

Livewell Southwest

**Transition Protocol from Child & Adolescent
Mental Health Services to Adult Mental
Health Services.**

Version No 1:7

Notice to staff using a paper copy of this guidance

The policies and procedures page of LSW intranet holds the most recent version of this document and staff must ensure that they are using the most recent guidance.

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Reader Information

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Equality analysis checklist completed	Yes

References/sources of information	<p>National Initiatives and References</p> <p>NICE: Transition from Children’s to Adult’s services for young people using health or social care services.</p> <p>Care Quality Commission (CQC) (2014) From the Pond into the Sea. Children’s transition to adult health services.</p> <p>Joint Commissioning Panel for Mental Health. (2013) Mental Health Services for Young people making the transition from Child and adolescent to adult services.</p> <p>Liverpool Public Health Observatory: Rapid Evidence Review Series: (2015) Effective pathway from child to adult mental health services.</p> <p>NHS England: Children and Young Persons Mental Health Service Information Passport.</p> <p>NHS England: 2014/2015 NHS Standard Contract: Model transfer of discharge from care protocol for young people with mental health problems in transition from CAMHS.</p> <p>Social care Institute for Excellence (2011) Mental Health Transitions for young people</p> <p>Young Minds (2015) Transitions in Mental Health Care. The voice for young people’s mental health and wellbeing.</p> <p>Young Minds (2015) Young people’s guide to transition</p>
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For previous review history please contact the PRG secretary.				
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Transition Protocol from Child & Adolescent Mental Health Services to Adult Mental Health Services

1. Introduction

1.1 The National Service Framework for Children, Young People and Maternity Services (2004) establishes clear standards for promoting the health and well-being of children and young people and for providing services which meet their needs, included in 'Standard 4: Growing up into Adulthood', is the transition to adult services. Here it is acknowledged that the transition from child to adult services can be a difficult time for young people, when they are faced with many changes in personal, educational, social and health aspects of their life. It is the task of services to ensure that the transition process and the change in services run smoothly. It is recommended that multi-agency-transition-planning for young people, is key to providing high quality transition services. Within this, individual disciplines should have clear, good practice protocols for the management of young people's health during the transfer to adult care.

1.2 It is on this basis that this protocol for transition of young people from CAMHS to Adult Services was developed. The following points were considered:

- Research existing standards or guidelines of good practice.
- Work with clinicians to review the service against these standards.
- Obtain views of local service users of their experience of transition as well as those derived from national literature.

1.3 A protocol is necessary to:

- Ensure smooth and uninterrupted transition of care between services for the young person.
- Achieve clarity about what resources are or are not available.

2. Purpose

The purpose of this protocol is to provide staff with guidance on transition of Young People with mental health difficulties or mental illness from Child & Adolescent Mental Health Services (CAMHS) to Adult Services.

3. Duties

The **Chief Executive** is ultimately responsible for the content of all policies, implementation and review.

This will apply to all Livewell Southwest staff involved in the referral and transition process of young people who require transfer of ongoing treatment and/or care from Child & Adolescent Mental Health Services (CAMHS) to Adult Services. This protocol also describes the process of such transfers.

4. Definition of Transition

4.1 We refer to transition as a period between the ages of 16 to 25 years of age, where a process of moving from the state of 'childhood' to 'adulthood' takes place. The developmental tasks during this period include separation from parents/carers and a formation of adult identity. At this time in their life young people face many simultaneous transitions:

- From school to further education, work environments or unemployment.
- From parents/carers home to independent or community living.
- Financial independence from parents or carers.
- Transition to adult sexuality, partner-relationships, possibly parenthood.

4.2 This period of significant change has a psychological impact on a young person, which might lead to a crisis in their mental health, requiring support and intervention. Therefore service models for this specific age group have been proposed (Smith and Leon, 2001).

4.3 Within Health service's transition has been defined as:

4.4 "a purposeful, planned process that addresses the medical, psychosocial and educational/vocational needs of adolescents and young adults with chronic physical and medical conditions as they move from child centred to adult oriented health care systems." "The goal of transition is to provide Health Care that is uninterrupted, coordinated, developmentally appropriate and psychologically sound prior to and throughout the transfer into the adult system." (Blum et al, 1993).

