

Specialist Child & Adolescent Mental Health Service Crisis Assessment and Treatment Team Service Specification

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Summary of document:

The purpose of this Service Specification is to provide a delivery framework for the Crisis Assessment and Treatment Team (CATT) within Specialist Child & Adolescent Mental Health Service (S-CAMHS) within Hywel Dda University Health Board. This Service Specification will provide the step-by-step processes, criteria for intervention and patient centred care protocols. Structured via the three functions of CATT delivery in promoting the mental health and well-being of children and young people (CYP).

The key functions of the CATT will be to deliver urgent and planned interventions for CYP experiencing escalating distress and mental health crisis. This is inclusive of an imminent risk of serious self-harm, or harm to others, within the context of severe mood disorder, acute psychosis, emotional dysregulation, and severe eating disorders. We know that CYP who receive support quickly are less likely to develop long-term mental health conditions which, in turn, negatively impact on their learning, relationships and health in later life.

The aim of the CATT Is to provide care closer to home for CYP in escalating distress and crisis, in the right place at the right time, in the least restrictive environment. timely assessment and intervention, appropriate to the needs of each individual CYP and their family.

Scope:

This Service guidance applies to all staff, including those seconded staff from external agencies, students and volunteers engaged in delivering crisis assessment and treatment services in all settings where service delivery takes place. The specification will be made available to partner agencies, stakeholders, service users and their families/carers.

To be read in conjunction with:

Policy No.	Document Name:
N/A	Mental Health Single Point of Contact Service Specification (opens in a new tab)
	Specialist CAMHS DNA Guidelines (opens in a new tab)
692	Admission of Children to the Paediatric Units within HDUHB Policy (opens in a new tab)
598	Admission to the Designated Age-Appropriate S-CAMHS Bed (Rainbow Unit and Morlais Ward) Policy (opens in a new tab)
136	Section 136 – 1983 Mentally Disordered Persons Found in Public Places Inter-Agency Procedure (opens in a new tab)

Patient information:

Include links to [Patient Information Library](#)

Owning group:

MH&LD Written Control Documentation Group

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Executive Director job title:

Andrew Carruthers, Director of Operations, HDUHB

Reviews and updates:

V1.0

Keywords:

Crisis Assessment and Treatment Team
Crisis

Glossary of terms:

Acronym	Meaning
CATT	Crisis Assessment and Treatment Team
A&E	Accident and Emergency
S-CAMHS	Specialist Child & Adolescent Mental Health Service
CYP	Children and Young People
NEST	Nurturing, Empowering, Safe, Trusted
A&E	Accident & Emergency
MDT	Multi-disciplinary Team
MH	Mental Health
YP	Young Persons
QNCC	Quality Network for Community CAMHS
HCSW	Health Care Support Worker
ANP	Advanced Nurse Practitioner
MIU	Minor Injury Unit
DGH	District General Hospital
KPI	Key Performance Indicator
MHP	Mental Health Practitioner
SPoC	Single Point of Contact
MH&LD	Mental Health & Learning Disabilities
UNCRC	United Nations Convention on the Rights of the Child
DBS	Disclosure and Barring Service
FIO	Freedom of Information
WARRN	Wales Applied Risk Research Network
GP	General Practitioner
KPI	Key Performance Indicator
CBT	Cognitive Behaviour Therapy

Contents

Approval information	1
Service Model:	5
Function 1: Crisis Prevention (Alternative to Admission) <i>The Wellbeing Hwb</i>	8
Function 2: Crisis Assessment.....	12
Risk Assessment & Management:	19
Service Capacity Management:	19
Transport:.....	20
Outcome Measures and Key Performance Indicators.....	21
References.....	23
Appendices	24

Service Model:

For this specification, a mental health crisis is considered as an acute episode when a CYP's behaviours, as well as the response of their immediate environment, cause a rapid deterioration in their day-to-day functioning, or indicate they might seriously harm themselves or others. Mental Health crises can feel overwhelming for CYP and those in their immediate environment, and it might seem as if the coping skills and caring responses previously relied on no longer work. During a crisis, CYP and those providing them with care may be unable to take care of them(selves), experience worsened indicators of preexisting mental health conditions, and may threaten or attempt serious self-harm or suicide.

Nyth/Nest (Welsh Government, 2023¹) sets out six principles for commissioning and delivery of services for CYP in Wales. These include a 'No Wrong Door' (Children Commissioner for Wales, 2020²) approach where families seeking support for their CYP are supported to navigate a complex system of services and not fall through the gaps between services, especially where their needs do not neatly match those of service criteria.

Aims and Objectives:

CATT provides Mental Health crisis, assessment, and treatment services for CYP and their families/carers across the HDUHB footprint of Carmarthenshire, Pembrokeshire, and Ceredigion. The service operates within the [NHS Wales S-CAMHS Service Framework](#) (opens in a new tab) (*Appendix 2*) and the [Together for Mental Health Delivery Plan \(2019-22\)](#)³ (opens in a new tab) to ensure the delivery of evidence-based practice and delivering safe and effective care to achieve the high-level outcomes:

- Provide timely, round the clock access to community-based support for CYP experiencing escalating mental health distress and risk.
- Improve access to appropriate onward mental health support for these CYP.
- Provide a clinical therapeutic support service for CYP in mental health crisis in a calming and safe environment.
- Reduce inappropriate admissions and facilitate early transition back to routine local services by working within a shared care approach.
- Wherever possible, prevent the need for CYP to receive treatment outside Wales.

