

## Mental Health Legislation Assurance Committee

<b>DYDDIAD Y CYFARFOD:</b> <b>DATE OF MEETING:</b>	15th June 2021
<b>EITEM AR YR AGENDA:</b> <b>TITLE OF REPORT:</b>	Admission Guidance Policy & Reporting Plan
<b>ARWEINYDD Y GYFARWYDDIAETH</b> <b>DIRECTORATE LEAD</b>	Liz Carroll Director MH&LD
<b>SWYDDOG ADRODD:</b> <b>REPORTING OFFICER:</b>	Angela Lodwick Head S-CAMHS
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### Pwrpas yr Adroddiad (dilewch fel yn addas)

#### Purpose of the Report (delete as appropriate)

Ar Gyfer Penderfyniad For Decision	Ar Gyfer Trafodaeth For Discussion	Er Gwybodaeth For Information
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## ADRODDIAD SCAA

### SBAR REPORT

#### Sefyllfa / Situation

This report outlines the Health Board's position in respect of its reporting obligations in line with the Welsh Government Admission Guidance document which was published in 2015. The Guidance sets out the responsibilities for the Health Board in respect of implementation of the principles outlined in the Guidance and ensuring compliance.

#### Cefndir / Background

In line with the Welsh Government document "Admission Guidance HDUHB has in place a robust Admission Policy outlining the process for admitting any young person into an Adult Mental Health Ward.

The Guidance stipulates that the HB must have a designated ward for admissions of young people under age 18 and within HDUHB the agreed mental health ward is Morlais Ward which is situated on the Glangwili Hospital campus. This is the only adult mental health ward that young people under 18 should be admitted to and then only after all other options have been investigated which includes consideration of admission to the Age appropriate Paediatric Unit.

Admission to an adult mental health ward can be a frightening experience and every attempt is made to consider the least restrictive alternative for admission. In the majority of cases a young person is admitted to the designated unit on Cilgerran Ward supported by staff from the mental health unit.

The Guidance stipulates that the Health Board should ensure that:

- All staff who work with young people are trained in Safeguarding to level 3
- All staff who work with young people have a valid DBS in place

- That staff who work with young people undertaken specific training on the emotional and mental health needs of children and young people
- All staff who work with young people have training on the Mental Health Act and Children Act
- All inappropriate admissions are reported to welsh Government using the Datix reporting system and a Serious Untoward Incident form is completed outlining reasons for admission and any lessons learnt if applicable.

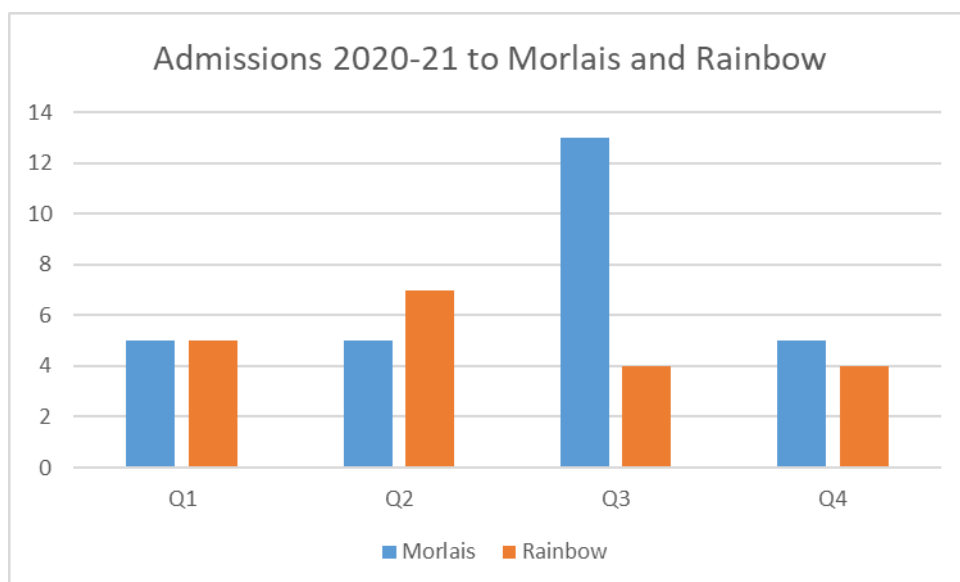
## Assesiad / Assessment

### **Reporting of the Admissions to the Adult Designated Age Appropriate bed (Morlais Ward)**

During 2020/21 there were **28** admissions to the Designated Adult Age Appropriate bed on Morlais ward. This number of admissions has been the highest reported to date. During 2019/20 there were **16** admissions to the designated bed. This is a 57% increase in admission rate. During 2018/19 there were 18 admissions and our admission rates were steady over a 4year period with our overall aim to have a zero admission rate by ensuring robust community support is available on a 24 hour basis. However, we have experienced the highest admissions in 2020/21.

All admissions to the adult mental health bed must be reported initially as a DATIX and followed by a Serious Untoward Incident to Welsh Government as in line with the WG Admission Guidance document.

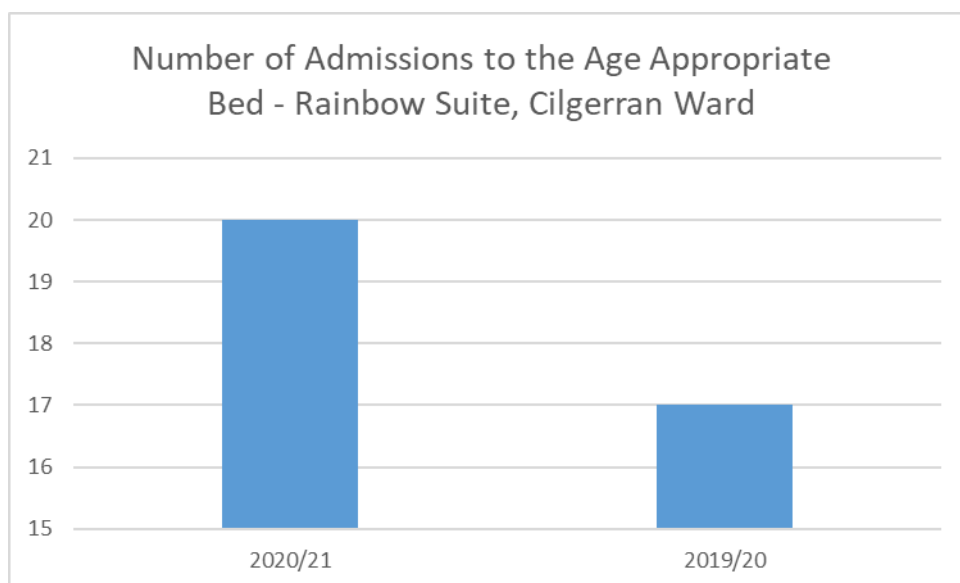
### **Admission Data 2020/21**



### **Admissions to Paediatric Age Appropriate Bed (Rainbow Unit, Non reportable)**

Specialist CAMHS records show that for the financial year 2020/21 there were 20 admissions to the

Rainbow unit, age appropriate mental health bed situated on Cilgerran Ward, Glangwili Hospital, Carmarthen. This compares with 17 admissions for 2019/20, therefore we see a slight increase in demand.



Action undertaken to ensure continue improved performance:

- All staff aware of the Admission pathway and need to ensure that all admissions are to the Rainbow unit on Cilgerran ward unless risk assessment/ formulation indicates otherwise
- Training provided to Medical staff to update on Admission Guidelines
- Arrangements are underway to expand the Crisis Assessment and Treatment Team to deliver mental health services on a 24/7 basis with specialist staff who it is hoped will be able to consider alternative options to admission.
- All staff will undertake WARRN Risk assessment in particular Crisis Team to enable improved assessment of risk and risk management planning.

### **Admission Guidance Policy**

In line with the reporting expectations the Specialist Child and Adolescent Mental Health Service (S-CAMHS) has developed a Policy to outline the responsibilities and the compliance required to ensure we conform to the Welsh Government Guidance. The Policy has been ratified by the Policy Control Group and is embedded below for information.



598 - Approved  
Policy amended Septe

### **Ongoing Action**

- Continue to monitor robustly all admission data to observe for any trends
- Ensure accurate data collation and reporting to Welsh Government in line with Welsh government Guidance
- Further development of specialist services within S-CAMHS to support young people in crisis via additional recruitment of staff and expanding operating hours
- Ensure Admission Guidance Policy is updated via the Written Control Group
- Consider alternatives to admission with partner agencies maintaining the least restrictive interventions within the community

#### Argymhelliad / Recommendation

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#### **Amcanion: (rhaid cwblhau)**

#### **Objectives: (must be completed)**

Safon(au) Gofal Iechyd:  
Healthcare Standard(s):

- Safe Care – People are safe and protected from harm and protect themselves from known harm
- Effective Care – Receive the right care and support locally
- Dignified Care – Treated with dignity and respect
- Individual Care – Treated as individuals
- Staff and Resources – Meeting the needs of the population

Amcanion Strategol y BI:  
HB Strategic Objectives:

i.e MH & LD Directorate IMTP document  
Together for Mental Health Strategy

#### **Gwybodaeth Ychwanegol:**

#### **Further Information:**

Rhestr Termiau:  
Glossary of Terms:

Contained in the body of the report



# Admission to the Designated Age Appropriate S-CAMHS Bed (Rainbow Unit and Morlais Ward) Policy

Policy Number:	598	Supersedes:		Classification	Clinical
Version No	Date of EqIA:	Approved by:	Date of Approval:	Date made Active:	Review Date:
V2	14/6/2017	Clinical Written Control Documentation Group	13/09/2018	13/09/2018	10/10/2020

Brief Summary of Document:	To provide a reporting template and procedure for Health Board Staff on the clinical management and admission of children and young people who present in a psychiatric emergency and require admission to the Designated Age Appropriate bed on Morlais Ward or the Rainbow Unit on Cilgerran Ward in line with Welsh Governments Admission Guidance document
Scope:	Mental Health Acute Wards , CRHT/ Unscheduled Care , A&E Departments; Paediatric Wards; Bed Managers; General Admission Wards; Specialist CAMHS
To be read in conjunction with:	Section 136 Mental Health Act 1983 - Mentally Disordered Persons Found in Public Place Inter-Agency Procedure.

Owning Committee/ Group	Mental Health & Learning Disabilities Directorate S-CAMHS
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Executive Director:	Joe Teape	Job Title	Director of Operations
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## HYWEL DDA UNIVERSITY HEALTH BOARD

Reviews and Updates		
Version no:	Summary of Amendments:	Date Approved:
1	New Policy	10/10/2017
2	Slight amendments	13/09/2018

### Glossary of Terms

Term	Definition
AMHP	Approved Mental Health Professional
CATT	Crisis Assessment & Treatment Team
CTP	Care and Treatment Planning
CYSUR	Children and Youth, Safeguarding and Unifying the Region
DBS	Disclosure and Barring Service
FACE	Functional Analysis of Care Environments (Recording & Measurement System)
HCSW	Health Care Support Worker
IMCA	Independent Mental Capacity Advocacy
IMHA	Independent Mental Health Advocacy
MHA	Mental Health Act
SCAMHS	Specialist Child & Adolescent Mental Health Service
UNCRC	United Nations Convention of the Rights of the Child
WARRN	Wales Applied Risk Research Network
WG	Welsh Government
WHSSC	Welsh Health Specialised Services Committee

Keywords	Adolescents; Self Harm; Admission; Age Appropriate; Psychiatric
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## 1. INTRODUCTION

This Policy has been developed following the Welsh Government publication "Admission Guidance" which outlines the standards and processes it expects the Health Board to have in place to ensure compliance with good practice and safeguarding of young people who may require admission to an adult mental health facility.  
<http://www.wales.nhs.uk/sitesplus/documents/862/Item14i.WG.AdmissionsGuidance.pdf>

The Guidance was developed to reflect lessons learnt from National Inquiries to ensure safe processes are in place for the appropriate admission of children and young person into hospital. It has been informed by:-

- Mental Health Act 1983 and Mental Health Act Code of Practice for Wales 2016
- Mental Capacity Act
- Children Act 1989 and 2004
- Together for Mental Health 2012
- Mental Health (Wales) Measure 2010
- Admission Guidance Welsh Government 2014.

Where it is suspected that a child or young person may be experiencing a mental health disorder, or may be assessed as a suicidal risk, admission should be considered. This may also include a young person being detained under Section 136 of the Mental Health Act 1989. In all cases a mental health assessment including a risk assessment should be undertaken by the most appropriate clinician such as the A+E Doctor/Duty Psychiatrist/Police Surgeon or AMHP following which, in collaboration with the Unscheduled Care Practitioner / Crisis Team (Carmarthen), admission to the age appropriate bed should be considered. Presentations that warrant admission may include the following:-

- Attempted suicide (not medically compromised)
- Serious risk of suicide
- Depression
- Severe anxiety
- Psychotic disorder
- Bipolar mood disorder.

All considerations for admission will be considered following initial discussion with the Unscheduled Care Practitioner /Crisis Team and the Assessing Clinician which will enable a risk assessment and risk management plan to be agreed in a crisis situation. Consideration should be given to the least restrictive environment and include consideration of an alternative placement which could include:-

- the child or young person's home with support from the Crisis Assessment and Treatment Team (CATT)
- the home of a relative with support from CATT
- a foster placement arranged by Social Services
- specialist local placements managed through Social Services.

Where the decision is agreed that a crisis admission to hospital is necessary then consideration should firstly be of the suitability of admission to the Rainbow Suite. Admission to the Adult Age Appropriate bed on Morlais Ward should only be considered based on risk and age appropriateness given the presenting mental health concerns.



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## 2. POLICY STATEMENT

This policy is developed to ensure compliance with the Welsh Government document "Admission Guidance" (2014). The expectation on the Health Board is to ensure compliance with a set of standards and good practice for the admission of any child or young person under 18 to a adult mental health ward and to ensure that the Health Board monitors admissions and ensures all safeguards are in place.

The Guidance states that the Health Board must:

- Report all admissions to the Lead Safeguarding Nurse
- Report all admissions to the Welsh Government via the SUI process
- Periodically review untoward events and unmet needs to support future commissioning and training.

Welsh Government Policy stipulates that all Health Boards must have a designated age appropriate adult mental health ward which can appropriately meet the needs of young people (16-18) in a psychiatric emergency. This ward should have staff with the right training to understand and address their specific needs as children and a routine that allows for personal and social development (WG 2008) Access to an independent Advocate must be provided and be involved in their care planning and all admissions should be reported to the Lead nurse for Safeguarding. **(See Appendix 1 – Assessment of Capacity).**

Welsh Government requests compliance in providing an annual report of all admissions to a named designated age appropriate bed within mental health services.

## 3. SCOPE

This Policy sets out the expectations of Hywel Dda University Health Board expected practice of staff in complying where appropriate with the requirements of the MHA Code of Practice in respect of the implication and implementation of the Mental Health Act 1983 as applied to the detention of young people and those admitted informally to an adult ward.

In addition this Policy provides guidance and procedure for staff working across the Health Board footprint on the initial management and admission of children and young people in a psychiatric emergency to the most appropriate ward in a crisis presentation.

A key commitment within the Mental Health Strategy for Wales - Together for Mental Health 2012, is to reduce the number of inappropriate admissions of under 18's to adult mental health wards and the Welsh Government is clear that children admitted to hospital for treatment should be admitted in the most suitable environment taking into account their age and developmental needs. The Mental Health Act 1983 Code of Practice (section 33.12) for Wales confirms this expectation.

Children under 18 do not have the same legal status of an adult and therefore additional legislation must be considered in respect of their welfare and safeguarding. Consideration should be given to the Children Act 1989/2004 and Mental Capacity Act 2005. Amendment to the Mental Health Act 1983-Section 131a ensures that young people under 18 are treated in an environment in hospital which is suitable having regard to their age.

**The wording of the Act allows for circumstances in which the Adult ward may be considered the best place for a young person.**

This Policy applies to all staff employed by Hywel Dda University Health Board working in:

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- Specialist Child and Adolescent Mental Health Services ( SCAMHS)
- Mental Health & Learning Disabilities Directorate including Adult Mental Health Wards and CRHT
- Accident and Emergency Departments
- Child Health & Paediatric Units
- SCAMHS and Adult Mental Health On call Service Provision.

## 4. AIM

The aim of this policy is to ensure compliance with the standards outlined in the Welsh Government document “Admissions Guidance” (WG 2014).

This policy will ensure admission, in the first instance, is to the least restrictive environment taking into account the age of the young person and the risk to self or others and is co-ordinated in a respectful manner and the rights of children and young people are safeguarded.

