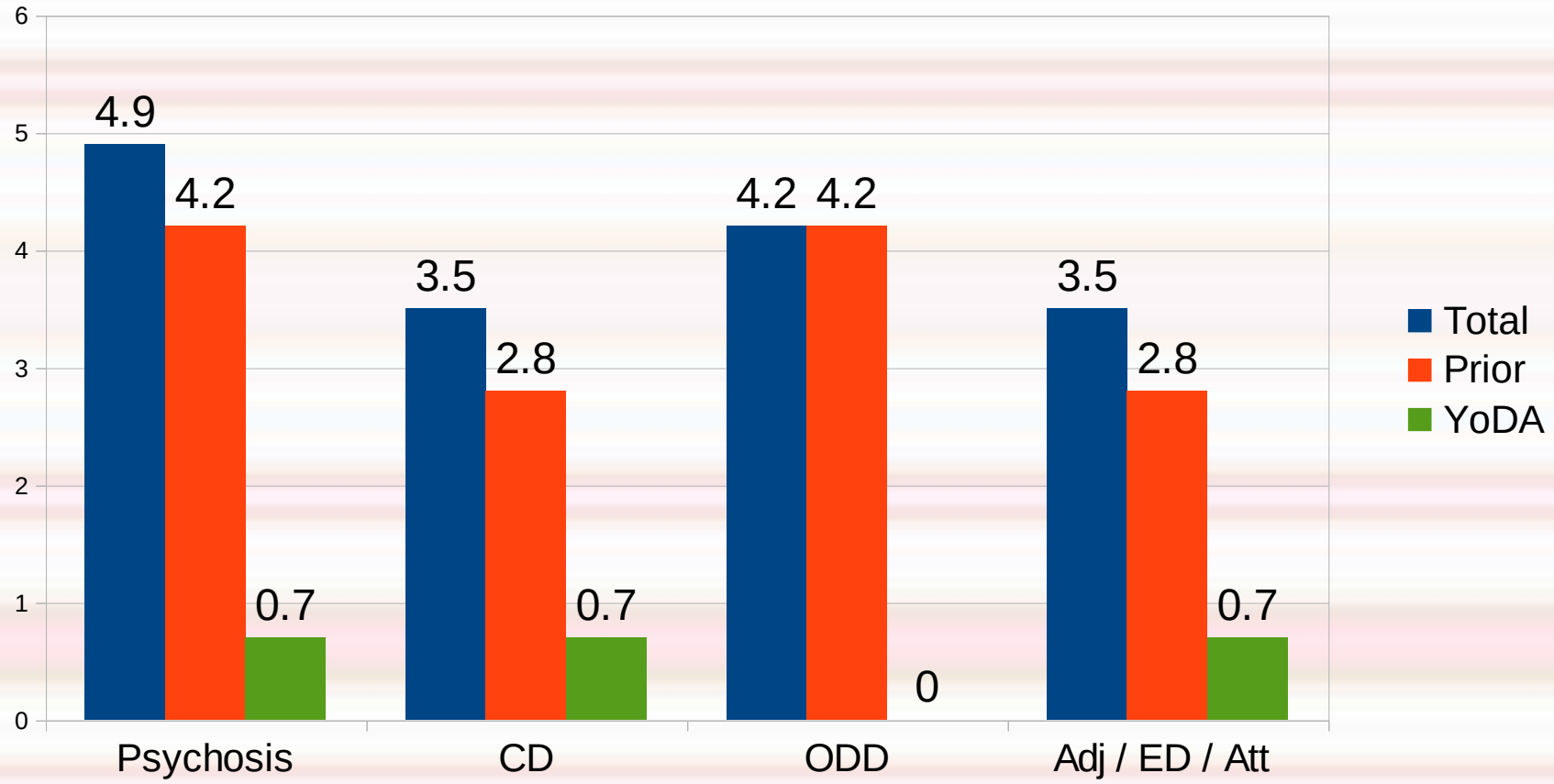
- 48% of clients (n = 69) received a diagnoses
- A mean of 0.85 diagnoses per client
- 127 diagnoses in total
- International research estimates that between 50% and 90% of adolescents in substance use treatment are likely to have a psychiatric disorder (Solhkhah 2003)



