

## A RETROSPECTIVE AUDIT OF REFERRALS OF 16-17 YEAR OLDS WITH REFERENCE TO SUBSTANCE ABUSE

Fiza Sarah Salam, Louise Theodosiou, Vicky Gillibrand & Kishan Sharma

Manchester Medical School, Emerge 16-17 CMHT; Central Manchester Universities NHS Foundation Trust, UK

### SUMMARY

**Background:** Emerge is an innovative Child and Adolescent Mental Health Service that provides support for 16-17 year olds. The team provide a community based multi-disciplinary, open access model, texting young people and travelling to locations convenient to them. There is an enhanced duty system providing a rapid flexible response within working hours.

**Aims:** To examine the referral data as part of the ongoing annual audit cycle and to establish prevalence of alcohol, cigarettes and substance use among young people referred to the service.

**Method:** Data from the case notes was analysed using Statistical Package for Social Science. Demographic details, referrer profession, reason for referral, other services involved and substance use were examined.

**Results:** There were 437 patients referred to Emerge between 1/4/2010 and 31/3/2011, and 387 patients were accepted while 50 were signposted on. Cases were not accepted if they fell outside the age and geographical area, or were not in need of a mental health service. Overall, 24% of young people were reported to consume alcohol, 19% used cannabis and 9% reported using cigarettes. In all categories there were areas where documentation was not complete, and we suggest that these figures are an underestimate.

**Conclusion:** This data has been fed back to the team, a full morning of teaching regarding drugs and alcohol has been delivered. Emerge often works with young people who are marginalised and may be harder to reach, consequently early sessions require neutral and supportive questions, thus if young people do not return after the first appointment, histories may be incomplete. The team will be reflecting on the lessons learned and considering ways to optimise their work.

**Key words:** substance abuse - Child and Adolescent Mental Health Service - prevalence

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### INTRODUCTION

Adolescence is a unique period that marks the transition from childhood to adulthood. These individuals require specialist intervention as they navigate the complex waters of leaving childhood and becoming adults who may be carers themselves and no longer have the support of parents. Emerge is a community based Child and Adolescent Mental Health Service (CAMHS) that provides specialist support for 16-17 year olds. This multidisciplinary team consists of a service manager, psychiatrists, psychologists, psychotherapists, adolescent mental health practitioners, a specialist nurse, a joint funded Connexions and Emerge post and a worker from the young people drug and alcohol service embedded in the team.

Emerge has an open referral service, including self referral. The team offer a range of services to young people with mental health needs, including therapy, assessment of mental health problems and developmental conditions and case management to reduce the impact of social factors. The latter is a key role; clinicians address stigma, offer advocacy and try to educate the wider systems about the vulnerability of young people with mental health needs. To enhance the quality and rigor of recording, this annual audit is undertaken.

### METHODOLOGY

This is a retrospective audit of all referrals from 1/4/2010 to 31/3/2011, information was gathered directly from the medical notes and analysed using SPSS. The audit identified young people who did not have a drug and alcohol history as they had not attended appointments. These were categorized as 'unknown' in the results. For adolescents where a history was possible to collect, data was categorized under three headings; 'yes', 'no' or 'no documentation'.

### RESULTS

There were 437 cases referred; 387 were accepted and allocated to Emerge clinicians, 50 cases were not accepted as they were too young or old, out of the catchment area or signposted to more appropriate services.

Forty one young people attended Accident and Emergency either before or during their work with the team, 34 experienced an inpatient psychiatric admission and 34 were working with the Youth Offending Service.

### Reason for Referral

Table 1 displays the different reasons for referrals, where low mood is the most common reason for referral.

**Table 1.** The Reason for Referral

Reason for referral	Frequency	Percent (%)
Self-harm/overdose	72	18.6
Low mood	140	36.2
Anger	38	9.8
Anxiety/Post Traumatic Stress Disorder	49	12.7
Possible Autism	12	3.1
Bereavement	2	0.5
Possible Attention deficit hyperactivity disorder	19	4.9
Eating distress	9	2.3
Suicidal thoughts	7	1.8
Mood swings	4	1.0
Auditory hallucination	5	1.3
Behaviour problems	1	0.3
Withdrawing self	1	0.3
Managing significant physical illness	1	0.3
Unusual behaviour	10	2.6
Sexually abused	2	0.5
Generalized aches and pains	3	0.8
Phobia	3	0.8
Obsessive–compulsive disorder	1	0.3
Gender identity concerns/ gender Dysphoria	3	0.8
Headache	1	0.3
Data missing	4	1.0
Total	387	100.0

**Table 3.** Gender

	Frequency	Percentage
Male	156	40.3
Female	231	59.7
Total	387	100.0

**Table 4.** Ethnicity

	Frequency	Percent
Black	16	4.1
White Caucasian	241	62.3
Dual heritage	23	5.9
Asian	33	8.5
Iran	2	0.5
Chinese	1	0.3
Unknown	71	18.3
Total	387	100.0

### Referrer

The team welcome the 17 self-referrals and 14 referrals from family members, overall, the largest referring group were General Practitioners.