## 5. OBJECTIVES

The overall objectives of this Policy are outlined below:

- To ensure that where admission occurs due to a mental health crisis it is to the most appropriate ward, taking into account the age of the young person, their presenting mental health concern and the risk and potential risk to others.
- Ensure that services for children and young people are fit for purpose
- Ensure that SCAMHS, Adult Mental Health Services and other relevant services work together to ensure that integrated care is provided for children and young people at a time of crisis, that is a robust, seamless pathway of care
- Ensure the least restrictive environment for admission is considered in line with Welsh Government Directives and best practice.
- To ensure that the age appropriate accommodation provided within the Health Board is the most appropriate to meet individual need
- Ensure in **most circumstances admission should be to the Rainbow Suite**, within the Paediatric Unit, which will be staffed by Morlais Ward following the initial assessment by a qualified RMN or Psychiatrist. Admission to the adult age appropriate bed on Morlais should be in line with the agreed Protocol (either formally or informally) and should only be considered as an option when either:

*Every attempt to place the young person on an appropriate SCAMHS unit has been unsuccessful, and there is an overriding need to ensure the young person's safety whilst a CAMHS Specialist bed is found.*

**Or**

*The risk assessment indicates that due to age and risks to self/others that admission to the Rainbow Suite would not be appropriate.*

**Or**

*In the opinion of the SCAMHS/ SCAMHS On- call Practitioner it is considered that the mental health needs of the young person can best be met in an adult environment in an emergency situation.*

**Or**

*To exercise choice as to where they receive treatment; a 17 year old, living and working as an adult in all other respects, has the right to receive their treatment in an adult environment if they so wish and if it is in their best interests.*

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The SCAMHS Crisis Assessment and Treatment Team is operational 7 days a week between the hours of 9am and 9pm and therefore during working hours (7 days per week between 0900-2100 hrs) consideration should be given to utilise this resource in an attempt to reduce the need for admission by the provision of home support.

- Referrals during working hours for assessment/acceptance should be made to the Team Lead SCAMHS CATT Team or Allocated Deputy on 01267 674465 or faxed to Ty Llewelyn on 01267 221229
- Referrals outside working hours (9pm-9am) will be via the Unscheduled Care Team via Glangwili Hospital Switchboard 01267 235151.

SCAMHS Head of Service will provide an annual report on all admissions and compliance with this policy in line with the reporting requirements which will be made available to Welsh Government annually (April).

### 6. ROUTE OF ADMISSION AND DEFINITIONS

The overall purpose of this Policy is to ensure admission into hospital where it is indicated is undertaken in a coordinated and timely manner. There are a number of possible routes for admission including:

- **Informal Admission:** the young person or those with parental responsibility can consent to the admission
- **Admission under the Children Act 1989:** young people can be admitted with parental consent, or under the Children Act by those with parental responsibility under the care of the Local Authority
- **Admission under the Mental Health Act 1983:** the young person who meets the criteria for admission under the Act, or who refuses admission and who is assessed to not have capacity, can be admitted under the Mental Health Act.

### 7. ADMISSION TO THE RAINBOW SUITE (APPENDIX 2)

When admission is required in an emergency or crisis then first consideration should always be given to utilising the Rainbow Bed especially where it is suspected that a child or young person may be experiencing a mental health disorder, or there may be an increased risk of suicidal ideation and a psychiatric assessment is felt necessary.

No admission will take place without an initial mental health assessment and this will be provided during working hours via:

- Consultant Psychiatrists/ CAMHS Clinician
- SCAMHS Crisis Team (between 0900-2100 hrs)
- Morlais Ward/Unscheduled Care Team/ Psychiatrist

The admitting clinician will need to complete the initial admission document, initial risk assessment and formulate a care plan based on the information provided and observations of initial assessment. Where it is evidenced there is an increased risk of disturbed/unpredictable behaviour then consideration should be given to nursing the young person on a 2-1 basis or consider admission to the 'Age Appropriate' Adult Psychiatric Bed, which will be co-ordinated by the S-CAMHS / Unscheduled Care Practitioner in conjunction with the Crisis Resolution Team and Morlais Ward Manager. Where the young person is medically compromised admission will be via the medical emergency route to the appropriate Paediatric ward or CDU.

Following admission, the Ward Manager will liaise with the SCAMHS Crisis Assessment and Treatment Team (CATT) who will inform the appropriate SCAMHS Locality Team. Admission to the age appropriate bed will only be available for up to 48 hours (unless exceptional

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circumstances indicate further need), in order for a Psychiatric assessment to be undertaken by SCAMHS and if necessary a referral will be made to the Tier 4 Child and Adolescent Unit in Bridgend and /or a discharge plan is formulated with community support plan.

The Social Worker/On Call Social Worker should be informed if a child or young person in care (LAC) presents in A&E with self-harming behaviour using the Inter-Agency Form (**See Appendix 8 Multi-Agency Referral Form**). This should be sent to the Child Assessment Team in the locality of the A&E Department in which the child has presented. The Social Worker/On-Call Social Worker for the respective County/Locality should be contacted if there are issues in relation to accommodation or other social concerns.

### 8. ADMISSION TO THE MORLAIS ADULT MENTAL HEALTH WARD (SEE APPENDIX 3)

The admission of a young person to an acute adult inpatient facility (either formally or informally) can only be considered as an option when every attempt to place the young person on an appropriate SCAMHS unit has been unsuccessful. This will be due to the overriding need to ensure the young person's safety whilst a SCAMHS Specialist bed is found, or when in the opinion of the SCAMHS team/ Unscheduled Care Practitioner it is considered that the mental health needs of the young person can best be met in an adult environment in an emergency situation.

Further to the decision to admit the following actions must be adhered to:

- The admission to the adult age appropriate ward should be based on situations where the overriding need for a safe environment takes precedence over the suitability of the environment for their age (harm to self or risk to others).
- The identified bed on Morlais Ward will be made available on request from the SCAMHS Nurse/ Unscheduled Care Practitioner (depending on the time of day/night when admission is, required and following discussion with the nurse in charge of the ward 1:1 observation (levels 3) will be instigated on arrival
- The young person will be admitted by the nurse in charge which will include an admission assessment and an initial risk assessment and risk management plan developed with the young person and family as appropriate on Care Partner
- The young person will be orientated to the ward environment and provided with access to the Advocate Service as soon as practicable
- The admitting clinician will complete a Datix outlining the circumstances requiring admission onto the adult acute admission bed including the decision as to the appropriateness of the admission. The SCAMHS Manager will complete a Serious Untoward Incident (SUI) and complete this investigation within the expected time frame
- All admissions will be for the shortest possible time and subject to robust assessment and management of risk and vulnerability with a full review undertaken by SCAMHS staff after 48 hours or next working day.
- If admission is made out of hours then the Unscheduled Care Practitioner and the Ward Manager will inform the relevant SCAMHS locality practitioner/CATT Practitioner of the admission on the next working day and the SCAMHS Locality/CATT Practitioner will maintain the lead for the young person's clinical care management, care planning and risk management on a day to day basis.
- A multi-disciplinary meeting will be convened on the Ward to discuss next steps. Where the young person is not known a case manager will be allocated to coordinate the review and further assessment/ discharge and or onward referral to the Tier 4 Child and Adolescent Unit.
- Restrictive interventions should only be used as a last resort and should be in the best interests of the child in line with training and Policy requirements.

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- Where admission continues after 48 hours a Care Planning Meeting will be held and a care plan based on the young person's need, formulated.
- Staff Duties/ Responsibilities (**see Appendix 4**).

### 9. MENTAL HEALTH ACT 1983 AND SECTION 135/136

There are a number of misconceptions in relation to the use of the Mental Health Act and compulsory admissions and/or treatment within a general hospital. The Mental Health Act 1983, for which an amended version was introduced in 2007 allows for compulsory treatment

Under Section 3 of the Act on the grounds that:-

- (a) The patient is suffering from a mental disorder of a nature or degree which makes it appropriate for the patient to receive medical treatment in a hospital;
- (b) It is necessary for the health or safety of the patient or for the protection of other persons that the patient should receive such treatment and it cannot be provided unless the patient is detained under this Section.

Section 3 requires a recommendation from a psychiatrist, a second recommendation from another doctor (generally the GP or another psychiatrist) and an application from an Approved Mental Health Professional (formally an approved social worker).

A patient already in hospital (e.g. in a hospital medical ward) can be detained under Section 5(2) by the doctor in charge of their care for up to 72 hours, while assessment under Section 2 or 3 is arranged. A person who is a voluntary patient in hospital can be legally detained there if a registered medical practitioner provides the Mental Health Act Manager with an appropriate report.

9.4 Section 136 authorises a police officer who finds a person who appears to be suffering from mental disorder, and to be in immediate need of care or control in a public place, to remove them to a place of safety to be examined by a doctor, and interviewed by an Approved Mental Health Professional and for any necessary arrangements for their care and treatment to be made.

All children and young people who have been detained under this section should be taken to the Section 136 Suite on Morlais Ward for assessment. The nurse in charge should ensure that the appropriate paper work is completed and in order and that a responsible adult is available.

Following arrival a mental health assessment should be coordinated in a timely manner and a Children Social Worker via the local Duty Assessment Team informed and requested to attend.

### 10.ADVOCACY

Admission into hospital can be a frightening experience for a young person, especially when feeling unwell and discussions about treatment can be confusing and distressing. If the young person is not able to make a decision for themselves then a mental health professional will have to decide whether the young person's parents have the authority to make a decision for them.

Whilst it is standard practice to involve parents/carers in all discussions regarding treatment options and obtaining consent for treatment it can be helpful for the young person to have independent advice and support.



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*Advocacy is about speaking up for children and young people. Advocacy is about empowering children and young people to make sure that their rights are respected and their views and wishes heard at all times. Advocacy is about representing the views, wishes and needs of children and young people to decision makers, and helping them to navigate the system*

*National Standards for the Provision of Advocacy Services 2003*

**(REFER TO APPENDIX 5 FOR INFORMATION LEAFLET AND REFERRAL/ MONITORING FORM)**

## **11.SAFEGUARDING CHILDREN AND YOUNG PEOPLE**

Safeguarding vulnerable children is a key priority within the Health Board and any staff who may have any safeguarding concerns should contact the Lead for Safeguarding based within the Hospital.

In line with Welsh Government Directives all admissions of young people to an adult mental health ward will be monitored and reported within the Health Board as a DATIX and a Serious Untoward Incident (SUI) outlining the reasons for admission and whether this was appropriate or inappropriate. Responsibility for reporting/ investigating the SUI will be the SCAMHS Manager. **(See Appendix 7 Admission Guidance Checklist).**

Parental non compliance, placing the child's health and welfare at risk, needs professionals to consider Child Protection Procedures. Refer to the Local Authority with the Dyfed Powys Multi-Agency Referral Form **(See Appendix 8 Multi-Agency Referral Form).**

## **12.DISCHARGE/TRANSFER ARRANGEMENTS**

In line with ensuring that admission is for the least time necessary to arrange a further Psychiatric assessment the Service Manager and /or responsible Key Worker/Care Co-ordinator will ensure a review is arranged with 12 working hours.

Where the mental health crisis has stabilized the options available will be to discharge home and arrange a follow up appointment by the locality team and consider use of the CAT Team to support re-integration into the community – short term intervention whilst locality team coordinate intervention plan.

Where there is an ongoing psychiatric concern then referral will be made to the Tier 4 Admission Unit for further assessment.

All transfers from the Rainbow Unit or Morlais will be coordinated and escorts provided via S-CAMHS to ensure safety and handover of care. A risk assessment will indicate the mode of transport (Pool Car), number of staff required and whether a private ambulance will be required where risk indicates.

## **13.ADMISSION OF CHILDEN TO OTHER UNITS**

Where the Tier 4 Admission Unit is unable to provide a bed and the Health Board feels that an Out of County Placement is required then the Care Coordinator will apply to WHSSC for funding and coordinate this process including arranging the relevant unit and providing follow up care under the Mental Health Measures 2010 (CTP).

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There may also be a requirement to admit to other units in the following circumstances:-

- a. When secure placement is required due to the young person displaying behaviour that presents a high risk to themselves or others. The Tier 4 CAMHS inpatient units do not have a low or medium secure environment of care available. Admission would therefore be required to one of the SCAMHS UK secure care providers.
- b. When the legal status of the young person required a secure placement e.g. Section 37/41 of the Mental Health Act
- c. The young person is primary school age or developmentally immature so needs are best met by a unit for young children. Admission would then be required to a Welsh paediatric ward or UK children's unit.
- d. The young person has moderate to severe learning disability and the presenting needs require specialist learning disability services. Admission would be required of a UK child to an adolescent learning disability inpatient unit in exceptional circumstances, if admitted for mental health problems SCAMHS inpatient services would need to work closely with Learning Disability clinicians to ensure care is appropriate to meet the individual's needs.
- e. The young person has significant hearing impairment and their needs require specialist services for the Deaf. Admission would be required to the National Deaf Children's inpatient unit
- f. The young person presents with significant physical health concern that need immediate assessment and treatment e.g. due to severe eating disorders or self harm. In these cases admission to the Acute medical ward (Cilgerran Ward) See Appendix 6 (Share Care Protocol with SCAMHS and Acute Medical Children's Ward) .

### 14. TRAINING

All staff working with children and young people within the inpatient settings will have undertaken training specific to children and young people who present with mental health concerns and this will incorporate:

- Emotional and mental health needs of children and young people in psychiatric emergency- Self Harm, depression and eating disorders
- Safe holding for children and young people
- Mental Health Act Training
- Child Protection Level 2 e learning and level 3
- Have a current DBS and be updated every 3 years.
- Have training in the use of risk assessment tool i.e. the Wales Applied Risk Research Network (WARRN)
- Adhere to the United Nations Convention of the Rights of the Child (UNCRC)

### 15. RESPONSIBILITIES

#### a. Chief Executive

The responsibility for compliance with this Policy will sit with the Chief Executive.

#### b. Director of Mental Health & Learning Disability Directorate

Delegated responsibility for the compliance of this Policy will be with the Director for Mental Health & Learning Disability Directorate.

#### c. Lead Nurse for Safeguarding

All referrals will be reported to the Lead Nurse for Safeguarding and information communicated to the Safeguarding Boards via a quarterly report by the Head S-CAMHS.

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### d. Head of Service for SCAMHS

Data will be collated regularly and the annual report will be completed by the Head of Service for SCAMHS and reported through the Quality, Safety and Patient Experience Sub group.

An annual report will be provided for submission to Welsh Government on all admissions and the name of the designated adult mental health ward.

### 16. REFERENCES

- All Wales Child Protection Guidance
- Children Act 1989 and 2004
- All Wales Admission Guidance Welsh Government 2015
- Mental Health Act 1983 and Mental Health Act Code of Practice for Wales 2016
- Section 136 Mental Health Act 1983 - Mentally Disordered Persons Found in Public Place Inter-Agency Procedure
- Together for Mental Health 2012 & 2016
- The provision and access to the Independent Mental Health Advocacy( IMHA & IMCA) Service
- Mental Health ( Wales) Measures 2010
- United Nations Convention on the Right of the Child ( UNRC)



## 17. APPENDIX 1 - ASSESSMENT OF CAPACITY

### Questions for Patients:

- What is the nature of your illness and its risks at present?
- What are the risks and benefits of each treatment?
- What do you understand to be the outcome if treatment is withheld?
- What is your decision regarding the treatment we feel is necessary?

