

Dual Diagnosis Presentations in adolescents attending Tier 3 CAMHS:

A case series exploring attitudes of young people and their carers towards illicit substance use and service utilisation for targeted interventions

AIMS:

To estimate the burden of illicit substance use in those with psychiatric co-morbidities presenting to Tier 3 Community Child and Adolescent Mental Health Services (CAMHS).

To identify attitudes of young people and their carers towards illicit substance use and services targeting them.

This knowledge is hypothesised to facilitate better integration of CAMHS and substance targeting services like Somerset Drug and Alcohol service (SDAS).

Background

Dual diagnosis presentation is common among adolescents and contributes to complexity in management¹.

Addressing both the problems simultaneously is estimated to result in favourable outcomes².

The rationale for this qualitative study is to investigate attitudes and behaviours of young people and their carers impacting service utilisation, and subsequently long-term prognosis on these cases.

Methodology

Sample

- The sampling frame consisted of all patients within the in the Tier 3 Community CAMHS of East Somerset from 15-12-2022 to 15-02-2023
- The total caseload within this team as recorded on 15-02-2023 was 335
- A sample of 23 cases has been identified from the total caseload which satisfied the eligibility criteria

Data Collection

Electronic patient records from the entire caseload were searched using terms "Substance," "drug" and "SDAS." The cases satisfying the following inclusion criteria has been identified:

- Adolescents aged 10-18 years.
- Attending Tier3 community CAMHS in East Somerset.
- Presenting with illicit substance use AND psychiatric co-morbidities.

Data analysis

Individual case records were reviewed exploring

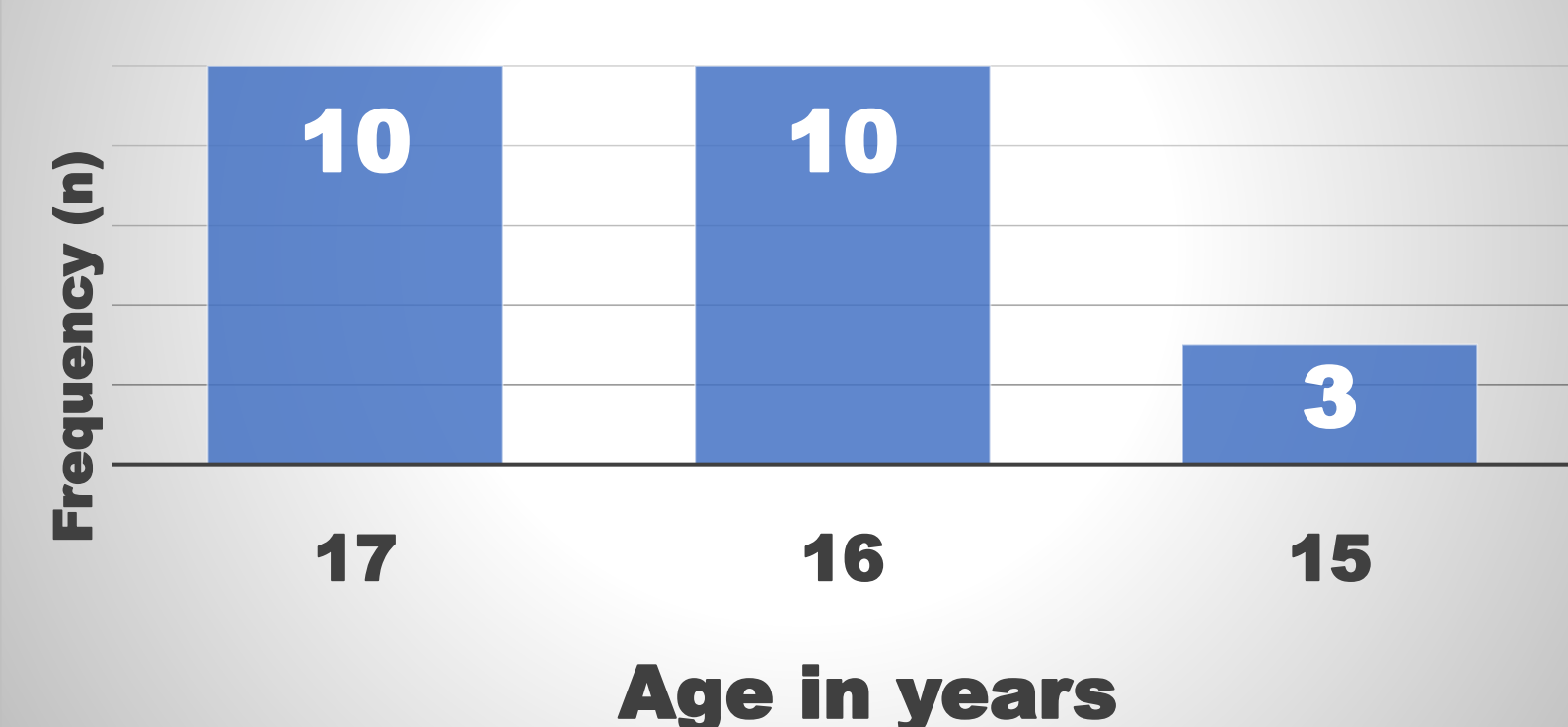
- the attitudes of young people and their carers towards substance-use behaviors
- their attitudes and engagement with services targeting substance-misuse.

