# Transition Procedures – Child and Adolescent Mental Health to Adult Mental Health Services & Substance Misuse Recovery Service

**Date: October 2017**

**Version number: 4**

**Author: Gill Gover – CPN (CAMHS)**

**Review Date: October 2019**

If you would like this document in an alternative language or format, please contact Corporate Services on 01595 743069.

# NHS SHETLAND DOCUMENT DEVELOPMENT COVERSHEET*

| | | |
|---|---|---|
| **Name of document** | **Transition Procedures – Child and Adolescent Mental Health to Adult Mental Health Services** | |
| **Registration Reference Number** | **CSPRO008** | **New** ☒ **Review** ☐ |
| **Author** | **Gill Gover** | |
| **Executive Lead** | **Kathleen Carolan** | |

| **Proposed groups to present document to:** | |
|---|---|
| ANMAC (PO, C/S) | Joint Governance Group (PO, C/S) |
| Community Mental Health Team (PI, C/S) | SMRS (PI,C/S) |
| CAMHS (PI, C/S) | Child Health Forum |

| DATE | VERSION | GROUP | REASON | OUTCOME |
|---|---|---|---|---|
| 10/06/2016 | 1 | CAMHS | PI, C/S | MR |
| 04/01/2017 | 2 | CMHT/SMRS | PI, C/S | MR |
| 27/06/2017 | 3 | ANMAC | P/O, C/S | PRO |
| 20/07/2017 | 4 | Child Health Forum | P/O,C/S | MR/ PRO |
| 13/11/2017 | 4 | Joint Governance Group | FIO | Noted |
| | | | | |
| | | | | |
| | | | | |

| **Examples of reasons for presenting to the group** | **Examples of outcomes following meeting** |
|---|---|
| • Professional input required re: content (PI) | • Significant changes to content required – refer to Executive Lead for guidance (SC) |
| • Professional opinion on content (PO) | • To amend content & re-submit to group (AC&R) |
| • General comments/suggestions (C/S) | • For minor revisions (e.g. format/layout) – no need to re-submit to group (MR) |
| • For information only (FIO) | • Recommend proceeding to next stage (PRO) |
| • For proofing/formatting (PF) | • For upload to Intranet (INT) |

Please record details of any changes made to the document in the table below

| DATE | CHANGES MADE TO DOCUMENT |
|---|---|
| 18/10/216 | Addition of 'severe and complex obsessive-compulsive disorder' to the list of conditions in section 5.4 |
| 09/01/2017 | Remove 'refer to cCBT' in the flowchart for referrals for young people aged 17 yrs 6 months+ and keep outcome as refer back to GP only. |
| 20/07/2017 | Minor revision – typo changed |
| 02/10/2017 | Clinical Governance Team – amended format and attached appendices |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

**CONTENTS** **PAGE NO**

# 1. Introduction

Adolescence is a period of intense change for young people both physically and psychologically, and involves a number of important transitions; not only regarding accessing healthcare services, but also in terms of education and training, and employment, as well important developments in relationships and social networks.[i] As a result, the ages 16-18 are a particularly vulnerable time when young people are more susceptible to mental illness, or when existing mental illness can become more complex and problematic[ii].

Services grow and develop over time, often focusing on their individual remit, leading to the connections between those for young people and adults often not being suitably considered and resulting in gaps in provision into which young people can fall, especially those with neurodevelopmental, emotional or personality disorders[iii]. The threshold for eligibility and service provision for Child & Adolescent Mental Health Services (CAMHS) and Adult Mental Health Services (AMHS) are also often very different, which only increases the risk of a young person finding themselves without the availability of appropriate services, which young people and their families can struggle to understand. Therefore, the involvement of the young person and their carers, working collaboratively with effective communication, is central to successful transition arrangements[i].