### Decisions for the Clinicians

Is the patient able to:-

#### 1. Understand:-

(a) Nature of risk Yes / No

(b) Risk and benefits of treatment / No treatment Yes / No

#### 2. Believe:-

Nature of risk Yes / No

Risks and benefits of treatment / no treatment Yes / No

3. Weigh up the information rationally Yes / No

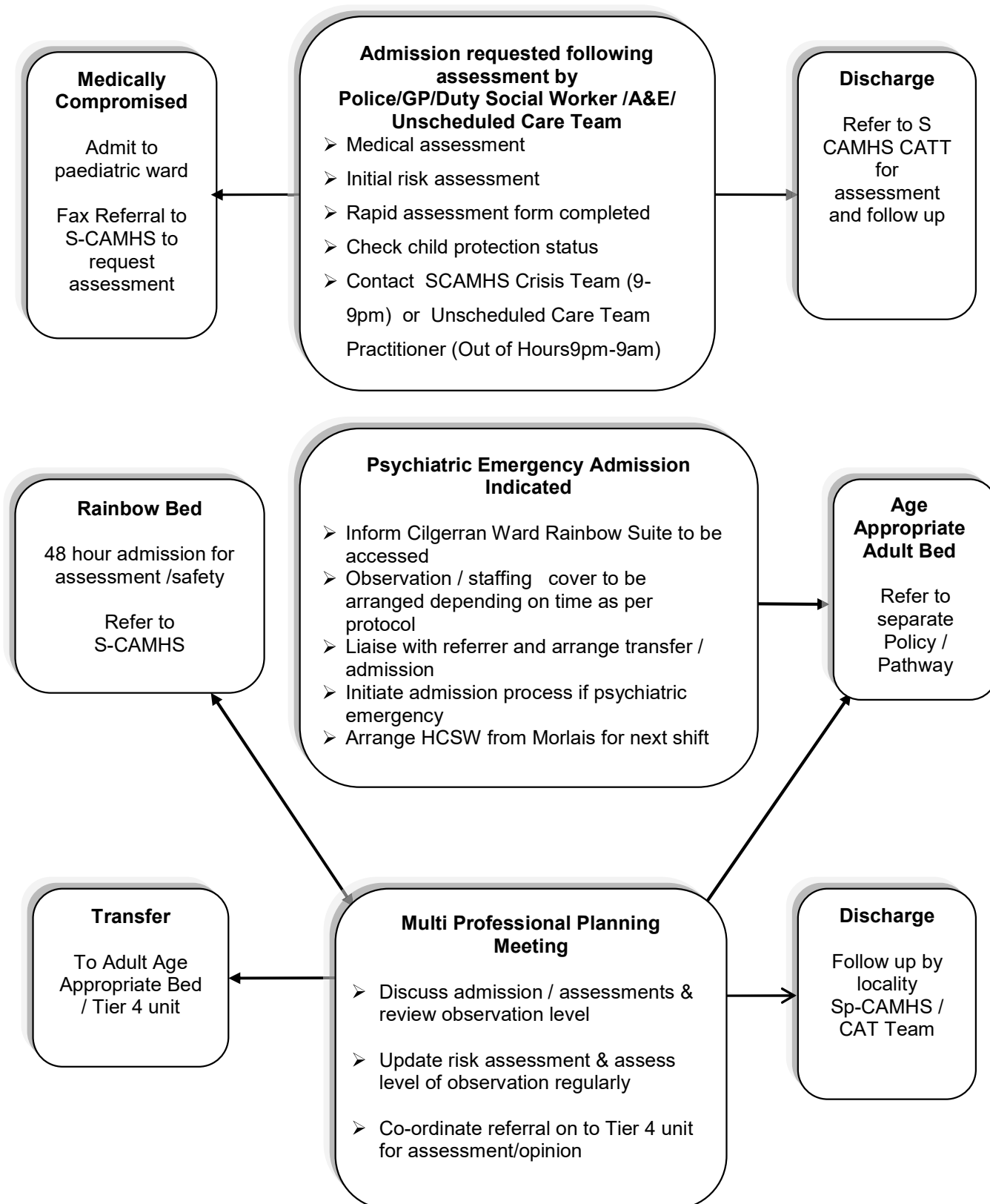
4. Thus make a fully informed choice with full capacity Yes / No

Capacity Impaired? Yes / No

Diagnosis and details of underlying psychopathology impairing capacity

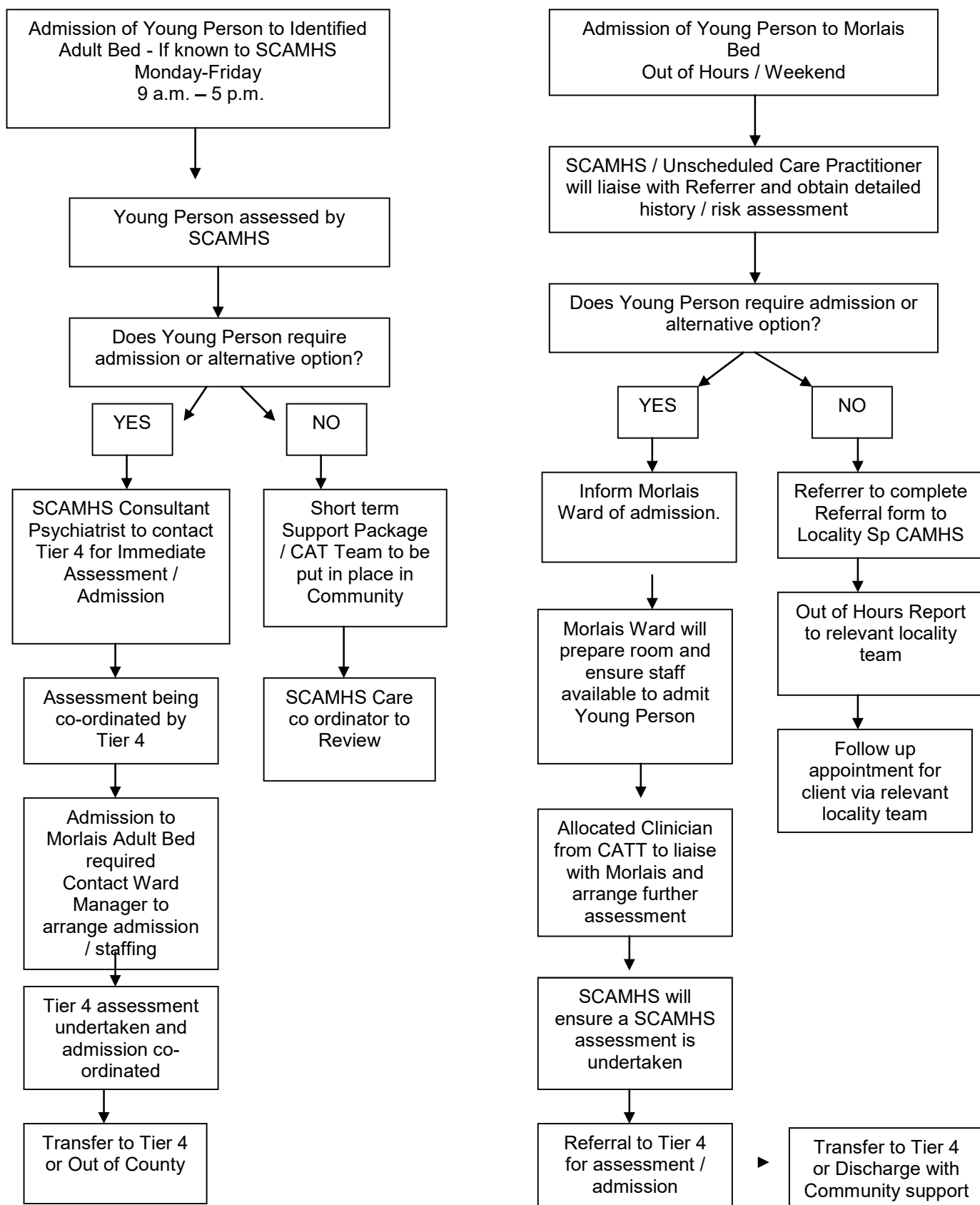
# HYWEL DDA UNIVERSITY HEALTH BOARD

## 18.APPENDIX 2- ADMISSION PATHWAY FOR THE RAINBOW SUITE



# HYWEL DDA UNIVERSITY HEALTH BOARD

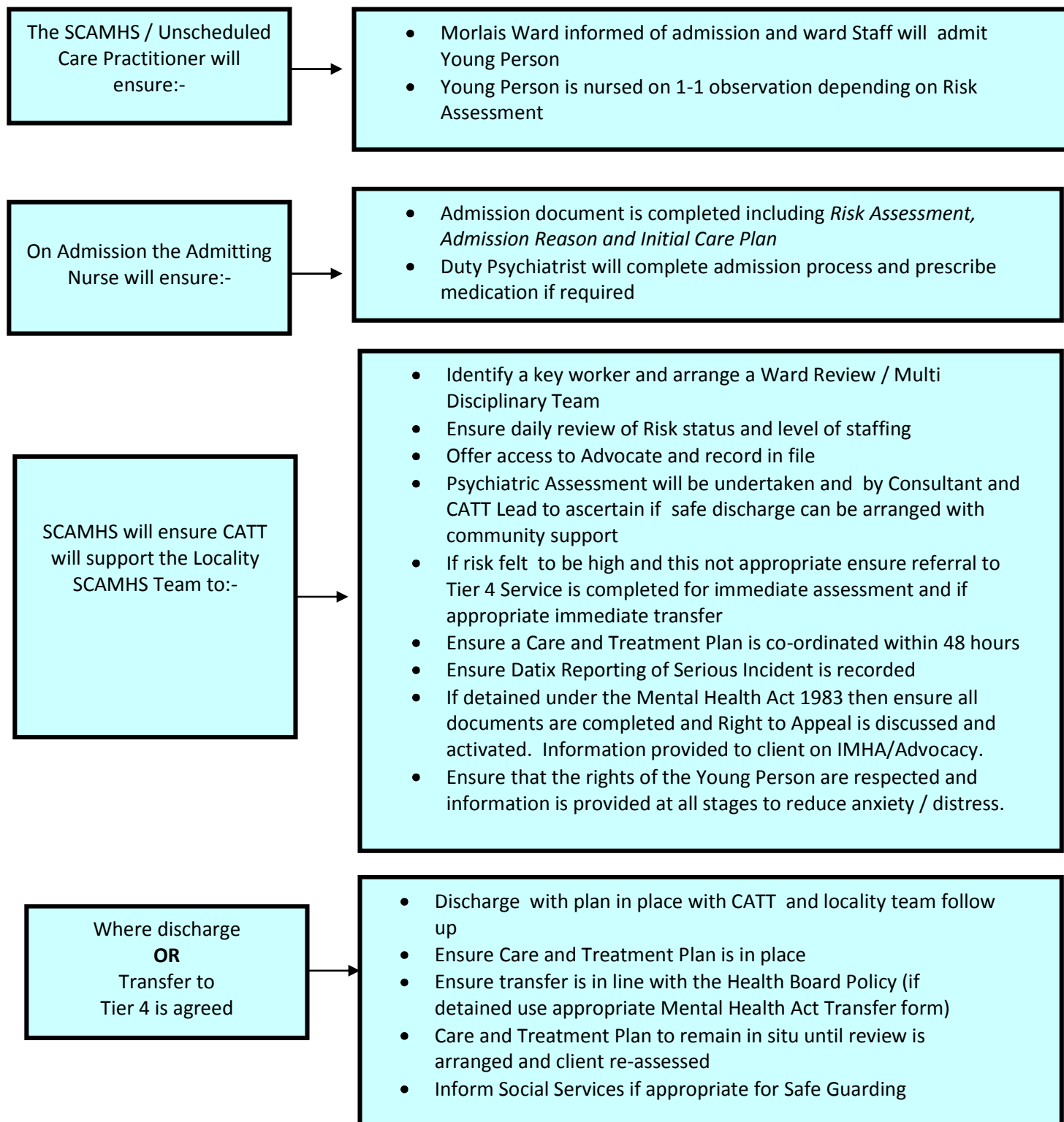
## 19. APPENDIX 3 - SCAMHS CARE PATHWAY FOR ADMISSION TO THE MORLAIS AGE APPROPRIATE BED



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## 20. APPENDIX 4 - S-CAMHS CARE PATHWAY FOR ADMISSION TO THE MORLAIS ADULT AGE APPROPRIATE BED

### ADMISSION CHECKLIST



## 21. APPENDIX 5 - RESPONSIBILITIES & DUTIES OF KEY STAFF FOLLOWING ADMISSIONS OF A YOUNG PERSON

### Admitting Clinician

Following a decision to admit a young person into the Adult Age Appropriate Bed, and having considered all alternative placements, SCAMHS / Unscheduled Care Practitioner will ensure that admission and nursing support is arranged in line with the agreed process via Morlais Ward.

### SCAMHS Key Worker/Care Co-ordinator

Following admission to the adult mental health bed the Lead for the Crisis Team (CATT), in collaboration with the Locality Team, is responsible for co-ordinating daily reviews and they will be responsible for the young person's care whilst they are an inpatient and will provide appropriate assessment, risk assessment, care planning and review. The SCAMHS key worker/ CTP Co-ordinator is responsible for fulfilling the remit of lead professional for the young person and will:

- Complete the 48 hour review and ensure that following a holistic assessment a Care and Treatment Plan is developed and agreed with the young person and their family.
- Ensure completion of relevant MHA documentation if appropriate as per HB Policy and ensure the young person is fully informed of their rights whilst on the ward, including issues of consent, confidentiality and information about their care and treatment.
- Attend all reviews, care planning meetings, discharge meetings
- Liaise with relevant services and partner agencies to ensure the young person's needs are met.
- Joint work with the inpatient staff with the young person and family.
- Ensure the young person has, where applicable, contributed to the development of and has received a copy of their care plan.
- Be responsible for completing the relevant documentation to arrange the transfer to an appropriate CAMHS inpatient bed if indicated and ensure a valid CTP is commenced / in place on transfer
- Produce an aftercare plan prior to discharge of the young person including all relevant professionals and partner agencies to provide continuity of care on discharge from hospital or transfer to a CAMHS specialist bed.
- Ensures access to an Independent Mental Health Advocate (IMHA) is arranged Information is available about advocacy and consent to the young person's family and other professionals involved in their care.

### SCAMHS Consultant Psychiatrist

Following admission to the adult inpatient unit the Locality SCAMHS Consultant Psychiatrist will be responsible for the provision of medical care until the young person is discharged. They may negotiate this is delivered by the Carmarthen Psychiatrist following discussion. They will liaise closely with:

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- The SCAMHS consultant in the young person's originating locality team
- The Consultant Psychiatrist of the adult inpatient unit.
- Complete a request by telephone / electronic means for **IMMEDIATE ASSESSMENT / ADMISSION** to the Tier 4 CAMHS Admission unit in Bridgend
- If transfer to the local Tier 4 unit is not deemed suitable or there is a lack of available beds then an application will be made to WHSSC for an Out of County funding package in the event that the Tier 4 placement in Wales is unable to accommodate the young person
- They will ensure that the physical health care needs of the young person are met through the current arrangements on the inpatient unit.

### Adult Consultant Psychiatrist

Adult Consultant Psychiatrists and medical staff are responsible for providing emergency mental health assessments for young people out of hours as part of the on call rota as agreed with the Medical Director for Mental Health.

### Role of Adult Mental Health Staff

In liaison with the Ward Manager, SCAMHS will agree the level of support for the ward staff and provide ongoing support/ supervision as arranged with the ward manger.

Medication will be administered by the Qualified Nurse in Charge in line with the HB policy for dispensing medication and any concerns reported to the Child and Adolescent Psychiatrist/ Key worker.

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## 22.APPENDIX 6 - Advocacy/Advocacy Referral Monitoring

Statutory advocacy services are available for all people who have been detained under the Mental Health Act.

IMHA, Independent Mental Health Advocacy is available across the Health board foot print.

For S-CAMHS any young person who is admitted to hospital being both treated and assessed for a mental health condition, including mental capacity, is entitled to an IMHA.

It is a legal duty for staff to give the information to their patients.

Contact is via telephone or by e mail:

Haverfordwest: 01437 762935

Carmarthen: 01267 223197

At present, services provided by [mapadvocacy.org.uk](http://mapadvocacy.org.uk) - soon to become [advocacywestwales.org.uk](http://advocacywestwales.org.uk).

