

CHILD AND ADOLESCENT MENTAL HEALTH SERVICES
SOUTHERN HEALTH & SOCIAL CARE TRUST

CAMHS
INTERNAL
OPERATIONAL
POLICY
&
PROCEDURES

September 2016



Southern Health and Social Care Trust

Policy Checklist

Name of Policy:	Child and Adolescent Mental Health Service (CAMHS) Internal Operational Policy and Procedures
Purpose of Policy:	To provide guidance to CAMHS Practitioners
Directorate responsible for Policy	Children and Young People's Directorate
Name & Title of Author:	Mary McCarthy, CAMHS Clinic Manager Shirley Dennison, CAMHS Clinic Manager Sharon Hughes, Eating Disorder Team Leader Siobhan Rogan, ID CAMHS Team Leader Dolores Kane, Step 2 CAMHS Manager Arlene Maginnis, CAMHS Admin Manager
Does this meet criteria of a Policy?	Yes
Trade Union consultation?	Not Applicable
Equality Screened by:	Mary McCarthy and Siobhan Rogan
Date Policy submitted to Policy Scrutiny Committee:	
Members of Policy Scrutiny Committee in Attendance:	
Policy Approved/Rejected/Amended	
Policy Implementation Plan included?	
Any other comments:	
Date presented to SMT	
Director Responsible	
SMT Approved/Rejected/Amended	
SMT Comments	
Date received by Employee Engagement & Relations for database/Intranet/Internet	
Date for further review	2 year default

CONTENTS

Section		Page No.
1.0	Introduction	
1.1	Statement of Purpose	1
1.2	Mission Statement	1
1.3	Service Objectives	1
1.4	CAMHS Teams	2
1.5	Referral Sources	2
2.0	CAMHS Stepped Care Services Profile	
2.1	Step 1 CAMHS	3
2.2	Step 2 CAMHS	5
2.2.1	i-CAMHS	5
2.3	Step 3 CAMHS	6
2.3.1	ID CAMHS	7
2.3.2	Eating Disorder Service	8
2.4	Step 4 CAMHS	9
2.5	Step 5 CAMHS In-Patient & Regional Specialist Services	9
3.0	CAMHS Internal Procedures	
3.1	CAMHS Referral Co-ordination	10
3.2	Appointments	10
3.2.1	Initial Assessment Appointments	10
3.2.2	Review Appointments	11
3.3	Procedure for Cancelled or Did Not Attend appointments	11
3.3.1	DNA/CNA Initial Assessment Appointments	12
3.3.2	DNA/CNA Review Appointments	12
3.4	Assessments	13
3.5	Communication with referral agents	14
3.6	Internal CAMHS Transfer	14
3.7	Joint Working	15
3.8	Consultation Processes	15
3.9	Discharge Processes	15
3.10	Risk Management	15
4.0	Clinical and Social Care Governance Processes	
4.1	Supervision Structures	16
4.2	Continuous Professional Development	16
4.3	Confidentiality	17
4.4	Consent	17
4.5	Community Information System - PARIS	18
5.0	Protocols/Care Pathways	
5.1	ADHD Pathway	18
5.2	Autism/ASD Pathway	18
5.3	Protocol between Step 5 and Community CAMHS Teams	19
5.4	Protocol between AMHS and CAMHS	19

5.5	Protocol between Acute Directorate and CAMHS	20
5.6	Eating Disorder Pathway	20
5.7	Referral Guidance to GPs	20
5.8	Pathways with External Agencies	20
5.9	CAMHS referral forms and pathway	20
6.0	Appendix	
6.1	Glossary of Terms	21
7.0	References	22

1.0 INTRODUCTION

Child and Adolescent Mental Health Services (CAMHS) is a **broad** concept, embracing **all** services that contribute to the **mental healthcare** of infants, children and young people, whether provided by Health, Education, Social Services, or other agencies. Royal College of Psychiatrists (2013)

The Southern Health and Social Care Trust provide Child and Adolescent Mental Health care to the resident population, up to the age of 18 years.

CAMHS provision is co-ordinated within a Stepped Care Framework (DHSSPS 2012), providing assessment, treatment and consultation to children, young people, families and the wider professional network.