Descriptive statistics, especially frequencies and percentages were used to analyze the data.

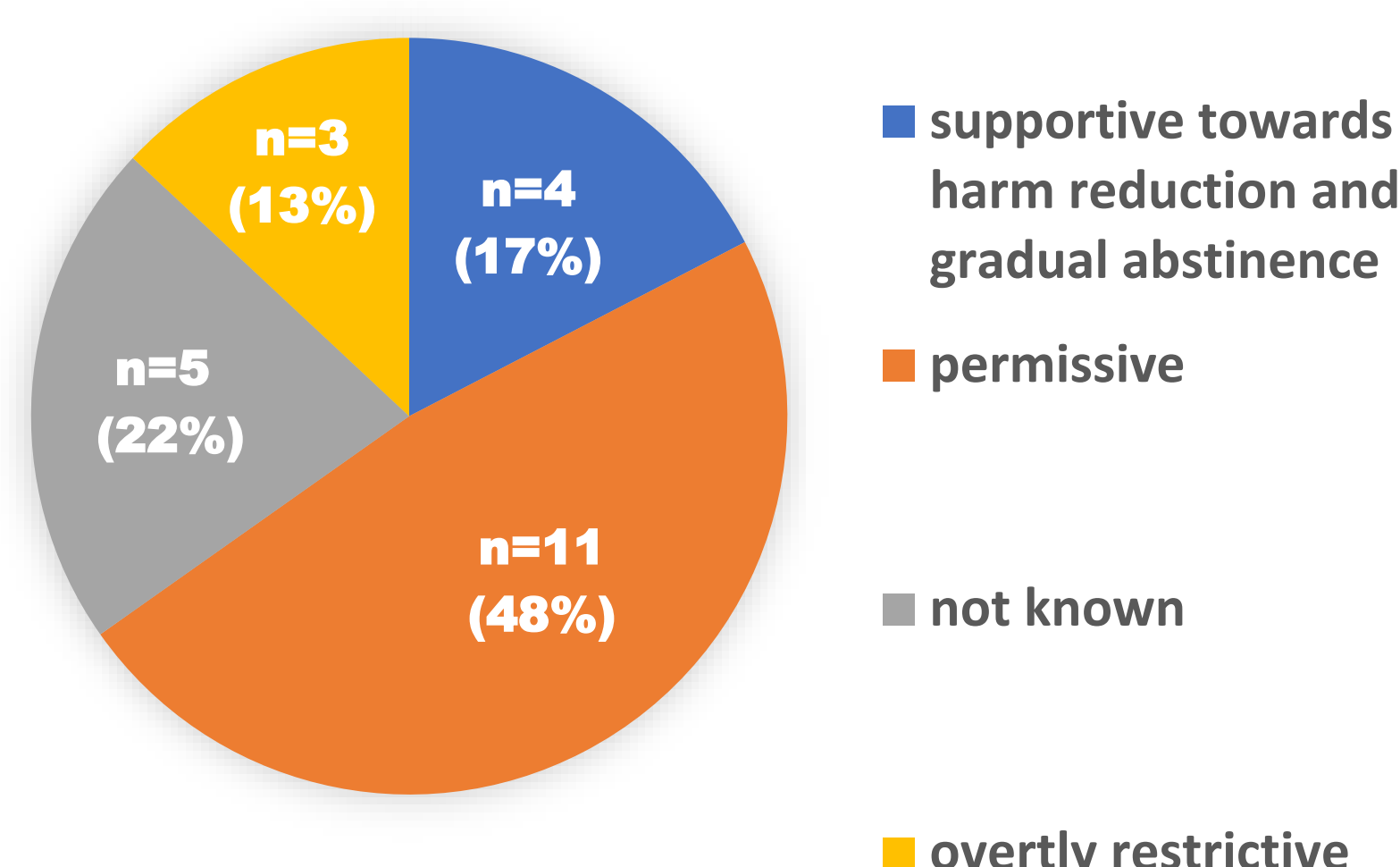
Results

- 6.87% (23 out of 335 cases) of the team's caseload was identified as presenting with Dual-Diagnosis as identified from the review of the case records.
- 91.3% (n=21) were using substances to manage psychiatric symptoms; 52.17% (n=12) remained unmotivated for substance related changes.
- 47.83% (n=11) of carers were permissive towards the adolescent's drug use. 56.52% (n=13) of households had adults using drugs. Attitudes of carers about engaging with SDAS remain unknown in 56.52% (n=13).
- 43.48% (n=10) of adolescents refused interventions from substance misuse services, 17.39% (n=4) refused SDAS but receiving substance specific interventions from CAMHS. 56.52% were engaging with CAMHS but not SDAS.
- Marked functional impairment was noted in 43.48% (n=10)
- 43.48% (n=10) showed antisocial behaviours leading to contact with police, 17.39% (n=4) had contacts with county-lines.