The TRACK study[iii] found that transitions from CAMHS to AMHS were poorly planned, poorly executed and poorly experienced by young people accessing services and that very few experience optimal transition even when they do cross the gap between CAMHS and AMHS. Therefore, it is essential that there is collaborative flexible working between agencies, clear protocols and transparent planning meetings[i]. NICE[iv] found that joint planning, development and commissioning can result in better communication, a more co-ordinated approach and better outcomes for young people. Furthermore, the transition group should regularly audit case files of young people requiring transition from CAMHS to AMHS in order for decisions regarding onward care to be planned and co-ordinated effectively in order to achieve the best outcome for the young person. The group should also review the procedures on a regular basis to ensure that the process continues to be effective and they remain applicable to the needs of the young people accessing services.

Substance misuse, either primary or co-morbid, is also common among young people, which can add to the complexity of presentations and treatment required[v]. SCIE[i] highlight that those who use drugs and alcohol are disproportionately represented among young people with mental health problems. CAMHS and the Substance Misuse Recovery Service (SMRS) both have dedicated Dual Diagnosis CPNs and the inclusion of SMRS in the transition process is essential to ensure the positive progression of this particularly vulnerable group.

## 2. Purpose

This is a new procedure which has been developed to ensure the safe, effective and positive transition of care for those young people engaged with CAMHS who, due to the nature of their ongoing mental health and/or substance misuse needs, will continue to require care and treatment from AMHS or SMRS.

## 3. Scope

This procedure applies to young people aged 16 to 18 years who are under the care of CAMHS, young people aged 17 years and six months who are newly referred to CAMHS, and to staff working in both CAMHS and AMHS/SMRS. Young people who are aged 16+ and not in education do not fall into CAMHS current remit and will be referred directly to AMHS, however, those young people aged 16+ who remain in education will continue to be referred to CAMHS.

This procedure does not cover young people who are no longer engaged with the CAMHS team either due to having been discharged, or if they have dropped out of treatment. These young people will, however, be able to access services, based upon their need, through the usual referral routes including; GP, Social Work, Educational Psychology and Paediatrics.

## 4. Transition Group

The group will have a dual function; which will involve both operation planning of individual transfers and strategic planning and review of these procedures and pathway. The transition group will comprise of the following staff:

- Consultant Psychiatrist (Adult Mental Health)
- Specialty Doctor (Adult Mental Health & Substance Misuse)
- Consultant Psychiatrist (Child & Adolescent)
- Team Lead – CAMHS
- Team Lead – Adult Mental Health
- Team Lead – Substance Misuse Recovery Service

The group will meet on a six monthly basis in March and September to coincide with potential school leaving schedules, to review those young people who are approaching 17 years and 6 months who CAMHS have identified as requiring onward transfer to either AMHS or SMRS and discuss their ongoing treatment needs and to formulate an agreed plan. This will then be discussed and agreed with the young person and their family and implemented over the

following few months. In the event of any issues arising in the intervening period between, these can be discussed at an individual level if urgent, or an additional meeting of the group can be called in the case of a significant event. Practitioners from CAMHS will attend the meeting on an 'as required' basis to present individual cases from their caseload who require transition to either AMHS or SMRS.

## 5. Transitions: Age, Flexibility, Types, Process, Documentation, Timeliness

### 5.1 Who is responsible?

When a young person makes a transition from CAMHS to either AMHS or SMRS, responsibilities are placed on managers and practitioners in both teams – those in the service from which the young person must transition, and on those in the incoming team.

### 5.2 Age of transition

The planning for transition from CAMHS to AMHS or SMRS should commence 3 to 6 months prior to the expected time of transition, which will generally be between the age 17 years and 6 months and 17 years and 9 months.

### 5.3 Flexibility of age of transition

In some cases, it will be necessary to be more flexible. Where there are important clinical reasons, it may be necessary for CAMHS to continue and extend their input to beyond the young person's 18th birthday. These include:

- It is possible to complete a piece of therapeutic work so that a transition is not required
- The young person is going away for further education and a transition would be followed by a further transition

Early acceptance to AMHS or SMRS prior to 18th birthday may be necessary in a couple of situations:

Firstly, in the case of a young person aged 17 years and 6 months+ who is still in education and is referred to CAMHS. In this instance a joint assessment will be completed with a CAMHS team member and Adult CPN or Dual Diagnosis CPN to determine which service is the most appropriate to meet the young person's needs, depending on the complexity of the young person's presentation. If it is identified that a short piece of therapeutic work is required, then this will generally be completed by CAMHS, however, if it is evident that the

young person will require long term input and treatment, this will be commenced with either AMHS or SMRS as appropriate. This will prevent a further transition after only a short period in CAMHS.

