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LITERATURE REVIEW

Young people with AOD issues and at least one other comorbidity or complex health issue and health service use: A brief literature review 2016–2021

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SUMMARY
This rapid literature review summarises evidence around best practice in the management of young people who present at health services with alcohol and other drugs (AOD) issues plus at least one comorbidity or chronic health need. The findings were used to develop and trial Formalised Case Management Guidelines that promote continuity of care for vulnerable youth accessing Primary Health Care services.

Key Words
Young people; alcohol & other drugs (AOD); comorbidities; health service use; access to health services

ABSTRACT

Background

This rapid literature review focuses on peer-reviewed published evidence over a 5-year period (October 2016 to August 2021) around young people with comorbidities and/or complex health needs, as well as alcohol and other drug (AOD) use, who access health services. For the purposes of this literature review youth are defined as young people aged 12 to 25 years.

Aims

The aim of this rapid review was to investigate best practice around the management of 1) youth with AOD issues and comorbidities, who access health services; and 2) youth with AOD issues and complex health needs, who access health services.

Method

The authors used various databases (eg, PubMed, websites, reference lists) to source articles published in English from October 2016 to August 2021. Two trained researchers reviewed the literature independently over three stages (culls) against the inclusion criteria developed in consultation with experienced clinicians and health service providers. Relevant data from the included studies are summarised herein.

Conclusion

This rapid review focuses on young people with AOD problems and at least one other comorbidity or complex health need, who access health services. Research has shown that AOD and mental health issues in youth are complex and treatment plans do not always reflect individual complexities or diversities, thus are often ineffective.

Currently, significant gaps in access and treatment exist for youth with AOD issues. If these young people also have complex or chronic health issues, the level of engagement with health care services is extremely limited. This lack of access is of major concern as early interventions and treatments, tailored to the needs of individuals, have proven effective in improve health outcomes for this high-risk group of young people.

Evidence supports the delivery of care to young people with AOD problems and at least one other comorbidity or complex health need via collaborative, integrated models of care that deliver individualised treatment care plans to optimise health outcomes.

BACKGROUND

Many young people experience a range of biopsychosocial comorbidities and complex health issues that extend beyond the capacity or expertise of any one agency or service to address.[1,2] These may include significant alcohol and other drug (AOD) use; suspected or diagnosed mental health conditions (eg, anxiety or depressive symptoms, personality disorder, post-traumatic stress disorder, borderline personality disorder); previous child abuse or trauma; suicidal ideation or attempts; comorbid physical health problems; self-harm; family violence and/or dysfunction; comorbid intellectual or neurological conditions; youth justice involvement; homelessness or housing relating stress; financial instability including work; and eating disorders.[3–11]

The first point of contact for youth seeking help within the healthcare system is usually with a general practitioner (GP).[1,2] Several challenges exist in addressing the health needs of youth who present with complex health issues, requiring multidisciplinary care. Barriers include the need for independence and autonomy; lack of knowledge about where or how to seek help; not wanting to talk about personal issues to a health professional with whom they have no relationship; fear of stigma and poor mental health literacy.[1,8,9,12,13] Facilitators to accessing health care include hearing about positive experiences of youth who have sought help; positive social support; knowledge transfer leading to improved mental health literacy; and encouragement from others to seek help.[6,814-15]

Another layer of complexity in the provision of effective healthcare management and treatment is added when youth with complex chronic health needs also have AOD issues. As noted previously, a GP is the preferred entry point for youth accessing health care; however, research shows that only around half of this at-risk group seek medical help and the health of around one quarter who do not seek help deteriorates significantly.[1,4,5,14,16,17] We need to better understand the barriers and facilitators to access and use of health care of this at-risk group in order to improve engagement rates, reduce treatment gaps and ultimately, improve health outcomes.

This rapid literature review focuses on peer-reviewed published evidence over a 5-year period (October 2016 to August 2021) around young people with comorbidities and/or complex health needs, as well as AOD use, who access health services. For the purposes of this literature review youth is defined as young people aged 12 to 25 years.

The aim of this rapid review was to investigate best practice around the management of 1) youth with AOD issues and comorbidities, who access health services and; 2) youth with AOD issues and complex health needs who access health services.

METHOD

Search Terms

Search parameters were developed with a team of clinicians and health providers with relevant expertise and deployed to source articles published in the English language from October 2016 to August 2021. The parameters were informed by the key terms within the aim of this study and their euphemisms; and an examination of keywords used by PubMed as well as keywords associated with known articles that are relevant to this review.