**Table 2.** The Type of Referrer

Referrer	Frequency	Percent (%)
General Practitioner	146	37.7
Parent/ other relative	14	3.6
Youth Offending Service	16	4.1
School health advisor/Student support/ other educational service	40	10.3
Health visitor	2	0.5
Connexions	46	11.9
Support worker – accommodation service	13	3.4
Accident and Emergency – mental health liaison team/ Doctor/ Nurse	24	6.2
Crisis team referral	6	1.6
Paediatrician	7	1.8
Other Child Adolescent Mental Health Service	24	6.2
Eclipse	4	1.0
Self-referral	17	4.4
Early Intervention Service	3	0.8
Primary care mental health team	5	1.3
Voluntary service	4	1.0
Crisis Team	2	.5
Other hospital worker	5	1.3
Social Worker	4	1.0
Data Missing	1	0.3
Safeguarding children’s team	1	0.3
SAFE Team	1	0.3
MMHSCT	2	0.5
Total	387	100.0

**Table 5.** Table representing the Education, employment and training status of those referred

	Frequency	Percent
Not in Education Employment or Training	103	26.6
School	71	18.3
Further/ higher education	144	37.2
Alternative education	11	2.8
Employment	10	2.6
Training	7	1.8
Total	346	89.4
Unknown	41	10.6
Total	387	100.0

### Gender

As can be seen, there were many more females referred to the service than males.

## Ethnicity

Table 4 showing the different ethnicities of those referred.

## Education, employment and training status

The vulnerability of this group of young people is evidenced by the fact that one third are in Not in Education Employment or Training (NEET)

## Inpatient admission

**Table 6.** The 34 young people that required an inpatient admission

	Frequency	Percent
Medical Assessment Unit	16	4.13
Psychiatric inpatient unit	18	4.65
Not known to have been admitted	353	91.2
Total	34	100.0

## Accident and Emergency Assessment

**Table 7.** Showing how many of those referred were assessed by accident and emergency department

	Frequency	Percent
Yes	41	10.6
No	346	89.4
Total	387	100.0

## Referral from the team to Adult mental health services

**Table 8.** The number of young people that were referred to Adult mental health services

	Frequency	Percent
Yes	14	3.6
No	373	96.4
Total	387	100.0

## Referral to from the team Early intervention for psychosis services

**Table 9.** The number of young people that were referred to Early intervention service

	Frequency	Percent
Yes	19	4.9
No	368	95.1
Total	387	100.0

## Youth offenders service involvement

**Table 10.** Young people known to the young offenders service

	Frequency	Percent
Yes	34	8.8
No	353	91.2
Total	387	100.0

## Documentation of alcohol use

**Table 11.** summary of alcohol use within patients accepted by Emerge

	Frequency	Percent
Yes	94	24.3
No	91	23.5
No documentation	132	34.1
Unknown - not seen	69	17.8
Total	386	99.7
System	1	0.3
Total	387	100.0

## Documentation of cigarette use

**Table 12.** summary of cigarette use within patients accepted by Emerge

	Frequency	Percent
Yes	35	9.0
No	132	34.1
No documentation	151	39.0
Unknown not seen	69	17.8
Total	387	100.0

## Documentation of cannabis use

**Table 13.** summary of cannabis use within patients accepted by Emerge

	Frequency	Percent
Yes	75	19.4
No	109	28.2
No documentation	139	35.9
Unknown not seen	64	16.5
Total	387	100.0

## DISCUSSION

The authors note that this sample differs from the national prevalence figures for younger children (Green et al, 2004) both in terms of the high level of females and the fact that depression, self harm and anxiety disorders outnumber developmental disorders, and suggest that this reflects the age of the sample studied. Furthermore the majority of these young people have difficult social circumstances therefore making mental illness more likely to be related to stressors.

Connexions (an independent sector service) are the second largest group to refer to Emerge. They support young people into education, training or employment, targeting young people who are not in employment, education or training and other social difficulties e.g. homelessness. Therefore they are deal with a population of young people who are at a higher risk of developing mental health difficulties. This high number of referrals may reflect the work done to raise awareness of the team across the city.

Comparing the ethnicity data with the office of national statistics reveals that 77.3% of the Manchester population were white, 4.4% black and 9.9% asian, thus we venture that our population is reasonably representative. The high level of young people who are NEET has been noted, this unmet need increases vulnerability to substance use and mental health problems. Four percent of the group had been admitted and 10% seen in accident and emergency during a crisis once again indicating the level of morbidity and risk in this community. However it is of note that only 3.6% were referred to adult services, and this reflects difficulties in the transition process, although 4.9% of young people were referred to the service for psychosis. Roughly 9% of young people were known to the youth offending service, further audits will examine the specific mental health needs of this population.

The audit identified that at least a quarter of the sample were using alcohol and about a fifth using cannabis. Cases were excluded where an assessment of drug and alcohol use could not have been completed due to insufficient attendance. Despite this exclusion,

the percentage of cases where a history was not recorded was still high, meaning that many more young people may be using cannabis and alcohol and other unknown drugs of abuse. This information could play a key role in the work offered to adolescents. The data was presented in a team meeting and subsequently a full morning of training regarding alcohol and substance misuse was offered to the team.

The authors recommend that the team builds on this training to develop and increased awareness of the need to explore and clearly document drug and alcohol use; this will be supported by the fact that the assessment documentation has been revised and enhanced. The audit cycle will be completed in the next year.

## REFERENCES

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### *Correspondence:*

*Louise Theodosiou,  
Emerge 16-17 CMHT, Central Manchester Universities NHS, Foundation Trust, UK  
E-mail: ltheodosiou@doctors.org.uk*