Secondly, for young people who are engaged with CAMHS, are aged between 16 and 18 years, and leave education unexpectedly, the CAMHS team member involved will begin the process of planning the transition with the young person if this is required and will present the case at the next transition group meeting.

### 5.4 Types of transition

Not all young people will require transition to adult services; the majority will be successfully discharged from CAMHS back to the care of their GP, signposted to universal services or referred or onto Tier 2 services such as 'Beating the Blues', The Bridges Project, employability pathway or life skills, or be engaged with adult social work team for support where appropriate. The types of conditions that would require transition to AMHS or SMRS would include the following; and where the condition is impairing, raises significant issues of need such as social exclusion, or where there are associated risk issues:

- psychosis
- bipolar disorder
- depression
- eating disorder
- attention deficit hyperactivity disorder
- severe anxiety disorder
- emerging severe personality disorder
- transgender where there is an additional mental health problem
- learning disability where there is an additional mental health problem
- autistic spectrum disorder where there is an additional mental health problem
- dual diagnosis
- severe and complex obsessive-compulsive disorder

### 5.5 Process

The CAMHS team will regularly review the caseload of young people and will identify those aged 16 and over who are potentially going to require transition to AMHS or SMRS at the age of 18 years and the threshold and eligibility criteria of adult services will be carefully considered. A central list of names and brief details, including date of 18th birthday will be held with CAMHS administrator.

If it is determined that the young person does not require transition to AMHS or SMRS, the CAMHS team will discuss the other available community resources that are available with the young person and their family, and agree transition to either one of these or back to the care of their GP as appropriate.

If transition to AMHS or SMRS is necessary, the individual practitioner will discuss this with the young person and their family and will add the person's details to the central list and the person will be tabled for discussion at the next transition group meeting.

In order for the young person and their family to be involved in the decision making process, it is important that they are given realistic information about the service to which they will be moving to, what is likely and unlikely to be delivered and what differences there are; in order for them to have realistic expectations of the service that they will be moving to. The young person will also be given the 'Patient information leaflet', which will provide written confirmation of the information discussed with their CAMHS worker.

The young person's allocated worker in CAMHS will complete the necessary documentation prior to the meeting and will attend the transition group meeting at an agreed time to present the case for discussion.

Once discussed and agreed, the young person will be allocated to an appropriate member of staff in either AMHS or SMRS and a joint appointment with either the Consultant Psychiatrist for AMHS referrals or Specialty Doctor for SMRS referrals, the allocated CAMHS worker, allocated AMHS/SMRS worker and the young person, including a family member if they wish, will be arranged for a mutually agreed date and time.

The adult mental health team lead will notify the allocated CAMHS worker as to who the young person has been allocated to and the CAMHS administrator will co-ordinate the initial joint appointment with the relevant parties. The CAMHS team member will notify the young person of the appointment date and time.

On completion of this appointment, the timescale for transfer of care will be agreed and the appropriate scheduling of joint appointments between the young person, their allocated CAMHS worker and the allocated AMHS/SMRS worker will be agreed and diarised. The frequency and length of this process will be determined by the individual young person's needs and may also involve other services that the young person is engaged with, such as The Bridges Project or Social Work department.

Once the transfer of care has been completed, the allocated CAMHS worker will notify the GP and any other services involved in writing and the young person will be discharged from CAMHS.

A flowchart of this process can be found in **Appendix 1**

### 5.6 Documentation

The transitions referral form (**Appendix 2**) is to be completed by the allocated CAMHS worker and a copy held with the central transitions list and a copy in the young person's CAMHS file.

A copy of the young person's care plan will be discussed at the initial joint appointment following agreement by the transitions group and will be kept with the referral documentation.