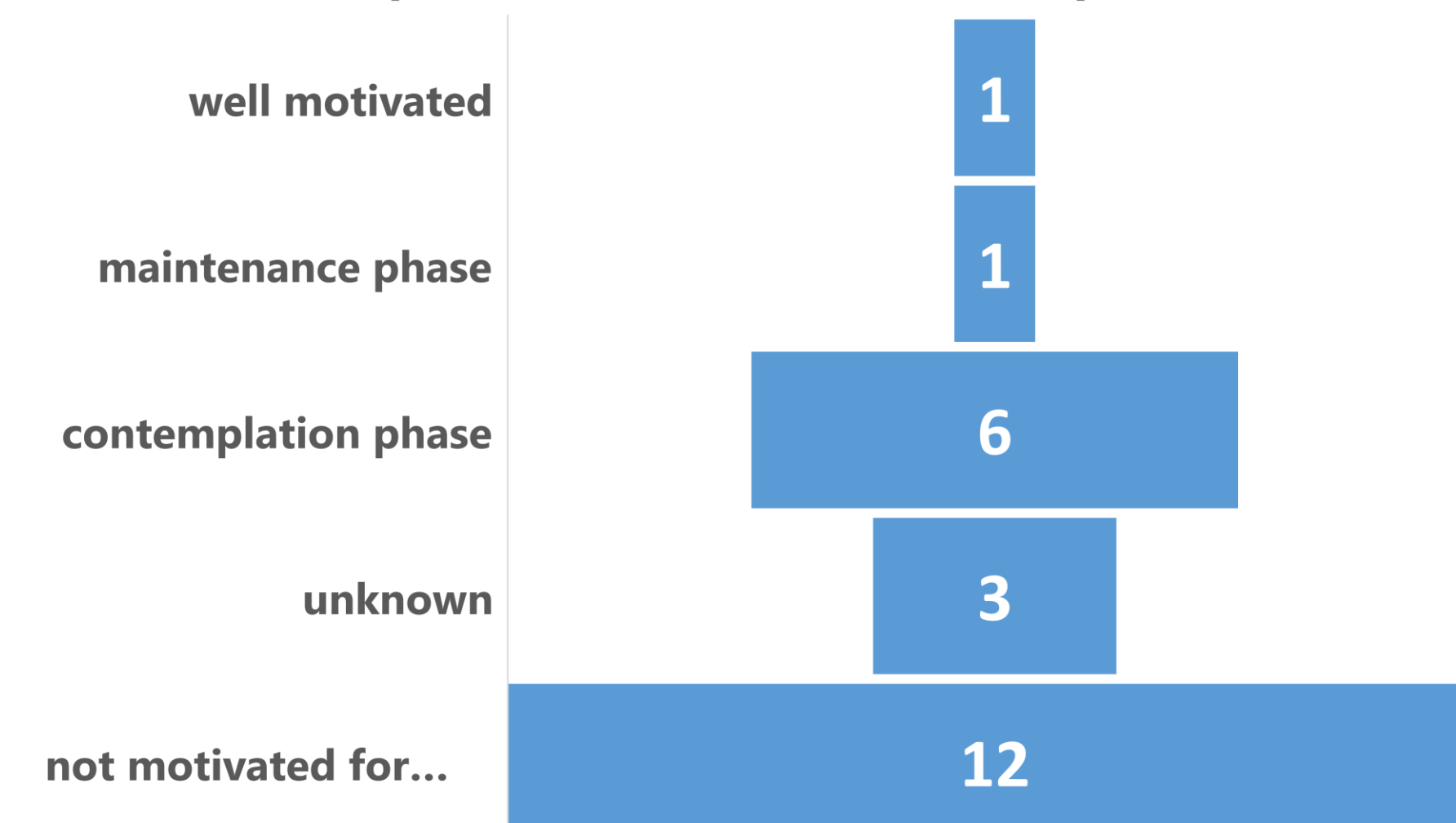
Age distribution



Parental/carers attitudes: Substance use