The authors used the following search terms: youth alcohol dual diagnosis; young people alcohol dual diagnosis; adolescents alcohol dual diagnosis; youth drug dual diagnosis; young people drug dual diagnosis; adolescents drug dual diagnosis; youth AOD dual diagnosis; young people AOD dual diagnosis; adolescents AOD dual diagnosis; youth alcohol health service use; young people alcohol health service use; adolescents alcohol health service use; youth drug health service use; young people drug health service use; adolescents drug health service use; youth AOD health service use; young people AOD health service use; adolescents AOD health service use; youth alcohol access to treatment; young people alcohol access to treatment; adolescents alcohol access to treatment; youth drug access to treatment; young people drug access to treatment adolescents drug access to treatment; youth AOD access to treatment; young people AOD access to treatment; adolescents AOD access to treatment.

Exclusion criteria used to assess relevance of articles included not in English; not related to youth in the target population; did not include the treatment of AOD and comorbidities and/or complex health needs.

Process for Reviewing Peer-Reviewed Papers

A total of 57,478 citations/papers met the criteria under the search terms (Table 1).

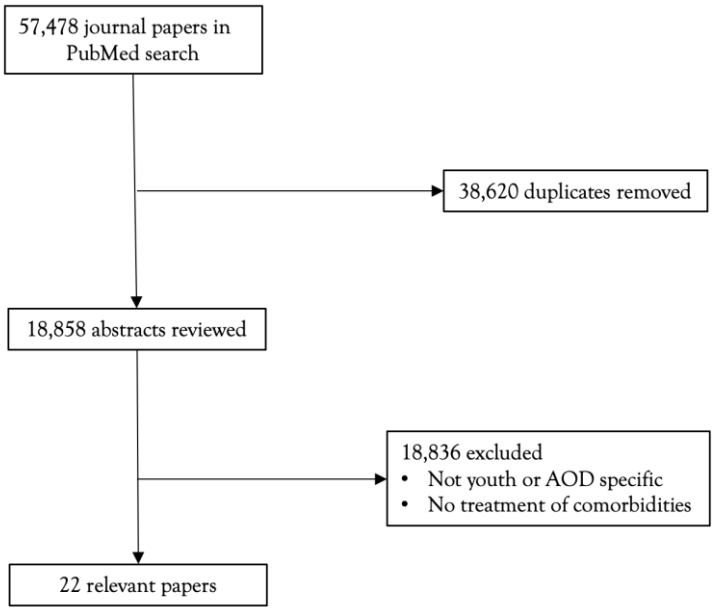
Table 1: Search terms and total of peer-reviewed papers assessed

Search Terms	Totals
youth + alcohol + dual diagnosis	75
young people + alcohol + dual diagnosis	101
adolescents + alcohol dual diagnosis	76
youth + drug + dual diagnosis	170
young people + drug + dual diagnosis	216
adolescents + drug + dual diagnosis	170
youth + AOD + dual diagnosis	0
young people + AOD + dual diagnosis	0
adolescents + AOD + dual diagnosis	0
youth + alcohol + health service use	3,632
young people + alcohol + health service use	3,789
adolescents + alcohol + health service use	3,581
youth + drug + health service use	13,060
young people + drug + health service use	14,073
adolescents + drug + health service use	13,027
youth + AOD + health service use	54
young people + AOD + health service use	45

adolescents + AOD + health service use	46
youth + alcohol + access to treatment	291
young people + alcohol + access to treatment	332
adolescents + alcohol + access to treatment	290
youth + drug + access to treatment	1,405
young people + drug + access to treatment	1,586
adolescents + drug + access to treatment	1,426
youth + AOD + access to treatment	12
young people + AOD + access to treatment	11
adolescents + AOD + access to treatment	10

After the removal of duplicate citations, 18,858 citations remained (Figure 1). These were reviewed independently by the authors over three stages or "culls". The exclusion criteria used to cull the articles were as follows: 1) 1st cull: reviewed titles and abstracts and removed articles that were not youth (aged 12–25 years) or AOD specific (n=18,898 to n=846); 2) 2nd cull: reviewed titles and abstracts and removed articles without treatment of comorbidities (or complex health issues) (n=846 to 98); and 3) 3rd cull: reviewed full articles against inclusion criteria (n=98 to n=22). We reviewed titles and abstracts in the first 2 culls then full articles in the final cull.