### 5.7 Timeliness

It is essential that the transition process is conducted and completed in a timely manner. The CAMHS team is responsible that the central list is maintained and kept up to date to prevent young people falling through the gap between child and adult services.

The transition group meetings are to be held at the identified times, to ensure that the school schedule and time frames for potential school leavers is not missed, which will aid the remainder of the process to be as smooth and well managed as possible for the young person, giving sufficient time within the remaining weeks/months up to their 18$^{th}$ birthday.

## 6. Monitoring arrangements

The transitions group will be responsible for monitoring the effectiveness of the pathway and making any amendments as required.

A review of those young people that have transitioned to adult services in the intervening period will be discussed at each transition group meeting, including both the positive and negative aspects of the transitions and any lesson learning that arises from this.

Transitions data detailing number of transitions, gender, and breakdown of diagnoses and length of transition process will be kept as part of the evaluation process. The young person and their family, where applicable, will also be asked to evaluate the transition process from their perspective to help to inform the review of the effectiveness of the procedure.

## 7. Roles and Responsibilities

### 1. Transitions Group

The transitions group is responsible for the operational management of this procedure and the overall transitions process, including review, evaluation, audit and amendments as required.

The transitions group is responsible for ensuring that meetings are held in a timely manner, and within the identified time frame.

### 2. Team Leads

Team leads are responsible for ensuring that these procedures are available to all staff with their area, and ensuring that the structures are implemented and support s available to staff for the effective implementation and ongoing activity in relation to these procedures.

### 3. CAMHS team

The CAMHS team is responsible for maintaining an accurate and up to date list of those young people who are potentially to be transitioned to either AMHS or SMRS.

The CAMHS team is also responsible for ensuring that the relevant documentation is completed and available for discussion with the transitions group and is present (or a nominated deputy) at the appropriate transitions group meeting as required.

The CAMHS administrator is responsible for co-ordinating the arrangements for the initial joint meeting following agreement at the transitions group meeting and for keeping the relevant data for evaluation purposes up to date.

### 4. All staff

All staff are responsible for familiarising themselves with the content of these procedures and seeking advice and/or support from their respective team lead if they are unsure of any of the content. All staff are responsible for understanding their roles and responsibilities within these procedures and seeking the appropriate advice and guidance if they are unclear about their roles and responsibilities.

## 8. References and Bibliography

[i] Social Care Institute for Excellence, 2011. *Mental Health Transitions for Young People. Children's and Families' services guide 44*. Available at: www.scie.org.uk

[ii] Joint Commissioning Panel for Mental Health, 2012. *Guidance for commissioners of mental health services for young people making the transition from child and adolescent to adult services*. Available at: www.jcpmh.info

[iii] Singh, S. et al. (2009) *Transition from CAMHS to adult mental health services (TRACK): a study of service organization, policies, process and user and carers perspectives,* LONDON: NCCSDO

[iv] National Institute for Health and Care Excellence (NICE), (2016). *Transition from Children's to adults' services for young people using health or social care services.* LONDON. Available at www.nice.org.uk/guidance/ng43

