

# Transition from Child and Adolescent Mental Health Services to Adult Mental Health Services Policy

Version number :	2.3
Consultation Groups	Policy extension
Approved by (Sponsor Group)	Director lead
Ratified by:	Quality Committee
Date ratified:	April 2019
Name of originator/author:	Dr Helen Bruce Dr Dudley Manns Dr Viktor Kulik Dr Graeme Lamb
Executive Director lead :	Paul Calaminus
Implementation Date :	February 2016
Last Review Date	February 2016
Next Review date:	April 2019

Services	Applicable
Trustwide	
Mental Health and LD	x
Community Health Services	

## Version Control Summary

<b>Version</b>	<b>Date</b>	<b>Author</b>	<b>Status</b>	<b>Comment</b>
2.0	2012	Dr Barnaby Major/ Dr Ruma Bose/ Dr Nick Bass/ Dr Gary Jenkins	Final	This policy is designed to provide guidance for the procedure and practice in the transition of service users from Child & Adolescent Mental Health Services to Adult Mental Health Services.
2.1	2014	Dr. Graeme Lamb	Final	The revised version provides additional guidance around referral for transfer and the transfer of historical clinical records between CAMHS and Adult Services.
2.2	2016	Dr Helen Bruce Dr Dudley Manns Dr Viktor Kulik Dr Graeme Lamb	Final	Revised version broadens scope of the policy to include range of presentations in adolescents
2.3	2019	Dr Helen Bruce Dr Dudley Manns Dr Viktor Kulik Dr Graeme Lamb	Final	Extension agreed for 1 year



## Contents

<b>Paragraph</b>	<b>Page</b>
1. Introduction	4
2. Scope of the Policy	4
3. Open Case Transition	5
4. In Patient Transition	6
5. Consultant Responsibility	7
6. Time Frame	7
7. Closed Cases	7
8. Out of Borough Transition	7
9. Exceptions to the above	8
10. Transfer of Case Notes	8
11. Implementation	8

## **1 Introduction**

- 1.1 Adolescence is the period of developmental transition from childhood to adulthood. It is a period of profound emotional, physiological and social change for young people and their families. It is a period associated with increased rates of psychiatric morbidity, substance misuse and risk-taking behaviours.
- 1.2 Adolescence is not strictly defined by age; however the point at which service users with ongoing mental health problems are transferred from adolescent to adult services typically occurs at 18 years.
- 1.3 It is recognised that healthcare transition is often inadequately planned, inefficiently executed and poorly experienced. There is a risk of disengagement at this crucial time as a result.
- 1.4 The purpose of this policy is to provide guidance and principles of good practice in relation to the transition of service users from Child and Adolescent Mental Health Services (CAMHS) to Adult Mental Health Services (AMHS).
- 1.5 For the purposes of this policy, transition should be conceived of as a process. Transfer of care from CAMHS to AMHS takes place at a point during this process (normally around the time of the service user's 18<sup>th</sup> birthday).
- 1.6 When planning any transition every effort should be made to put the service user and their family/carers at the centre of this process. Particular consideration should be given to the service user's developmental needs around this time.

## **2 Scope of the Policy**

- 2.1 This policy is aimed at all professionals working in Child and Adolescent Mental Health Services and Adult Mental Health Services.
- 2.2 This policy is applicable to adolescent service users who are in contact with CAMHS including:
  - Schizophrenia and related psychoses
  - Bipolar affective disorder
  - Severe or complicated depressive disorder
  - Severe obsessive compulsive disorder (or other severe anxiety disorder)
  - Severe or chronic eating disorder
  - Emerging personality disorder
  - Neurodevelopmental disorders
  - Adolescents with Challenging Behaviour
  - Adolescents who have a serious physical health problem with co-existing psychological distress.
- 2.3 Some service users identified as eligible for transfer to AMHS will be transferred within the Care Programme Approach (CPA) framework, outlined in the Trust-wide Care Programme Approach Policy (January 2009). However, the principles of

good practice such as timely referral, informing and preparing young people and their family/carers for transfer of care, and good communication between services should also apply to all young people for whom transfer is occurring.