1.1 Statement of Purpose

This Operational Policy and Procedures document is primarily intended to provide guidance to CAMHS Practitioners regarding referral pathways across the CAMHS Stepped Care Framework.

It is also intended to provide clarity around pathways, protocols and interfaces with external partner agencies. (CAMHS related services).

This document replaces the previous Operational Policy and Procedures in CAMHS, and will be reviewed in 2 years.

This document should also be read with reference to the related Trust Policy and Procedures available on the Southern Trust Intranet, by clicking [here](#), and in conjunction with regional published guidance and standards.

1.2 Mission Statement

To provide a Child and Adolescent Mental Health Service that promotes the mental health and well-being of infants, children, adolescents and their families living in the Southern Health and Social Care Trust.

1.3 Service Objectives

- To provide a timely accessible and integrated Child and Adolescent Mental Health Service for infants, children, adolescents and their parents/guardians up to aged 18 years.
- To work in partnership with children, young people and their parents/guardians, providing choice throughout the care pathway.

- To proactively engage service users/carers in all decision making aspects of the care pathway.
- To improve clinical outcomes adhering to quality standards, audit and evidence based practices within an overarching Governance Framework.

1.4 CAMHS Teams

CAMHS within the Southern Trust Steps 2-4 Comprises of

- CAMHS Head of Service
- CAMHS Clinical Director
- CAMHS Manager(s)
- Consultant Psychiatrists
- Specialty Doctors
- Trainee Doctors
- Consultant Psychologists
- Psychologists
- Trainee Psychologist
- Nurses
- Social Workers
- Family Therapists
- Occupational Therapists
- Dieticians
- Senior Mental Health Practitioners
- Mental Health Practitioners
- Primary Mental Health Workers
- Students / Trainees
- Support Workers
- Administration staff
- CAMHS Clinical Governance

1.5 Referral Sources

CAMHS accepts referrals of children and young people residing within the Southern Trust from the following sources and agencies:

- Health Professionals
- Social Care Professionals
- Educational Services
- Allied Health Professionals

2.0 CAMHS STEPPED CARE SERVICES PROFILE

The DHSSPS CAMHS guidance document (2013) provides a framework for Trusts to enable the redesign of services for children and young people with developmental, emotional and mental health needs by adopting a stepped care approach in care delivery.

The Stepped Care Model (2012) replaces the Tiered Model of CAMH Service provision and services are organised within 5 steps.

CAMHS Stepped Care Regional Model



The principle of the stepped care model is to ensure:

- Provision of child, young person and family centred care.
- Focus on prevention and early intervention.
- Provision of recovery and Wrap around care.
- Embedding Co-ordinated care provision.
- Ensuring services are effective/efficient/seamless.

2.1 Step 1 CAMHS Universal Services (Targeted Prevention)

This involves **early detection** and provision of **preventative support** to children and families in need. Services at this level tend to be provided by primary care teams, the Independent, Community, Voluntary and Public Health Authority Sectors.

Step 1 Universal Services

<u>Step 1</u> <u>(Targeted Prevention)</u>	<u>Step 2</u> <u>(Early Intervention)</u>	<u>Step 3</u> <u>(Specialised Intervention Services)</u>	<u>Step 4</u> <u>(Integrated Crisis Intervention)</u>	<u>Step 5</u> <u>(In patient and regional specialist Services)</u>
G/P	Primary mental health services	CAMHS Eating disorder	Crisis CAMHS teams & home treatment	CAMHS PICU
Maternal care	Paediatric services	Generic teams Autism teams	Crisis residential care	Acute in patient care
School nursing	Infant mental health services	Addiction services	Intensive day care/support services	Secure care
Health visiting	Family support and social care LAC	Safeguarding services		Forensic CAMHS
Public health Community development	therapeutic services	Trauma services		
Youth services Education Independent sector	Youth counselling Children s disability team	Behaviour support for ID		

Universal services may provide education, advice, training, counselling and direct support to children, young people and their families who are experiencing mild emotional and or behavioural difficulties or distress by:

- Promoting confidence, strength and resiliency for the child/young person.
- Promoting/strengthening positive family relationships and communication between parent/child/adolescent.
- Increasing the ability of parent/caregivers to set appropriate limits and show affection and support to their children.