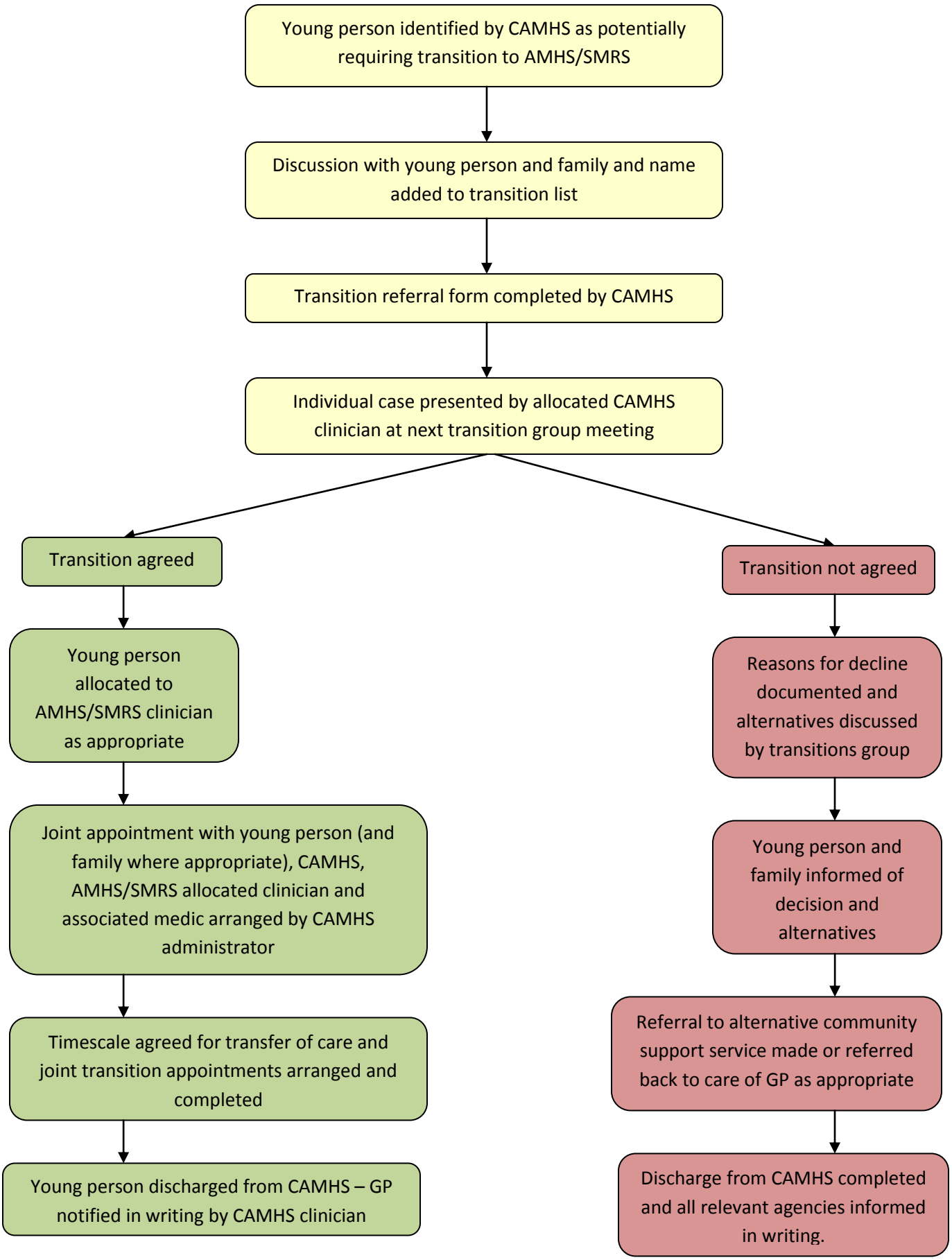
[v] Lamb, C. Et al (2008). *Working at the CAMHS/Adult interface: Good practice guidance for the provision of psychiatric services to adolescents/young adults.* Interfaculty working group of the Child and Adolescent Faculty and the General and Community Faculty of the Royal College of Psychiatrists. LONDON.

Hall, C. et al. (2013) *'Mind the gap' – mapping services for young people with ADHD transitioning from child to adult mental health services.* BMC Psychiatry. BioMed Central Ltd

Royal College of Psychiatrists (2012). *Mental Health and Growing Up Factsheet. Moving on from child and adolescent mental health services (CAMHS): The transition.* Available at: http://www.rcpsych.ac.uk/healthadvice/parentsandyouthinfo/parentsandcarers/thetransition.html

Young Minds – Young People's Guide to Transition. Available at: http://www.youngminds.org.uk/for_children_young_people/guide_to_mental_health_services/transition_camhs