These aims will be carried out by preventing crisis from occurring, assessing CYP experiencing crisis to create safety, and providing interventions for CYP in crisis to resolve the crisis and refer on to appropriate onward care. These three functions detailed below under the following headings:

1. Crisis Prevention (Alternative to Admission) The Wellbeing Hwb
2. Crisis Assessment (assessing and bringing safety when crises occur)
3. Crisis Intervention (stabilising and de-escalating crises where intensive input is needed to do so. This includes those who urgently require assistance due to significant mental health challenges and/or are at substantial risk to themselves).

The service will work within a multi-disciplinary approach and maintain close links with families/carers, specialist mental health teams, local authorities, and external partner organisations.

Referral and Eligibility Criteria:

During office hours, referrals are co-ordinated via a Single Point of Contact (SPoC). All referrals are electronically submitted via email. Services referring CYP to CATT for assessment outside of working hours contact the team via telephone to provide a verbal handover, followed by a written referral submitted electronically via email.

Following a review of the referral information and consideration of the referral criteria, a decision is made by the relevant clinician as to the appropriateness of the service to meet need identified in the referral. Where referrals CATT criteria, the referrer is provided with an alternative option and/or signposted to a service which would best meet the needs of the CYP.

Service Details	
<p>Crisis Assessment and Treatment Team</p> <p>Address:</p> <p>79 Bro Myrddin Carmarthen SA31 3HF</p>	<p>In hours: (Mon-Sun 09.00-17.00)</p> <p>Contact Number: 0300 303 6146 Contact Email: access.s-camhs.hdd@wales.nhs.uk. (opens in a new tab)</p> <p>Out Hours: (Mon-Sun 17.00- 09.00)</p> <p>Contact Email: CATT.SCAMHS@wales.nhs.uk (opens in a new tab)</p> <p>Duty Number: 07342078893 *Professionals only</p>

Roles & Responsibility:

The staffing structure within CATT is illustrated below. Duties within each function may vary slightly to support the needs of the function.

S-CAMHS Service Delivery Manager	<ul style="list-style-type: none"> Responsible of the delivery and development of effective, efficient, and timely S-CAMHS Mental Health in line with local and national guidelines and recommendations. Implementation of care pathways ensuring a cohesive, effective, and seamless service. Delivery of Crisis Hwb's and care closer to home working on a whole systems approach.
Service Manager S-CAMHS Crisis Service	<ul style="list-style-type: none"> Provide operational managerial and leadership to the CATT Service. Work with key stakeholders to ensure the CATT is effective and to achieve service improvement and development goals.

	<ul style="list-style-type: none"> • Regular monitoring and review of operational plans including progress against KPIs and reporting on these within the service.
CATT Team Lead	<ul style="list-style-type: none"> • Coordinate team roster to ensure sufficient capacity. • Provide clinical leadership and support to team members. • Oversight of team multi-agency liaison to deliver coordinated patient care. • Coordinate team activity day to day according to demand and acuity to ensure timely access. • Ensure accurate and timely team data capture to support monitoring of activity and KPIs.
CATT Mental Health Practitioners	<ul style="list-style-type: none"> • Provide clinical/risk assessment and intervention as part of a multidisciplinary approach. • Triage presenting risk and need of individual referrals. • Responsibility for the care pathway and clinical intervention in line with promoting quality care. • Continually monitor and evaluate risk to/from CYP in own caseload and during consultation discussion to other agencies. • Responsibility and autonomy for the treatment of and discharge of young people in secondary care, to ensure communication with all services involved. • Coordinate daily activity of the team. • Supervising HCSW input.
CATT HCSW	<ul style="list-style-type: none"> • Supports the Mental Health Practitioners during and following appointments. • Deliver clinical interventions to an identified caseload under the supervision of the qualified staff. • Responsible for initiating and delivering individual activities for clients and support CYP in accessing age-appropriate activities and interests to enable autonomy and independence. • Assist the mental health practitioner in the development, application, and activation of the CYP Care Plan. • Contribute to the identification of realistic goals and outcomes with the CYP for the agreed plan of care. Involve other professionals as appropriate.
CATT Administrators	<ul style="list-style-type: none"> • Ensure timely administration of appointments. • Provide direct face to face and telephone patient contact to facilitate appointments. • Support the CATT Team Lead in the day-to-day facilitation of referrals. • Gather and capture data to monitor outcomes and KPI's provided by practitioners.
Clinical Psychologist	<ul style="list-style-type: none"> • Provide psychological theory and practise-based expertise on assessment, formulation, intervention, and evaluation for CYP in crisis. • Lead on assessment and intervention for more complex cases. • Provide clinical supervision and team formulation. • Contribute to service development and evaluation.

Function 1: Crisis Prevention (Alternative to Admission) *The Wellbeing Hwb*

Aims & Objectives:

The Wellbeing Hwb is in Carmarthen but accessible to all CYP across the HDUHB footprint of Carmarthenshire, Pembrokeshire, and Ceredigion. The Wellbeing Hwb is an appointment-based community service, operating 24-hours a day, 7-days a week and provides support to prevent the onset and escalation of mental health crises for CYP. The service will work with CYP at risk of mental health crisis and facilitate referral, triage, risk assessment and in-the-moment support, on receipt and triage of referral.