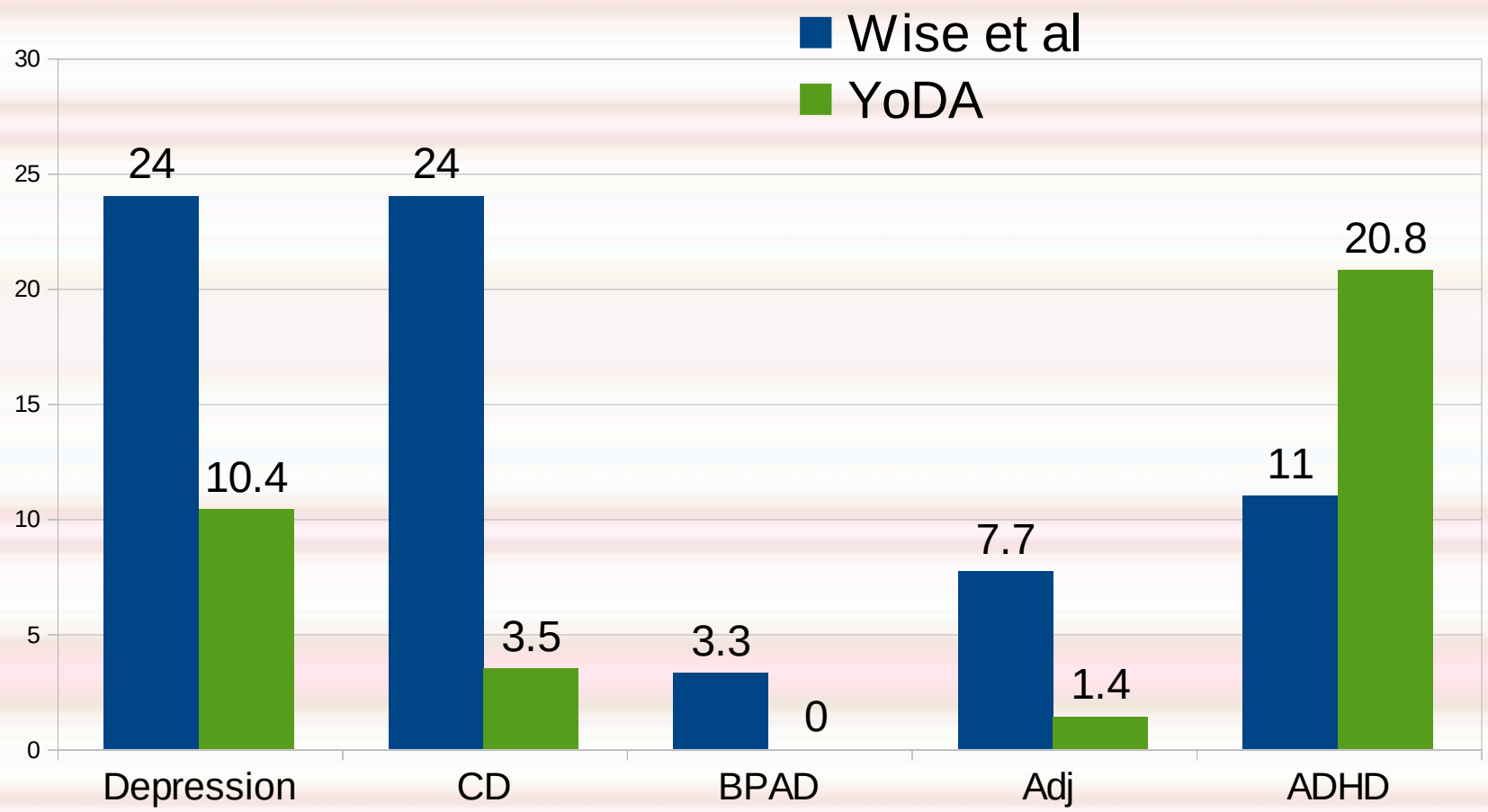
Rates of Diagnosis



More Rates of Diagnosis



By comparison ...



Are we wrong?