5. Transition Protocol

5.1 Legal Position-Consent

Key issues that might be relevant in the process of transition:

The legal frameworks:

- Mental Health Act 1983 (and amendments 2007):
 - Applies to all ages
 - Young people detained under the MHA 1983 will be transferred under CPA arrangements
- Mental Capacity Act 2005
 - Applies to all individuals aged 16 or over
 - Limitations in application to individuals under age 18:
 - Cannot make advance decisions to refuse treatment
 - Deprivation of liberty safeguards do not apply

From the age of 18 the young person has full legal responsibility, assumed to have capacity and has the right to consent or to withhold consent. Prior to this, if

a clinician judges the young person to be competent to make decisions, the young person has the right to consent or withhold consent to medical (including psychiatric) treatment.

5.2 Issues to be considered in determining transition arrangements between services

General

- Young people might fail to make the transition for reasons of service design, configuration and ethos. (HASCAS, 2006).
- The mental health of young people on entering adult services might deteriorate due to change in provision or the sense of loss of previous professional relationships.
- Confidence is a major issue for young people when facing their first appointment within an adult service.
- The young person has to be self-motivated to attend the service and take responsibility for attendance.
- 'Looked after children' (those in the care of the Local Authority) are particularly vulnerable to become lost in the system as in leaving the Care System they lose support that they have had and often do not have families who support them, however CAMHS has a responsibility to treat young people who are "Looked after" until their 19th Birthday.

5.3 Standards for Transition from Child and Adolescent Mental Health Service to Adult Mental Health Service

- The needs of the young person are paramount and not the needs of the service and therefore should come first and foremost.
- The Young person and when appropriate their family will be central to the transition process and communicated with at all levels.
- Young people with a mental disorder requiring transfer from CAMHS to Adult services may well be vulnerable and attention may need to be given to the need of protection of these vulnerable young people.
- Safe guarding children/vulnerable adults will be adhered to at all times
- As a general principle transfer of Care should not be undertaken when the young person is acutely unwell (Consistency of Care).
- Transition is a process not a single event. Preparation should ideally begin 6 months before the young person is due to leave the CAMH Service.

5.4 Transition Forum

The CAMHS team will facilitate a transition forum on a monthly basis. In this forum all Young people identified for adult services that are 17 years and six months will be presented to the adult services for consideration of a referral to the most appropriate service.

The coordination of this forum will be led by the lead transition clinician, administration support via the management secretary and overseen by the CAMHS Clinical Team Manager.

The transition lead will have continued oversight of young people In the service approaching 17 and 6 months by way of a regular report from business intelligence delivered via the administration manager.

The Adult Services will be invited to attend the forum on a monthly basis if there are young people that are being considered and appropriate to them. Factors considered within this will be post code and locality, difficulties including learning disability, and the form of intervention.

Requested Service Representatives:

- Adult Mental Health Services (Locality)
- Insight
- Icebreak
- Options/Psychotherapy
- EDS
- Adults DBT Pathway
- Learning Disability