Figure 1: Three review stages required to identify relevant papers



Inter-rater Reliability

The authors (two trained researchers) reviewed each of the papers independently at each stage of the culling progress. At the end of each stage, they compared the results. As a measure of inter-rater reliability, any papers chosen by one researcher but not the other were reviewed again independently and then discussed to reach consensus on inclusion or exclusion. In the final cull, the researchers sourced full texts and reviewed them to determine inclusion using the same criteria as in the previous culls.

Presentation of Data

In the results section, the authors present key findings from all papers that fulfilled the inclusion criteria (n=22). (Additional papers are added for background as required.)

Limitations

The authors made all efforts to source available published literature; however, it may be that some key papers were not reviewed as they did not fit the precise parameters of the funder (see Funding sections).

RESULTS AND DISCUSSION

Youth with AOD issues and comorbidities and/or complex health needs

Research shows that youth who use AOD, and also have chronic health conditions or complex medical needs, are at greater risk of progressing to problem AOD use or serious psychological disorders.[1] Several mitigating factors should be considered when managing the health needs of young people. Having a chronic condition appears to afford young people the opportunity to take risks.[2] For example, youth with co-occurrent substance use and mental health issues are often significant users of tobacco and cannabis products, both of which can lead to significant additional treatment complications.[3,4] Another study of 390 youth aged 14–18 years who used alcohol and had at least one comorbidity, found that only 54 per cent disclosed their alcohol use when asked.[14] For those who disclosed their alcohol use, very few participants received personalised counselling even when their alcohol use was problematic.[14]

Youth with substance use disorders (SUD) and comorbidities and/or complex health needs

Concurrent SUD and mental health issues are associated with poor health outcomes such as sexually transmitted infections, incarceration, violence, and homelessness.[6] Other adverse outcomes include relationship difficulties, post-traumatic stress disorder, suicide risk/ideation/attempts, poor academic performance, and significant psychological distress.[5]

Emerging evidence suggests that integrated treatments that address the complex needs of youth with SUD have been successful.[7,8,18] Treatment is most effective when key stakeholders (eg, service providers, consumer groups, family, or carers) are included in the development of integrated, shared-care initiatives and treatments, from planning through to maintenance or resolution.[6,8] This evidence is irrelevant, however, if youth with SUD and complex health needs have no or limited access to healthcare services.[9]

Service providers and youth

It is imperative to find ways to improve or streamline access to health services for youth to optimise health outcomes.[10,18] Primary care providers play a pivotal role in screening, assessing, and providing appropriate treatment for their clients.[19] Screening for substance use and relaying the resultant risks to individual clients can be challenging.[3] For example, evidence supports a GP-led, multidisciplinary approach to care for youth with complex needs as the most effective way to optimise health outcomes; however, many young people do not have a regular GP. In fact, it is estimated that only 50 per cent of youth with AOD issues and chronic conditions access health services in Australia.[6,9,14,20]

Young people should be encouraged to have input into their own healthcare choices and treatment plans.[14] Health professionals (HPs) should ensure that clients are well informed about their health issues and the options available to maximise health outcomes.[13] Parents and/or care givers should be encouraged to support young people to make informed choices about their health.[11]

Barriers to accessing health services for youth

Major barriers to health service access and use by youth include negative perceptions around mental health, reluctance to seek help, lack of health literacy, limited specialised services, long wait lists, and lack of training for HPs.[1,12,14,21] Of concern also is that almost one quarter of young

people in Australia experience mental health issues that may become chronic if left untreated, yet less than 50 per cent use health services.[15, 20]

Australia has a considerable number of young people from diverse cultural and ethnic backgrounds. Many struggle to find their own way as they grow into adolescence and young adulthood, resulting in significant mental health issues and AOD problems.[14,17] Health service providers should consider how cultural and social differences, experiences, and stressors may impact adversely on AOD use and mental health problems.[17]

Young people can provide insightful opinions and comments around health and wellbeing issues facing themselves and their peers.[16] One large Australian study (n=2,456) found that young people with AOD problems sought advice from their peers.[12] Of concern, however, were the facts that only 60 per cent of the study participants could identify signs of depression; and only 52 per cent could identify signs of alcohol misuse.[12]

