

Gender and service utilization in adolescents with drug abuse and suicidality: Epidemiology and clinical considerations

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ABSTRACT

Drug abuse and depression are common among adolescents and they can lead to several adverse consequences that range from school dropout and social isolation to suicide, which is the second leading cause of death among young people. Adolescents are reluctant to seek help for psychiatric

problems and this may have fatal consequences. The present article explores gender differences in service utilization in adolescents with drug abuse and suicidality. An awareness of these differences may help clinicians and policy-makers to develop and implement tailored-made strategies for adolescents in need of psychiatric help.

Key Words: *Gender differences; Mental health service use; Drug abuse; Adolescents; Suicidality; Depression*

INTRODUCTION

It has been estimated that nearly half of all psychiatric disorder onset before age 21 (1). However, adolescents with mental disorders cannot seek help from specialized services without parental involvement and tend to be reluctant to attend regular visits once their problem is revealed (2-5), which may lead to low rates of clinical counselling (6-8). Furthermore, adolescents present difficulties in service engagement and are at more risk of an early treatment drop-out (9). Despite the importance of detecting and engaging adolescents in need of psychiatric help in the early phases of their disturbances, literature on this field is scarce. For long time males and females affected by mental disorders have been seen as a homogeneous group, with similar characteristics, needs for care and outcomes (10). However, males and females differ in relation to prevalence, impact of biological, psychological and social factors and course of illness (11) and these differences have to be carefully taken into account when planning patient-tailored interventions (12). Gender-centred approaches emphasize the importance of social cultural and biological differences on health, thus ensuring the best outcomes for men and women with mental health problems (11). In addition, they can improve detection and treatment of mental health problems in underreported groups; provide additional evidence in epidemiology and course of mental disorders; improve relevance of health services and increase patients' participation in health (10). Understanding gender differences in mental health services utilization appears thus crucial in the development of tailored policies, in the implementation of existing services and in the provision of more effective treatments for young people with psychiatric disorders.

Among adolescents substance abuse is common, with 22% of young people drinking alcohol weekly (13) and up to 33% having tried at least one illicit drug (14). Female patients show lower rates of substance abuse problems than males (15,16) but they tend to develop dependence faster (17,18). Despite lower levels of substance abuse, females with addictive behaviours present poorer general physical health (19), higher rates of victimization (20,21) and partner conflict (19), more stress-related substance abuse (22) and more psychiatric problems than males (15-29). On the other hand, males with substance abuse show higher rates of criminal activities than females (19,21,28,30). With regard to the type of drug used, female patients are more likely to use heroine (22,31,32) and more likely to share injecting equipment than males (22,30,31), whereas male patients are more likely to use cannabis and alcohol than females (22,33). Emergency Departments are often the primary site for evaluation of adolescents with substance abuse problems (23, 34), particularly for male abusers (23,34,35), but the nature of the contact (acute intoxication, difficulties in bonding, issues of confidentiality) makes it

difficult for clinicians to refer patients to adequate treatment programs (36). Once the addiction is recognized, adolescents can be addressed to outpatient services, which can offer Mixed-Gender (MG) or Women Only (WO) programs. WO programs utilize a more supportive and less confrontational approach to treatment than MG programs (37), which is more suitable for females, who are more expressive verbally and behaviourally in single-sex group sessions (38). The treatment of choice should rely on patient's preference, taking into consideration that WO programs may provide a more adequate environment for female adolescents with substance abuse problems.

As previously stated, substance abuse in young people is often complicated by mental health problems (15,19-21,23-29), among which depression is the one of the most common (35,39). However, depression in adolescents with or without substance abuse is frequently undetected and untreated by clinicians (8,40). Depression is linked with suicide, which is the second leading cause of death among people between 15 and 18 years old and a major global public health problem (41,42). Up to 90% of adolescents who commit suicide have at least one diagnosable mental disorder at the time of their death being depression and substance abuse the most common (43-45). Female patients are more likely to suffer from depression and to attempt suicide than males, who, conversely, are four times more likely to complete suicide than females (46). Male adolescents are also less likely to express suicidality prior to attempting suicide and more likely to use lethal means (46). Despite the great concern about suicidality in adolescents, it has been estimated that only 15% of suicide completers had received psychiatric visits in the 90 days prior to suicide while 28% in the 12 months before suicide (47), but data are not entirely consistent and rates of psychiatric assessments in adolescents who completed suicide are likely to be lower (48,49). Female patients with suicidality are more likely to be referred to specialized services by GPs (50) and they tend to have higher contacts with mental health services in the month prior to suicide (6,50).

Despite the body of evidence on the importance of gender differences in adolescents with drug abuse and suicidality, gender-sensitive mental health services are more of a chimera in the majority of EU countries (51,52). Providing adequate mental health care to adolescents is challenging but a priority and the present study highlights an important gap in literature on gender and pathways to care in young people with mental health problems. Gender is a critical variable to be taken into consideration both by clinicians and policy makers when developing and implementing services for adolescents with mental health problems.

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Disclosures

The author declare no conflicts of interest.

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