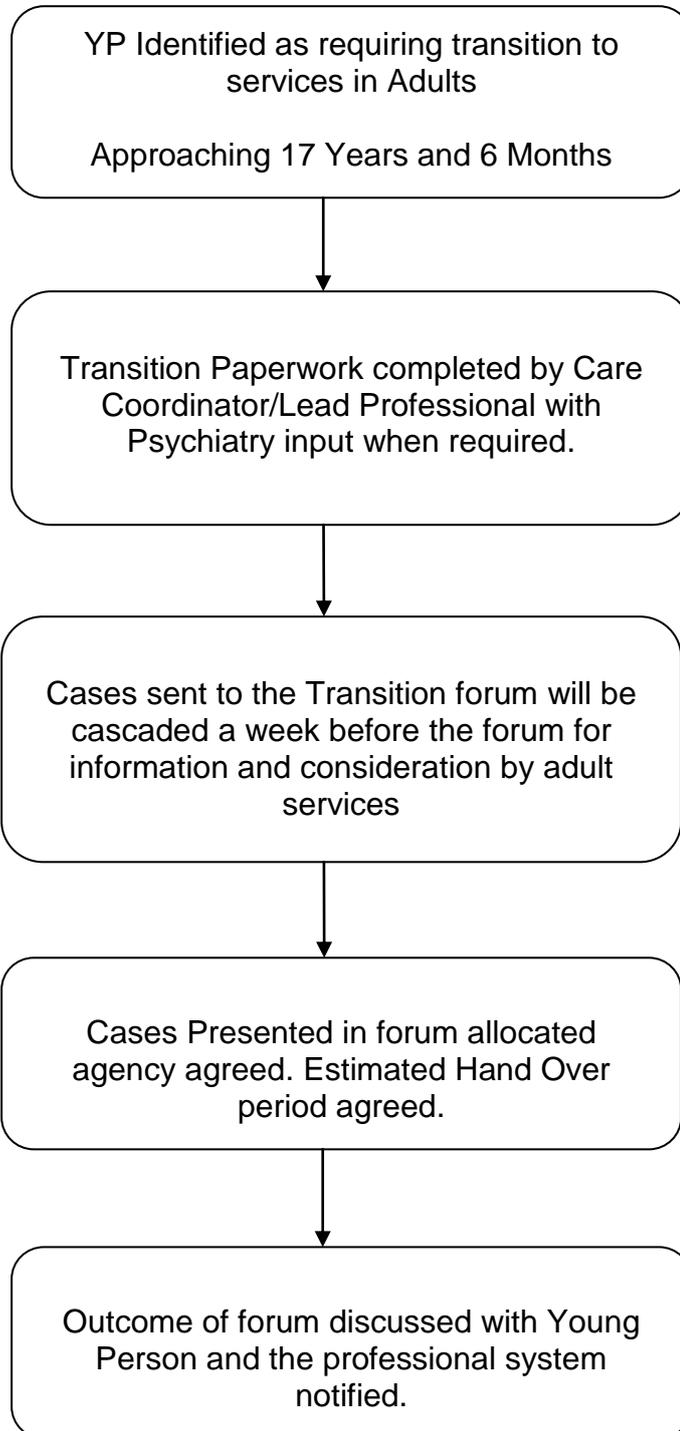
The case will be presented in the form of the transition document (Appendix A) detailing clinical information such as synopsis of case, Medication, Treatment to date/pathway of care, and current risks.

There will be an expectation that following the decision in the forum the accepting agency will take responsibility of care post 18, CAMHS will begin the transition information sharing with the young person and their family, when clinically indicated.

5.5 Care Pathway (Flowchart) Community CAMHS

This flowchart describes care pathway for young people involved in Mainstream CAMHS who need to be referred to an Adult Service.