Example of Universal Services SHSCT Step 1

- Early Years Teams
- Parenting Support
- Mentoring and Peer Support
- Trauma Support
- Promoting Wellbeing Teams (eg Roots of Empathy Programmes)
- NSPCC
- Alcohol / Drugs Programmes
- Bereavement Services

2.2 Step 2 CAMHS (Early Intervention)

Intervention at this step is provided to children and young people who are experiencing **early** developmental/behavioural difficulties and/or mental health/emotional difficulties; **(mild to moderate)** or engaging in risk behaviours which are progressively impacting the child's/young person's and/or families psychological / social / educational functioning.

Suitable Step 2 CAMHS referrals are typically

- Mood difficulties
- Anxiety /separation anxiety
- Behavioural difficulties (when associated with mild to moderate emotional and mental health difficulties)
- Self-esteem difficulties
- Attachment difficulties (not attachment assessment)
- Fears and phobias
- Eating difficulties
- Trauma/loss
- Mental health and emotional difficulties in the context of family relationship and/or school relationships

Step 2 CAMHS Assessment and Interventions

- CAMHS bio-psychosocial assessment to include risk assessment and management.
- Early intervention
- Psycho education
- Community development initiatives
- Family/systemic work
- Group work
- Consultation
- Person centred interventions (1:1)
- Training and development

2.2.1 CAMHS (i-CAMHS)

This service provides specialist early **intervention** and **treatment** to babies, toddlers and their primary carers up to their third birthday (0-3). Where necessary interventions may be offered to ante natal women.

The service is designed to enable parents to promote their baby/child's social, emotional and intellectual well-being. Interventions are aimed towards promoting secure infant/child/parent attachments, which enhances better mental health outcomes in later years.

In i-CAMHS direct Contact is attempted with the primary caregiver to agree the first appointment, so as to assist the engagement process

Interventions

- Assessment
- Risk Assessment and risk management
- Systemic Practice
- Psychoanalytical thinking and infant observation
- Cognitive methods
- Video Feedback
- Video Interaction Guidance
- Crisis intervention and management
- Psycho education
- Occasional joint working with CAMHS Practitioners eg OT
- Multi-Disciplinary professional consultation
- Training, research and development

2.3 Step 3 (CAMHS Specialist Intervention)

This involves specialist diagnostic assessment and the provision of psychological, systemic and/or pharmacology therapy.

Intervention at this step is provided to children and young people who are experiencing **moderate to severe/enduring mental health and emotional difficulties**, which are having a **significant** impact on daily psychological /social/ educational functioning.

Intervention at this step is normally provided through specialist / specific **Multi-Disciplinary Teams**.

Suitable Step 3 CAMHS Referrals

- Mood Disorders
- Deliberate Self-harming
- Suicidal Ideation
- Anxiety Disorders
- Attachment difficulties (not attachment assessment)
- Psychotic Disorders
- Post-Traumatic Stress Disorders
- Eating Disorders
- Behavioural disorders when associated with moderate to severe mental health presentations
- Phobia presentations
- Obsessional Compulsive Disorders

- Tourette's/Tic Disorders
- Attention and Activity Disorders (ADD/ADHD)
- Social and Communication difficulties (ASD)
- Complex Trauma/loss
- Substance misuse
- Gender Identity
- Forensic presentations

Step 3 Assessment and Interventions

- CAMHS Bio-psychosocial assessment to include risk assessment and management.
- Psycho education
- Person Centred Interventions
- Family Therapy
- Multi Systemic Therapy
- Cognitive Behavioural Therapy
- Occupational Therapy
- Creative therapies
- Pharmacotherapy
- Substance misuse
- Cognitive assessment
- Social and Communication Assessment
- Group Therapy
- Nutritional Therapy

2.3.1 Intellectual Disability (ID) CAMHS

- Intellectual disability CAMH Services in the SHSCT are currently in the process of development and will evolve with the aim of providing fully integrated comprehensive CAMH Services using a stepped care approach.
- The intention is to provide specialist, Multi-Disciplinary and therapeutic CAMH Services for children with an Intellectual Disability.
- Referrals accepted by ID CAMHS often mirror those in generic CAMHS, additionally ID CAMHS accept referrals for children and young people presenting with complex behavioural difficulties. The service will see children and young people, who present with an Intellectual Disability and co-morbid mental health problems, particularly those which present in the context of genetic, neurological or developmental disorders.

