



# Specialist CAMHS

## Primary and Secondary Mental Health Service Specification

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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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Scope	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).
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To be read in conjunction with:	<p>Together for Mental Health 2012</p> <p>Mental Health &amp; Wellbeing Strategy 2012-2017</p> <p>Specialist CAMHS DNA Guidelines 2018</p> <p>Transition/Discharge Guidelines</p> <p>Integrated Medium Term Plan 2018-2021</p> <p>The Supervision Procedure for Nurses and Practitioners in the Mental Health/Learning Disability Directorate 2020 – 2022</p> <p>Clinical Supervision Policy Psychologists, Psychotherapists, Psychological Therapists and Counsellors 2018 - 2021</p>
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Reviews and updates		
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1	New guideline	

Glossary of terms

Term	Definition

Keywords	Operational Guidelines SCAHMS
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Chapter	Contents	Page No
<b>1</b>	Introduction	5
<b>2</b>	Scope of Guidance	6
<b>3</b>	Aims and Objectives	6
<b>4</b>	Single Point of Contact (SPoC)	7
<b>5</b>	Local Primary Mental Health Support Service: Early Intervention and Prevention Service	8
<b>6</b>	Specialist CAMHS: Secondary Mental Health Service	11
<b>7</b>	Integrated Partnership Working	13
<b>8</b>	Process for Referrals into Specialist CAMHS	14
<b>9</b>	Specialist CAMHS Management Structure	18
<b>10</b>	Transition	20
<b>11</b>	Discharge	21
<b>12</b>	Specialist CAMHS Workforce	21
<b>13</b>	Clinical and Management Supervision	22
<b>14</b>	Induction and Staff Training	23
<b>15</b>	Safeguarding Children and Young People	23
<b>16</b>	Clinical Governance	24
<b>17</b>	Addressing Concerns/“Putting Things Right”	25
<b>18</b>	Equality	25
<b>19</b>	Research and Audit	26
<b>20</b>	Service User / Carer Involvement	26
<b>21</b>	How We Measure What we Do	26
<b>21</b>	Quality Improvement Network Community CAMHS (QNCC)	26
<b>22</b>	Advocacy	27
<b>23</b>	Other Responsibilities and Information	27
<b>24</b>	Clinical Policies	27
<b>25</b>	Review / Glossary of Terms	27
<b>Appendix 1</b>	LPMHSS Model	28
<b>Appendix 2</b>	Specialist Child & Adolescent Mental Health Services	29
<b>Appendix 3</b>	Referral Information & Leaflet	30
<b>Appendix 4</b>	CAPA Information	34
<b>Appendix 5</b>	Specialist CAMHS Management Structure	37
<b>Appendix 6</b>	Specialist CAMHS Hub & Spoke Model	38
<b>Appendix 7</b>	Induction Checklist	39

## 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 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/ginmaccamhs](http://www.rcpsych.ac.uk/crtu/centreforqualityimprovement/ginmaccamhs)

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.