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<b>MAP - IMHA SERVICE REFERRAL FORM</b>	
Tŷ Carwyn, 3 St Peter's Street Carmarthen, Carmarthenshire SA31 1LN  <b>TEL/FAX: 01267 223197</b>	The Liberal Chambers, 4 St Mary's Street, Haverfordwest, Pembrokeshire SA61 2DR  <b>TEL/FAX: 01437 762935</b>
E-MAIL: <a href="mailto:imha@mapadvocacy.org.uk">imha@mapadvocacy.org.uk</a>	
<b><i>Referrals can be made by any individual involved with the care and treatment of the person being referred.</i></b>	
Name of person being referred:	
Name of Hospital and Ward	Home Address
Date of Birth:	Date of Admission:
Section of MHA (if applicable):	Date of Section (if applicable):
Name of Responsible Clinician:	
Name of Nearest Relative or Next of Kin:	
Communication requirements: Welsh, English, other spoken language, British Sign Language, non-verbal communication, other (please specify):	
Has patient been informed a referral is being made?	
Dates/details of any forthcoming deadlines or meetings:	
Any other relevant information (including any information required to keep the person and/or the IMHA safe):	
Referred by:	Date of referral:
Position:	Telephone:
Signature:	



## HYWEL DDA UNIVERSITY HEALTH BOARD

### 23.APPENDIX 7 - ADMISSION GUIDANCE TO AGE APPROPRIATE BED CHECKLIST

		Done	Signe d	Date d
1.	CATT Team Manager or allocated deputy obtains background information on admission and updates Database / informs Senior Managers at the Managers Operational Meeting weekly.			
2.	Admitting clinician to complete Datix in respect of admission to designated age appropriate ward.			
3.	S-CAMHS Manager receives DATIX and undertakes investigation detailing rationale for admission actions undertaken and lessons learnt.			
4.	Head of Service / Deputy completes Serious Untoward Incident (SUI) within 24 hours outlining reasons for admission, actions undertaken and whether admission considered appropriate or inappropriate. Form sent to Executive for sign off.			
5.	Police Involvement: Where police involvement or young person taken to police station for assessment SUI to be completed and incident also reported to Mental Health Legislation Assurance Committee via Quarterly reporting requirement, and a full investigation to be undertaken			
6.	Sec 136 : Where sec 136 utilized learning from event to be undertaken via the HB joint meeting with Dyfed Police to ensure compliance with Guidance and learning opportunity.			
7.	Service manager/deputy monitors admission and ensures compliance with Protocol and Admission Guidance for onward referral to Tier 4 Child and Adolescent mental health unit			
8.	Annual HB Report submitted to WG outlining <ul style="list-style-type: none"> <li>- Number of age appropriate mental health wards</li> <li>- Number of admissions to designated and non designated wards</li> </ul>			

## 24. APPENDIX 8 – MULTI-AGENCY REFERRAL FORM

### DYFED POWYS MULTI-AGENCY REFERRAL FORM



<b>DETAILS OF PERSON MAKING REFERRAL:</b>									
<b>Name:</b>		<b>Agency:</b>		<b>Date:</b>					
<b>Telephone:</b>		<b>Email:</b>		<b>Signature:</b>					
<b>SUBJECT OF REFERRAL:</b> <i>(Child, young person or unborn baby)</i>									
<b>Surname:</b>		<b>Forename(s):</b>		<b>Other names used:</b>					
<b>DOB/EDD:</b>		<b>Age:</b>		<b>Gender:</b>		<b>Ethnicity:</b>		<b>Preferred Language:</b>	
<b>Looked After:</b> Yes / No		<b>CP Register:</b> Yes / No		<b>NHS Number:</b>					
<b>Address:</b>				<b>Post code:</b>		<b>Telephone:</b>			
<b>REASON FOR REFERRAL / NATURE OF CONCERNS:</b> <i>(including how and why those concerns have arisen, if known)</i>									

IF THERE ARE IMMEDIATE CONCERNS FOR A CHILD, A REFERRAL SHOULD BE MADE IMMEDIATELY BY TELEPHONE TO THE ASSESSMENT SERVICE / DUTY TEAM. IN SUCH CASES THIS FORM SHOULD THEN BE COMPLETED AND SENT TO THE ASSESSMENT TEAM / DUTY TEAM THE SAME WORKING DAY IN ACCORDANCE WITH ALL WALES CHILD PROTECTION PROCEDURES.

ADDITIONAL INFORMATION ABOUT THE SUBJECT BEING REFERRED			
Has the family resided in another area?		Yes / No	If yes, Why & Where?
Has the Child / Young Person arrived from overseas?		Yes / No	If yes, Date of Arrival?
Nationality:	Immigration Status:		Home Office Registration Number:
Cultural Needs:	Any Communication Needs:		Interpreter / Intermediary / Advocate required? Yes / No
Any Disabilities:			Any Mental Capacity issues:
Any other relevant information: <i>(including family history, strengths, vulnerabilities and any other developmental or additional needs)</i>			

VIEWS SHOULD BE SOUGHT WHEREVER POSSIBLE	
Has consent for referral been obtained from the child?	Yes / No
Has consent for referral been obtained from the Parent? Yes / No	
Views of the Child / Young Person about making this referral:	Views of the Parent(s) about making this referral:
Name of Parent(s) giving consent:	

Signature of Family Member (with parental responsibility) consenting to referral: .....

Name: Date: IF THERE ARE IMMEDIATE CONCERNS FOR A CHILD, A REFERRAL SHOULD BE MADE IMMEDIATELY BY TELEPHONE TO THE ASSESSMENT SERVICE / DUTY TEAM. IN SUCH CASES THIS FORM SHOULD THEN BE COMPLETED AND SENT TO THE ASSESSMENT TEAM / DUTY TEAM THE SAME WORKING DAY IN ACCORDANCE WITH ALL WALES CHILD PROTECTION PROCEDURES. Page 23 of 26

ASSOCIATED PERSONS						
Details of Household members: (please include anyone, including siblings, living at the property)						
Names of household members	Relationship to child	Gender	Telephone No.	DoB/ EDD	Ethnicity / Religion	Any relevant risk factors (including Sub Misuse, Mental ill-health, Physical ill-health, Domestic Abuse, History of violent behaviour)

Details of significant persons who are NOT members of the household: (please include any family members, including siblings)						
Name & Address of significant person	Relationship to child	Gender	Telephone No.	DoB/ EDD	Ethnicity / Religion	Any relevant risk factors (including Sub Misuse, Mental ill-health, Physical ill-health, Domestic Abuse, History of violent behaviour)

Key Agencies Involved: (Consider all areas below and include any key agencies known)				
HEALTH (GP, Health Visitor, Midwife, Community Paediatrician, CMHT, CAMHS, School Health Nurse)		EDUCATION (School, FE College, School Nurse, Pupil Support Officer, Welfare/Inclusion Officer, Nursery, School Counsellor)	OTHER STATUTORY SERVICES (Children or Adults' Social Services, Housing, Probation, Youth Service, Youth Justice/Offending)	PREVENTATIVE SERVICES (TAF, Child in Need, Youth Service, Sub Misuse Service, Women's Aid, Support worker)
Name & Role of Key Person		Address	Telephone No.	Email

IF THERE ARE IMMEDIATE CONCERNS FOR A CHILD, A REFERRAL SHOULD BE MADE IMMEDIATELY BY TELEPHONE TO THE ASSESSMENT SERVICE / DUTY TEAM. IN SUCH CASES THIS FORM SHOULD THEN BE COMPLETED AND SENT TO THE ASSESSMENT TEAM / DUTY TEAM THE SAME WORKING DAY IN ACCORDANCE WITH ALL WALES CHILD PROTECTION PROCEDURES.



# Specialist CAMHS

## Primary and Secondary Mental Health Service Specification

Policy Number:		Supercedes:		Standards For Healthcare Services No/s	
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Version No:	Date Of Review:	Reviewer Name:	Completed Action:	Approved by:	Date Approved:	New Review Date:
4	16/9/2016	A. Lodwick		E. Ryan.		16/9/2018
	20/10/2020	A. Lodwick		E. Carroll		20/10/2023

Brief Summary of Document:	Outlines to all staff and external referrers clear and accessible guidance for the accessibility and provision of mental health services for children, adolescents and their families across the Hywel Dda Health Board.
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To be read in conjunction with:	Together for Mental Health 2012 Mental Health & Wellbeing Strategy 2012-2017 Specialist CAMHS DNA Guidelines 2018 Transition/Discharge Guidelines Integrated Medium Term Plan 2018-2021 The Supervision Procedure for Nurses and Practitioners in the Mental Health/Learning Disability Directorate 2020 – 2022 Clinical Supervision Policy Psychologists, Psychotherapists, Psychological Therapists and Counsellors 2018 - 2021
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Classification:	Operational	Category:		Freedom Of Information Status	
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Authorised by:	E. Carroll	Job Title	Director	Signature:	
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BWRDD IECHYD PRIFYSGOL HYWEL DDA UNIVERSITY HEALTH BOARD

Responsible Officer/Author:	A. Lodwick		Job Title:	Head of Specialist Child and Adolescent Mental Health Services
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Scope	ORGANISATION WIDE	✓	DIRECTORATE	✓	DEPARTMENT ONLY	✓	COUNTY ONLY	✓

Staff Group	Administrative/ Estates	✓	Allied Health Professionals	✓	Ancillary	✓	Maintenance	✓
	Medical & Dental	✓	Nursing	✓	Scientific & Professional	✓	Other	✓

CONSULTATION	Please indicate the name of the individual(s)/group(s) or committee(s) involved in the consultation process and state date agreement obtained.			
	Individual(s)	Specialist CAMHS Dashboard	Date(s)	
	Group(s)	MH& LD Directorate Dashboard	Date(s)	
	Committee(s)	MH& LD Q&S Committee	Date(s)	

RATIFYING AUTHORITY (in accordance with the Schedule of Delegation)	KEY		COMMENTS/ POINTS TO NOTE
NAME OF COMMITTEE	A = Approval Required	Date Approval Obtained	
	FR = Final Ratification		

Date Equality Impact Assessment Undertaken	September 2014	Group completing Equality impact assessment	
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Please enter any keywords to be used in the policy search system to enable staff to locate this policy	Operational Guidelines
--	------------------------

Document Implementation Plan	
How Will This Policy Be Implemented?	Disseminated across the Hywel Dda Health Board and Local Authority
Who Should Use The Document?	All clinicians within the Specialist CAMHS Primary and Secondary Mental Health Service Adult Mental Health and Learning Disability Service Child and Adolescent Health Directorate Local Authority Childrens Services and Education Department
What (if any) Training/Financial Implications are Associated with this	None to date



document?			
What are the Action Plan/Timescales for implementing this policy?	Action	By Whom	By When
	Specialist CAMHS Planning Performance and Delivery Board	A. Lodwick	4 February 2013
	CAHD Quality & Safety Committee	A. Lodwick	February 2013
	M H&L D Directorate	A. Lodwick	September 2014
	MH&LD Directorate Dashboard	A. Lodwick	May 2105
	MH& LD Directorate Q & S Board	A. Lodwick	May 2015
	Specialist CAMHS Dashboard	A. Lodwick	2018
	MH&LD Written Policy Control Group	A. Lodwick	2020

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## 1.0 INTRODUCTION

This Service Specification outlines both the Operational and Governance framework for the Specialist Child and Adolescent Mental Health Service (S-CAMHS) provided by Hywel Dda Health University Board across the Health Board footprint. It provides information for team members and professionals within the Health Board and for other services about the service provision for children, adolescents and their families who experience emotional and mental health problems within Hywel Dda University Health Board.

This Guidance describes the systems in place for the provision of mental health services for children, young people and their families across the Health Board footprint.

S\_CAMHS provides both mental health services for children, adolescents and their families which are community-based, consisting of multi-disciplinary teams and the provision of specialist services which are coordinated and provided from a central base. We work in locality-based teams, which cover all areas of the Hywel Dda University Health Board and service delivery is centrally coordinated from a central resource in Carmarthen (Ty Llewelyn).

The document is under-pinned by “Together for Mental Health” and “Together for Children and Young People” (T4CYP), which recognises that children and young people with or without learning disabilities and mental health problems receive help and support from a range of professionals in partner agencies.

The aim of the S\_CAMHS service is to improve the emotional well-being, mental health and psychological well-being of all children and young people. This will be achieved by promoting positive mental health and well-being, reducing risk, building resilience and ensuring the delivery of needs led services which are coordinated, responsive and accessible. To achieve this, there will be a continued focus on prevention, early intervention and the identification of needs, ensuring capacity in targeted and specialist services for those who require them.

### 1.1 Child and Adolescent Mental Health Services (CAMHS)

Child and Adolescent Mental Health Services (CAMHS) have developed historically according to the conceptual framework as a ‘Tiered Model of CAMHS’ service delivery described in ‘Together We Stand’ (HAS 1995). Consequently CAMHS were historically defined as a Tier 2/3 Specialist Multi-disciplinary Services.

However new legislation, including; “Together for Mental Health: A Strategy for Mental Health and Wellbeing in Wales 2012” and “Mental Health (Wales) Measure 2010”, alongside the changing face of service delivery has enabled us to provide services aimed at a Primary level focusing on early intervention and prevention and Secondary Mental Health intervention provided by specialist multi-disciplinary teams focused on providing mental health services for those children and young people at risk of developing severe or complex mental health disorders. We aim to provide the appropriate level of support for the child and their family in conjunction with the Local Primary Mental Health Support Services.

The SCAMHS Service therefore provides:

- P-CAMHS - Local Primary Mental Health Support Service (LPMHSS)
- S-CAMHS - Secondary Mental Health Service

## 2.0 SCOPE OF GUIDANCE

**2.1** This Service Guidance applies to all staff, seconded staff from external agencies, students and volunteers engaged in delivering specialist mental health services in or on behalf of the service and in all settings where service delivery takes place. The Operational Policy is available to partner agencies, stakeholders, service users and their families.

### 2.2 The Vision for Accessible CAMHS

Children, young people and families want mental health services which are accessible, provide support when needed and involve them as service users. They also want to know what services are available to help them (National CAMHS Review, 2008).

The vision of the National CAMHS Review is that children, young people and their families should have:

- clearly signposted routes to specialist help
- an 'open door' into a system of joined-up support
- timely access to this system
- help available during any wait

## 3.0 AIMS AND OBJECTIVES

### Service Aims

- To ensure a preventative approach to meeting the emotional and mental health needs of all children and young people.
- To promote improved mental health and emotional well being of children and young people.
- To provide specialist services to children and young people presenting with mental health needs which include those with a learning disability.
- To provide access for children, young people and their parents to evidence based treatments focused on outcomes
- To provide care for children and young people in crisis so they are treated in the right place at the right time and as close to home
- To ensure the service provision is in line with local and national strategy and best practice.
- To enable families, carers and other professionals to positively support children and young people, by providing them with appropriate strategies and skills to improve mental health.
- To provide timely assessment and intervention appropriate to the needs of each individual child and their family.

- To provide training and consultation for Tier 1 professionals to maximise their ability to promote mental health within primary care setting.
- To enable children and young people to be experts in their care and co-produce the services they receive
- To work collaboratively across the range of agencies, including the Third Sector and professionals to promote emotional and mental health in the least restrictive environment.

## **We aim to do this by:**

- Building on the skills and knowledge base of universal and targeted staff in meeting the mental health and learning disability needs of children, young people and families.
- Supporting parents, carers and other professionals' ability to manage existing mental health needs, psychological or neuro-developmental problems more effectively.
- Implementing clear evidence-based pathways for community-based care, including intensive home treatment where appropriate, to avoid unnecessary admissions to inpatient care.
- Enhancing children, young people and families coping abilities and building resilience
- Having a positive impact on the child or young person's resilience to assist them to manage negative stressors more effectively and develop problem solving skills
- Provide diagnosis, formulation and understanding, and the provision of evidence based interventions.
- Listening to children and young people of their experiences of their care, how this fits in their lives and how they would like services to work for them
- Promote health and well-being to those who use our services.

## **4.0 SINGLE POINT OF CONTACT (SPoC)**

Within HDUHB we operate a Single Point of Contact (SPoC) which provides a single route to process all referrals and obtain advice to all patients referred to our Child and Adolescent mental health services. In addition the service is able to provide a timely response for advice and co-ordination in urgent situations.

### **Screening of Referrals**

All referrals received by Specialist CAMHS are directed to the Single Point of Contact based in our central resource at Ty Llewelyn. Referrals can currently be received via post, fax or email. Once received, the SPoC team will review the referral, contact the referral agency and any other agency involved if deemed necessary, and the young person and/or family as appropriate. The screening conversations and outcomes are logged on our electronic record software, Care Partner. This allows access to all staff across the Service at any time. Routine accepted referrals are processed and forwarded via email to the appropriate team. Urgent accepted referrals are delivered to our Crisis, Assessment and Treatment Team (CATT) in a timely fashion who are based in the same building as SPoC.

Screening of all referrals includes the following:

- Information and resources on children and young peoples' mental health and emotional well-being.
- Advice on specific strategies for supporting individuals and families.

- Information about Specialist CAMHS and when this service might be helpful.
- Information on other appropriate services for children and young people.
- Advice on professionals' role in supporting children and young people's mental health and emotional well-being.
- Books for Health.

## **Welsh Government Performance Standards**

**Urgent Referral:** Within 4 hours (Police Sec 136/Police Custody/EIP only)

**Emergency Referral:** Within 48 hours

**Routine Referrals:** Within 28 days

## **5.0 LOCAL PRIMARY MENTAL HEALTH SUPPORT SERVICES**

The Local Primary Mental Health Service is provided by Specialist CAMHS Primary Mental Health Workers (PMHW) with the aim that through the provision of a comprehensive range of evidence based interventions to address emotional and mental health disorders, we ensure appropriate treatment and intervention is delivered at a primary care level. The ethos is that through the provision of early access and intervention of the relevant clinical intervention, escalation and further deterioration is prevented

Local Primary Mental Health Support Services (LPMHSS) for children and young people provide a range of functions and services that support and work alongside non-mental health professionals to meet the needs of young people at risk of developing, or experiencing mild to moderate mental health problems in their community.

In line with Part 1 of the Mental Health (Wales) Measure 2010 and the agreed pathway within HDUHB for the provision of the Local Primary Mental Health Support Service (LPMHSS) the service will ensure the provision of a comprehensive mental health assessment for a child or young person who will have initially been seen by a GP or other appropriate referrer is in place.