- The service is currently limited to provide a community-based out-patient model of service provision (Step 3), however, as capacity develops the intention is to offer earlier and more intensive interventions, whether home and/or school based.
- Currently the service is limited to school-age children and young people with a developmental trajectory strongly suggestive of Intellectual Disability, or a recognised Intellectual Disability.
- Given the complex health care needs of this population there will often be a range of specialist clinical services involved and to work in an integrated, collaborative way.
- With additional resources, the intention is to offer earlier interventions to (under -5), high risk children known to the Children's Disability Team and Paediatric Services (Step 2).
- The service aims to develop close multi-agency co-operation and careful management of transitions.

Services Provided/Intended (given resource available)

- Mental Health Assessment and Diagnosis
- Psychological and Behavioural Interventions
- Family Work
- Pharmacotherapy
- Sensory Assessment/Intervention
- Communication Strategies to Address Problem Behaviours
- Risk Assessment and Management
- Therapeutic groups
- Specialised phlebotomy

2.3.2 Eating Disorder Services

The Eating Disorder Service is multi-professional comprising of Eating Disorder Specialists - Nurses, a Family Therapist and Dietician. The team offers specialist assessment and treatment of young people from the age of 10-18 years who present on referral with:-

- Anorexia Nervosa
- Bulimia Nervosa
- Eating Disorders not otherwise specified

Services Provided

- Individual Assessment
- Family Assessment

- Individual Nutritional Assessment Education and Review
- Individual Therapy
- Motivational Interviewing
- Multi Family Therapy/Family Therapy
- Review and Follow Up
- Nutritional Educational Groups
- Carers Support Education Group
- Consultation Services
- Training
- Art Therapy

2.4 Step 4 CAMHS

This involves the provision of crisis intervention, by the Assessment Crisis Team, CAMHS and/or intensive home / residential / or day care services. The services are designed to reduce and/or manage those children and young people who are at immediate risk or who need intensive therapeutic care.

The primary objective of this intervention is to prevent admission to acute hospital care and to facilitate early discharge from hospital. See Policies and Procedures on intranet. (Protocol Acute and CAMHS Mental Health Presentations (Nov 2013).

Currently day care services in CAMHS are not available within the Trust.

2.5 Step 5 CAMHS (In-Patient and Regional Specialist Services)

This involves admission to hospital in situations whereby a child/young person is assessed as having enduring/complex and/or acute mental health needs that can no longer be managed within the community services. Currently young people and children from this Trust area are admitted to the Regional in-patient units, and that is Beechcroft or Iveagh Hospitals in Belfast.

3.0 CAMHS INTERNAL PROCEDURES

3.1 Referrals Co-ordination

- All referrals, or queries regarding referrals, are received by the CAMHS Referral Co-ordinators as a single point of entry to the service.

CAMHS Referrals Co-ordinator(s)
Bocombra Lodge
2 Old Lurgan Road
Portadown
BT63 5SG
Tel 028 38 392112

E mail camhs.teams@southerntrust.hscni.net

- Referrals are usually made in writing.
- A regional referral form is in development (Draft Appendix 1).
- Referrals for the Eating Disorder Service should be made with additional baseline information (Appendix 2).
- The Referral Co-ordinators will triage/code the referral according to its clinical priority and relevance.
- All referrals will be logged into the Community Information System (PARIS), with evidence of the decision making process (clinical priority, risk alerts, previous involvement).
- The referral will be appropriately allocated or discharged.
- In cases of urgent/emergency referrals telephone referrals will be accepted, but must be followed in writing.
- Liaison requests are recorded using a liaison form (Appendix 3).
- Referrals accepted will be allocated to locality teams, with appropriate coding for booking.
- Referrals that are not deemed appropriate for CAMHS will be declined with appropriate guidance or signposting offered.
- Referrals for i-CAMHS should be made on a separate i-CAMHS referral form available on the Trust Intranet by clicking [here](#).