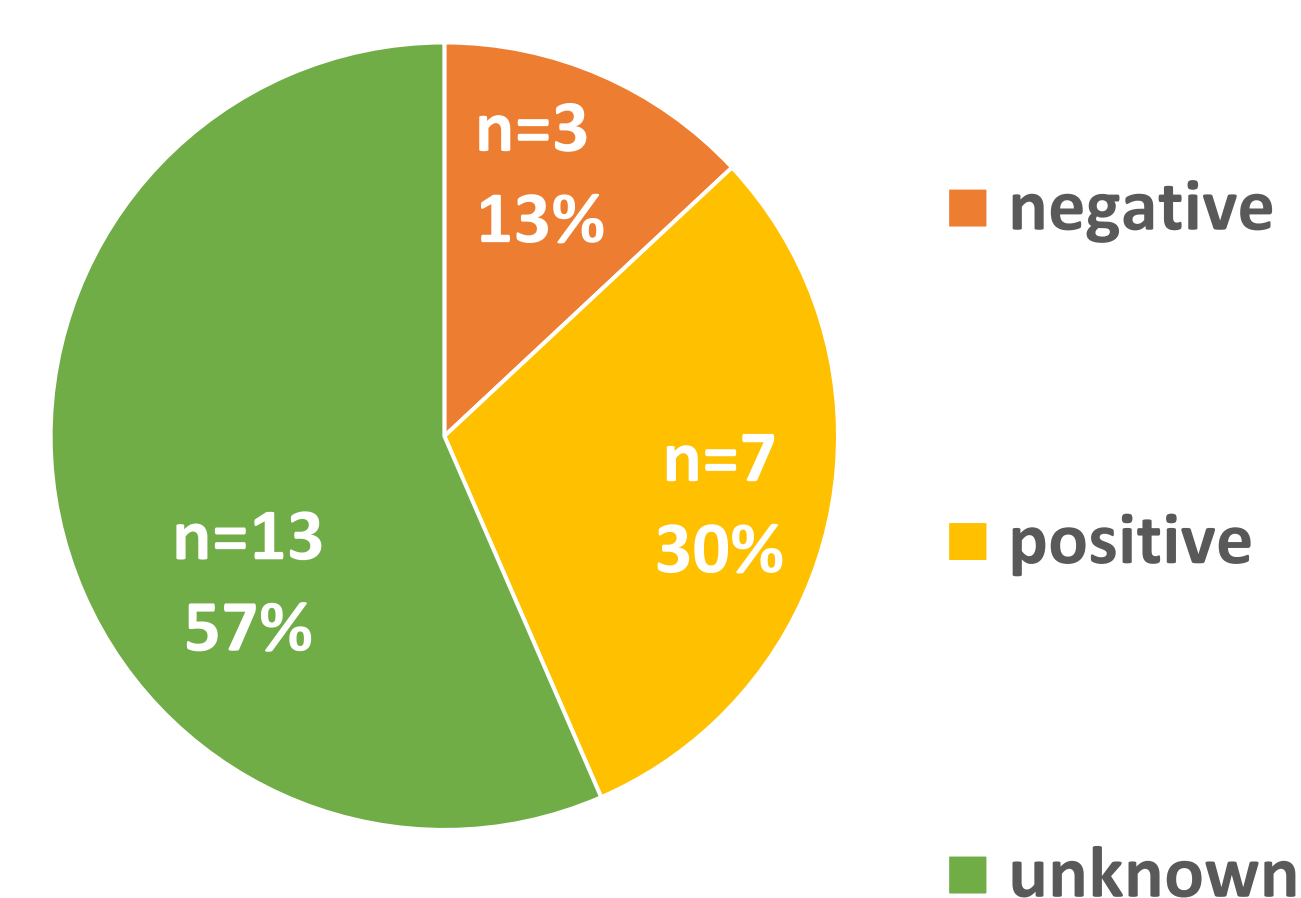
Motivation for change (n = number of cases)