Hospital A&E departments and inpatient wards are not appropriate facilities for mental health assessment and support (in most instances) for CYP who do not require medical assessment/treatment. The Hwb will provide timely and accessible support in a calm, safe and therapeutic environment, facilitating access to onward care when required. Hwb aims to de-escalate and deal with the factors leading to CYP distress, and identifies coping strategies to increase their resilience by:

- Providing a service which supports the needs of CYP who are at the risk of social/emotional crisis.
- Acting as a conduit to identify, broker, and signpost individuals to support agencies as needed.
- Providing an alternative safe space to undertake triage assessments jointly between Health and Social Care.
- Providing a step down/discharge for CYP from the following:
 - DGH
 - Inpatient MH Acute Wards (age-appropriate)

In doing so, the service seeks to:

- Reduce the need for assessments in A&E/Adult Section 136 suites/adult assessment wards/rooms for those not requiring medical treatment.
- Support CYP to reduce, manage and cope with presenting distress, anxiety, and stress with the support of families/carers.
- Utilise evidence-based solutions to ensure that person centred care is placed at the heart of what we do.

Eligibility and Referral Criteria:

The service meets the needs of CYP and their families where the CYP:

- Has escalating distress, in the absence of risk of imminent serious deliberate self-harm or acting on suicidal thoughts.
- Requires support to manage their distress and intense emotions in the moment.
- Requires help to learn more effective ways of coping with distress and avoiding crisis.
- Where there is no imminent risk, but an urgent assessment of their mental health needs is deemed appropriate.

- May have been assessed via CATT hospital liaison following attendance at a District General Hospital (DGH) and require additional support before returning home.

Exclusion Criteria

The service will not meet the need of a CYP who:

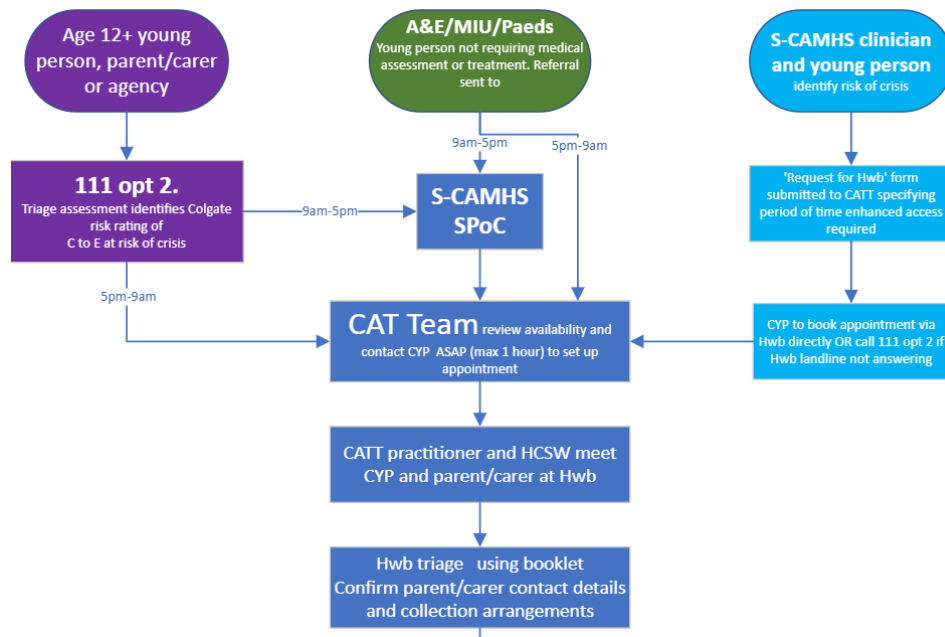
- Is at risk of absconding from a community appointment, where that risk is not possible to manage safely in the Hwb environment.
- Is at imminent risk of violence or aggression towards health professionals that is not possible to manage in the Hwb environment.
- Has attempted overdose/suicide in the last 24-hours where a crisis assessment has not yet taken place (see function 2).
- Are likely to require an imminent admission to an acute mental health inpatient unit (see function 2).
- Has a serious deliberate self-harm or overdose of tablets/medication/toxic substance requiring medical assessment and treatment.
- Requires Section 136 assessment, for which there is a specific allocated suite for CYP. This would include CYP presenting with symptoms of severe mental illness i.e., displaying symptoms of psychosis, highly suicidal and a history of absconding.
- Has Severe behaviours that challenge, including violence and aggression where these cannot be safely managed in the Hwb, and/or currently under the influence of illicit substances or likely to take them during a Hwb appointment.
- Has no viable address to return to following the appointment, or requiring social services accommodation where this is not currently in place.

Referral Pathway:

There are three referral routes for CYP to access the Hwb:

1. 111 Option 2, where CYP are triaged using the UK Mental Health Triage Scale (*Appendix 3*). CYP triaged in categories C, D and E can access support in the Hwb where appropriate.
2. CYP have presented at A&E, MIU or the paediatric ward and either do not require medical assessment, observation and/or treatment for serious deliberate self-harm or have already had Hospital Crisis Assessment by the CATT, and where there is not imminent risk of this or suicide.
3. CYP already being seen in S-CAMHS, where their case holder can complete a 'referral form.

