

**TRANSITION PROTOCOL
CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)
TO
ADULT MENTAL HEALTH SERVICES**

Version:	V.07
Ratified by:	Compliance and Clinical Practice Standards Group
Date ratified:	November 2015
Name of originator/author:	Update of existing policy (SI's Lead & Named Nurse for Suarding Children and Lead Consultant for CAMHS)
Name of responsible committee/individual:	Trust-wide CAMHS Governance meeting
Date issued:	November 2015
Review date:	September 2017
Target audience:	Adult and CAMHS Teams
Document Reference:	TWC105

Version Control Summary

Version	Date	Status	Comment/Changes
V06	Sep 2013	Final	
V07	Nov. 2015	Final	

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Executive Summary

This document outlines the protocol for the transfer of young people from Child & Adolescent Mental Health Services (CAMHS) to Adult Mental Health Services.

1. Introduction

The transition years from child to adulthood are recognised as being stressful and difficult for young people. CAMHS services work with children and young people up to their 18th Birthday and this procedure should be used when young people using CAMHS services are in transition to using Adult Mental Health Services.

2. Purpose

To ensure that transition between CAMHS to Adult Mental Health Services is as seamless as possible: this protocol aims to ensure:

- Young people and their families are supported to exercise choice in the type of service in which they are involved.
- Young people and their families are empowered to share in the decision making process.
- Young people and their families can exercise their right to flexibility from mental health services.
- Clinical responsibility is clear and understood by all parties including the different agencies involved, the young person and their family
- Awareness of the Safeguarding needs of the individual should be kept in mind at all times
- Liaison with the Local Authority at an early point in the transition process is necessary in to ensure they can provide a transition assessment to support the young person and their parent/carer as required under the Care Act 2014.

3. Duties

3.1 Medical Director and Clinical Director for CAMHS

To ensure the clinical aspects of the policy are followed and to intervene where differences of clinical opinion on the protocol occur.

3.2 Service Directors, Operational Managers and Team Managers

To ensure all teams follow the revised protocol in a way which delivers optimum care for young service users.

3.3 Care Co-ordinators/Lead professionals

To follow the revised protocol when initiating/accepting the transfer of a young person.

4. Ratification process

Key Area	Lead Director	Working Group	Ratification Body
Clinical	Dr Emma Whicher	CAMHS Forum	Compliance and Clinical Practice Standards Group

5. Consultation Process

This is an updated protocol which will go to the Adult Services across boroughs and the CAMHS Forum for consultation followed by presentation to the Trustwide Clinical Reference Group.

TRANSITION PROTOCOL

1. Principles

The TRACK study has identified that the transition years from child to adulthood are stressful and difficult for young people and this has been noted in the CAMHS National Review in 2007. Young MINDs have produced a useful guide for health & social care professionals on the legal framework for the care, treatment and support of young people during the transition years (Transitions in Mental Health Care).

This protocol outlines the process to be followed to ensure that transition is as smooth as possible.

- There must be a seamless transition between services.
- Plans should be consistent with the principles of the care as provided within CAMHS: for most young people the work focusses on Goal focussed care plans or for those with more complex needs the Care Programme Approach.
- Responsibility for care, including Care Co-ordinator, risk assessment , and any ongoing Safeguarding concerns must be explicit at all times.
- Co-operation and flexibility should characterise the approach to care planning to ensure the young person is helped by the most appropriate services.
- Young people and their families/carers should be fully involved in the decisions made which affect their lives.
- Plans should be negotiated and agreed on the basis of informed consent or best interest decisions (under the Mental Capacity Act 2005) for young people of 16/17 years and within the framework of Gillick competence and parental responsibility for those under 16.
- Admission of young people under the age of 18 years should be to a designated adolescent facility, Aquarius Unit for acute psychiatric conditions or another appropriate young persons' facility when beds are not available there or if the young person has an Eating Disorder or needs other resources.
- Inter-agency sharing of information should be consistent with the Trust's Information Sharing Policy and the 5 Borough Information Sharing Agreement.
- Wherever possible care plans should be shared, discussed and agreed with the multi-agency network.