All accepted referrals will be offered a Choice appointment in line with our service model (CAPA) following which, if the agreed intervention is to continue in CAMHS, will be provided with a care plan outlining the initial intervention/interventions which would normally be delivered by a single practitioner (Core Partnership).

Interventions within Primary CAMHS will consist of up to 4 sessions following clinical review with the client. At the end of this initial intervention and where ongoing intervention is required, then onward referral to Specialist CAMHS will be facilitated and the next steps would be Partnership sessions. If following this Specific Intervention is required, then this will necessitate a Care Coordinator being identified and a Care and Treatment Plan (CTP) being coordinated.

### **5.1 Service Functions**



LPMHSS must include the statutory requirements of Part 1 of the Mental Health Measure Wales 2012 (The Measure) are as follows:

- Provision of information and advice to individuals and carers
- Comprehensive mental health assessments
- Local Primary Mental Health interventions/treatments
- Making onward referral and co-ordination of next steps
- Provision of support and advice to professionals.

The LPMHSS model is attached as **Appendix 1**

## **5.2 Local Primary Mental Health Support Services provides 4 functions:**

### **Enhanced Access**

Mental health services must be readily accessible to provide effective support to professionals seeking help for a child or young person. It is recommended that all services will access mental health support for children and young people through one clear process in each health board area. This will be initiated by, and based on individual case discussions at regular meetings between the partner agencies, rather than paper based referral processes. The Measure gives specific requirements for the services available for referrals from General Practitioners.

### **Training, Advice and Sign Posting (Building Capacity)**

To build the capacity of primary and universal services in the field of mental health and wellbeing, The Measure sets out a specific requirement for LPMHSS to provide information, advice and assistance to primary care providers. The Primary Mental Health Workers, Mental Health Practitioner and other members of the clinical team contribute to the delivery of training for all Primary care professionals in universal services. Bespoke training can be requested and delivered by the PMHW's and other clinicians within the Multi Disciplinary Team (MDT). Children and young people in need of more specialised help from Child and Adolescent Mental Health Services (CAMHS) should have clearly signposted routes to specialist help and timely access to this, with help available during any wait.

This includes:

- Advice, alongside formal and informal consultation about individual cases, and themes/issues relevant to mental health.
- Signposting to appropriate services to meet child or family needs.
- General training aimed at increasing knowledge about mental health.
- Training aimed at increasing skills in identifying and working with mental health concerns appropriate to role, including joint AMHS and Adult Mental Health training opportunities and joint working, and risk detection.
- Supervision of mental health focused work delivered in community settings.
- Mental health promotion – raising awareness of emotional wellbeing, building resilience, increasing early detection of difficulties and enhancing knowledge and skills

### **Information**

Children and young people, their families/carers must be central to the development of information to ensure that it is useful and meaningful. The content and format must be accessible and use current technology.

The Measure sets out a specific requirement for the provision of information, advice and other assistance to primary care providers for the purpose of improving the services related to mental health, which they provide or arrange. It also requires information and advice about available services to be provided to children/young people, their families/carers.

## 5.3 Liaison Psychiatry

### Liaison

In some cases Specialist CAMHS primary mental health practitioners will work alongside front line professionals from all agencies, including General Practitioners, to increase confidence, skills, capacity and capability in working with mental health difficulties in children and young people. Roles and responsibilities should be clear from the outset to the child/young person, their family/carer and practitioners.

Liaison Psychiatry addresses the mental health needs of people who are being treated primarily for physical health problems. There is a high level of undiagnosed conditions and in the absence of early intervention mental health co-morbidities lead to poorer health outcomes and substantially increase the costs of physical health care.

### Paediatric Liaison Clinics

Paediatric Liaison clinics have been established in each of the locality teams with the aim of establishing regular liaison clinics between the two services to enable clinicians to collaboratively discuss cases that presents with complex physical and mental health manifestations. This allows for both services to contribute to clinical discussions of complex cases, weighing up and considering the best course of action to improve the outcome of the young person's case discussed. Individuals discussed may be well known to both services, or individuals who are currently managed by one service and it is felt that the other service can make significant contributions to the continued care and treatment via the vehicle of the liaison meetings.

We recognise also, there is a need to also consider how we can strengthen the provision of liaison psychiatry to colleagues in A+E, Diabetic Clinics and Out of Hours. We envisage this developing when we establish the Community Intensive Team and working collaboratively with colleagues in MH&LD will enable this to develop.

## 5.4 The Primary CAMHS (P-CAMHS) service will provide:

- Advice and Consultation for professionals
- Early intervention and Prevention Service (PMHW)
- Short term interventions either individually or group work which could include cognitive behaviour therapy, BSF therapy, family work and group work
- Mental health assessments
- Self harm assessments and interventions
- Short term interventions for mild or moderate mental health problems where need can be met and managed by an individual clinician in CAMHS and a degree of coordination may be required with other services but does not warrant a formal CTP



- Short term intervention for mild – moderate mental health problems where the intervention is provided by a single clinician
- Routine follow up post diagnosis i.e. psychosocial workshops
- Routine medication reviews.

## 5.5 Perinatal Mental Health Service

Mental health and the wellbeing of babies and children is inextricably linked to the mental health and wellbeing of their parents, in particular their mothers and we also know that many mental health problems start early in life, often as a result of deprivation including poverty, insecure attachments, trauma, loss or abuse. Between 1 in 10 and 1 in 15 new mothers experience post-natal depression.

Specialist CAMHS will work in collaboration with the Perinatal Mental Health Service to develop services to promote good mental health in pregnancy, early identification and ante-natal intervention where there are indicators of risk.

Evidence shows that parenting skills training improves the mental health of parents and the mental health, behaviour and long-term life chances of children. Infants who experience positive secure attachments have the best foundation on which to build their future emotional and mental wellbeing.

## 5.6 Developing Services for Under 5

The service is currently running a pilot called “Tiny Tiers” with the remit to provide support for professionals who work with under fives and who are concerned that mental health issues may be developing. The remit of the group includes community signposting and aims to promote the development of a resilient community around a child, sharing of skills and knowledge and developing a network of support to facilitate infant mental health development.

The service aims to further develop Infant Mental Health Services in collaboration with the Perinatal Mental Health Service as the new service becomes established.

## 6.0 SPECIALIST CAMHS: SECONDARY MENTAL HEALTH SERVICES

Specialist CAMHS form part of a continuum of services that address the mental health needs of children and young people. It provides services to those children and young people with the highest risk and highest likelihood of mental disorder and mental illness.

Specialist CAMHS will provide a range of evidence based health inputs for children and young people who are displaying developmentally inappropriate behaviours that are risky to self or others (including self harm), children displaying persistent or significant abnormalities of mood or anxiety, possible psychosis and eating disorders. This includes those who display such behaviours as a result of trauma or early attachment problems. Services must be equitable and accessible for all groups based on clinical need.

The Secondary Mental Health Services provided within Specialist CAMHS will provide specialist multi-disciplinary intervention for children and adolescents that require the involvement of more specialist interventions and would be provided by a multi-disciplinary

team and would warrant the identification of a Care Coordinator and implementation of formal Care and Treatment Planning (CTP).

For NHS Wales those services classed as Specialist CAMHS include:

- Assessment and advice (in the community)
- Crisis response
- In-patient provision
- Forensic community
- Early intervention
- Early intervention in psychosis
- Eating disorders
- Co-morbid neurodevelopment
- Co-morbid learning disability
- Looked after children liaison
- Intensive family support
- Special schools support/liaison
- Accident and Emergency liaison
- Drug and alcohol services liaison
- Youth offending teams liaison
- Paediatrics liaison (including deliberate self-harm clinics)
- Prison/secure accommodation in-reach

The following presentations would be likely to require this:

- Moderate – severe mental health illness is suspected and comprehensive mental health assessments/investigations/intervention and treatment are underway.
- Cases where significant risk from self harm/suicidal ideation requires coordination and intervention.
- Moderate – severe mental health disorders where there is a need for intervention from the multi-disciplinary clinical team within Specialist CAMHS
- Moderate – severe mental health disorders where there is a requirement for multi-disciplinary intervention/specific services from within Specialist CAMHS in order to meet client needs due to additional mental health or other complex health problem (continuing care needs).
- Highly complex cases where this is significant risk of harm to self or others such as violence, sexual offending and challenging behaviours where there may be joint co-ordination of care between agencies (YOPS).
- Moderate- severe mental health illness with co-morbidity.
- Cases requiring specific treatment which is likely to be for an extended period of time ie Child Psychodynamic Psychotherapy, EIP, DBT.
- Cases where in-patient (age appropriate paediatric/adult/Tier 4) assessment/treatment is required.

## Specialist CAMHS functions

All Specialist CAMHS will have 4 functions:

- **Enhanced access:** There will be a shared proactive process for services that see children and young people at higher risk of developing mental disorder or illness. Specialist CAMHS will have an agreed method of working in partnership that does not rely on written referral alone to access other functions.
- **Advice:** Consultation and advice involves a member of the Specialist CAMHS team providing guidance to people working with the child or young person. The clinical responsibility does not transfer to Specialist CAMHS
- **Liaison and assessment:** Specialist CAMHS will become part of the professional network supporting the child or young person. The clinical responsibility does not transfer to Specialist CAMHS except by formal agreement
- **Care co-ordination:** Specialist CAMHS will become the responsible agency. The pathways to transition in and out of inpatient care when required should be described and clear. Arrangements for emergency and urgent out of hour's provision will be defined and clear. Services will predominantly be delivered in the community including in family homes and schools.

Specialist Child & Adolescent Mental Health Services is attached at **Appendix 2**

## 7.0 INTEGRATED WORKING

**7.1** The need to retain a culture of integration across the range of providers of CAMHS is an essential component of integrated delivery, especially in the current climate of NHS organisational change. CAMHS Commissioning priorities reflect current government guidance, targets and outcomes, and are balanced with views of children, young people and families and key stakeholders. These include key focus on early intervention and prevention models and interventions.

There are a number of jointly commissioned services across both the Health Board and the Local Authority to meet the identified needs of the local population.

All children and young people have access to mental health promotion, targeted to most vulnerable and disadvantaged groups. All staff working directly with children and young people have sufficient knowledge, training and support to promote psychological well-being and are able to identify early indicators of difficulty.

There is an integrated approach and access to the range of Specialist CAMHS. Children and young people with complex mental health needs receive an effective and timely service with early intervention, high quality, evidenced based care, support and information delivered by appropriately qualified and experienced staff. Children and young people are able to receive urgent mental health care, when required leading to specialist mental health assessment within 24 hours or the next working day.

Young people up to the age of eighteen with mental health problems have access to age-appropriate services, in an age appropriate environment. Arrangements are in place to ensure continuity of care with integrated arrangements at the point of transition within CAMHS to other services including Adult Mental Health Services.

Commissioned Service provisions via Service Level Agreements are in place with the following service providers:

- Youth Offending Services
- Children's Continuing Care Team
- Substance Misuse Treatment and Prescribing Service
- Children Bereavement Service
- Locally Commissioned Services:
- Emotional Health & Wellbeing Team
- Youth Offending Health Advisor
- **Therapeutic Intervention Service for children with Sexual Harmful Behaviour (TISSH)**

## 8.0 PROCESS FOR REFERRAL MANAGEMENT

Specialist CAMHS operates a single point of Contact (SPoC) and referrals are accepted by letter, fax, email or by phone call if urgent.

Any professional seeking to make a referral must endeavour to see the child or young person together with their families/carers and obtain their willingness and consent for a referral to take place. In cases where capacity is a concern, an assessment of need can be undertaken to decide if safety must come first and the service user will be seen by the service as a matter of urgency.

Until the assessment has been undertaken by the team, the referrer continues to hold responsibility for the situation.

Screening for all referrals, without exception, is begun on the day of receipt by SPoC. The needs of the child are priority within the referral process. Clinicians within SPoC will assess the level of urgency and risk regarding the information received and will liaise with other agencies, including the referrer to inform clinical decision.

### 8.1 Referral Criteria

Specialist CAMHS provides mental health services for Children, young people and families across the Hywel Dda Health University Board footprint. The service accepts mental health referrals up to the age of 18 years for all children, young people and their families whom meet the eligibility criteria. However, where a young person age 16-18 indicates they wish their services to be provided within an Adult Mental Health facility and they understand the implications this will be negotiated and the adult service supported by S-CAMHS.

The service complies with the targets as outlined by Welsh Government of:

- 48 hours for emergency assessments
- 28 days routine assessments

### Urgent and emergency requests

Will be provided by the new Crisis Assessment and Treatment team to ensure a timely response and this service is provided 7 days a week available within 09:00 to 22:00 hours.

## Out of Hours /Unscheduled Care Service

Outside working hours (22:00-09:00 hrs), the service is supported by qualified Psychiatric Practitioners from the Unscheduled/Crisis Team who have received specialist training to undertake mental health assessments of young people in a crisis. Where admission is required out of hours in respect of Mental Health concerns the Practitioner co-ordinates admission to the age appropriate bed dependent on risk to the paediatric setting (Rainbow bed) on Cilgerran Ward, Glangwili Hospital, Carmarthen or the adult age appropriate bed on Morlais Ward, Glangwili Hospital, Carmarthen. The service receives support from the Adult Mental Health Duty Psychiatrist when a mental health assessment is agreed to be necessary.

## 8.2 Eligibility Criteria

Specialist CAMHS focuses its resources primarily on children and young people presenting with the most severe mental health difficulties that are viewed as disorders due to the associative factors:

- The child or young person has severe, complex and/or persistent difficulties which often present as emotional or behavioural symptoms.
- An appropriate primary mental health intervention has not resolved the current difficulties or the difficulties are of such a severity and are causing impairment to such a degree that a referral straight to Specialist CAMHS is indicated e.g. Psychosis, risk of suicide or severe self harm, eating disorders or severe depressive episode.

Referral Information is attached as **Appendix 3**

## 8.3 Clinical Information

Clinical Information that is required within the referral:

- Full description of presenting problem(s) and how they have developed
- Onset and history of presenting problem(s) including developmental history
- Child/young person's development and current functioning
- Family composition and history
- Presence of risk and/or resilience factors
- Other agency information including issues related to safeguarding.
- History of medical/mental illness in child/young person and his/her family
- Outline of educational experience
- History of learning disability and diagnostic information
- Where there is insufficient clinical information to enable an informed decision to be made additional information will be requested from the referrer.

## Who can refer?

Professionals and agencies from whom Specialist CAMHS accepts referrals are specialist health services professionals whose own knowledge base and training enable them to make an informed decision regarding the child or young person's mental health.

These include:

- General Practitioners
- Paediatricians
- Social Workers
- School Nurses
- Youth Offending Teams
- Accident & Emergency Departments
- Consultants (or consultant-led services)
- Educational Psychologists
- School Counsellors
- Police

If referrers are in doubt or wish to discuss a potential referral, the Practitioners working within the Single Point of Contact can provide consultation and advice on the mental health needs of the child. This aids the appropriateness of the referrals and reduces delay within the referral system and ultimately the team. Signposting suggestions are made wherever possible if referrals, discussed with the clinicians, are not accepted for the next stage of CAMHS intervention.

A referral to Specialist CAMHS should not result in referring agencies automatically closing their involvement unless this is part of the care planning process agreed with Specialist CAMHS. Joint working and co-working is more likely to meet the child's bio-psycho-social needs.

Referrers should discuss the referral with the client and seek permission from the client's family or carers – with the exception of a young person who specifically requests confidentiality and is, either over 16 years old, or Gillick Competent (a minor who is professionally considered to be cognitively and emotionally capable of understanding).

## 8.4 The Choice and Partnership Approach

The Choice and Partnership Approach (CAPA) is a clinical system informed by Demand and Capacity Theory. It includes 7 Helpful Habits which support services to build capacity to meet referral demand. They are based on demand and capacity theory and integrated with clinical and theoretical experiences from a CAMHS perspective.

CAPA incorporates the Habits into the clinical system to give:

- a new approach to clinical skills and job planning
- methods for increasing service capacity
- active involvement of young people and their family

The benefits of following the 7 Helpful Habits and CAPA for services are:

- the reduction of waiting periods and Did Not Attend appointments (DNA's)
- the establishment of clear working goals with clients and their family
- the use of clinicians with the appropriate clinical skills



CAPA is focussed on the young person and their family. The stance is collaborative and provides choices. For the clinician there is a shift in position from an 'expert with power' to a 'facilitator with expertise'. The CAPA model is attached at **Appendix 4**

## 8.6 Assessment and Risk Management

**Choice Appointments** are offered to children and young people, and their families or significant others. All referrals accepted by Primary CAMHS and Specialist CAMHS will receive an appointment and a discussion of the stated concerns prior to a joint decision in respect of the appropriate intervention which may be another service or consideration for therapeutic work. It is the ethos of Specialist CAMHS that this is conducted in partnership with all involved. Consent will be obtained and recorded in the electronic record. Confidentiality and caveats will be explained and documented on the consent form.