Staff will coordinate appointments in line with operational process.



Operational Procedures

Scheduling Hwb Appointments:

On receipt of a new referral, the CATT will contact the family/carer to acknowledge receipt of the referral and mutually agree a time for the appointment to take place. There may be some limited instances where an appointment time cannot be agreed initially, in which case the CATT will agree a time to call the family/carer back to reschedule.

Attending the Hwb:

At the agreed time of appointment, the CYP and/or their family/carer will arrive at site where they will be greeted by a member of staff who will grant access to the building and meet with them in the lounge area. The Hwb door is kept locked and only accessible by staff key cards.

Failure to attend:

The team will make contact where the CYP does not attend. Practitioners will need to use clinical judgement (based on UNCRC⁵ Article 3 relating to best interest) in relation to mental health and safeguarding risk when making decisions around next steps. This will also be in line with the Monitoring Vulnerable People who were not Brought or did not Attend Appointments and no Access Visits policy and the did not Attend Procedure: Improving Access to Services. (*Appendix 4*).

Crisis Prevention Interventions:

Crisis Prevention appointments at the Hwb will provide space for CYP and their family/carer to de-escalate distress and increase capacity to tolerate future distress and safely manage intense emotions. Interventions will include:

- Regular and ongoing monitoring of mental state.
- Emotional support to talk through difficulties and the accompanying thoughts and feelings.
- Psychosocial problem solving and skills coaching – helping the CYP to learn to take more control of managing their own mental health and the related challenges they face.
- Use of activities to manage distress and mood.
- Support for families/carers in how they can safely manage the difficulties and access appropriate support and care.
- Liaison with other professionals involved with the CYP to address factors contributing to the CYP's difficulties and distress/presenting concerns.
- Medication (as required) where appropriate. This will be prescribed by a Speciality Doctor or Advanced Nurse Practitioner (may be located offsite)
- Signposting to other appropriate services to help address the underlying causes of the difficulties leading to difficulties and distress.
- Agreement of collaborative safety plans with the CYP, their families/carers and other relevant professionals where required.

Appointment structure:

Practitioners will use the Hwb workbook (*Appendix 5*) to structure the appointment and ensure the CYP has a record of key information they have discussed. Practitioners will ask additional questions as required to gather sufficient information to understand the presenting mental health needs, background details, any safeguarding risk, and any risk of harm the CYP poses to themselves or others. Whilst an initial assessment is not required for a Hwb appointment, it may be that such an assessment is agreed to capture relevant information to support onward care. Should the practitioner assess during the appointment that the CYP poses a risk of imminent serious harm to themselves, the practitioner will change the appointment to a crisis assessment (as per function 2).

Practitioners will identify where the CYP would benefit from improved communication with and between agencies involved in their care and will work to facilitate and enable this both during (where possible) and following the Hwb appointment.

Follow up and discharge planning:

CYP will be provided with a follow up appointment within three days of their appointment at the Hwb. This will provide an opportunity to review and further assess their needs, provide additional self-management advice, and discuss further support as appropriate to their needs, including signposting to other services for social, educational, and mental health support, and referrals to other health and mental health services.

Function 2: Crisis Assessment

Aims & Objectives:

There will inevitably be times when the rapid onset of crisis and lack of sufficient environmental supports are such that it is not possible to prevent a mental health crisis from happening. This includes those CYP identified to be at high risk of serious self-harm or suicide, those who have engaged in serious self-harm or suicidal behaviours, and/or experiencing a rapid deterioration in their ability to support themselves or experience sufficient support from their immediate environment in relation to their mental health. It also includes those CYP referred in by partner agencies, contacting 111 Option 2, and those CYP presenting at A&E and other hospital wards with mental health crisis. In these instances, the aim of Crisis Assessment is to gain a clearer picture of the mental health needs and risk, and to involve the CYP and those supporting them in creating safety. CATT will facilitate communication with and referral from partner agencies, provide timely assessments of mental health needs and risk, and work to establish collaborative safety plans and short-term stabilisation and de-escalation of crisis. They will do this by carrying out the following activities:

1. Provide 24-hour, 7-day urgent and emergency assessments of mental health need and risk management for CYP referred through DGH, community hospitals and community teams.
2. Ensure creation, review, communication, and implementation of robust, person-centred safety plans to manage assessed mental health risk.
3. Ensure ease of access via a central point of contact and referral out of office hours.
4. Facilitate a supported transition from the hospital back to the community, ensuring appropriate mental health follow-up care is in place.
5. Gatekeep admission to the Age-Appropriate designated bed or the Rainbow Suite for CYP requiring inpatient care.
6. Provide daily reviews for CYP patients in the designated bed or the Rainbow Suite not currently open to secondary S-CAMHS teams.
7. Maintain communication links between hospital services and community-based mental health services, including those from other health boards, to ensure continuity of care after discharge.
8. Participate in research and quality improvement initiatives to enhance the overall mental health care provided in the hospital setting.
9. Engage in delivery multi-disciplinary holistic care for patient care planning.