3.2 Appointments

3.2.1 Initial Assessment Appointments

- All Assessments are booked in line with the Integrated Elective Access Protocol guidance (IEAP).

- All routine appointments are partially booked and seen within 9 weeks of their referral date.
 - For Partial Booked (routine) appointments, the parent/guardian is sent a Partial Booking (PB1) letter, and they are given 2 weeks to contact the service to make an appointment.
 - The parent/guardian is given a reasonable choice of a routine appointment.
 - If the parent/guardian does not respond to a first Partial Booking, they are sent a second Partial Booking (PB2) letter, asking them to make contact with the service within 1 week.
 - In the case of the parent/guardian failing to respond to all partial booking letters, they are discharged and a discharge letter is sent to the referrer.
- All urgent appointments are seen within 10 working days (2 weeks).
 - The parent/guardian is contacted by telephone and offered a reasonable appointment date and time that is suitable.
- Emergency referrals will be seen on the same day or next day.
- Should appointment slots not be available within the elective target time processes, this will be escalated to the Team Leader/Manager.

3.2.2 Review Appointments

- All review appointments, where possible are booked between the client/carer/guardian and the Practitioner.
- In the case of a fixed review appointment being required, the child/young person/family/guardian is given reasonable notice of appointment.

3.3 Procedure for Cancelled or Did Not Attend Appointments

- A DNA is defined as a patient who is offered a reasonable date for an out-patient appointment and fails to turn up on the day without giving any notice.
- A CNA is defined as a patient who contacts the service in advance of their appointment to say they are unable to attend.

3.3.1 DNA/CNA Initial Assessment Appointments

- Where a child/young person/family/guardian has had an opportunity to agree the date and time of their appointment, and they DNA a first assessment, they will not normally be offered a second appointment.
- The Keyworker may decide, however, that the child/young person/guardian should be offered a further appointment.
- If a further appointment is offered it may be partially booked, or the client is sent a DNA letter advising them to contact the service within 2 weeks. The Assessment Crisis Team will request correspondence within 1 week.
- If the Keyworker is concerned regarding a first DNA appointment they also have an option to discuss this with their Team Leader/Manager and/or at Multi-Disciplinary Team.
- Where a child/young person/family/guardian cancels a first assessment appointment they may be given a second opportunity to book another appointment.
- If a second assessment appointment is cancelled, a decision will be made with the Team Leader/Manager/Multi-Disciplinary Team as to whether any further appointments will be offered.
- If the Keyworker has concerns regarding non-attendance/non engagement and is considering discharging a case for this reason, the concerns may be discussed with their Clinical Supervisor/and or Team Leader/Manager.
- i-CAMHS attempt direct contact with primary carers following a DNA.

3.3.2 DNA/CNA Review Appointments

- Where a child/young person/family/guardian has agreed a date and time for a review appointment and they DNA/CNA a second appointment will be offered.
- If a second appointment is cancelled or not attended then the Keyworker will discharge the case back to the referring agent and GP.
- It is acknowledged that there may be exceptional circumstances, where risk is identified, and the Keyworker in collaboration with the MDT and/or Line Manager, may agree to write to the parents/guardian, inviting them to contact the service

within 2 weeks. They will be notified that if no contact is received they will be discharged.

- If no contact is received the case will be discharged and referred back to the referring agent and GP.

3.4 Assessments

- New patient assessment slots are undertaken by one/two Practitioners.
- Principles of consent to treatment and limitations to confidentiality will be discussed with the child/young person/family at the initial assessment (first appointment), and recorded on the electronic file.
- At the initial assessment appointment, the assessing Practitioners will agree the process to communicate the assessment outcomes and the proposed initial treatment/care plan, in writing to the referral agent, the GP, and any other relevant professionals.
- Following initial assessment, the client will be allocated a Keyworker and/or Co-worker.
- The initial CAMHS assessment will also entail commencing a Functional Analysis of Care Environment Risk Assessment. (FACE Regional Tool)
- Assessment processes are ongoing to form a comprehensive clinical picture.
- Once a working hypothesis/formulation/diagnosis is reached, the assessing CAMH Keyworker will devise a treatment/care plan.
- The treatment/care plan may entail, acceptance for treatment/intervention by the existing Keyworker and Co-worker;
or
- Transfer/discharge to a more appropriate specialist CAMH Service/team/step;
or
- To another agency.
- The Keyworker may present the case and proposed care plan within their respective Multi-Disciplinary Team and/or to their Clinical Supervisor, to provide clarity around decision making.
- Keyworker and Co-worker roles may be reviewed at this juncture, with the relevant specialist/team assuming this role, and the initial Keyworker/Co-worker relinquishing their role.