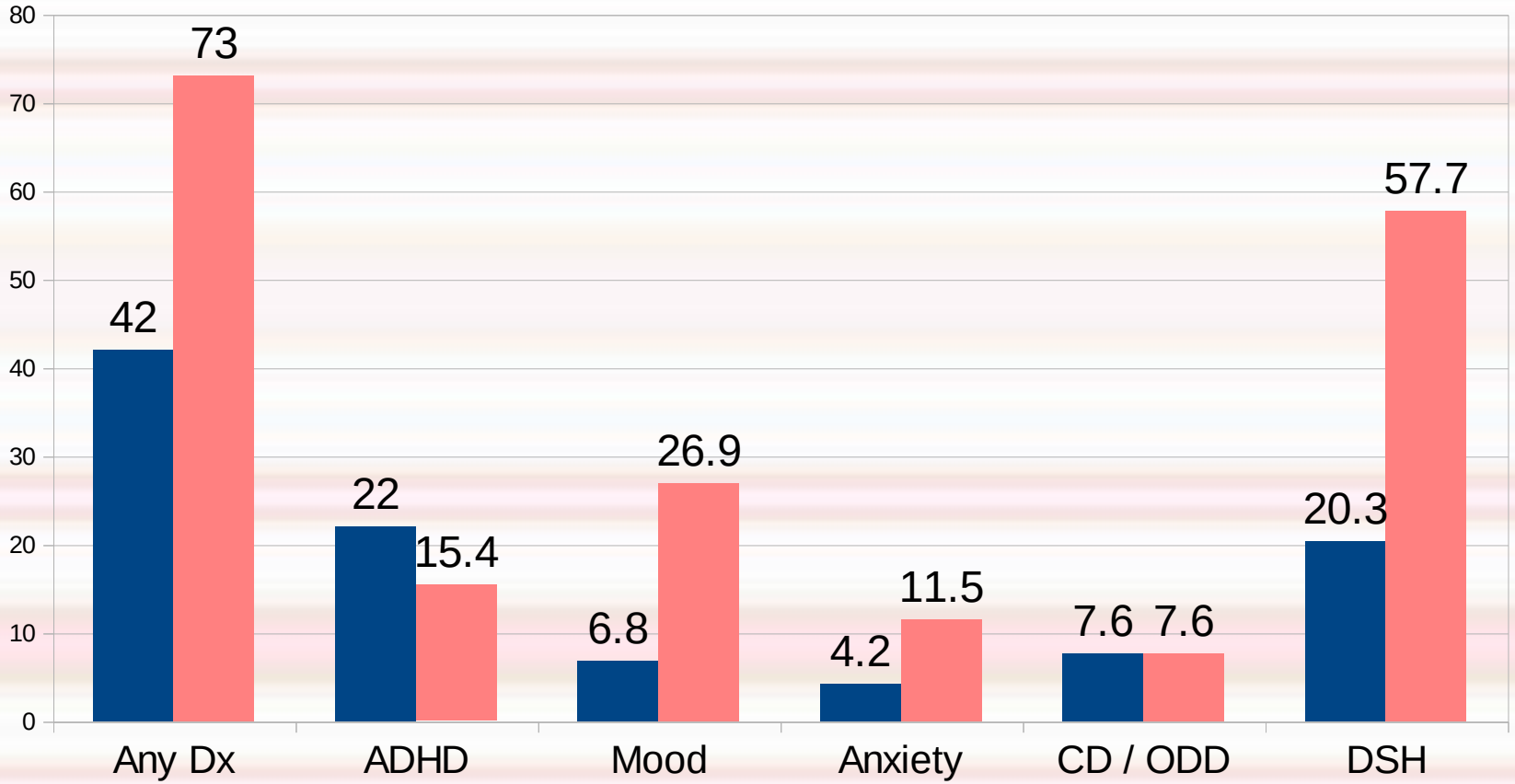
- Our clients seem to be much less likely to received any diagnosis
- In particular mood problems and CD are much less diagnosed
- Given the high rates of contact with the criminal justice system surely we are not diagnosing those with CD!
- Maeve Martin (2007) found 14.6% of 12-18 year olds in the general population have conduct problems
- If we were to diagnose more we would be in a position to deal both problems
- It would emphasis to parents the need for them to deal with the problematic behaviours through their parenting

Are we right?

- Perhaps the Americans are too quick to diagnose!
- Perhaps it would be harmful / dis-empowering to label our clients!
- It might give them an excuse for their behaviour!
- The differences are the result of different data collection methods.
- What difference would it make?