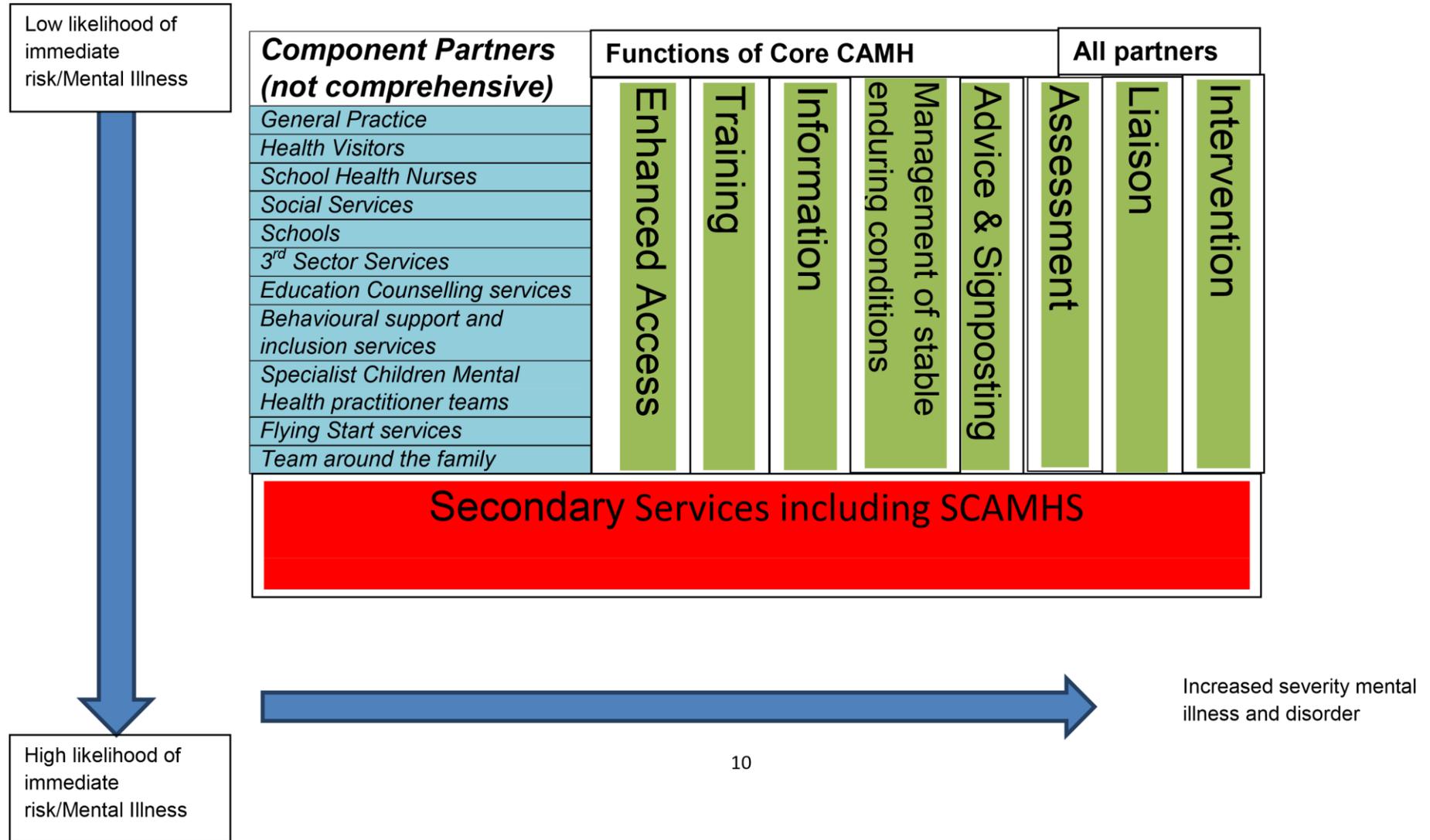
## **26.0 REVIEW / GLOSARY OF TERMS/REFERENCES**

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

# BWRDD IECHYD PRIFYSGOL HYWEL DDA UNIVERSITY HEALTH BOARD

## APPENDIX 1

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



APPENDIX 2

**Specialist Child & Adolescent Mental Health Services**

Low likelihood of immediate risk/  
Mental Illness

**Referral points**

- General Practitioner (GP)*
- A&E*
- Adoption services*
- Drug & alcohol services*
- Intensive family support team*
- Local third sector specialist projects*
- Local perinatal services*
- Looked after children team*
- Neurodevelopment assessment team with paediatrics*
- Paediatrics*
- Schools*
- Specialist education services*
- Youth offending teams*
- Youth services*

**Specialist CAMHS**

Functions			
Enhanced Access	Advice	Liaison	Care Coordination

High likelihood of immediate risk/  
Mental Illness



Increased severity mental illness and disorder

# BWRDD IECHYD PRIFYSGOL HYWEL DDA UNIVERSITY HEALTH BOARD

## 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:**

# BWRDD IECHYD PRIFYSGOL HYWEL DDA UNIVERSITY HEALTH BOARD

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
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**b) CHILDREN & YOUNG PEOPLE LIVING WITH CHILD**

<b>Name</b>	<b>Date of birth</b>	<b>Relationship to child</b>	<b>Gender</b>	<b>Legal Status</b>
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**7. OTHER PROFESSIONALS INVOLVED**

Name		Name	
Role		Role	
Organisation		Organisation	
Tel No		Tel No	
Fax No		Fax No	
Name		Name	
Role		Role	
Organisation		Organisation	
Tel No		Tel No	
Fax No		Fax No	