3.5 Communication with Referral Agents

- Following initial assessment the Keyworker/Co-worker will communicate assessment outcomes to the referral agent, GP, and other relevant professionals, in writing, either by clinical letter and/or FACE Risk Profile. Progress updates will also be provided.
- i-CAMHS use a separate risk assessment tool.
- If risk issues have been identified, and there is a need to urgently communicate with the GP, or any other relevant professional, the Keyworker/Co-worker may contact the GP, and/or relevant professional via telephone.
- In situations of risk, where initial correspondence is by telephone, a follow up FACE Risk Assessment and/or covering letter will be sent to the referral agent, GP and other relevant professionals.
- The Referral Agent, GP and other relevant professionals will be corresponded with upon discharge.
- A FACE Risk Profile must also be completed upon discharge within generic CAMH Services.

3.6 Internal CAMHS Transfer Processes across Steps

- Processes for consideration of internal transfer of cases within, and across CAMHS, may be made within the Multi-Disciplinary Team, and/or during clinical supervision with Keyworker.
- This model of transfer within the service embraces the CAPA model of treatment and should ensure smoother transition of referrals from Step to Step, as risk or clinical needs change.
- If agreed that transfer to another Team/Step is appropriate, a joint handover process should be agreed between the current Keyworker and the Manager who will identify a new Keyworker to be allocated.
- Should clinical priority change within a case, outside of these planned processes, for example, concern around sudden escalation of risk, the Keyworker should seek initial advice/guidance from their Clinical Supervisor, Team Leader/Manager or Multi-Disciplinary Team within the service.

3.7 Joint Working (Co-working across Steps)

- In complex cases, or cases whereby there is no available resource at another step, there may be a requirement for case involvement/joint working across different Steps at the one time.
- In this context the Keyworker/Co-Worker roles should be clearly defined and recorded.

3.8 Consultation Processes

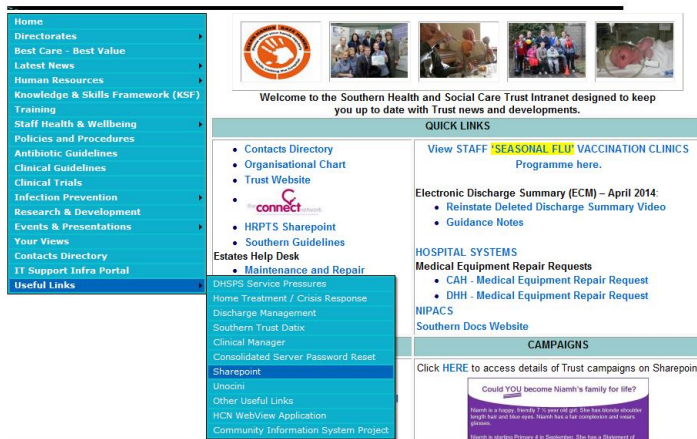
- Professional Consultation is a process of organising a professional/multi-agency team, to identify the most effective way of addressing the needs of the referred child/young person.
- The primary outcome of a Consultation is to determine the most appropriate care pathway/intervention and identify the appropriate service(s) to complete the intervention.
- Consultation forms are available on PARIS.

3.9 Discharge Processes

- A discharge summary will be forwarded to the relevant referral agent and a copy sent to the relevant General Practitioner and any other relevant professional.
- A discharge FACE Risk Profile must be completed for generic CAMH Services.

3.10 Risk Management

- The Risk Register is available within the Policy and Procedures section of the Trust Intranet, accessible by clicking [here](#).
- All assessed risks clinical or non-clinical, can be documented and shared within the team, or escalated to senior management using this tool.
- Any adverse incidents should be reported on Datix which is accessible by clicking [here](#) then select **Useful Links** then **Southern Trust Datix** in the blue box along the left hand side of the page as below.