Eligibility and Referral Criteria

The service meets the needs of CYP who:

- Attended A&E with serious deliberate self-harm, attempted suicide including overdose of prescription or illicit drugs) requiring medical assessment and/or treatment.
- Are medically fit for discharge and require mental health assessment.

- Where their risk of harm to themselves or others is thought to be serious and imminent.
- May require admission to the designated bed or Rainbow Suite following crisis assessment.
- CYP whose mental health needs may require an imminent admission to an acute mental health inpatient unit.
- Are assessed under the Mental Health Act but do not require an admission.
- Require consideration of crisis intervention support.

Exclusion Criteria

The service will not meet the need of a CYP who:

- Is at risk of crisis, but not an imminent risk to themselves or requiring of medical assessment and/or treatment (function 1).
- Continues to require medical assessment and/or treatment.
- Is not at risk of crisis or an imminent harm to themselves or others.

Referral Pathway:

There are four referral routes, all of which would be directed via the S-CAMHS Single Point of Contact (SPoC) during office hours, and directly to the CATT outside office hours:

- 111 Option 2, where CYP will be triaged using the UK Mental Health Triage Scale (*Appendix 3*). Those CYP triaged in categories B, C and D may be appropriate for Crisis Assessment.
- CYP presenting at A&E, MIU or the Paediatric ward due to serious deliberate self-harm requiring medical assessment and treatment.
- GP/S-CAMHS referral into the SPoC where imminent risk of harm is identified.
- Police or other out of hour's services contacting CATT directly or via the MH&LD out of hours Clinical Coordinator.

Operational Procedures

Failure to Attend:

When a CYP is unwilling to engage, or is not brought to, or does not attend an appointment without any communication, the CATT will:

- Review the referral to identify mental health and safeguarding risks.
- Contact the CYP and/or family/carer or local authority social worker (where they hold Parental Responsibility) by telephone to review the reasons for referral along with any reasons for non-engagement or non-attendance and discuss alternative routes to engagement and re-book an appointment where appropriate.
- If this still does not lead to successful assessment, CATT practitioner will discuss with CATT lead and a senior clinician (e.g. Advanced Nurse Practitioner or medic) to consider known and unknown risks (including safeguarding) and CYP expressed wishes and feelings and agree whether a proactive home visit is required to progress the crisis assessment.
- A further discussion with parents, carers or LA social worker (for CLA) should then take place to communicate next steps and any safety measures that should be taken.
- For CLA, a further conversation should take place with the Social Work Therapeutic Practitioner in the relevant secondary team, to consider whether to progress to a consultation with the

network around the CYP (with their consent). If agreed, CATT will then discuss the CYP referral at the relevant Secondary MDT with a Social Work Therapeutic Practitioner Consultation to be the outcome (rather than a Choice appointment).

- Update the original referrer and GP.
- Clearly document what steps have been taken on the CYP care record on Care Partner.

Assessment Protocol:

During a crisis assessment, the practitioner will gather sufficient physical, psychological, and social information as informed by the WARRN risk assessment and management tool to get an understanding of the CYP's mental health needs and risk and develop a plan to keep them safe. This will include completion of the YP Core (*Appendix 6*) to support clinical judgement (based on UNCRC Article 3 relating to best interest) and decision making. The practitioner may need to gather additional information from other parties as part of the assessment in order clearly assess CYP needs, identify risks and develop a risk management plan.

Upon completion of the Crisis Assessment, the practitioner will agree next steps with the CYP, family/carer and other professionals involved. For those assessed whilst in A&E or hospital ward, this would include consideration of whether it is safe for the CYP to be discharged and consideration of where they will be discharged to ensure their ongoing safety.

For both community and hospital crisis assessments, there may be instances where the practitioner assesses that the mental health risk is not currently manageable in the community. This may be due to the level of risk the CYP poses to themselves due to their mental health, as well as where families/carers are unable to keep them safe and provide sufficient monitoring and supervision.

In instances where the CYP risk to themselves which means that it is not possible to keep them safe in the community, the practitioner will liaise directly with a psychiatrist from the secondary S-CAMHS team in the locality where the CYP resides or with the S-CAMHS ANP for them to review the CYP's needs and next steps. This may include consideration of a Tier 4 referral or age-appropriate admission and/or medication.

Where required, the CATT will liaise with local authority Children's Social Care department to discuss any safeguarding concerns and accommodation issues which have an immediate bearing on their safety in accordance with HDUHB Corporate Governance Safeguarding procedures.

Follow Up:

CATT will continue to engage in further liaison to support the CYP's wider care decision making, where relevant, expediting of other health or support appointments.

For CYP who reside outside of HDUHB, following a crisis assessment, the registered practitioner will contact the relevant S-CAMHS and local authority Children's Social Care department for the CYP's home area. A handover of the assessment of need and risk, safety plan and any recommended next steps will be completed. Provision of any follow up appointments will be discussed, and it will be agreed as to who will provide this.

CATT will contact the CYP and their family/carer within three days of crisis assessment to review any ongoing mental health needs and risk. Options for further support may include a referral into another S-CAMHS team where risk monitoring, management and stabilisation is required (see function 3), or non-

CAMHS support services, including from voluntary organisations. CATT will provide information about support on offer and advice as to how to access.

