Ms. Kathleen Funchion, T.D
Cathaoirleach of the Oireachtas Joint Committee on Children,
Equality, Disability, Integration and Youth
Leinster House
Dublin 2

9th Nov 2023

Dear Ms Funchion,

Thank you for the invitation to contribute to your review of access to CAMHS by people with dual diagnosis.

I am a consultant child & adolescent psychiatrist working in adolescent addiction treatment services since 2003. The services I work in provide treatment to young people with the full spectrum of drug and alcohol problems. These services cover all of south-east & south-west Dublin and also Co Wicklow. The treatment interventions are provided on an outpatient basis at a number of different sites by a multi-disciplinary team. In addition to this, I also provide support and consultation to a number of adolescent addiction services elsewhere. This includes the services covering counties Kildare, Longford, Offaly, Westmeath, Laois, Galway, Mayo, Roscommon, Cavan & Monaghan. Additionally, I provide consultation to the only residential addiction treatment service for adolescents in Ireland, this service being delivered by Aiseiri in Co Kilkenny.

While I am employed by the HSE, I am making this submission in a personal capacity. It does not necessarily reflect the views of my employers.

Cannabis is the most common substance involved in addiction presentations among adolescents in Ireland at this point in time. It is the main substance in about 70% of cases. Next is alcohol accounting for about 15-20%. Cocaine, benzodiazepines and MDMA account for a smaller minority of presentations. Many teenagers present with problematic use of more than one substance, cannabis and alcohol being the most common combination. These trends are the same across all of Ireland. WE see drug problems in all socio-economic groups. While my job was originally created due to the large number of teenagers presenting with heroin addiction in Dublin 20-25 years ago, the heroin problem has fortunately largely disappeared from this age range in the past decade.

Teenagers with addiction issues often present with additional problems. Mental health problems are encountered very frequently in our patient group. About half of our patients have a significant mental health problem, either in the past or currently. The most common mental disorders are depression, anxiety and ADHD. In addition to this, there are many teenagers who have a history of significant mental health symptoms such as deliberate self-harm and emotional instability. In the past decade, we are encountering a growing proportion of teenagers with autistic spectrum disorder.

Where a person has both a substance use problem and a mental health problem, we call this comorbidity or dual diagnosis. As dual diagnosis is very common in adolescents attending adolescent addiction treatment services, many members of our multidisciplinary team have competencies in the area of mental health. Within these teams, psychiatrists and clinical nurse specialists take a lead role in assessing and managing the comorbid mental disorders, although all members of the team have input into this work.

Frequently, the teenagers attending our adolescent addiction treatment services will also be current patients of the local CAMHS service. Based upon my experience of our own services in Dublin and my consultation to regional services, I would estimate that about 20-25% of our patients are

simultaneously in contact with CAMHS. While a client is attending both services at the one time, CAMHS take the lead in addressing the mental health problem. This can include provision of medication, individual and group therapies. Occasionally, patients with particularly acute mental health issues will be admitted to inpatient CAMHS units.

Where teenagers are attending both services at the one time, it is preferable to have substantial communication between the respective teams. Over the past decade, it is my observation that the extent of communication between CAMHS & adolescent addiction services has increased. CAMHS are now one of the biggest referrers into our adolescent addiction services in Dublin and Wicklow.

CAMHS teams have historically been reluctant to prescribe medication to teenagers with mental disorders, such as ADHD or depression, in the presence of a comorbid drug use disorder. This concern has its origins in a worry about potential adverse events due to drug interaction and also a worry that medication will simply not be effective when taken alongside intoxicating substances. The increased dialogue between CAMHS teams and the psychiatry led adolescent addiction services has assisted CAMHS in decision making about medication in the past number of years.

Across the country, we recognize that CAMHS teams have faced very significant challenges in the past few years. There has been a surge in referrals and this has coincided with major difficulties in staff recruitment and retention in CAMHS.