- CAMHS teams should have regular forums within team meetings/business meetings to discuss risk issues, and review/amend records as risk changes.

4.0 CLINICAL AND SOCIAL CARE GOVERNANCE PROCESSES

4.1 Supervision

Within CAMHS, supervisory structures are in place, which includes clinical; managerial; professional; safeguarding and peer supervision.

4.2 Continuous Professional Development

- From induction, CAMHS Practitioners will be supported to develop their knowledge, skills and competencies.
- Practitioners will identify their personal development plans annually during their KSF/Appraisal/Revalidation.
- Approval to facilitate Practitioners to undertake training programmes will be based on the service needs; service demand; the specialist interest of the Practitioner and the benefits in terms of providing evidence based and quality service.
- All Practitioners must ensure that they attend Trust mandatory training programmes as required this is accessed on the Intranet by clicking [here](#).

Pathway for Requesting Training and Development (CAMHS)



4.3 Confidentiality

- Professionals must adhere to relevant Policies and Procedures as stipulated by the SHSCT; DHSSPS and/or their governing professional body in relation to Confidentiality, Consent and Data Protection. Further information is available [here](#).
- Evidence that confidentiality and limitations to this was discussed with the child/young person/parent/guardian/family, will be recorded in the electronic file. (PARIS)

4.4 Consent

- As a guiding principle, permission from a young person and/or their family will be sought, prior to seeking information from other professionals and/or agencies involved with the family.
- For further guidance regarding Consent please see attached [link](#).
- In situations of risk to self and others, where the child/young person's mental health is at risk, and there is refusal to consent to treatment, or share risk with relevant others, their consent may be overruled under either the Children's Order (1995) or Mental Health Order (1986).

4.5 Community Information System (PARIS)

- The Southern Health and Social Care Trust have implemented a Community Information System called PARIS. This system was developed to enable a greater sharing of information across all stakeholders in the delivery of Health and Social Care.
- PARIS is used to record patient information.
- Training, guidance and learning manuals are provided at induction, on the CAMHS shared drive, and on the CIS SharePoint available [here](#).

5.0 CAMHS PROTOCOLS/CARE PATHWAYS

5.1 ADHD Pathway

- For initial assessment, diagnosis, and treatment post diagnosis, the CAMHS team within the Southern Trust has developed a local ADHD pathway in partnership with Paediatric Teams. (ADHD Pathway SHSCT September 2015).
- This pathway has been reviewed in line with regional guidelines.
- As a general rule all ADHD assessments and follow up post diagnostic interventions in the 0-12 year age group are carried out by the Trust ADHD Team, in partnership with the Paediatric Service and Allied Health Professionals in Primary Care, Education and Social Services.
- ADHD assessments and follow up post diagnostic interventions in the 12-18 year age group are carried out by the Trust ADHD Team, in partnership with CAMHS teams.

5.2 Autism / ASD Pathway

- For initial assessment and diagnosis the Southern Trust has developed a local pathway, in partnership with Paediatric Teams.
- This pathway has been developed in line with regional guidelines.
- All referrals in relation to under 12 diagnostic assessments are completed within the Community Paediatric and Autism Team. A standardised referral form should be completed.
- Diagnostic assessments post 12 years to 18 years will be undertaken by CAMHS Teams.

- All children diagnosed with Autism 0-18 years will be offered interventions within the Trust Autism Team.
- CAMHS Teams will not usually remain involved post diagnosis, unless co-morbid mental health difficulties exist, eg depressed mood; obsessional compulsive disorder; suicidal/self-harming behaviours.
- ASD/CAMHS Connect is a service for young people aged 13-18 years with ASD and co-existing conditions such as mental health presentations, learning and physical disabilities. This service provides personal support, group interventions and support and guidance to access community services.