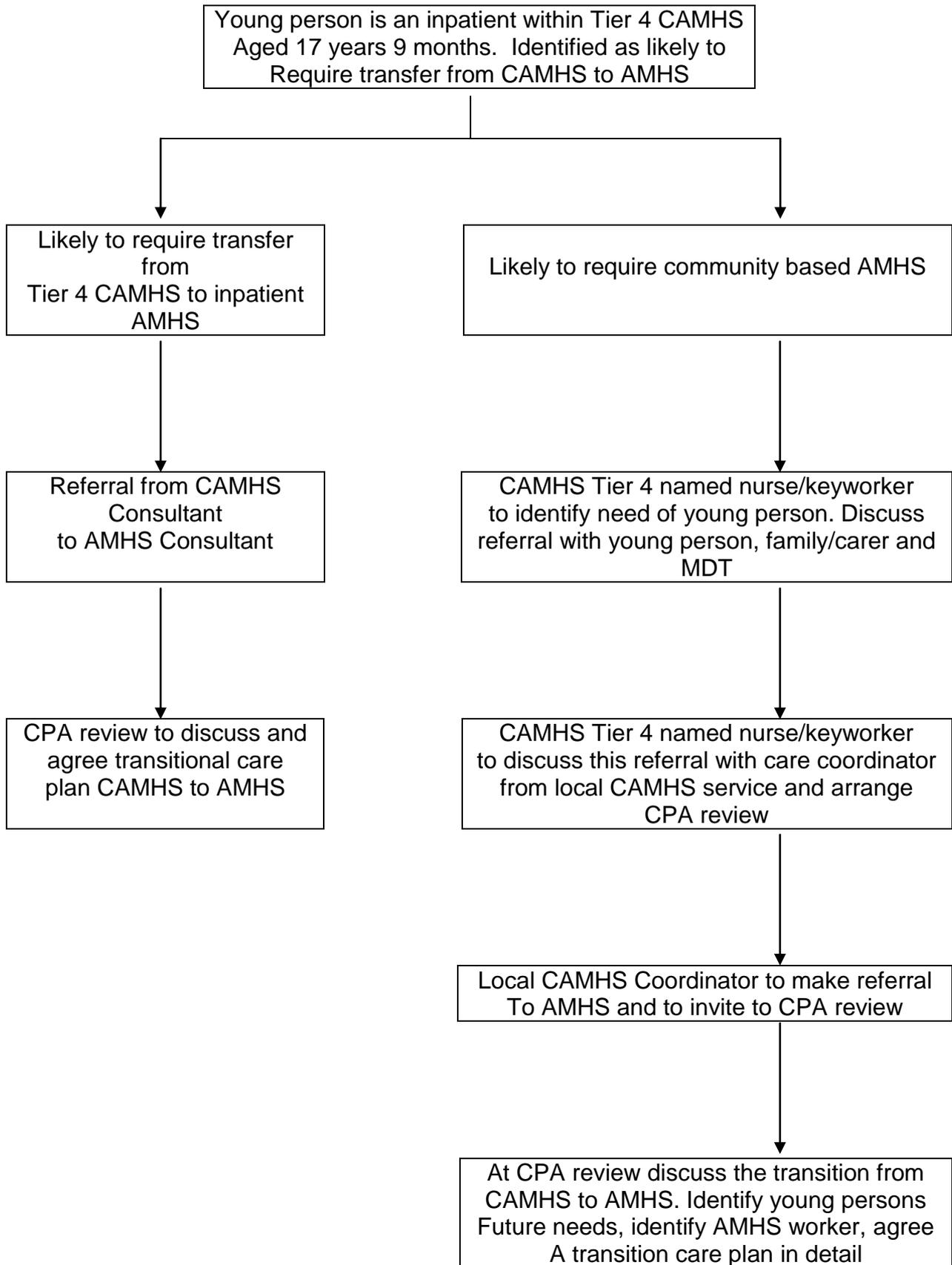
Transition Pathway



5.6 Specific Care Pathway (Flowchart) Tier 4 Inpatient CAMHS to AMHS

This Care Pathway is to fit with protocols provided by Local Area CAMHS/AMHS within the peninsula, ie Cornwall, Plymouth, Devon & Torbay, to facilitate smooth transition for young people from Tier 4 CAMHS to AMHS.

This Care Pathway identifies young people at 17 years and 9 months who will require transfer from CAMHS to AMHS for ongoing treatment, care and support. Local protocols suggest identifying young people at 17 years and 6 months. From a Tier 4 inpatient perspective this is not practical, as young people of 17 years and 6 months are regularly admitted for assessment and treatment.



5.7 Children in Care Team

Young people known to the Children in Care Team and in the care of the Local Authority are entitled to mental health care and treatment from a Comprehensive CAMHS service until their 19th birthday. Therefore this protocol would be invoked with these young people at 18 years and 6 months.

5.8 Exemption for late Referrals

Referrals that are received and accepted into the CAMHS service if the young person is over the age of 17 and three months will require an expedited assessment to ensure their needs are met in a timely manner in case of transition requirements.

6. Monitoring Compliance and Effectiveness & Audit

A specific evaluation tool has been created which sits within meridian to continue to collect evaluation data on the experience of transition before during and three months after transition with the appropriate services. (Appendix B)

This protocol should be audited once per year (Appendix C). However, this can be expedited if concerns re the process arise.

The audit will be facilitated by the named transition lead and will involve examination of electronic records of service users known to have been referred from CAMHS to Adult services in a preceding period. The results of the audit, to be made available to the Clinical Effectiveness and Audit Group, as well as clinicians in the Adult Services and CAMHS.

All policies are required to be electronically signed by the Lead Director. Proof of the electronic signature is stored in the policies database.