A very positive development in the past year has been the development of a new a new HSE Model of Care for Dual Diagnosis. This includes a plan regarding dual diagnosis in adolescents. It has received support from both addiction services and also from mental health services. Importantly, it has resulted in some additional resources for our services. The service delivered by my colleagues in North Dublin has had increased staffing in 2023. Our services in South and West Dublin are due to received additional staffing in 2024. This expansion will bring new disciplines into our adolescent addiction services, expanding the range of competencies in our multi-disciplinary teams (MDT).

These new disciplines include clinical psychology and occupational therapy. The arrival of these new staff will increase our ability to manage dual diagnosis within our own service. The increased capacity within our team will also increase our ability to in-reach into the CAMHS teams in our geographical region to assist those teams in manging substance use issues within their own patient group, without requiring the patient to attend our separate service.

The Model of Care for Dual Diagnosis envisages the development of two further specialist adolescent dual diagnosis teams, one for the south of Ireland and one for West/Northwest. Each team is expected to adopt a hub and spoke model. Although I am based in Dublin, via my support role to regional services, I am aware that there are real challenges in provision of services in more rural locations with dispersed populations and poorer local public transport infrastructure. It is important that we aspire to ensure that all members of our population have access to the full MDT as these services are rolled out. This is a challenge for all specialist health services in Ireland.

To date the adolescent addiction services outside of Dublin have been quite small and have a narrower range of disciplines on their teams. Most staff have backgrounds in counselling. Clinical nurse specialists are employed in some locations. Counselling is a central competency in adolescent addiction treatment, much of the therapeutic work with clients in these services being one-to-one.

These teams in rural locations generally lack family therapists, although counsellors do also work with families. Family input is a very valuable component of adolescent addiction treatment and family therapists are best positioned to provide this.

The degree of contact and communication between these regional services and local CAMHS teams does vary from location to location. As noted above, this does seem to be improving year upon year.

There are some examples of innovative practice in some locations regarding joint working between addiction services and CAMHS which have evolved to make best use of smaller staff compliments. For example, in Sligo a member of the adolescent addiction service works part-time in the CAMHS team. This type of 'split post' ensures seamless communication between services and appears to be mutually supportive.

A key clinical issue which I have not addressed so far is that of psychosis. Psychotic illnesses are the most concerning of mental disorders. Drug use can both precipitate new psychosis presentations and can exacerbate pre-existing psychosis. Where teenagers develop a psychosis in the context of drug use, it tends to be viewed as a drug induced psychosis. There used to be a view within mental health services that drug induced psychosis had a very good prognosis if the patient ceased their drug use. Unfortunately, we now know from international research that about half of the young males who present with a cannabis induced psychosis will in fact continue to have psychosis, even if they stop their cannabis use. However, there is still value in addressing their drug use as the prognosis does improve with reduced drug use even if psychosis persists. Communication & collaboration between CAMHS and addiction services is therefore particularly important in such cases.

From a patient perspective the key issue with dual diagnosis that must be avoided is a scenario where the person 'falls between the stools'. An adolescent addiction service with insufficient mental health competencies may determine that a client is too disturbed by their current mental health problems to be permitted to enter treatment. The same patient could simultaneously be denied access to CAMHS who may view their substance use as too severe to permit assessment & treatment of their mental health symptoms.

This situation can be avoided if (1) we succeed in building the competence and confidence within CAMHS team to assess and respond to substance use in their client group, (2) we continue to build the competence and confidence within adolescent addiction services to assess and respond to mental health symptoms in their client group and (3) we build a culture of communication and collaboration between these respective services. This third element greatly facilities the environment in which (1) & (2) can happen.

It appears to me that progress is being made in these areas in the past 5-6 years. The new HSE Model of Care for Dual Diagnosis has given this process added impetus, assisted by the recent and planned future arrival of additional staff. This additional staffing is benefiting Dublin and the East coast in the first instance. Plans must be put in place to ensure that this is extended south and westward in the next couple of years.

Yours sincerely

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