Where a summary letter has not yet been sent, the practitioner will write to the GP and any relevant agencies on discharge of the CYP to update them about the reasons for referral, the assessed mental health needs and risk, and the plan.

Transfer of Care:

Where CATT facilitate access to the age-appropriate admission beds on Cilgerran Children's Ward or Morlais Ward on a short-term basis to enable safety and monitor risk, or to facilitate Tier 4 assessment, they will follow the [Admission to the Designated Age Appropriate S-CAMHS Bed \(Rainbow Unit and Morlais Ward\) Policy](#)⁶ (opens in a new tab)

Function 3: Crisis Intervention

Aims & Objectives:

Where CYP continue to experience mental health crisis over a sustained period, the Crisis Intervention function aims to bring about an increase in safety and stability along with support to reduce mental health distress. The CAT Team do this through direct work with CYP and the parents/carers. They will also offer consultation, liaison, and advice where appropriate to enable access to mental health expertise for those working with the CYP experiencing mental health crisis and their family/carer. This will support an increased understanding of the CYP mental health needs and risk, and how this understanding can lead to better informed and more integrated support for the CYP. The service will:

- Oversee the development and implementation of timely crisis interventions for CYP experiencing mental health crisis and increased risk of harm to self and others.
- Enable access to appropriate mental health expertise for CYP in crisis.
- Ensure a CYP on the designated bed or the Rainbow Suite are offered advocacy support in line with the Mental Health (Wales) Measure (2010)⁷.
- Enhance continuity of care for CYP transitioning across diverse service environment.
- Provide psychoeducation and training to hospital staff about recognising and responding to mental health concerns in paediatric patients.
- Collaborate with schools, families/carers, and other relevant stakeholders/organisations to create a supportive environment for the CYP.

Eligibility and Referral Criteria

The service meets the needs of CYP who:

- Are currently experiencing short term, acute mental health distress which significantly impairs their day-to-day functioning.
- Present an increased risk of harm to themselves and/others due to their mental health.
- Have had a recent Crisis Assessment (function 2), or assessment or review of their mental health needs by another S-CAMHS team.
- Have an up-to-date WARRN, including a risk management plan that includes crisis intervention.

Exclusion Criteria

The service will not meet the need of a CYP who:

The service will not meet the need of a CYP who currently pose a risk of harm to themselves or others that cannot safely be managed in the community despite increased supervision and monitoring.

Referral Pathway:

Provision of Crisis Intervention will be dependent on completion of an assessment of the CYP's mental health needs and risk, including a complete WARRN risk assessment that has been reviewed and updated at point of referral either by the CATT or another S-CAMHS team.

There are two referral routes:

- Via a CATT Crisis Assessment (function 2) and subsequent agreement at their CATT MDT.
- For a CYP open to another S-CAMHS team:
 1. the S-CAMHS practitioner will contact the CATT to discuss the nature of the crisis and the intervention being requested.
 2. On agreement to offer a crisis intervention, the S-CAMHS practitioner will ensure the WARRN is updated and follow up with a 'Tier 3' referral.

Operating Procedures

Assessment Protocol:

Any CYP deemed appropriate for CATT crisis intervention would be subject to a holistic assessment of their mental health needs either completed as part of CATT function 2 or by a S-CAMHS colleague prior to referral to CATT function 3. As part of this assessment, or at point of contact with CATT, a YP Core (*Appendix 6*) will have been completed. The outcome of this alongside any risks, needs, family/carer support requirements, and any environmental factors identified in the assessment would inform the psychological formulation of understanding the CYP presentation and determine what intervention is most evidence based and appropriate to provide.

Working within a multi-disciplinary approach, planning and assessment would include engagement with any support agency involved with the CYP, their family/carer. Intervention sessions are offered at a variety of places including clinic, home and community services depending on the need identified in the assessment and intervention planning.

Crisis Intervention including follow up:

Following agreement that a CYP will be offered a Crisis Intervention:

- Intervention referrals will be discussed at CAT MDT meetings, with reference to the assessment and formulation to understand the CYP presentation and agree the intervention plan, including risk management plan.
- Where the clinical presentation is such that other team and professional perspectives required, the team will seek this to inform their planning.
- At the initial intervention appointment, needs and risk will be reviewed, and a plan of care will be agreed with the CYP and family/carer, including the nature and frequency of contact.
- Crisis intervention offered will be based on the NICE guidelines and/or evidence base for the CYP presentation.
- The CYP's progress will be discussed during twice weekly CATT MDT meetings to review and agree the ongoing plan of care.
- On consideration of discharge, the team will liaise with other professionals involved to discuss the proposed discharge plan.

- At the final CATT appointment, the safety plan will be reviewed and communicated to the CYP and family/carer; this will be documented in an updated WARRN risk assessment and risk management document.
- Any onward internal and/or external referrals completed.
- CYP discharged and GP informed.

Interventions are typically provided by MHP's, with support and specific tasks being undertaken by the HCSW's. The team also has a Clinical Psychologist and Speciality Doctor who provide consultation within MDT meetings, as well as some specialist clinic-based assessment and intervention.