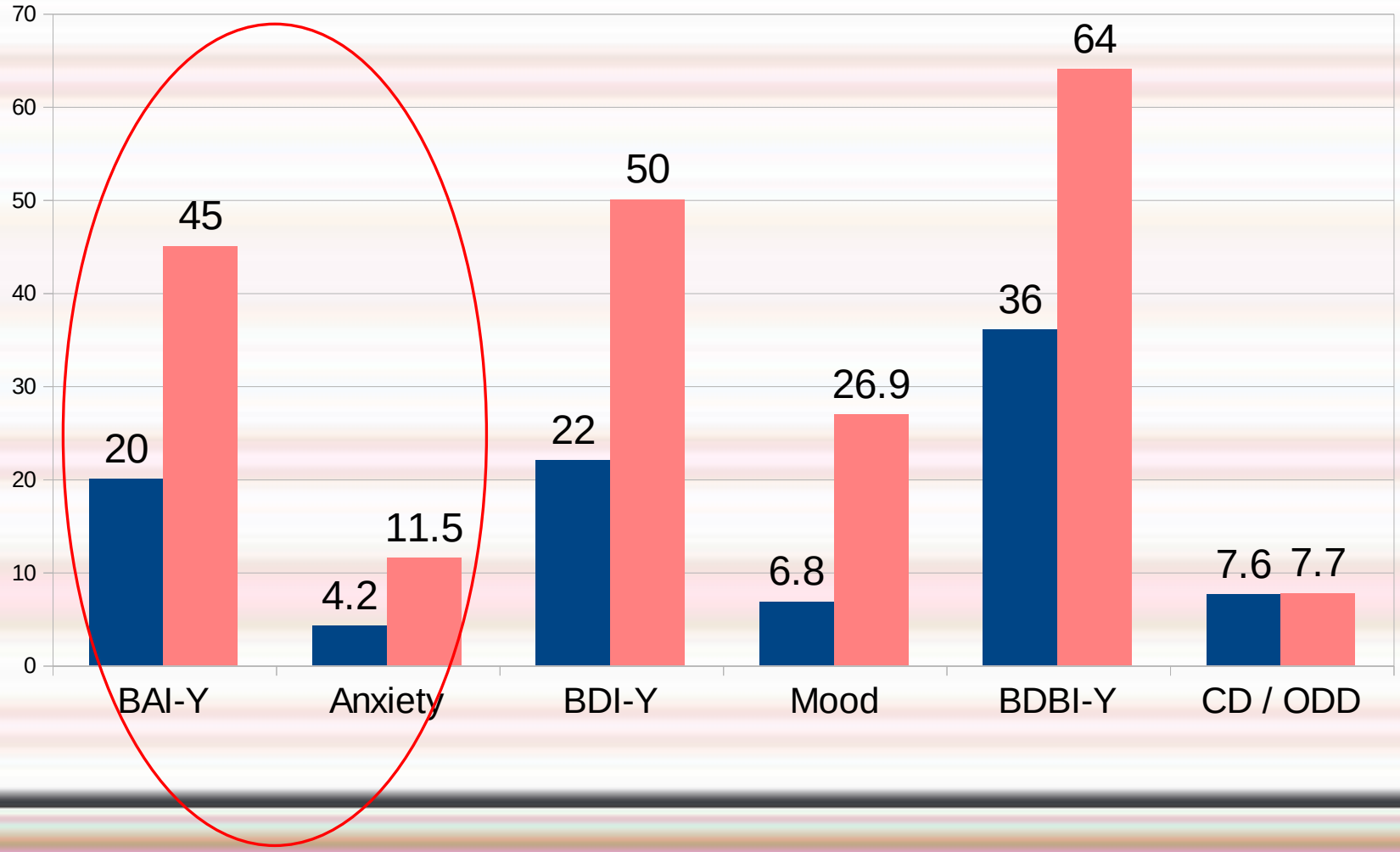
"This is a second opinion. At first, I thought you had something else."