# BWRDD IECHYD PRIFYSGOL HYWEL DDA UNIVERSITY HEALTH BOARD

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

## 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

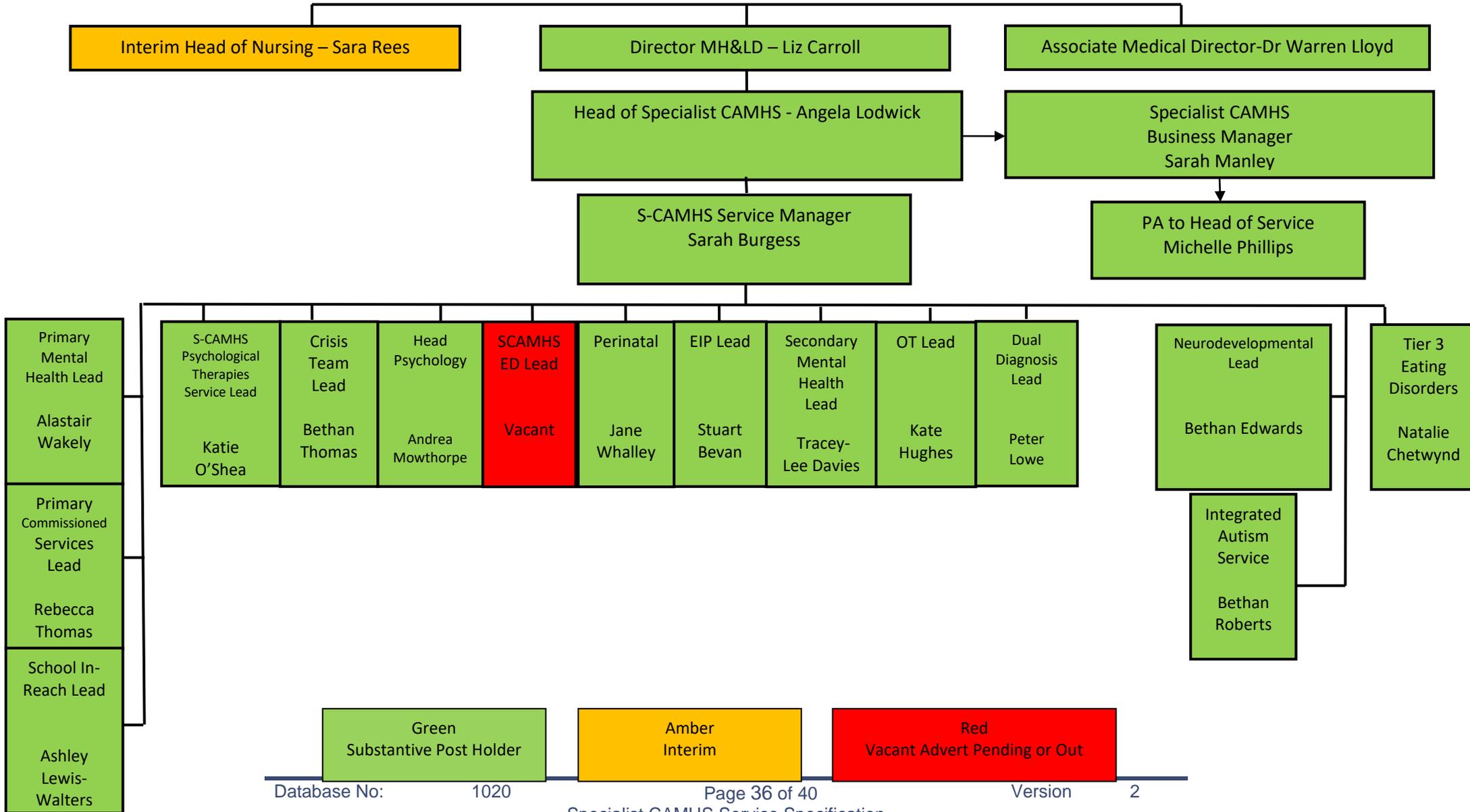
There are also 11 key components and for CAPA to have the maximum impact it is important that key components are considered. Where possible these key components need to be implemented because evidence has shown that the more components in place, CAPA is more likely to be successful for both the service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