2. Age of Transition: CAMHS to Adult Mental Health Services.

2.1. Young people receiving care from CAMHS

- Local Authorities must carry out a transition assessment of the child and family if they are likely to have needs for care or support after the child turns 18.
- Where young people are receiving a service from CAMHS, and will require on-going mental health care, the CAMHS Care Co-ordinator for the client should commence discussion with the Adult team prior to the young person's 18th birthday. The transfer of care arrangements must be agreed explicitly in writing.
- For those with long-term conditions or needs, discussion between CAMHS and the relevant adult mental health services should commence when the young person turns 17 and an initial planning should take place leading to active transition planning starting when the young person is 17 and a half years old.
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- When a young person is receiving care for a condition and likely to need ongoing care, discussion within the network about transition should start within the six months prior to the 18th birthday. Where referrals to adult services are likely to be needed, the care co-ordinator in CAMHS should liaise with adult services about the time-scales for them to be able to take over care and manage the referrals process and transition in line with this.
- Where adult services have long wait times for care, they should accept referrals from CAMHS in advance of the 18th birthday to facilitate smooth transition.
- When the young person may choose not to access services, the family will need help in thinking about how they will manage the situation, including discussion about options for support, if risk increases from the Multi-agency meetings or CAMHS worker in advance of the 18th birthday..
- When CAMHS are providing time-limited interventions, these may continue beyond the 18th birthday in agreement with the Adult CMHT. These should form part of the CPA and be reviewed jointly by services in conjunction with patient and family or carers. The Adult service should care co-ordinate with the former CAMHS care co-ordinator and should co-work where applicable.
- After the young person's 18th birthday, adult services may continue to seek consultation and advice from CAMHS and contributions on a multi-agency basis from CAMHS at CPAs.
- Some young people who are eligible for a service from a CAMHS team, may not meet the criteria for services from the Adult Mental Health Teams. There should be a documented discussion with the young person and their family about the criteria for Adult Mental Health Services and the reason they are not eligible for the service. In these cases the CAMHS team may explore the possible referral to other agencies and organisations with advice and signposting for the young person and their family. When the young person is 17 and a half, the CAMHS worker will need to start discussing support options with the family to prepare them for the changes.

- Young people who are inpatients as they turn 18 should have an agreed plan about when to transfer to adult services and how that fits with discharge planning based around their best interests and needs.

2.2. New referrals aged 17 – 18 years old

Referrals of young people between 17 and 18 years of age should be assessed in the first instance by the CAMHS team. The duty psychiatrist will assess out of hours and make an onwards referral to the CAMHS team, calling on second-line CAMHS on-call staff wherever necessary to clarify issues pertinent to children and young people, the law relating to them, and child & adolescent psychopathology. If the referral is routine, the young person is within two months of their 18th birthday and likely to meet the eligibility criteria for the Adult Team there will be a discussion between Team Managers to decide if the referral would best go directly to the Adult CMHT or service.

- It may be appropriate in instances where the young person aged 17+ years old is assessed as having first episode psychosis and requiring CPA for CAMHS to arrange for handover of treatment to commence with the Adult Early Intervention Service. This should take into account emotional and developmental ages of clients as well as their chronological ages.

2.3. Admissions of young people aged 17+ years

- Young people under the age of 18 should be admitted to an adolescent ward (Aquarius, or Wisteria) at Springfield Hospital or an appropriate alternative ward suitable for young people.
- Young people who are approaching their 18th birthday (either as inpatients or outpatients) will not be admitted to an adult ward prior to their 18th birthday, other than in exceptional circumstances.
- The Mental Health Act 1983 amendments (2007) requires “Age Appropriate Services: it requires hospital managers to ensure that patients under the age of 18 admitted to hospital for mental disorders are accommodated in an environment that is suitable for their age (subject to their needs).”
- The requirements to meet the specific needs of young people subject to detention are described in the 2015 Code of Practice to the Mental Health Act and this should be used as day to day guidance in practice to ensure lawful good practice and effective use of detention for young people.
- Young people who are currently inpatients, will not be able to remain on the CAMHS ward from the day of their 18th birthday, other than in exceptional circumstances. Preparation for their transfer to an adult ward, if required, should begin as early as possible, in line with CPA policy, whether an internal transfer within the Trust, or external. The CAMHS ward will liaise with the appropriate Adult ward and follow the Trust Guidance for the transfer of patients between wards and services across Trust sites and with external providers.
- In the event of an admission to an adult ward this must be notified as a Serious Untoward Incident using the Trust’s Ulysses electronic reporting system.

3. Transfers to the Early Intervention Service

- Patients under 17 years of age with a first episode psychosis who are considered to require mental health services are the responsibility of CAMHS who need to make arrangements for admission to hospital or other facilities as required. Depending on individual need, discussion may occur with adult early intervention services regarding joint working. No EIS team takes on the care co-ordination role before the young person is 18 but teams can begin joint working from the age of 17 onwards to prepare for the transfer. At all times care needs to be provided consistent with policies and guidelines regarding young peoples' services and early intervention psychosis services.
- Individuals aged 18 and over with a first episode psychosis, who are considered to require mental health services, are the responsibility of the Adult Mental Health Service. The community mental health team remains the single point of access to the adult service from Primary Care but the young person may be referred directly by CAMHS to the Early Intervention Service.

4. Transfers to other specialist adult services

Some young people will require transfer from CAMHS directly to an adult specialist service, for example Eating Disorder, Personality Disorder or Learning Disability teams. In these cases the principles outlined in Section 2 will apply.