Gender Differences



Psychiatric Diagnosis V Beck's Youth Inventory*

**Edokpolo et. al. (2010) Journal of Psychoactive Drugs 42(1)*



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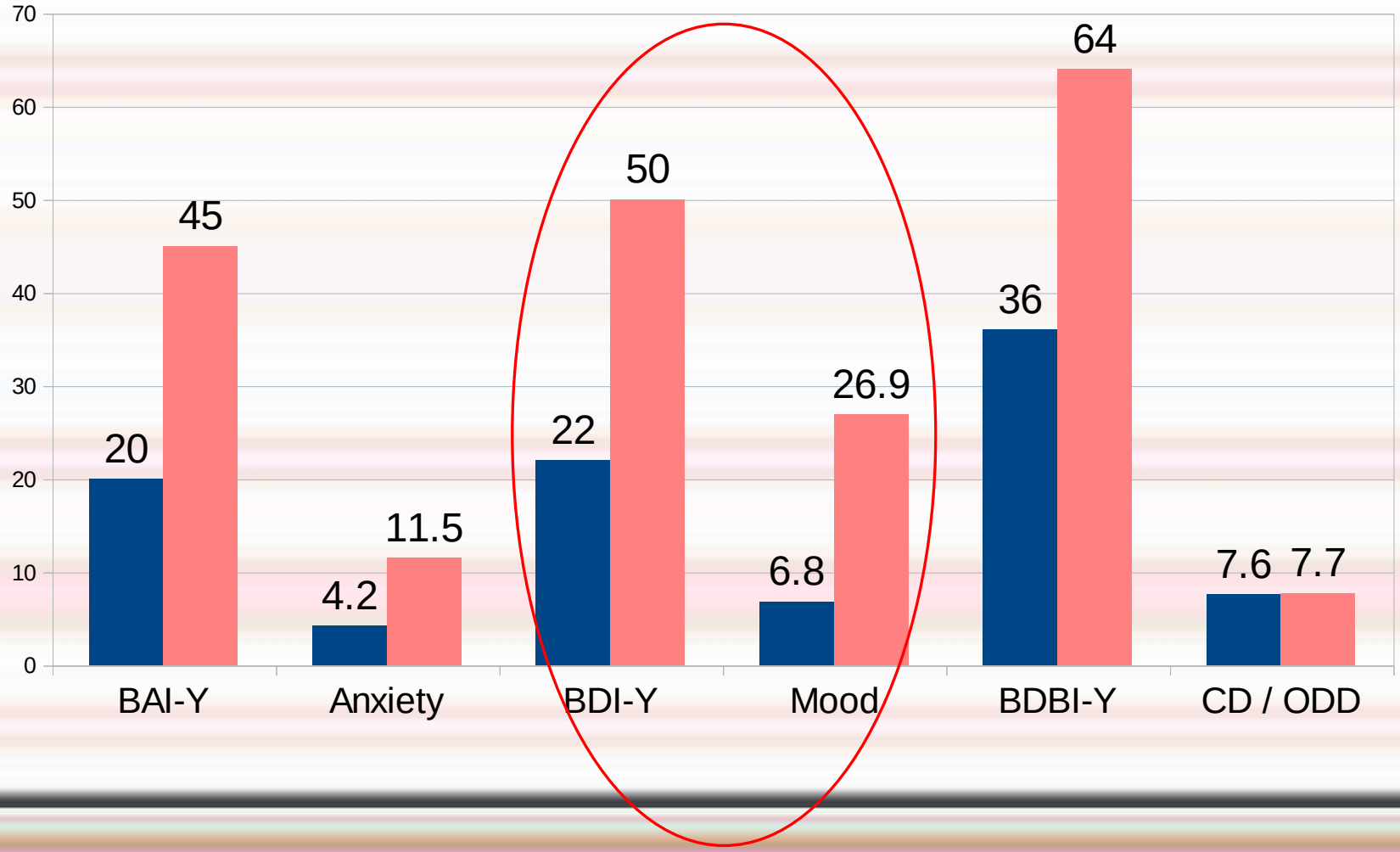