Intervention provided by the team includes (but is not limited to):

- Risk monitoring and management, including crisis management plans.
- Psychological formulation to make sense of the presenting problem, predisposing factors, precipitating factors, perpetuating factors, and protective factors.
- Psychoeducation of the development and experience of distress (Using the bio-psycho-social model).
- Distress Tolerance, Emotional Regulation, Interpersonal Effectiveness & Walking the Middle Path skills training based on Dialectical Behaviour Therapy for Adolescents.
- Behavioural activation.
- Cognitive restructuring
- Cognitive Behavioural Therapy (CBT)-based interventions.
- Psychiatric assessment and observation.
- Consideration of medical intervention.
- Re-feeding programme / assisted mealtimes supervision.
- Screening of possible co-occurring needs including neurodiverse presentations, to facilitate onwards referral and provide information and signposted resources and services.
- Psychoeducation for families/carers/professionals about different clinical presentations and appropriate management strategies/environmental management strategies.

Crisis intervention support provided by CATT will be determined by CYP and family/carer need and engagement. Risk assessment and management plans will be reviewed throughout the period of intervention.

CYP accessing CATT who are already open to another S-CAMHS team will still access medical and psychological intervention via the case holding team (where available). CATT specialist practitioners are available for joint working or can provide a 'second opinion', working within locality teams to enhance the understanding of a CYP's presentation.

Risk Assessment & Management:

Effective management of risk is an essential aspect of providing optimal care for CYP in distress. This dedicated approach involves a thorough examination of potential risks and the implementation of robust strategies to mitigate them. In line with the Royal College of Psychiatrists⁸ risk management the following principles for managing risk:

1. A clinician, having identified a risk of dangerous behaviour, has a responsibility to act with a view to ensuring that risk is reduced and managed effectively.
2. A management plan should seek to change the balance between risk and safety.
3. The clinician should aim to make the patient feel safer and less distressed.
4. Sensitive use of empathy and compassion should allow the patient to feel understood and, potentially, more contained.

The WARRN risk assessment and risk management approach are the principal tools used by the CATT for undertaking risk assessment. It considers:

- Serious risks e.g., suicide, significant self-harm, risk of death due to eating disorder, violence to others that may result in significant harm.
- Probability, severity, and imminence of the risk to determine the required level of risk management.
- A CYP preoccupation, planning, preparation, and action in relation to the identified risk behaviours are considered to inform the assessment of risk.
- A risk management plan is developed including what is the risk; the imminence of the risk; with who the risk and plan needs to be communicated and further specific detail of the risk management plan.
- Specific detail of risk management plan includes detention / restriction; monitoring / supervision; treatment; victim safety planning.

Service Capacity Management:

In circumstances in which demand on the service outweighs staff capacity, either due to staff unavailability or because of greater than expected demand, the team will triage caseloads to prioritise according to need and risk. The type of contact required will be varied according to staff availability and CYP need and risk, using virtual and telephone appointments where it is safe to do so. Crisis Prevention (function 1) work may sometimes need to be delayed for a short period to prioritise patient safety where Crisis Assessment (function 2) and Crisis Intervention (function 3) work need to take priority.

Each morning, a designated MHP will be responsible to allocate appointments and assessments using an allocation sheet.

In circumstances where staffing capacity is compromised to the degree that the team are unable to carry out the required Crisis Assessment and Crisis Intervention work, MHP'S will escalate the situation appropriately:

In Hours:

- Practitioner escalates to team lead or service manager and attends daily bed conference meeting to inform wider MH&LD services.
- Practitioner contacts 111 option 2 to update them.

Out Of Hours:

- Practitioner contacts the clinical coordinator to update them of the situation and attends daily bed conference meeting to inform wider MH&LD services.
- Practitioner to follow up with an email outlining the situation to the clinical coordinator, copying in the CATT lead and service manager.

Transport:

CAT Pool Cars:

CATT workforce has access to two dedicated vehicles for CATT staff to carry out function of their duties within the community covering the HDUHB footprint and may facilitate transport to in between services depending on service commitments.

Governance & Quality Assurance

Governance:

The S-CAMHS Crisis Service Manager will attend the MH&LD Business Planning, Performance and Assurance Group and the MH&LD Quality, Safety and Experience Group to ensure openness to scrutiny, safety, and quality in clinical delivery, and to provide assurance to the service, directorate, and wider Health Board. The Crisis Service Manager will be responsible for maintaining clear and timely communication within the wider service to:

- Escalate operational challenges and issues impacting on clinical delivery, safety, and quality.
- Report on performance against key performance indicators and targets.
- Ensure appropriate oversight of day-to-day clinical delivery in relation to risk assessment. and management, as well as the achievement of effective and evidence-based crisis prevention, assessment, and intervention.
- Advocate on behalf of CYP and families/carers in mental health crisis to the wider service,

CATT Multi-disciplinary Team meetings:

The Multi-disciplinary Team (MDT) meeting is held bi-weekly and brings together various professionals to discuss every CYP on the CATT case load and identify a plan of care moving forward. The CYP mental health needs and risks are reviewed and discussed along with any progress towards agreed goals. This then informs the CATT plan of action for case management outcomes. The CYP's Care Partner Record is updated to reflect actions on the day of the meeting.

- The CATT service manager will be an optional member of the meeting where issues need to be escalated or complex issues need to be addressed.
- Overview provided from each team of any clinical challenges for the day.