5.3 Protocol between Step 5 Regional In-patient Services

- Should concerns emerge regarding a young person or child needing admission, the Keyworker in the first instance should discuss the case with the Duty Consultant Psychiatrist and or Duty Manager.
- Requests will be made to the relevant unit (Beechcroft/Iveagh) via the Duty Bed Manager and/or hospital Duty Consultant.
- The Trust is obliged to maintain a register of all admissions of children/young people to hospitals for treatment of mental health conditions.
- Keyworkers/Clinic Managers should forward all notifications of admissions and discharges to the CAMHS Administrator/Manager.
- Referral forms and a recent FACE document should be forwarded as soon as possible by the Keyworker to the relevant hospital.
- Discharge planning meetings will be convened whilst the child/young person remains an in-patient. The Community CAMHS team should make all efforts to attend such meetings.
- Weekly written progress communication is normally sent to the relevant community team by the hospital and upon discharge.

5.4 Protocol between Adult Mental Health and CAMHS

A written policy has been developed between AMHS and CAMHS (2016) to ensure smooth transition at 18. This Policy can be found on the Trust Intranet, under Policies and Procedures.

5.5 Protocol between Acute Directorate and CAMHS for the assessment of young people with mental health presentations

A written policy has been developed between the Acute Directorate and CAMHS for the assessment and treatment of young people, who present to acute hospital environments with mental health conditions. This policy can be found on the Trust Intranet, under Policies and Procedures.

5.6 Eating Disorders Pathway

A Regional Eating Disorders pathway is being developed (2015).

5.7 Regional Referral Guidelines for GPs

Regional guidance for GPs on making appropriate referrals to CAMHS has been developed (2015).

5.8 Pathways with External Agencies

5.8.1 A referrals pathway between Paediatrics and CAMHS is currently being developed. (September 2016)

5.8.2 A referrals pathway with Youth Justice and CAMHS is currently being developed (September 2016)

5.8.3 A referrals pathway between Scaffold Consultation and Therapy Service and CAMHS is currently being developed (September 2016)

5.8.4 A referrals pathway between Social Services and CAMHS is currently being developed (September 2016)

5.9 CAMHS Referral Forms and Pathways

Referral forms for all CAMHS teams can be accessed [here](#).

6.0 APPENDICES

6.1 Glossary of Terms

ADD- Attention Deficit Disorder

ADHD – Attention Deficit Hyperactivity Disorder

AMHS- Adult Mental Health Services

ASD- Autistic Spectrum Disorder

CAMHS- Child and Adolescent Mental Health Services

CAPA- Choice and Partnership Approach

CBT- Cognitive Behavioural Therapy

CIS- Community Information System (Paris)

CNA- Could not Attend

CPD- Continuous Professional Development

DNA- Did not attend

FACE- Functional Analysis of Care Environment

GP- General Practitioner

i-CAMHS- Infant Child and Adolescent Mental Health

ID CAMHS- Intellectual Disability Child & Adolescent Mental Health Services

IEAP- Integrated Elective Access Protocol

KSF- Knowledge and Skills Framework

PDP- Personal Development Plan

PB1- 1st Partial Booking Letter

PB2- 2nd Partial Booking Letter

7.0 REFERENCES

DHSSPSNI (2012) Child and Adolescent Mental Health Services. A service Model

DHSSPS/CAMHS (2013) Guidance Stepped Care Model Implementation report.

DHSSPS (2010) A Strategy for the Development of Psychological Therapy services.

HSCB CAMHS (2013) Regional Threshold Criteria. Referral guidelines for Child and Adolescent Mental Health Services

Rees, D, York A, McDougal, T,; (2014) Child & Adolescent Mental Health- A review of Beechcroft and the Acute Child & Adolescent Mental Health Care Pathway.

SHSCT (2011) Guidance on the development and implementation of a Trust Policy Key Principles

SHSCT (2013) A Protocol between Acute Directorate and CAMHS for the assessment of Children and Adolescents with Mental Health Presentations.

SHSCT (2011) Transfer Protocol between Child & Adolescent Mental Health Services and Adult Mental Health Services

SHSCT/CAMHS (2015) ADHD Pathway

SHSCT/Autism Service Access Criteria (2015)

SHSCT/CAMHS/LAC Scaffold Referrals pathway (2015)

SHSCT/CAMHS Youth Justice Referrals Protocol (2015)

SHSCT/Paediatric Service Protocol (2015)

SHSCT/IEAP Guidelines (2008)

SHSCT/CIS Project Implementation Document (2013)