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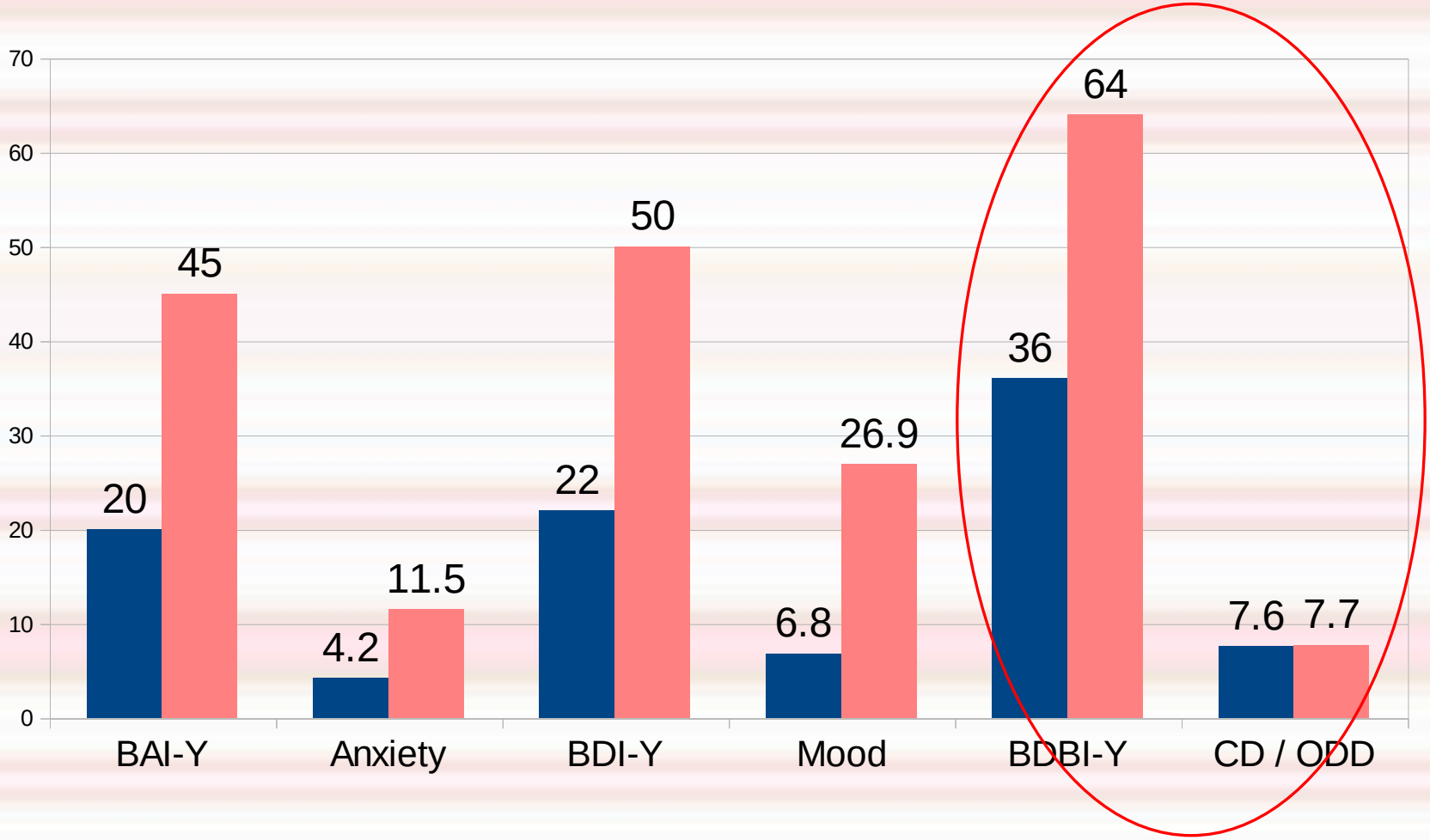

Gender bias?

Rates of substance abuse are fairly similar between boys and girls

21% of girls and 25% of boys have used illicit drugs

17% of girls and 23% of boys have used cannabis

86% of girls and 87% of boys have drank alcohol.

Why are boys referred to YoDA at a rate of more than 4:1?

How come the girls we do get are more likely to have more psychological and psychiatric problems

In particular they are more likely to have anxiety and depression, to engage in DSH and to have more disruptive behaviours!

Where are the girls who are misusing substances in a less problematic way?

Some final thoughts

Given the high rates of psychiatric disorder what should we be doing to improve referrals from CAMHS?

Longer duration between MH and SA diagnosis associated with poorer outcome for both problems

Many psychiatric disorders including ADHD, anxiety, mood and CD are associated with increased risk of SA

Are we / should we be a MH service?

Should we improve our own methods of assessment – particularly of CD?

Should every client have a psychiatric assessment?

It seems likely that we are failing in the identification of girls with SA problems. How can this be addressed?

Thank you for listening!