- Opportunity used to create a plan for the day, work together to support deficits in a team's capacity.
- Identify joint working if required to support an individual CYP.
- Identify any individual at risk of admission and contingency plan.

Clinical and Management Supervision:

Clinical supervision is undertaken in accordance with the HDUHB supervision policy relevant to respective professions. Formal management supervision will take place at agreed intervals with yearly Performance Appraisal Development Reviews (PADRs). In addition to this standard process, staff will use shift handover periods as a learning and development opportunity and for support. Staff will be expected to make their own arrangements for clinical supervision as per the HDUHB Policy. Teams are encouraged to also include regular group supervision and formulation meetings with other relevant professionals. The Nursing and Midwifery Council Professional Code of Conduct⁹ will underpin the supervision to ensure that relationships between CYP, families and staff are conducted within appropriate professional boundaries.

Safeguarding:

Safeguarding vulnerable CYP is a key priority within HDUHB and any staff who may have any safeguarding concerns should contact the link safeguarding nurse based within the hospital. Parental/carer non-compliance, placing the CYP's health and welfare at risk, needs professionals to consider if child protection procedures need to be instigated. All staff undertake level 3 child protection training, and the S-CAMHS Head of Service is the lead clinician for safeguarding and attends all Local Safeguarding Children's Board and Health Board Strategic Safeguarding Board meetings.

All staff who have contact with CYP will have a current DBS in place updated every 3 years. All staff act in accordance with HDUHB Corporate Governance Safeguarding procedures.

Outcome Measures and Key Performance Indicators

KPI's are reviewed by the CATT team during internal meetings where trends are identified, and data (qualitative and quantitative) are used to inform service delivery and development. CATT KPI's are reported at Directorate level and will also feed into national developments with Welsh Government; they are also subject to drivers and changes nationally in Wales.

Each function seeks to achieve different outcomes to best meet the needs of CYP. KPI's for each function are:

1. Function 1: Crisis Prevention (Alternative to Admission):

1. 5% reduction in number of CYP attending A&E for mental health crisis as the presenting factor.
2. 80% of referrals to be seen within 24 hours of receipt of referral.

2. Function 2: Crisis Assessment:

1. 80% referrals to be seen within 24 hours of receipt of referral.
2. 80% referrals to have a person-centred safety plan.

3. Function 3: Crisis Intervention:

1. 80% referrals to have a person-centred care plan.

Service outcomes are internally monitored to ensure each function of CATT is delivering an efficient and effective service. Through this data collection, trends can be identified and reported on at Directorate level. Outcomes will inform any changes in service delivery and internal processes and procedures.

Function 1: Crisis Prevention (Alternative to Admission):

I. Measure of Crisis Prevention activity:

- Number of referrals
- Number of referrals identified Category B/C on MH Triage Scale
- Referral source
- Attendance at appointment
- Length of time from referral to appointment
- Length of appointment
- Discharge route (care/support) for CYP
- Number of repeat referrals
- Protected characteristics

II. Measures of Patient Reported Outcomes and Experience:

- Patient reported outcome measures:
 1. *80% of CYP with a completed YP Core*
 2. *Goal Based outcomes pre and post appointment (Workbook)*
- Patient reported experience measure:
 1. *Experience of Service Questionnaire*

Function 2: Crisis Assessment

- Completion of person-centred safety plan
- Patient reported outcome measures:
 1. *80% of CYP with a completed YP Core*
 2. *Goal Based outcomes pre and post appointment (Workbook)*
- Patient reported experience measure:
 1. *Experience of Service Questionnaire*
- Discharge route (care/support) for CYP

Function 3: Crisis Intervention:

- Patient reported Outcome Measures:
 1. *80% of CYP with a completed YP Core*
 2. *Goal Based outcomes*
- Patient Reported Experience Measure:
 1. *Experience of Service Questionnaire*
- Length of crisis intervention
- Discharge route (care/support) for CYP

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4. [WARRN](#) (opens in a new tab)
5. [UN Convention on the Rights of the Child - UNICEF UK](#) (opens in a new tab)
6. [Admission to the Designated Age Appropriate S-CAMHS Bed \(Rainbow Unit and Morlais Ward\) Policy](#) (opens in a new tab)
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 - iii. CG155: [Psychosis and schizophrenia in children and young people: recognition and management](#) (opens in a new tab)
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- v. NG225: [Self-harm: assessment, management and preventing recurrence](#) (opens in a new tab)
- vi. QS34: [Self Harm \[2013\]](#) (opens in a new tab)
- vii. NG69: [Eating disorders: recognition and treatment \(May 2017\)](#) (opens in a new tab)
- viii. QS175: [Eating disorders](#) (opens in a new tab)

Appendices

Appendix 1: Service Specifications



Appendix 2: NHS S-CAMHS Service Framework



Specialist-CAMHS-Framework.docx

Appendix 3: UK Mental Health Triage Scale



uk-mental-health-triage-scale1(1) (1).pdf

Appendix 4: Flowchart (Did not Attend/Was Not Brought)



Flowchart.docx



Flowchart for the procedure for a child

Appendix 5: Wellbeing Hwb Protocol:



YP Hwb workbook v
2 04.07.23.docx

Appendix 6: YP Core



YP_CORE_User_Man
ual.pdf



YP-CORE.pdf