The Lead Director approves this document and any attached appendices. For operational policies this will be the Locality Manager.

The Executive signature is subject to the understanding that the policy owner has followed the organisation process for policy Ratification.

Signed: Director of Operations

Date: 20th April 2016

Appendix A
Transition Forum Form

Transition Forum Request					
Demographics					
Name:		GP Surgery:			
DoB:		Name:			
Address		Address			
Postcode		Postcode			
Case Synopsis					
<i>(Brief History key themes/Diagnosis)</i>					
Treatment to date					
<i>(Intervention/Period of treatment)</i>					
Psychiatry/Medication					
<i>(History and Most Recent Review)</i>					
Risk(Present to self and others)	No Risk (1)	Low Risk (2)	Some Risk (3)	Moderate Risk(4)	High Risk (5)
Intentional Self Harm					
Unintentional Self Harm					
Risk From Others					
Risk to Others					
Needs and Disabilities					
Basic amenities living skills					
Thinking Feeling and Behaviour					
Activities and relationships					
Risk of Sexual Exploitation:					
Risk of FGM:					
Further Detail:					

The Young Persons Voice/Wishes

Protective factors

(Family/friends)

Other Services Involved:

Clinician:

Name:

Signature:

Psychiatrist:

Name:

Signature:

Allocated to Team:

Team:

Date:

Agreed Action and Plan from Forum.

B Evaluation Tool – Meridian

CAMHs – Transition Evaluation



Important Information

Please complete the form below. Please use the text boxes provided to add any comments.

Date	<input type="text"/>
Team	<input type="text"/>

The purpose of this form is to gather information from our service users on their experience of the transition from CAMHS to adult services.

Communication

1. How well do you feel you were informed about the transition process from CAMHS.

(1 being poor /5 being good)

1 2 3 4 5

2. Do you feel that the clinician involved explained the transition process to you in Clearly:

(1 Not Really /5 Really Well)

1 2 3 4 5

3. Do you feel you were given enough information about the transition process:

(1 Not Enough/5 Thorough Information)

1 2 3 4 5

4. Do you feel that your views and wishes were considered during this time:

(1 No Consideration/5 Well Considered)

1 2 3 4 5

Planning

5. Were the transition plans, part of a scheduled care plan review meeting?

Yes No

6. Were other professionals invited to attend the review to consider your transition?

Yes No

7. Were Professionals from the Adults Service invited to meet with you and your CAMHS representative?

Yes No

8. Do you feel that your continued care was considered in the planning to adult services?

Yes No

Post Transition/Continuation of Care



PCHC CAMHS
Transition Paper Vers

Audit of Transition Protocol – CAMHS to Adult Services

Team:	

SECTION ONE: - Demographics							
1. Gender	Male		Female		Other		
2. DoB							
3. Educational Status	Apprenticeship			Education		Work	
4. Ethnicity							
White		Mixed		Asian/British Asian		Black/British Black	
						Other Ethnic Groups	
British		Caribbean				Chinese	
Irish		African				Other	
Scottish		Asian					
Welsh							

SECTION TWO: Transition Assessment and Planning	YES	NO	N/A
5. Was the transition document completed fully			
6. Were the Young Persons needs clearly identified on the adult service request			
7. Was the YP referred to Adult Services accepted through the Forum:			
8. Which Team agreed to receive the referral	TEAM		YES
	AMH		
	Icebreak		
	Insight		
	Options		
	Psychotherapy		
	LD		
	EDS		
	OTHER		
	YES	NO	N/A
9. Is there evidence that the Young Person were informed of the outcome of the forum:			
10. Is there evidence that the Young Person received information about transition process:			
11. Is there evidence of the professional system being informed of the forum outcome:			
	GP		
	Social Care/Youth Worker		
	Other Medical professionals		
	Family/Parent/Carers		
12. Is there evidence of a clear hand over and introduction to the adult agency.			
13. Was there a delay or lack on continuity of care during the transition period			
14. If Yes to 13 Were those concerns raised to the receiving agency			
15. Were those concern resolved in a timely manner			
16. Was the Young Person allocated to adult services by their 18 th Birthday.			
17. Was a Mental Health Passport Completed with the Young Person			