## APPENDIX 1 CAMHS – Adult Mental Health Services Pathway



**APPENDIX 2**

# TRANSITIONS REFERRAL FORM

<table>
<tr><td>NAME:</td><td colspan="3">CHI:</td></tr>
<tr><td>ADDRESS:</td><td colspan="3" rowspan="2">GP NAME & ADDRESS:</td></tr>
<tr><td>Tel No:</td></tr>
<tr><td colspan="4">Diagnosis / Mental Health Difficulties:</td></tr>
<tr><td colspan="4">Current CAMHS worker(s):</td></tr>
<tr><td colspan="4">Other professionals involved:</td></tr>
<tr><td colspan="4">Reason for transfer to AMHS/SMRS: (*Delete as appropriate)</td></tr>
<tr><td>Date of discussion:</td><td>Transfer agreed:</td><td>YES</td><td>NO</td></tr>
<tr><td colspan="4">If not agreed, please provide reason:</td></tr>
<tr><td>Allocated worker in AMHS/SMRS:</td><td colspan="3">Date of joint meeting:</td></tr>
<tr><td>Transition schedule:</td><td colspan="3">Date transfer completed:</td></tr>
</table>

**APPENDIX 3**


Your confidentiality will continue to be maintained when you move to adult services. As you are an independent adult, you have the right to decide who your information is shared with, such as your parents or carers, and this will be discussed and agreed with you.

In order to ensure that you continue to receive the most appropriate treatment, it is important that your GP is kept informed of your ongoing treatment as well as other professionals that you are working with.

Very occasionally, if staff are concerned about your safety, or someone else you have spoken about, they may have to contact other professionals without your permission, but not without your knowledge.


All Shetland Mental Health Services welcomes all referrals regardless of nationality, ethnicity, sexuality, religion, gender and disability. We know that these things can make a difference to how your difficulties are understood, so please don't worry about telling us any of these things.

Copies of this leaflet are also available in other languages and formats, including Braille, from:

Corporate Services

Upper Floor Montfield
Burgh Road
Lerwick
Shetland
ZE1 0LA
01595 743060

Date Produced: January 2017

Review Date: January 2018

# Moving on From CAMHS

## Child and Adolescent Mental Health Service

## To Adult Mental Health or Substance Misuse Recovery Service

**A Guide for Young People**

# Moving onto Adult Mental Health or Substance Misuse Recovery Services

## Why do I need to move on from CAMHS?

CAMHS provides services to children and young people up to the ages of 16 years (when not in full time education) and 18 years (when in full time education).

Therefore, if your individual needs are such that you require longer term input from Mental Health Services, this is provided from either Adult Mental Health Services or the Substance Misuse Recovery Service, depending on the type of treatment that you need.

Our needs are different at different ages, and this is the same for receiving care and treatment from health services; so as you become more independent, your needs can be met more appropriately by adult services that are designed for independent young adults.

## What happens now?

A joint appointment between you, your CAMHS worker, a member of the Adult Mental Health Team, one of the Psychiatrist and a family member (if you wish) will be arranged to:

- Introduce you to who you will be working with in the adult service
- Discuss your ongoing needs
- Determine what level of input you require from the Adult Mental Health Team or Substance Misuse Recovery Team
- Agree the timescale for your transition to adult services and implement a plan
- Set up a series of joint appointments with your CAMHS worker and Adult Mental Health Worker

Following this, you will be formally transferred to the adult service and will be discharged from CAMHS. Your CAMHS worker will let your GP and any other professionals know by letter and you will receive a copy of this.

## Do I have to move to adult services?

Any move to adult services has to be agreed with you, and unless you are subject to compulsory treatment, it is your decision whether you do this or not.

Treatment is most effective when you are fully involved in any decisions, are a partner in the care and treatment that is provided and are committed to the work that this involves.

You can choose to stop your transition to adult services at any stage in the transition process. If this is your decision, you will be discharged back to the care of your GP, however, if you feel that you need to be referred to adult mental health or substance misuse recovery service at any time in the future, this can be arranged at an appointment with your GP.

**APPENDIX 4**

# TRANSITION LIST

| Date Added | Added by | Name of Young Person | CHI | Date of transition meeting | Outcome |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

## APPENDIX 5

## Referral Pathway for Young People aged 17 ½ years and over in Full Time Education