

Report on responses to referrals of young men to North Shrewsbury CMHT 02 September 2004

Introduction

I was asked by the team to look at how the CMHT responds to referrals of young men. Specific concerns related to whether young men might not turn up to appointments or offers of help after being referred because CMHT services are not perceived as attractive or appropriate. This fits with a national concern and interest in the mental health of young men and research that indicates: young men have the fastest rising suicide rate in the UK; macho stereotypes prevent young men from seeking help; young men do not seek help until their problems are comparatively severe; suicidal young men are more likely to use alcohol or drugs to relieve stress than to talk about their problems or cope in other ways; high proportions of young suicidal men have experienced bullying and violence; young men often respond better to projects that require or teach physical skills (e.g. sports, mechanics) than purely talking.¹

Samples and Analysis

Sample 1

Closed notes in the *Miscellaneous File* were analysed in terms of age and gender over the period 24.11.01-3.6.04. The Miscellaneous File is a file of all new referrals of people to the CMHT who do not have an existing mental health case file (i.e. new referrals to the service rather than re-referrals of people already known) and who are not given a service by the CMHT. 198 people were recorded in this file over this two and a half year period; the first 100 sets of notes in alphabetical order were analysed (50% of the overall sample).

The sample was broken down into 3 categories: (i) number of men and women who DNA'd an offer of an assessment appointment or attended one appointment but not a follow-up so the assessment was not completed; (ii) number of men and women who were not offered an appointment (sometimes referred elsewhere without being seen); (iii) number of men and women whose assessment was completed (who may have been referred elsewhere following completion of the assessment but were not taken on by the team). Each referral was put into one of these categories. The number of people under 25 in each category was recorded.

Sample 2

Current clients of the CMHT (as of 24.06.04), analysed in terms of age and gender.

¹ See MIND report on men's mental health (www.mind.org.uk/information/factsheets/men); Campaign Against Living Miserably (www.thecalmzone.net); The Samaritans: *Young Men Speak Out Report* (1999); HMSO: *Saving Lives: Our Healthier Nation* (1999); HMSO: *The National Suicide Prevention Strategy for England* (2002); McQueen, C. & Henwood, K. (2002) Young men in crisis: attending to the language of teenage boys' distress. *Social Science & Medicine*, 55, 1493-1509.

Results

Sample 1

Table 1. Total Numbers of new referrals of men and women

	Overall number	Number under 25
men	51	6
women	49	8
Total	100	14

This indicates that only 6% of new referrals are of young men and there is no significant gender difference in the numbers of young men and young women being referred.

Table 2. Number of new referrals of men and women who DNA'd or disengaged

	Total Number DNA'd/ disengaged	Mean Age	Number under 25
men	15	38	1 ²
women	13	38	2

Table 3. Number of new referrals of men and women who were not offered an appointment (perhaps referred elsewhere without being seen)

	Total Number not offered appointment	Number under 25
men	18	2
women	21	3

Table 4. Number of new referrals of men and women whose assessment was completed but were not taken on by the CMHT

	Total Number of completed assessments	Number under 25
men	18	3
women	15	3

² This person left the area following referral

Sample 2

Table 5. Numbers of men and women currently allocated to CMHT workers

	Total Number of allocated people	Number under 25
men	99	8 ³
women	112	10

Conclusions

These findings show no significant gender differences regarding the overall sample of people referred or people referred aged under 25; no significant gender difference in the sub-samples of people who DNA or disengage during assessment; who are not offered an assessment appointment; or who are assessed but not taken on by the CMHT. Nor are there significant gender differences regarding the men and women on the current CMHT caseload, either for the Under 25 sub-sample or the overall sample. In short, there is not a disproportionately large number of young men being referred but not seen or responded to differently by the CMHT. Whilst this research does not verify whether CMHT responses to referrals of young men are appropriate or as helpful as they could be, it does indicate that there is no gender bias in response to referrals of men, whether they be under 25 or not.

A further research project that looked at young men's expressed wishes and needs would provide interesting information, although it may be that such a project would repeat what the existing literature indicates. Anthony Campbell's group for men who are seen by the CMHT might be a useful place to start in terms of getting feedback from that group about the types of things they feel might be useful and whether (i) the CMHT can provide them (ii) whether the CMHT needs to advocate for them, or be able to integrate service users into things that exist in the community that might meet those needs.

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³ equivalent to 3.8% of all allocated people