**Clinical Risk Assessment and Management** is defined by the Health Board as a continuous and dynamic process for judging risk and subsequently making appropriate plans considering the risks identified.

'Modern risk assessment should be structured, evidence based and as consistent as possible across settings and across service providers' (Best Practice in Managing Risk, Department of Health, March 2009).

The Specialist CAMHS has adopted the principles of Wales Applied Risk Research Network (WARRN) in line with Welsh Government recommendations. All staff working within the service will undertake mandatory training on WARRN on commencement of employment and attend regular updates.

Essentially clinical risk assessment and management is fundamental so that:

- Risks to the wellbeing of children, young people, their family, staff and others are assessed and identified
- Indicators of possible adverse outcomes e.g. non-compliance with treatment or non attendance at appointments are addressed
- Risks to children, young people, their families, staff and others are regularly reviewed
- Risks to children, young people, their families, staff and others are communicated appropriately
- Shortfalls in services are identified and addressed

And ultimately

- Children, young people, their families, staff and others are safeguarded.

The WARRN risk assessment tool will be commenced if appropriate by the person conducting the initial clinical interview. The enhanced/comprehensive risk assessment will be completed where significant risk is indicated. A risk assessment is an ongoing process and any change to risk will be documented by the care coordinator. As a minimum all risk assessments will be reviewed annually.

Identified risks will be shared with all staff working with the child, young person and their family. A copy of the risk assessment will be placed on the care records. It is a clinical decision



who outside the organisation the risk assessment is shared with, this will be done in line with the guidance on consent to share information (WASPI)

## 8.7 Care and Treatment Planning (CTP)

Under the Mental Health (Wales) Measure 2010 it may be apparent that the needs of the young person may fall into secondary care services and the individual practitioner will then ensure that in line with the Measure that a Care and Treatment Co-ordinator is appointed and a comprehensive plan provided following a holistic assessment of the eight key domains.

## Looked After Children/ Statement of Educational Need

Where a young person who is in receipt of a LAC/SEN status and is also identified as having secondary mental health needs a copy of the mental health care plan will be sent to the responsible Care Co-ordinator within the Local Authority/Education accompanied by a letter outlining their responsibilities under the Measure.

## 8.8 Communication with Referrers

Specialist CAMHS will provide written information to the referrer on the outcome of every accepted referral, within two weeks of the assessment, and at a minimum of six monthly intervals thereafter. This will summarise the outcome of the initial choice appointment and the agreed formulation and action between the client, their family and the service. At the completion of treatment, referrers and GP's will receive a written summary outlining the outcomes of intervention.

## 8.9 The Management of Do Not Attend (DNA) Appointments

Hywel Dda University Health Board has in place a robust protocol "Improving Access to Services" to manage any appointments the client fail to attend i.e. DNA appointments and therefore a key priority of Specialist CAMHS within Hywel Dda University Health Board is to ensure that the most vulnerable children and young people who access our services receive timely and responsive services at the right time.

It is recognised within Specialist CAMHS that for some children and young people, there could be a high clinical risk if they do not attend (DNA) for scheduled appointments, or are not available for home visits or other community meetings. This will apply to appointments with all clinicians and not only medical out patients. A high level aim of this protocol is to minimise and manage any potential risk and there is a requirement that all clinicians comply with the process.

Best practice should seek to improve access for all, ensure specialist staff are working as efficiently as possible, and where failure to attend indicates a failure of carers to meet the child's needs, ensure appropriate safeguards are put in place.

## 9.0 MANAGEMENT STRUCTURE

Following the recent Acute Services Consultation and the establishment of a new Mental Health & Learning Disability Directorate in 2014, the opportunity arose for consideration for the Specialist CAMHS service to be relocated to the Mental Health & Learning Disability Directorate. This opportunity was timely as Specialist CAMHS more recently has become a national priority within Welsh Government with a clear agenda to enhance the operational and strategic relationship across mental health services in order to achieve the priorities identified in the CAMHS Action Plan and Together for Mental Health.

This relocation will not detract from the already established networks within the Child Health Directorate and the clinical interface and collaborative working arrangements will feature strongly in the new Acute Service reorganisation as it develops. An organisational structure chart giving an overview of the Specialist CAMHS management structure within the Mental Health & Learning Disability is attached as **Appendix 5**.

The Specialist CAMHS Management structure is aligned with the MH&LD Directorate Management structure which will ensure the Specialist CAMHS Service Manager will have the responsibility for the operational management of the Specialist CAMHS service alongside cross Directorate responsibilities and reports to the Head of Service who provides the strategic responsibility and is responsible Governance across Specialist CAMHS.

## 9.1 Managerial Supervision Structure

The managerial/clinical supervision structure is outlined in **Appendix 5** and each clinical lead provides managerial and/or clinical supervision to staff and other service groups alongside responsibility for appraisals and the PADR process.

## 9.2 Specialist CAMHS DASHBOARD

The Specialist CAMHS Management Team comprises of:

- Head of Service
- Service Manager
- Associate Medical Lead/Medical Lead
- Primary Mental Health Team Clinical Lead
- Head of Psychology
- 
- Specialist Lead for Psychological Therapies
- Secondary Mental Health Lead
- Community Crisis and Treatment Lead ( CATT)
- Early Intervention Psychosis and Recovery Lead (EIP)
- Transition Lead
- Perinatal Mental Health Lead
- Occupational Therapy Lead
- Dual Diagnosis Practitioner
- Eating Disorder Lead

The Specialist CAMHS Dashboard will meet monthly to review the following areas and ensure this is communicated to the MH &LD Directorate BP&PAG (Business Performance, Planning Assurance Group0

- Strategic and commissioning issues
- Operational and Human Resource issues
- Specialist CAMHS performance against agreed Key Performance Indicators
- Financial performance
- Progress against the Specialist CAMHS Business Plan
- Risk and Governance overview

This group will be the decision making forum for Specialist CAMHS and will be accountable to the Director for Mental Health and Learning Disability Services ensuring robust communication channels with Women and Child Directorate Lead.

## 9.3 Strategic and Commissioning issues

The strategic direction for Specialist CAMHS will be set through the 3 year Integrated Management Treatment Plan (IMTP) and annual business planning cycle, led by the Head of Service, with input from the Specialist CAMHS DASHBOARD. The Business Plan will be signed off by the Directorate Dashboard.

New Specialist CAMHS service developments will be agreed and approved as part of the business planning cycle and development and implementation will be overseen by the Specialist CAMHS DASHBOARD.

Discussion and negotiations with Commissioners will be led by the Head of Service with support from the S-CAMHS Senior Management Team. The Head of Service will determine who attends regular meetings with Commissioners. The Head of Service will ensure performance reports are provided as required for all commissioned services and provided to Commissioners and to the Director of the MH & LD Directorate.

## 9.4 Performance Management

The Service will produce and monitor performance reports via the monthly DASHBOARD meeting and Team/Service group level performance will be reviewed by the Manager with teams on a monthly basis as part of the “business” section of Team meetings.

This will provide the opportunity for CAPA modelling assumptions to be reviewed and refined if necessary to ensure balance between demand and capacity is maintained. Individual performance will be monitored through the annual Personal Appraisal Development Reviews (PDR process), lead by respective Line Managers. This joint development by staff member, line manager and supporting clinician as part of the PADR process will include consideration of CPD requirements.

In addition to the annual appraisal process, the Line Manager may raise performance issues individually with clinicians on an ad hoc basis in order that any emerging issues can be addressed and discussed on a timely basis

## 10.0 TRANSITION

Where a young person who currently receives a service from Specialist CAMHS, is assessed as requiring mental health services beyond their 18th birthday, a proposed transfer will be discussed by the Specialist CAMHS care co-ordinator with the service user, and their

family/carers, the service user and their family/carers will continue to be involved at each stage of the transfer process and receive the appropriate information regarding the new service/s, contact numbers etc.

A formal written referral will be made to the relevant local Adult Mental Health Service by the Specialist CAMHS care co-ordinator. This referral and request for an initial planning meeting will take place will be made approximately **6 months** before the young person's 18th birthday with ongoing communication to ensure a smooth transition to adult services.

A final care-co-ordination/transfer meeting will take place where Specialist CAMHS officially hands over the care of the young person to adult mental health services, and discharges them from Specialist CAMHS (including any responsible Clinician responsibility). The date of this meeting should be set at the planning meeting. Following the final transfer meeting, a Specialist CAMHS discharge letter will be sent to the service user's GP. All other services providing ongoing services to the young person will be made aware that the handover has taken place.

It is important that this transition/handover is determined by the needs of the young person and should not be rigidly adhered to where there is a defined need for short term consultation and support. The Specialist CAMHS service will also maintain a register of all clients transferred to Adult Mental Health Services in order to audit the processes and ensure that transition has occurred.

## 11.0 DISCHARGE

All discharges/transfers will be documented in the patient clinical record/electronic patient records and the following information will be recorded in a discharge summary and sent to the referrer and GP:

- The reason for discharge/transfer
- The child/young persons condition at discharge/transfer
- A written final evaluation summary of the service user's progress towards identified treatment/care goals
- Keeping well plans
- Any recommendations to maintain progress

A discharge letter will be sent to the client/family outlining their treatment and progress and in line with the Mental Health Measures (Wales) 2012 information on how to re- access services and the period of their entitlement if they were previously in receipt of secondary mental health services.

## 12.0 SPECIALIST CAMHS WORKFORCE

The Workforce comprises of professionals trained in a range of therapeutic interventions and the ethos of the service is psychologically focused with the emphasis on ensuring the right service at the right time every time.

These include:

- Consultant Child & Adolescent Psychiatrists
- Community Psychiatric Nurses

- Primary Mental Health Workers
- Specialist CPN i.e. EIP
- Dual Diagnosis Practitioner
- Clinical Psychologists
- Psychological Therapists (Child Psychotherapist, CBT Therapists, Art Therapists, Cognitive Analytical Therapist)
- Systemic Family Therapists
- Occupational Therapists
- Dietitian
- Social Work Practitioners
- Specialist Community Support Workers
- Peer Mentor Support Practitioner

The ethos of the service is to ensure that the workforce is committed to developing a client focused service and it is the expectation that each of the professionals involved in delivering services will have a core knowledge and competence. In order to ensure this there is a regular review of workforce planning to ensure the workforce has the requisite clinical skills to deliver evidence based interventions via a psychologically minded workforce.

It is imperative we monitor trends in workforce delivery in order to maintain high quality services and a skilled and competent workforce. This will be monitored via the business plan and skill mix and succession planning will form an integral part in ensuring sustainability of the workforce. Please refer to **Appendix 6**, Specialist CAMHS Hub Spoke and Model.

## 13.0 CLINICAL AND MANAGEMENT SUPERVISION

To ensure evidence based practice, each clinician receives clinical and line management supervision regularly. This includes Caseload Management. All members of staff adhere to the Health Board's model of Clinical Supervision. The allocation of clinical and line management supervision as per the Health Board Supervision Policy is to ensure effective caseload supervision and to allow clinical team managers to retain overview. External supervision is also provided in line with Professional registration regulations.

### Clinical Supervision

The Department of Health defines clinical supervision as a formal process of professional support and learning, which empowers practitioners to develop knowledge and competence, and accept responsibility for their own practice. It also increases the protection and safety of clients/patients in complex clinical situations. All supervision will be recorded in line with Health Board policies and guidelines.

### Individual Clinical Supervision

Individual supervision, which may also incorporate management supervision, might be provided by a line manager, senior worker, or team leader. This will include caseload management, and a review of individual clients. All practitioners will have access to appropriate clinical supervision, which is continuous and aimed at facilitating professional and personal development, and ensuring due standards of practice are being achieved. Clinical supervision normally takes place for an hour a month as minimum requirement. These



guidelines will also apply to students and to volunteers within the service and supervision provided in line with level of need and professional recommendations.

## Specialist Supervision

Specialist Supervision for Psychology, Systemic Family Psychotherapy, Forensic, Counselling, Dual Diagnosis etc will be provided by an experienced worker in that particular field. Specialist supervision will normally take place dependent upon caseload numbers. This may be in addition to individual clinical supervision and managerial supervision. External supervision will be provided as necessary.

## Managerial Supervision

Managerial/Line Management supervision will focus on personal, professional and service objectives providing guidance and support for the individual, and ensuring due standards of practice are being achieved. It may also incorporate clinical supervision.

### Caseload Management Supervision is:

- The process used where the care coordinator/case worker reviews each of the individual clients/service users on their caseload, with their line manager.
- A regular, structured process, which aims to be both challenging and supportive.
- Designed to ensure that the individual caseworker is maintaining a caseload of a suitable size, with individuals who have active needs and that appropriate support and clinical supervision is being provided and received.
- The level of supervision provided must not fall below the minimum agreed standards and arrangements must allow sufficient resources (including time and location) to support staff engagement in the practice of supervision.
- Clinical records will be audited in line with the Health Board Policy for clinical audit.

## 14.0 INDUCTION AND STAFF TRAINING

All newly appointed staff must attend the Health Board's Corporate Induction Programme and this is followed by a standard local Induction plan which also incorporates individual learning need. Please refer to **Appendix 7**.

All newly appointed staff working within Specialist CAMHS must have an initial Enhanced Disclosure and Barring Check in place before working with children and young people. All other staff within the service and those who have regular clinical contact will be renewed on a 3 yearly basis in line with the Health Board/ Welsh Government Policy.

All staff will undertake mandatory training on an annual basis as per the Specialist CAMHS training plan including the appropriate level of Child Protection Training and Safe holding for Children and Adolescents.

A service training analysis will inform service training need which will be delivered internally and/or commissioned.

## 15.0 SAFEGUARDING CHILDREN AND YOUNG PEOPLE

Safeguarding vulnerable children is a key priority within the Health Board and any staff who may have any safeguarding concerns should contact the Link Safeguarding Nurse based within the Hospital. Parental non compliance, placing the child's health and welfare at risk, needs professionals to consider if Child Protection Procedures need to be instigated. All staff will undertake Level 3 Child Protection and the Head Specialist CAMHS is the Lead Clinician for Safeguarding and attends all LSCB and HB Strategic Safeguarding Board meetings.

All staff within and without S-CAMHS who have contact with children and young people will have a current DBS in place updated every 3 years.

## **16.0 CLINICAL GOVERNANCE**

Specialist CAMHS will ensure the highest level of clinical governance via the following measures:

### **16.1 Confidentiality**

The Health Board will only share information with other agencies on a need to know basis or when required to do so under the law or for the purposes of the protection of the public. Information will only be shared when it is in the best interests of the individual. Informed consent to share information will be obtained from individuals or, in the case of children from their parent or guardian. If this is not possible and the individual or others are at risk, it will be necessary to override this in accordance with the principles of the Data Protection Act 1998.

### **16.2 Evidence Based Practice**

Specialist CAMHS is committed to providing the highest standards of evidenced based practice, with rigorous focus on outcomes and to develop the Service. To this end, Specialist CAMHS belongs to organisations committed to developing and improving child and adolescent mental health practice and service delivery.

### **16.3 Job Planning/PADR/Appraisal**

The Health Board is committed to staff development and appraisals and is reflected in each member of staff having an individual Job plan and a Personal Development Plan which links in with the NHS Knowledge and Skills Framework (KSF). This is reviewed on an annual basis or as necessary in line with individual or service requirements.

### **16.4 Clinical Placements**

Specialist CAMHS recognises its commitment to clinical education and training and provides learning opportunities and clinical placements for a variety of disciplines, including Psychology, Nursing, Psychiatry, OT, Psychotherapy etc. Each secondee has an appointed mentor responsible for signing off competencies and maintains links with the responsible professional training body.

### **16.5 Access to Records**

Members of staff have a statutory duty (GDPR General Protection Regulation) to inform the young people that information is being held by the Health Board on Care Notes, the



electronic patient record, which records details of their health and social care assessment, treatment and progress, and that these records are identifiable. The young people must also be informed of the right to request access to their records.

This information should be given verbally and by offering the young person the relevant information leaflet. The mental health professional should inform the individual that all information is confidential but may be shared on a 'need to know' basis. Formal applications for access to records have to be in writing and include signed consent.

## 16.6 Freedom to Information Act

The purpose of the Freedom of Information Act (FOI) is to allow greater access to non-clinical information held by public authorities and potentially *"the Public can scrutinize every document (that is not about an individual e.g. young person)"*.

The Act gives the Public the right to be told whether a piece of information exists and the right to receive it if requested

The FOI Act does **not** supersede the Data Protection Act 1998 and information about an individual (and described as personal data) would not be disclosed under the FOI Act.

## 17.0 ADDRESSING CONCERNS AND PUTTING THINGS RIGHT

Since April 2011, the way in which complaints, claims and incidents (collectively known as concerns), are dealt with has changed. These new arrangements are called "Putting Things Right" and require a different way of approaching to dealing with concerns.