5. Transfers to and from the Adolescent Assertive Outreach Service

The principles of this protocol apply to transfers from CAMHS teams to the Adolescent Assertive Outreach Team and onwards to Adult Services at 18 years of age.

6. Leaving Care Teams and Education, Health and Care plans

This protocol applies to young people who are also under the care of Social Services Leaving Care Teams. These teams will be involved in the arrangements for the transfer of care from CAMHS to Adult Services and will continue to be involved until the young person is 24 years old. Likewise young people with Special Educational Needs who have an Education Health and Care plan in place will continue to be supported through that process until they are 24 and the Education workers will liaise with Adult services once transition has been effected.

7. Documentation Associated with Transfer of Care

All transfers of care must include a current Risk Assessment, Integrated Crisis Management Plan and a Health and Social Care Plan in accordance with the Trust's Policy "Care Programme Approach, Care Management and Risk Assessment and Management".

Safeguarding issues must also be highlighted as these may move from Safeguarding children concerns to Safeguarding Vulnerable Adults.

The referring team retains responsibility for providing and co-ordinating care until the transfer has been effected. No case will be closed without the involvement of all relevant agencies in the decision making process.

8. Arbitration

The appropriate teams should agree all transfer of care arrangements locally. In exceptional circumstances where there is a disagreement about the point at which care should transfer, Consultant Psychiatrists and Team Managers should involve the appropriate Clinical and Service Directors as necessary.

9. Clarity of Information

- All clients referred to adult mental health services, aged 21 or below, must be reviewed on the relevant electronic record system to ascertain whether there has been any previous CAMHS involvement. Young people receiving care from outpatient CAMHS services will have their care recorded on the IAPTUS-CYP system; those who have been inpatients within the Trust will have those episodes recorded on RiO.
- If CAMHS involvement is identified and the information is not explicit on RiO then the nature and outcome of this must be shared at an early stage with clear communication between the respective CMHT and CAMHS.

10. Training Needs

There are no training needs associated with the implementation of this policy. In highly complex cases where transition may increase risk, advice and support may be sought from the Named Safeguarding Professionals, CAMHS CD and the Trust Virtual Risk Team.

11. Monitoring compliance with and effectiveness of policy documents

Clinical Directors will be involved where the policy is not being followed and/or problems have arisen. They or teams themselves can make recommendations for changes to the policy.

11.1 MONITORING COMPLIANCE WITH AND THE EFFECTIVENESS OF PROCEDURAL DOCUMENTS

Monitoring Compliance Table

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements	Acting on recommendations and Lead(s)	Change in practice and lessons to be shared
The trust needs to ensure that CAMHS staff plans in advance of the 18 th birthday to facilitate transition and or to prepare the family for service changes.	CAMHS Leadership Triad (Manager, Clinical Lead/consultant and P&P lead)	IAPTus patient record	Scrutiny patient record prior to 18 th birthday via the CAMHS performance analysts.	CAMHS governance structures	Service Directors and Clinical Director	Training and audit via CAMHS learning Events

12. References

- The Mental Health Act 1983 as amended 2007
- Care Act 2014
- Safeguarding and Promoting the Welfare of Children Trust Policy TWC03
- Information Sharing Policy Trust Policy IG3
- Five Borough Information Sharing Agreement Trust Policy IMT03
- Transitions in Mental Health Care, Young MINDs 2011
- National CAMHS Review “Children & Young People In Mind” 2007
- Care Programme Approach Trust Policy TWC12
- Transition from CAMHS to adult mental health services (TRACK): a study of service, organisation, policies and user and carer perspective, Warwick Medical School

Equality Impact Assessment Tool

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	NO	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age		This policy ensures that there is clear guidance for the transfer of care at age 18
	• Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	No	
4.	Is the impact of the policy/guidance likely to be negative?	No	
5.	If so can the impact be avoided?		
6.	What alternatives are there to achieving the policy/guidance without the impact?		
7.	Can we reduce the impact by taking different action?		

If you have identified a potential discriminatory impact of this procedural document, please refer it to [insert name of appropriate person], together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact [insert name of appropriate person and contact details].

Include the following in relation to the Equality Impact Assessments

Health and Social Care Act 2001

The Race Relations Act 1976 (as amended by the Race Relations (Amendment) Act 2000)

The Disability Discrimination Act 1995 amended 2005

The Gender Recognition Act 2004

The Civil Partnership Act 2004

Employment Equality (Religion or Belief) Regulations 2003

Employment Equality (Sexual Orientation) Regulations 2003

Sex Discrimination (Gender Reassignment) Regulations 1999

The Human Rights Act 1998

The Sex Discrimination Act (as amended) 1975

The Equal Pay Act (as amended) 1970

Promoting Equality and Human Rights in the NHS - A Guide for Non-Executive Directors of NHS Boards (2005) Department of Health