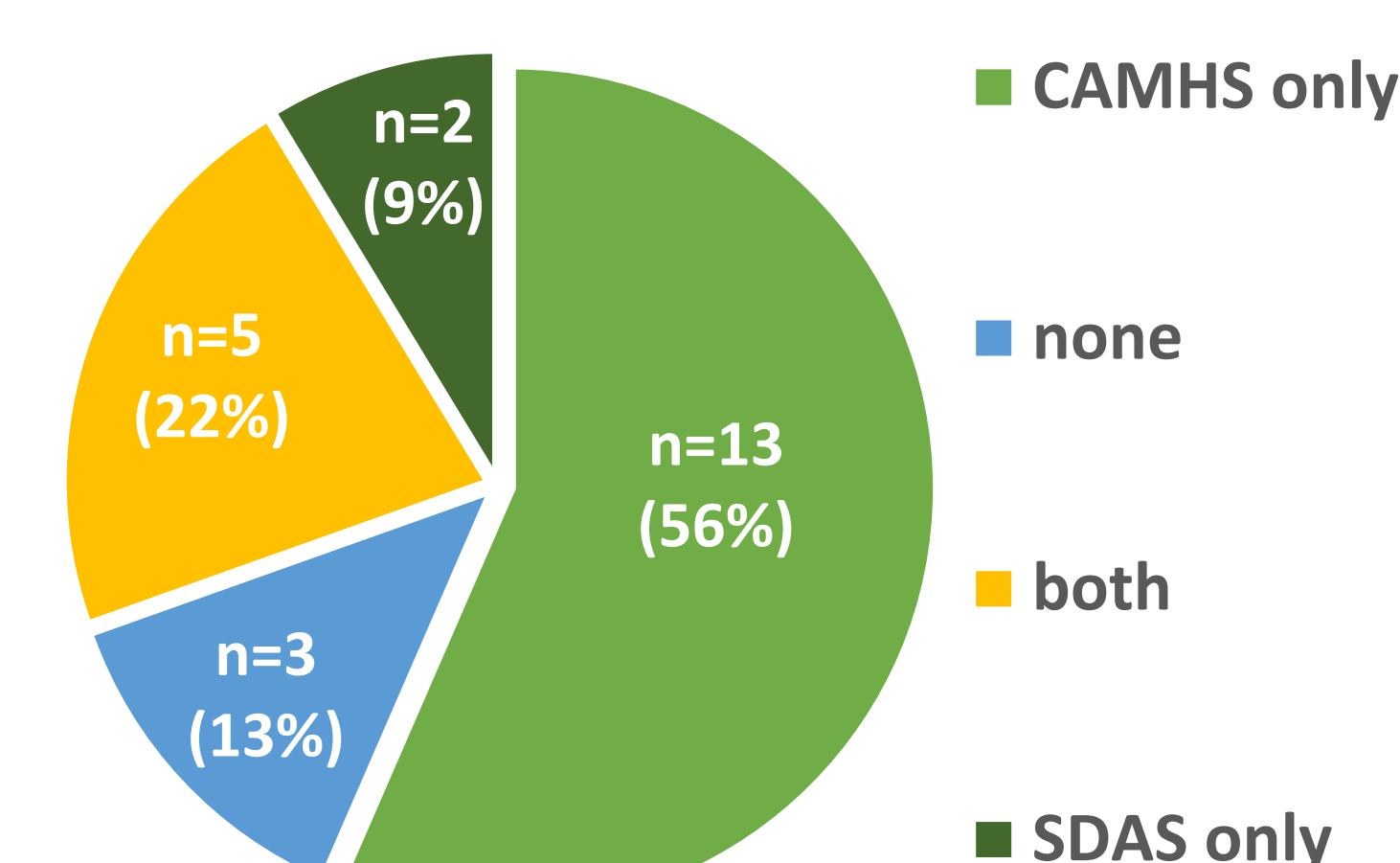
Households with active drug use in adults



Parental/carers attitudes: Substance misuse targeting services



Engagement with SDAS and CAMHS



Discussion

Permissive parental attitudes towards substance use in adolescents, as perceived by the adolescents was found to increase the likelihood of substance use^{3,4,5}. In the present study, nearly half have parents with permissive attitude towards substance use, in many cases family members facilitating the access to substances. More than half the households have at least one adult actively using substances.

NICE guidelines recommend treating both severe mental illnesses and substance use simultaneously² for better clinical outcomes. The service utilisation behaviours, as noted from the present study, indicate the lack of engagement with specialist services targeting substance use in a large proportion. However, majority of these adolescents chose to seek support from CAMHS. As there appears to be no addiction specialists working within CAMHS, addressing this service gap might be an important step to cater to the mental health needs of this population.

In addition, there is no clear prescribing guidance in cases of dual diagnosis in adolescents. Further research in this area is needed.

Dual Diagnosis presentation was identified in 23 out of 335 cases. This constitutes 6.87% of the total team's caseload.

However, the data collection has been done by the reviewing of case records rather than conducting clinical interviews.

The latter method might have facilitated more robust case finding and could possibly reveal a higher disease burden than what is estimated in the present study.

The sample collected from CAMHS might have over-represented complex presentations. It may have been lower if the sample was collected from those presenting to SDAS, although previous reports from NHS National Treatment Agency suggested that a significant number of adolescents were presenting to substance misuse services have psychiatric comorbidities¹.

Conclusions

- The findings highlight the significant disease burden on the community CAMHS from Dual Diagnosis presentations.
- Substance misuse impacts compliance, prognosis and increases complexity.
- Considering the scarcity of addiction psychiatry specialists within CAMHS in the present scenario of increasing disease burden of Dual diagnosis and its impact on prognosis, we recommend endorsing addiction psychiatry as a subspecialty with certification within CAMHS higher training, similar to what is being done in the General Adult psychiatry.

References:

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