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## APPENDIX 5

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

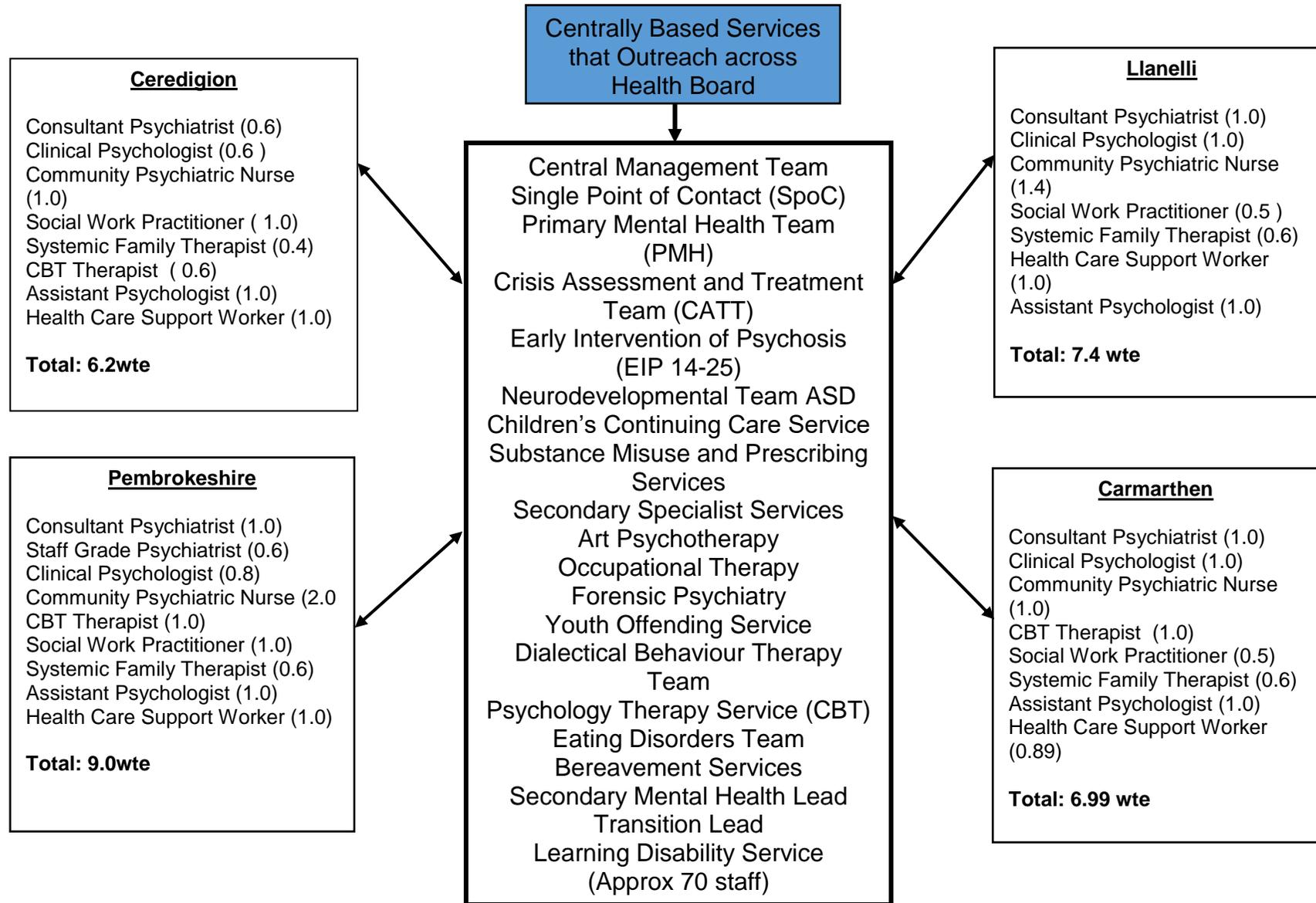


Database No: 1020      Green Substantive Post Holder      Amber Interim      Red Vacant Advert Pending or Out      Page 36 of 40      Version 2

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## APPENDIX 6

## SPECIALST CAMHS HUB SPOKE AND MODEL



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

<b>Section F - Client Confidentiality, Gillick &amp; Fraser Competency &amp; Parental Responsibility</b>	<b>Mentor Initials</b>	<b>Employee Initials</b>	<b>Date</b>
Discuss			

<b>Section G – Specialist CAMHS Local &amp; National Guidance</b>	<b>Mentor Initials</b>	<b>Employee Initials</b>	<b>Date</b>

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

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

<b>Section J - Mandatory Training</b>	<b>Mentor Initials</b>	<b>Employee Initials</b>	<b>Date</b>
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			

<b>Section K – Specific Specialist CAMHS Training</b>	<b>Mentor Initials</b>	<b>Employee Initials</b>	<b>Date</b>
<b>Employee's Suggestions &amp; Observations</b>	<b>Mentor Initials</b>	<b>Employee Initials</b>	<b>Date</b>

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: \_\_\_\_\_