Facilitators to accessing health services for youth

There is evidence that multidisciplinary collaboration together with consultation of key stakeholders, results in effective health care for young people with complex or chronic health needs.[6,16] Treatments should be based on evidence and tailored to the needs of individuals or groups of young people.[1,13,14] For example, HPs servicing the health needs of diverse groups of young people should seek to understand social and cultural factors that could lead to adverse health outcomes.[14, 17]

Some initiatives that include peer-based strategies have proven successful. Furthermore, there is evidence that although youth seek support from HPs for depressive symptoms, they prefer to seek advice from peers for problems associated with AOD.[12] One example of a successful peer-led program is a holistic 30-day residential program for young Aboriginal and Torres Strait Islander peoples with AOD problems.[13] Another peer-based initiative that has proven successful trains young people of school age to identify problems associated with AOD or psychological distress in their peers.[12] Both have peer support at their core.

RECOMMENDATIONS FOR THE EVIDENCE

The authors provide four key recommendations based on the evidence related to young people 12–25 years with alcohol and AOD use who present at health services with comorbidities or complex health needs.

1. **Early Intervention:** Early interventions that address tobacco and alcohol use in early adolescence may reduce the progression to substance misuse or substance use disorders as young people age.[8,22] It is essential that young people can identify problems associated with AOD or psychological distress in their peers.[16] There is a need to raise awareness with young people and HPs of the potential for serious, acute cardiovascular events from cannabis use during young adulthood.[21] Emphasis should be on AOD and substance use prevention and harm minimisation initiatives in schools.[5]

2. **Shared Care:** Collaboration across health service providers, multi-disciplines, and other key stakeholders in youth care should be nurtured and encouraged to advance knowledge and translate research outcomes into meaningful practice.[6,16] Models of care should be reviewed to ensure they are relevant, peer supported and evidence-based.[21]

3. **Assessment and Treatment:** Screening of youth with AOD issues who present at health services should incorporate a comprehensive assessment of other medical or health issues,

including possible mental health issues.[2,11] Treatment plans should be developed with input from all health service providers addressing issues that have the potential to impact adversely on their health and well-being.[6,8] Personalised counselling for young people with problems associated with alcohol by HPs should be unambiguous and clearly articulate both abstinence and harm minimisation messages and strategies.[14] Comprehensive screening of vulnerable youth should include assessment of tobacco use as research has found that a significant proportion of tobacco users are also substance users and have mental health issues.[4]

In developing and implementing treatment programs or initiatives, HPs should investigate and learn from what has worked and hasn't worked previously with specific population groups.[13] Treatments should be developed and tailored to requirements of individuals or groups of young people.[13,17] Primary care providers should use the latest evidence to develop effective[23] treatment plans for young people presenting with AOD and comorbidities and/or complex health needs.[11]

4. **Professional Development and Training**: Health Professions working with young people require appropriate training. Training and professional development should be evidence-based and reviewed frequently to maintain currency.[13,17,18,23,24] Initiatives should be specifically designed to meet the needs of young people to maximise their effectiveness.[12,24,25] HPs must also be aware of cultural and social factors that may impact on health, particularly for those at higher risk of poor health outcomes including social-economic status, stigma, cultural and religious beliefs, health literacy, and homelessness.[13,17]

CONCLUSION

Adolescence and young adulthood are times of dramatic change and transition. Research has shown that youth have a high risk of developing mental health issues, with at least half of all mental health disorders manifesting themselves by 14 years of age. Unfortunately, there are currently significant gaps in treatment, with those at highest risk tending to have the lowest levels of engagement with care. This gap in service for those at highest risk is of concern as early interventions and treatments tailored to individuals have proven effective in optimising health and wellbeing outcomes for youth.

This rapid review focused on young people with AOD problems with at least one other comorbidity or complex health need, who access health services. Research has shown that AOD and mental health issues in youth are often complex and treatment plans do not always reflect individual complexities or diversities, and thus are often ineffective.

This review supports the delivery of care to young people with AOD problems and at least one other comorbidity or complex health need via collaborative, integrated models of care that deliver individualised treatment care plans to optimise health outcomes.

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PEER REVIEW

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CONFLICTS OF INTEREST

The authors declare that they have no competing interests.

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ETHICS COMMITTEE APPROVAL

The project was governed by the National Health & Medical Research Council's National Statement on Ethical Conduct in Human Research. A Project Reference Group oversaw the governance to the project and provided relevant advice relating to the search terms relevant to the literature review and research project.