All the staff within Specialist CAMHS have received training in this new approach and have adopted a proactive approach to resolving any concerns at the earliest opportunity available. This approach is reflected in the availability of information and leaflets freely available within all locality services.

## 18.0 EQUALITY

All staff must be aware of issues relating to equality and diversity for service users, carers and staff including:

- Understanding how to ask questions about culture, religion and ethnic background
- Arranging interpreters where necessary
- Offering adaptations for people with disabilities e.g. Hearing Loop, downstairs meeting rooms etc.
- Opportunity to discuss relationships and issues relating to sexuality
- Ensuring that people with learning disabilities do not suffer disadvantage and are supported appropriately within services
- The needs of both men and women are represented equally – including the needs of transgender service users.

Staff have a responsibility to challenge any discrimination they may witness and report in accordance with risk management and complaints and incidents processes.

All staff has the right to be treated with dignity and respect. Any situations of harassment, bullying or other abuse must be dealt with in accordance with the Health Board's Harassment & Bullying Policy and other associated guidelines.

Staff must also be aware of issues relating to Human Rights including how they apply to staff and service users.

## 19.0 RESEARCH AND AUDIT

A record-keeping audit will be undertaken on all individual caseloads within each Specialist CAMHS team to ensure compliance with the Health Board Policy on Record Keeping and compliance with the Mental Health (Wales) Measure 2012. The Service will also undertake specific audits and comply with national reviews.

## 20.0 SERVICE USER INVOLVEMENT

In line with key national directives and local policy Specialist CAMHS is committed to ensuring that there is active service user and carer involvement in the development of services and new policy initiatives.

We have developed robust relationships with G.U.S. in Ceredigion and all proposed service initiatives and new protocols are routinely sent for comment. We have also ensured we always have service user involvement in workforce recruitment.

S-CAMHS has developed a Young Persons Forum called "Future Minds" to progress this agenda and ensure that the opinions and experiences of young people and their families is reflected in service developments. The service is also progressing with recruitment of a Peer Mentor Support Practitioner to further develop this agenda. All interview panels will include a young person and we will when ever appropriate ensure all documents are considered by service users through active participation and sharing them with the Partnership Board.

## 21.0 HOW WE MEASURE WHAT WE DO

Specialist CAMHS key performance response measures are monitored via the reporting mechanism in place to meet the WG Performance Standards and the Mental Health Measure (Wales) 2012 which is reported to the Health Board each month.

Each Multi-Disciplinary Team within Specialist CAMHS is required to complete outcome Measures agreed by the Specialist CAMHS Planning, Performance and Delivery Board in line with National Policy. These Measures identified are Strength and Difficulties Questionnaire (SDQ), Clinical Global Assessment Scale (CGAS). And Goal Based Outcomes (GBOS) A Patient Satisfaction Questionnaire will also be used (CHI Esq.)

Specialist CAMHS is accountable to the Child and Adolescent Directorate Quality and Safety Committee for its quality assurance and clinical effectiveness. The Service adheres to Clinical Governance outlines as defined in the Health Board's policies and procedures.

## 22.0 QUALITY IMPROVEMENT NETWORK COMMUNITY CAMHS (QNCC)

Hywel Dda University Health Board is registered with the Quality Network for Community CAMHS (QNCC) and is working towards national accreditation with the Royal College Psychiatrists.

QNCC brings together professionals from health services, social care, education and the voluntary sector, in order to improve the specialist provision of Tier 2 and 3 Specialist CAMHS.

QNCC aims to facilitate quality improvement and development in Tier 2 and 3 Specialist CAMHS, through a supportive peer-review network. This professionally led network is designed to enable communication and the sharing of best practice between services. QNCC uses a method that combines the clinical audit cycle with peer reviews.

Web Link: [www.rcpsych.ac.uk/crtu/centreforqualityimprovement/qinmaccamhs](http://www.rcpsych.ac.uk/crtu/centreforqualityimprovement/qinmaccamhs)

The service will also participate in the S-CAMHS Network Peer Accreditation which commences in 2020.

## 23.0 ADVOCACY

Advocacy for children and young people is actively supported within Specialist CAMHS and all staff are aware of the available services in each County. Whilst it is standard practice to involve parents/carers in all discussions regarding treatment and obtaining informed consent for treatment and communication with other agencies it can be helpful for the young person to have independent advice and support. Signposting for advocacy is via MEIC the national confidential helpline for children and young people in Wales.

For those children and young people who are admitted into hospital, both on an informal or formal basis under the Mental Health Act/Children Act are offered a referral to the IMHA service.

## 24.0 OTHER INFORMATION/RESPONSIBILITIES

This Specialist CAMHS Service Specification will be distributed across the Specialist CAMHS Service, the Child and Adolescent Health Directorate, the wider Health Board and to all stakeholders. A Service wide training programme will be held on an annual basis and will be included in the Induction process for all new staff.

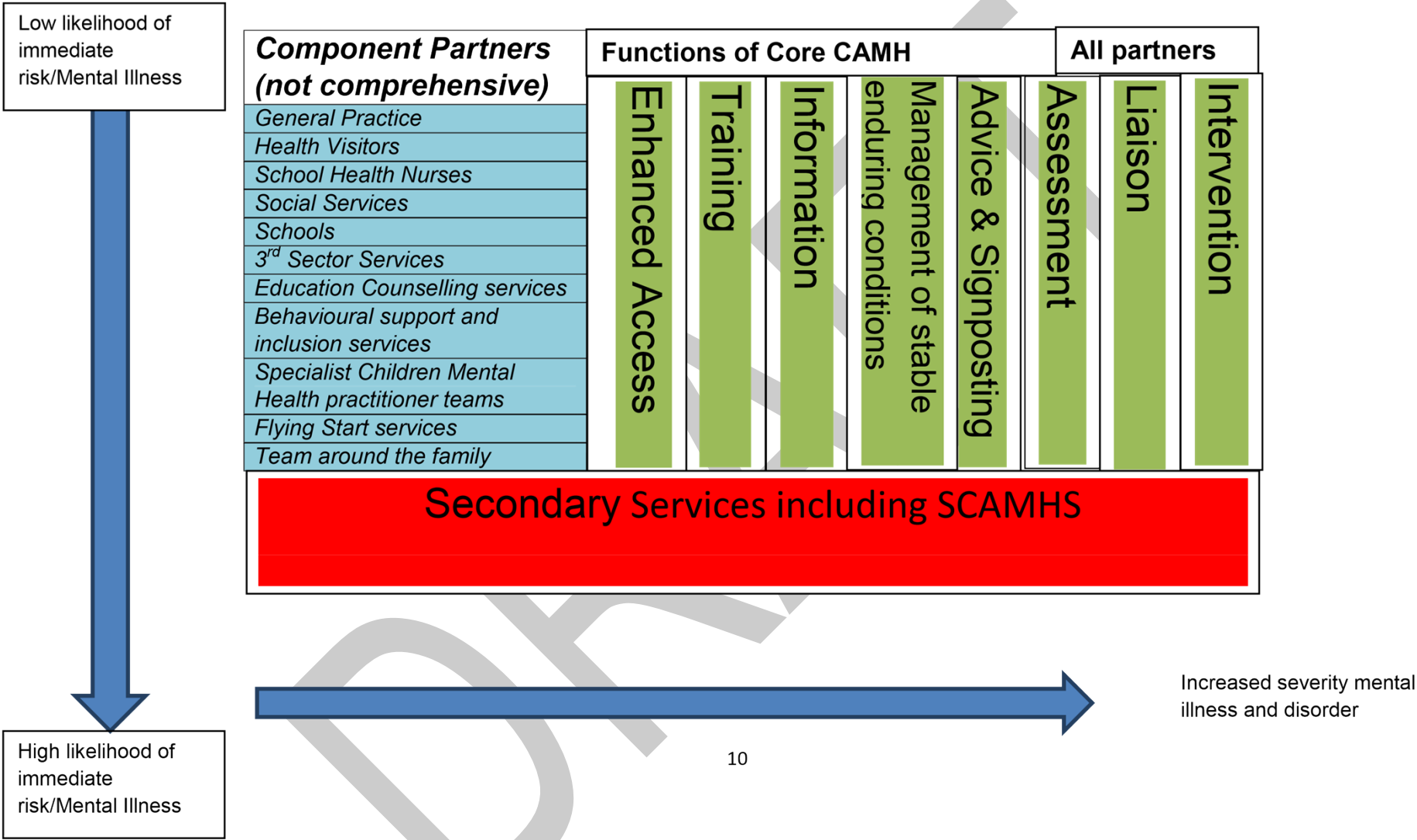
## 25.0 CLINICAL POLICIES

The Specialist CAMHS Service Specification will be reviewed within three years or sooner if required.

## 26.0 REVIEW / GLOSSARY OF TERMS/REFERENCES

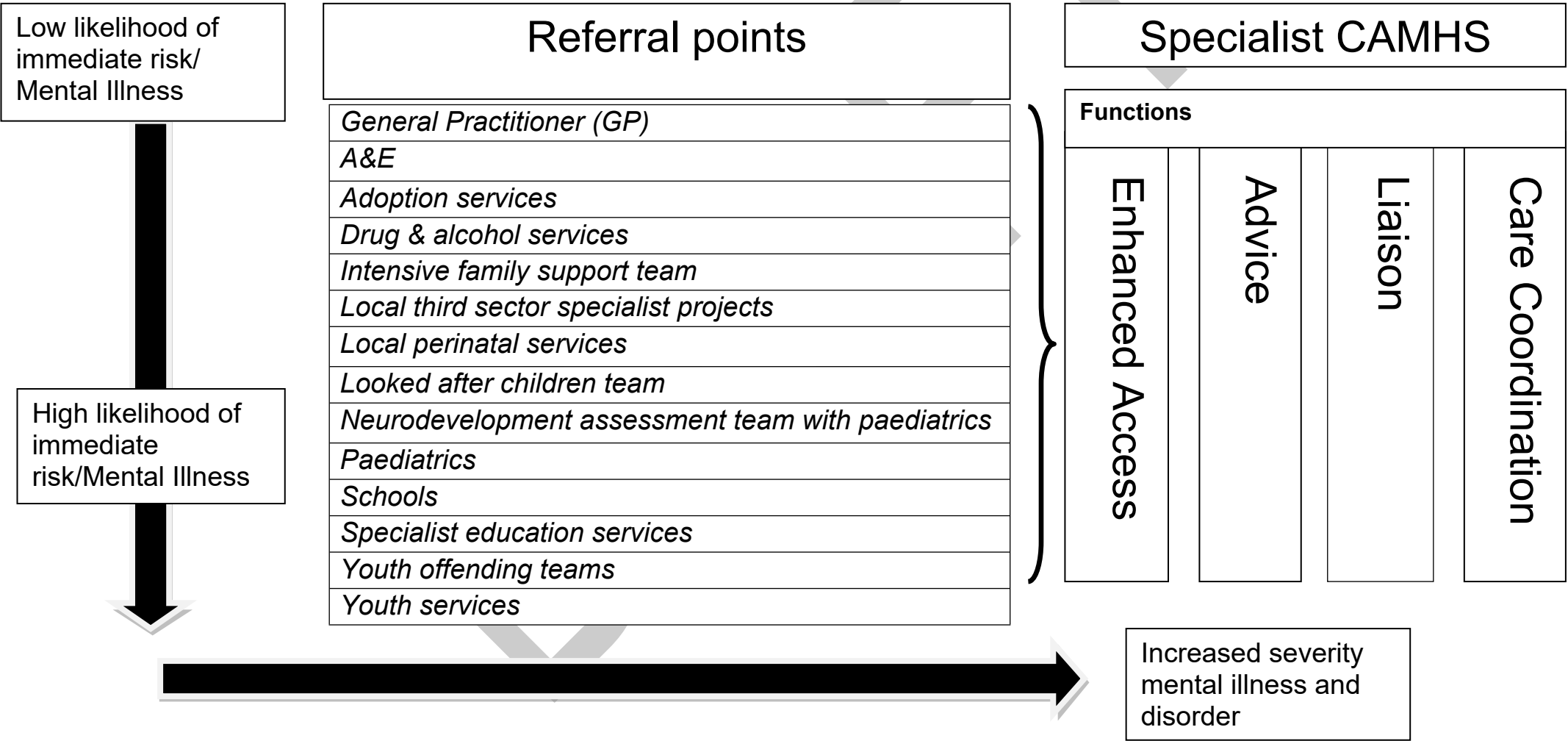
- Together for Mental Health 2012
- Mental Health Measure (Wales) 2010
- Mental Health Act 1983
- National Service Framework
- All Wales Child Protection Policy
- Children Act

APPENDIX 1  
CHILD AND ADOLESCENT LOCAL PRIMARY MENTAL HEALTH SUPPORT SYSTEM (LPMHSS)



APPENDIX 2

Specialist Child & Adolescent Mental Health Services



## APPENDIX 3

### SPECIALIST CAMHS REFERRAL FORM

Please ensure that the form is completed fully as omissions may delay the referral.  
For discussion on making a referral or for Advice & Consultation please contact the  
Primary Mental Health Team Advice Line 07770316642 between 9.30am–4.30pm Monday - Friday

**NAME OF REFERRER:**

**Date of referral:**

**Details of Referrer: (address, telephone, profession)**

**Signature of Referrer:**

**Have you seen the child prior to making this Referral? YES / NO**

**Has Client /Parent/Carer/Guardian provided consent for a Referral to Specialist CAMHS?**

**YES / NO (PLEASE CIRCLE)**

#### 1. Child's Details

**Family Name:**

**Forenames:**

**Previous Surname:**

**Preferred Name:**

**Date of Birth:**

**Age:**

**Gender : Female**

**NHS Number:**

**Current Address & Post Code**

**Permanent Address & Post Code(if different):**

**Tel No:**

**GP Name:**

**Address:**

**Post Code:**

**Ethnicity:**

**Tel No:**

**Preferred language:**

**Parents Preferred Language:**

**Reading Language:**

**Interpreter required? Yes / No**

**Communication Issues? (Including sensory loss)**

**Religion:**

**Religious Support requested? Yes / No**

**Immigration Status:**

**Home Office Number:**

**Disability:**

**Current Medication:**

**Known Allergies:**

TO PROCESS THIS REFERRAL AS QUICKLY AS POSSIBLE THE FOLLOWING INFORMATION IS NECESSARY  
THIS INFORMATION CAN BE SENT IN LETTER FORMAT

**1. Description of Present Concerns** - (describe the problem- where, when, frequency and duration. Describe any relevant life events or recent changes. Give examples of specific risk concerns or events where possible)

**2. WHAT IMPACT DOES IT HAVE ON THE FOLLOWING AREAS?** Home, Family, Education, Health, Relationships etc. ...

**3. HISTORY** (Please explain background to problems, is it worsening or stable, what has been tried in the past, what has worked so far? Family history of Mental Health and previous risk problems

**4. WHAT ARE YOUR EXPECTATIONS FROM SPECIALIST CAMHS**

**5. FURTHER INFORMATION** (please indicate any further relevant information attached with this referral)  
If additional information please tick box ☐

**6. HOUSEHOLD DETAILS:** (continue on reverse if necessary)  
**a) PARENTS/CARERS AND OTHER ADULTS LIVING AT SAME ADDRESS AS CHILD**

Name	Date of birth	Relationship to child	Parental responsibility
------	---------------	-----------------------	-------------------------



b) CHILDREN & YOUNG PEOPLE LIVING WITH CHILD

Name	Date of birth	Relationship to child	Gender	Legal Status
------	---------------	-----------------------	--------	--------------

7. OTHER PROFESSIONALS INVOLVED

Name

Role

Organisation

Tel No

Fax No

Name

Role

Organisation

Tel No

Fax No

Name

Role

Organisation

Tel No

Fax No

Name

Role

Organisation

Tel No

Fax No

SOCIAL CARE REFERRALS ONLY							
STATUS OF REFERRED CHILD:							
Care Order		Yes/No		Care proceedings underway		Yes/No	
Accommodated		Yes/No		Supervision Order		Yes/No	
Child in need		Yes/No		Other (please specify)			
HAS THERE BEEN CONCERN ABOUT:							
Physical Abuse	Evidence of	Sexual Abuse	Evidence of	Emotional Abuse	Evidence of	Neglect	Evidence of
	Suspicion of		Suspicion of		Suspicion of		Suspicion of
Has a Core Assessment been undertaken?				Yes/No			
IF YES PLEASE ATTACH A COPY							
Has a C.P. Conference been held?				Yes/No			
IF YES PLEASE ATTACH A COPY OF RECENT MINUTES/CHILD PROTECTION PLAN							
Has A Risk Assessment been undertaken?				Yes/No			
IF YES PLEASE ATTACH A COPY OF THE RISK ASSESSMENT REPORT							
Is there a Care Plan?				Yes/No			
IF YES PLEASE ATTACH A COPY							
Has there been a recent statutory review?				Yes/No			
IF YES PLEASE ATTACH A COPY OF COMPLETED L.A.C FORM							
HAVE ANY OTHER SPECIALIST ASSESSMENTS BEEN CARRIED OUT RELEVANT TO THIS REFERRAL? YES/NO							
IF YES PLEASE SEEK CONSENT TO FORWARD A COPY. PLEASE INDICATE IF CONSENT WAS WITHHELD							
MAIN PURPOSE OF SOCIAL CARE INVOLVEMENT:							
ANY EVENT/DECISION GIVING RISE TO THE REFERRAL AT THIS PARTICULAR TIME							
IS THE MAIN OBJECTIVE OF THE REFERRAL FOR:							
Further Assessment? Yes/No; Consultation? Yes/No; Therapeutic Work? Yes/No							
WHO DO YOU FEEL NEEDS TO ATTEND AN INITIAL APPOINTMENT (e.g. S.W, child, parents, carers, other professionals)							
Signature of Referrer: ..... PRINT NAME: .....							
Signature of Team Manager: ..... PRINT NAME: .....							
Date of Referral:							

## APPENDIX 4

### THE CHOICE AND PARTNERSHIP APPROACH

The Choice and Partnership Approach (CAPA) is a clinical system informed by Capacity and Demand Theory. It includes 7 Helpful Habits which support services to build capacity to meet referral demand. They are based on demand and capacity theory and integrated with clinical and theoretical experiences from a CAMHS perspective.

