

“Access to CAMHS for individuals with dual diagnosis”

Key points

- Dual diagnosis means that one person can have a moderate to severe mental illness at the same time as a substance use disorder (SUD) or behaviour/process addiction.
- Young people with Dual Diagnosis (DD) may become anxious, depressed or psychotic. They may self-harm, have Suicidal Ideations (SI) or attempt suicide. They may have significant Autism Spectrum Disorder (ASD) issues, Significant Attention Deficit Hyperactivity Disorder (ADHD) issues or problems with eating behaviour.
- SASSY and CAMHS do co-work cases. For instance, young people who are already under CAMHS care for moderate to severe mental illness and attend SASSY where we focus on their SUD. In many instances, co-working has worked really well.
- The greater the degree of illness the more likely CAMHS and SASSY will co-work a case.
- Often CAMHS assess a young person and find signs of SUD and then refer the young person on to SASSY. Generally, we have a good working relationship.
- On occasions, young people current drug use means that after assessment (by CAMHS), they are not offered a trial of medication - ADHD in particular. This would be the correct/best practice approach if the person is using illicit stimulants drugs such as cocaine. CAMHS and SASSY may or may not co-work on these cases.
- In some situations CAMHS do not accept referral for young people who are currently using drugs, which mean they will not be assessed by CAMHS but these can be referred to other services such as SASSY.
- Of most concern is where someone has Suicidal Ideations or has made suicidal threats and may not be seen by CAMHS due to drug use. We find this concerning.
- In SASSY we are happy to assess and treat young people presenting with SUD and/or DD and to co-work cases with CAMHS, but we cannot take on all cases as we are a small team.
- We do not agree when “drug use” becomes an exclusion criterion for assessment. It is a fact of modern life that a high percentage of young people will use alcohol and /or drugs at an early age, these should have access to mental health services.
- ASD is considered a disability and if combined with drug use CAMHS can reasonably argue that they are not technically responsible. But there is no help available from a largely non-

existent disability service to help young people with ASD difficulties and their family over and above the drug use issues.

- CAMHS sees young people up to age 18. At times, their waiting list length means that they may not take referrals once a young person reaches that time period before their 18th birthday, e.g. if CAMHS has a 6 months waiting list, they may not accept referrals once child reaches 17 years 6 months.

- A young people quote:

“I have ADHD and need help for school. It took so long to get an appointment with CAMHS and I found weed worked.... When I eventually got an appointment with CAMHS they wouldn't give me anything because I was using the weed. It's like what am I supposed to do?”