CAPA incorporates the Habits into the clinical system to give:

- a new approach to clinical skills and job planning
- methods for increasing service capacity
- active involvement of young people and their family

The benefits of following the 7 Helpful Habits and CAPA for services are:

- the reduction of waiting periods and DNAs
- the establishment of clear working goals with clients and their family
- the use of clinicians with the appropriate clinical skills

CAPA is focussed on the young person and their family. The stance is collaborative and provides choices. For the clinician there is a shift in position from an 'expert with power' to a 'facilitator with expertise'.

The model is based around **4 Big Ideas**:

#### 1. Choice

When their referral is accepted, the young person and their family are given the opportunity to book an appointment at a time [and ideally a place to suit them]

The first contact is in a Choice appointment. The initial aims of the Choice appointment are to build therapeutic alliance.

**During the Choice Appointment they may choose:**

- That they can get back on track and do not need to return
- To be put in contact with a different agency more suited to help
- To return to Specialist CAMHS

The style of Choice is conversational, relaxed and not following a rigid semi-structured 'interview'. This is much easier when clinicians remain curious rather than trying to complete an 'assessment'. The clinician needs to be considering possible diagnoses and risks in their head as they go along. The skill is to 'park' these ideas and return to them as the Choice appointment progresses.

If the young person and their family decide to return they will be able to choose an appointment with a clinician in the service who has the right skills to help them. This will have been discussed with The Choice clinician before completion of the Choice appointment.

The young person and their family will have reached a joint formulation with the choice worker as to roughly what is going on and have been helped to make an informed choice about the next step. This is called the **Choice** appointment.

## 2. CORE & SPECIFIC WORK

This is about separating out the clinical work into two streams of work Core & Specific (or Specialist)

### Core

- Bulk of work, uses range of skills, involves liaison with the system & other psycho-social interventions.
- Shouldn't be seen as the least skilled area.
- Highly flexible and experienced clinicians.

### Specific (or specialist)

- Using a particular assessment or therapy to complement core work
- Maybe of short duration
- or more intensive
- Clinicians offering specific services may have done more training in this area

## 3. Selecting clinician for partnership

A key of CAPA is matching the young person and family's choice of goals to a clinician with the right extended core skills to help them with these. The traditional CAMHS model of service delivery means that there is a rather hit and miss process whereby the clinician that the family first sees is the one they continue with. This does not guarantee this clinician has the right skill set to facilitate the change process.

### The Core Partnership Appointment

The next appointment will be the start of the Core Partnership work with one or more clinicians with a wide range of extended clinical skills. Most people will find this is enough to achieve their goals. For some, more specialist [specific] work may be added to the core work. The core partnership worker remains the key worker during the pathway.

### Specific or Specialist Partnership Work

Specific partnership work is implemented when clinicians use a particular assessment or therapy skill in a pure way to complement core work. It may be of short duration e.g. psychometric testing, or longer term, more intense therapeutic work. A family accesses these specific skills by the Core Partnership worker asking someone to add in a specific assessment or therapy skill. It is an adjunct to the Core work.

## 4. Job Planning

Before CAPA can be implemented Job Planning must be done which includes defining the activities and capacity for individual staff and the team which is simple knowing what you can do within the resources you have. This then allows you to move around your capacity to meet demand.

### The 11 Key Components of CAPA

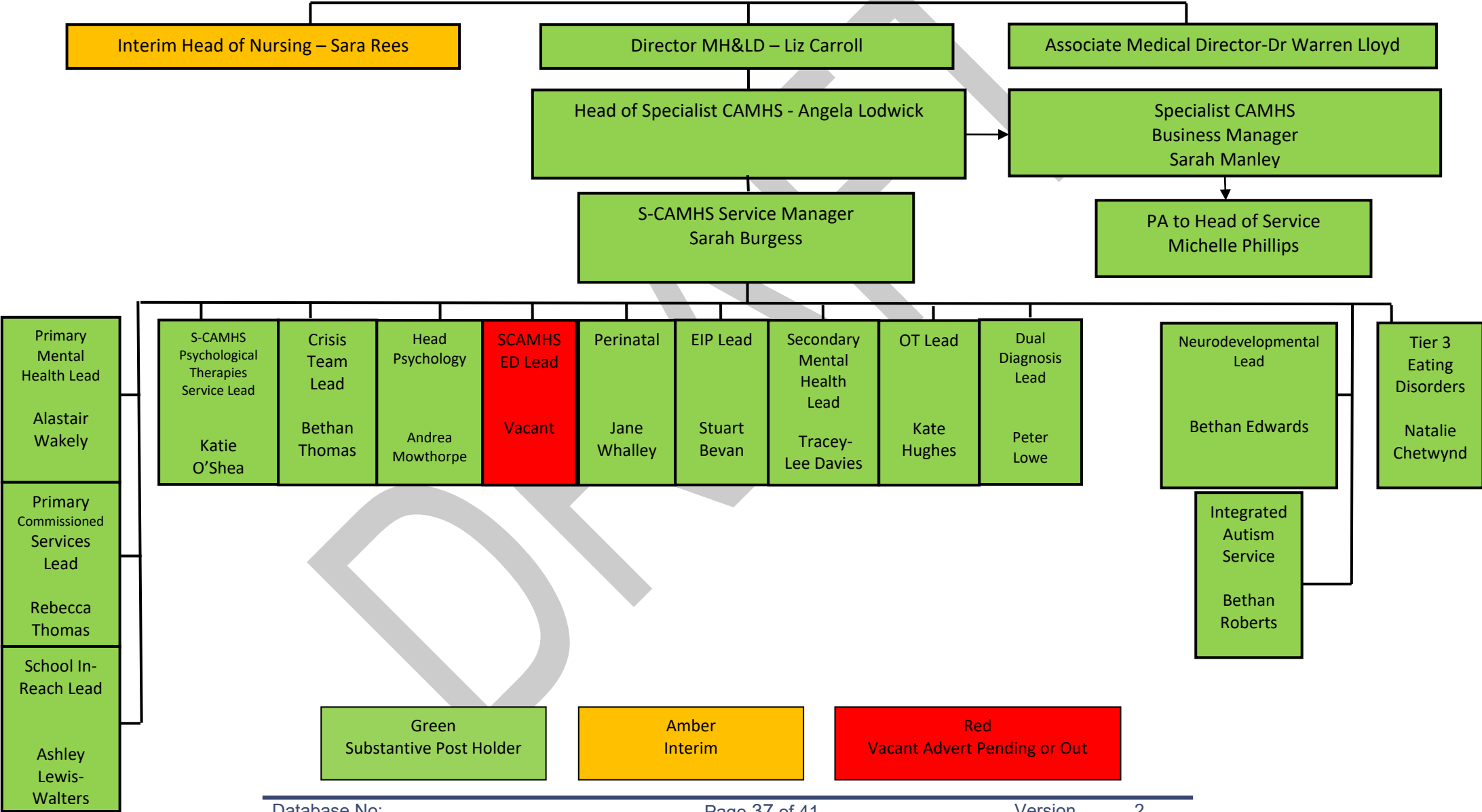
There are also 11 key components and for CAPA to have the maximum impact it is important that key components are considered. Where possible these key components need to be implemented because evidence has shown that the more components in place, CAPA is more likely to be successful for both the service and young people and their families. The key components are:

1. Leadership
2. Language
3. Handle demand
4. Choice Framework
5. Full booking to partnership
6. Selecting Partnership clinician by skill
7. Extended clinical skills in Core Work
8. Goal setting & care planning
9. Job plans
10. Peer group supervision
11. Team away days

# BWRDD IECHYD PRIFYSGOL HYWEL DDA UNIVERSITY HEALTH BOARD

## APPENDIX 5

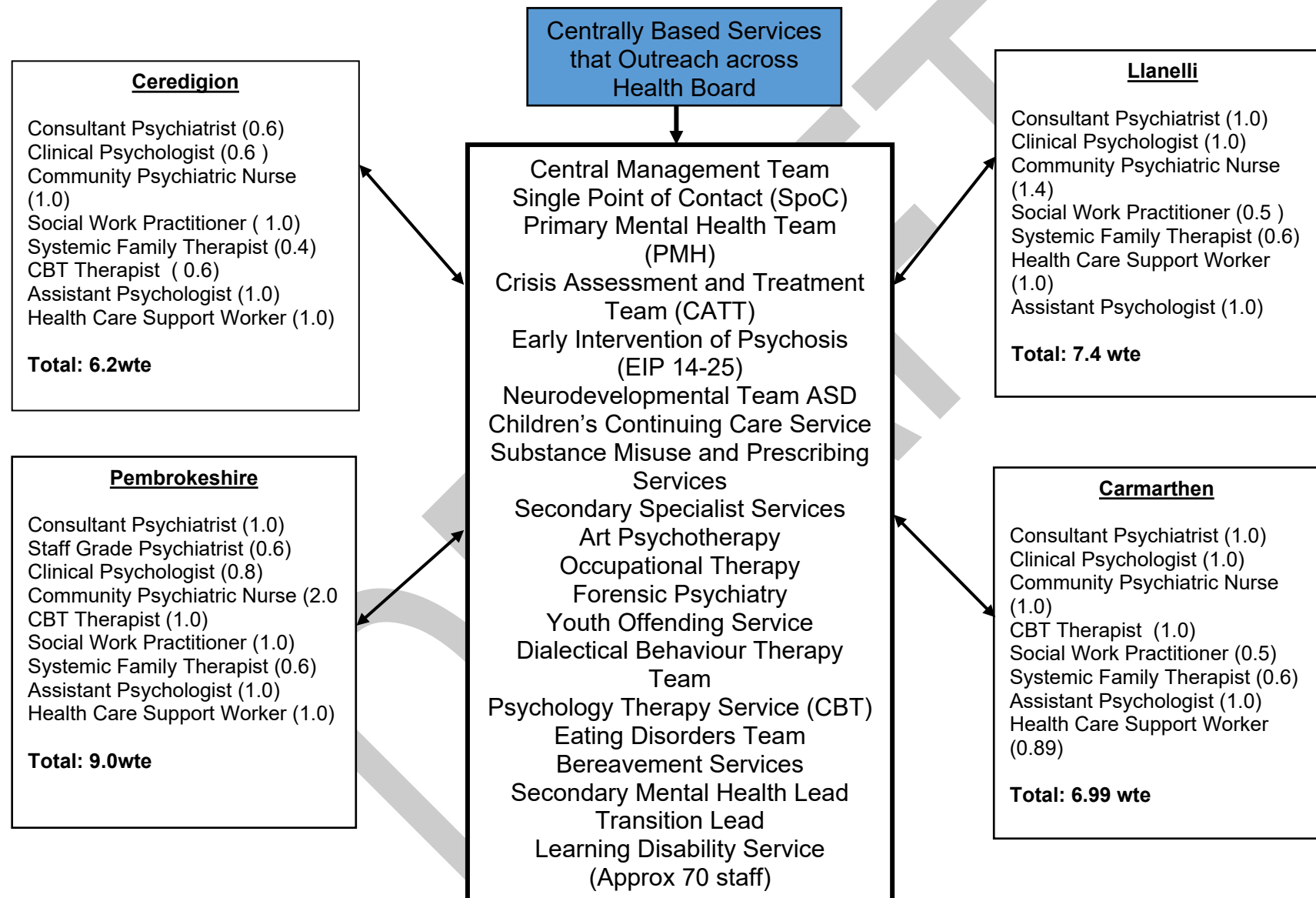
### Mental Health & Learning Disabilities Directorate SPECIALIST CHILD & ADOLESCENT MENTAL HEALTH SERVICES MANAGEMENT STRUCTURE



# BWRDD IECHYD PRIFYSGOL HYWEL DDA UNIVERSITY HEALTH BOARD

## APPENDIX 6

## SPECIALST CAMHS HUB SPOKE AND MODEL





## APPENDIX 7

Gwasanaethau Arbenigol Iechyd Meddwl Plant a Phobl Ifanc a Therapiau Seicolegol  
Gwasanaethau Iechyd Meddwl ac Anableddau Dysgu  
**Specialist Child & Adolescent Mental Health & Psychological Therapies Services**  
Mental Health & Learning Disabilities Directorate

### Induction Checklist

Name of Employee:

Job Title:

Base:

Service Start Date:

Section A - Orientation to Place of Work/Procedures	Mentor Initials	Employee Initials	Date
DBS Check complete			
Fire Defence Plan – Local and Service-Wide as appropriate)			
Door entry & security codes and security arrangements			
Policies and Procedures			
Access to Internet and Email			
Library - Academic Support			
Leave Procedures (Sickness/Time Owing/etc)			
Case Load			
E-Expenses			
Mobile Phones			
ESR / E-Rostering			

Section B - Health and Safety at Work	Mentor Initials	Employee Initials	Date
Occupational Health (Stress)			
Use of Computers			
Datix & Complaints			
Lone Working			
Healthy Driving			

Section C - Supervision	Mentor Initials	Employee Initials	Date
<ul style="list-style-type: none"> <li>Overview of Supervision Arrangements</li> <li>Confirm Supervisor</li> </ul>			

Section D – Specialist CAMHS	Mentor Initials	Employee Initials	Date
Introduction to Teams			
Local Protocols re message taking, meetings, admin arrangements, security arrangements & room booking			
Referral System			
Urgent Enquiries/ Out of Hours System/CATT			
Service Model: Choice and Partnership Approach (CAPA)			
Information regarding Service meetings			

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Section E – Networking and skill development (linking with other agencies – see suggested list)	Mentor Initials	Employee Initials	Date
Arrange visits			

Section F - Client Confidentiality, Gillick & Fraser Competency & Parental Responsibility	Mentor Initials	Employee Initials	Date
Discuss			

Section G – Specialist CAMHS Local & National Guidance	Mentor Initials	Employee Initials	Date

Section H - Client Contact & Assessment	Mentor Initials	Employee Initials	Date
Care Partner/PAS			
Patient Contact Sheets			
Record Keeping			
Assessments			
Mental Health Measures Care and Treatment Planning			

Section I - Multi-professional Roles	Mentor Initials	Employee Initials	Date
Multi-Professional working arrangements			
Introduction to other agencies			

Section J - Mandatory Training	Mentor Initials	Employee Initials	Date
E-Learning			
Fire Training Yearly			
Child Protection/Safe Guarding Children Levels 3 yearly			
Moving and Handling 3 yearly			
Health & Safety (Working Safely) 3 yearly			
Mental Health Act / Children Act 3 yearly			
Safe holding for Adolescents (annual)			
WARRN Training			
Mental Health (Wales) Measure 2010			
Equality and Diversity (Treat me Fairly) 3 yearly			
Infection Control 3 yearly			
Information Governance 2 yearly			
Care Partner / PAS			

Section K – Specific Specialist CAMHS Training	Mentor Initials	Employee Initials	Date
Employee's Suggestions & Observations	Mentor Initials	Employee Initials	Date

The S-CAMHS Induction Checklist must be completed within 3 months of start date

Once completed and signed please returned to your Sarah Manley, Ty Myddfai

Signed (Employee) \_\_\_\_\_ Date: \_\_\_\_\_

Signed (Mentor) \_\_\_\_\_ Date: \_\_\_\_\_