- 2.4 It is the responsibility of all clinicians working with young people during the transition period to ensure that this policy is adhered to.
- 2.5 In order to facilitate effective transition and joint working it is suggested that a regular interface be established between CAMHS and AMHS in each of the three boroughs.

### **3 Open Case Transition**

- 3.1 The process of transition from CAMHS to AMHS should commence six months before an adolescent service user's 18<sup>th</sup> birthday and continue for a further six months beyond transfer.
- 3.2 When a referral to AMHS is being considered the adolescent service user should be informed, and assisted to prepare for the transition (this should be ongoing throughout the process).
- 3.3 A written referral should be sent to both the appropriate Adult Mental Health Team and Consultant Psychiatrist six months prior to the service user's 18<sup>th</sup> birthday.
- 3.4 The written referral should contain:
  - Psychiatric history
  - Current problems
  - Current mental state
  - Predicted future level of involvement
  - Medication history (where applicable)
  - History of significant side effects (where applicable)
  - Physical health problems (where applicable)
  - Relapse indicators
  - The young person and their families' views.

It should also include the following attachments:

- An updated CAMHS needs assessment
  - An updated CPA care plan if relevant
  - An updated risk assessment
- 3.5 On receipt of the referral, the Adult Mental Health Team & Consultant Psychiatrist will make the decision as to whether the service user meets eligibility criteria for AMHS. A further decision should also be made as to whether the service user meets the criteria for CPA, and hence whether they are appropriate for follow up by the Mental Health Team or by the Consultant Psychiatrist alone.
  - 3.6 Eligibility for AMHS should be assessed by considering the written information and

with further discussion with the CAMHS team.

- 3.7 The Adult team should discuss with the CAMHS team the decision. If the referral is deemed not appropriate then a written explanation, in addition, is expected in response to the referral.
- 3.8 For service users identified by the adult team as appropriate for handover and appropriate for allocation of a care coordinator, an AMHS worker should be identified and a pre-transfer meeting held to plan the transition. In order to effectively manage the transition, and familiarize the young person and their family/carers with the new service, the young person should be seen jointly by the two services during the process of transition.
- 3.9 Around the time of the adolescent's 18<sup>th</sup> birthday, a transfer meeting should take place. The CAMHS worker will be responsible for arranging this meeting. The CAMHS worker should also ensure that there is an updated clinical summary available for the meeting, detailing progress since the initial referral and any change in the clinical condition or risk assessment. The AMHS worker will be responsible for completing the documentation at the transfer meeting.
- 3.10 It is the AMHS team manager's and CAMHS worker's responsibility to ensure that administration staff are made aware of transfers in and out of teams, and that records (both electronic and manual) are updated.

#### **4 In Patient Transition**

- 4.1 For service users admitted to the Trust's Adolescent inpatient service, who are approaching 18 years of age and are not already known to community CAMHS, it will be the responsibility of the CAMHS inpatient service to initiate the transition process.
- 4.2 For service users admitted to an adolescent inpatient service within the Trust or elsewhere (e.g. the private sector), who are approaching 18 years of age and are known to community CAMHS, it will be the responsibility of community CAMHS to initiate the transfer process. However, in some cases it may be more appropriate to refer from the in-patient service and this should be agreed between the CAMH services as clinically appropriate. Such circumstances may include:
  - If the young person has been an inpatient on Coborn for a significant period of time, such that Coborn have more knowledge than the community team.
  - If the young person was not known or only very briefly known to the community team prior to admission eg admitted following an emergency assessment.
- 4.3 In addition to 3.2, for service users admitted to a private sector adolescent facility who are likely to still be in hospital after the age of 18 years, the CAMHS General Manager from the placing borough will alert the Borough Director six months before the adolescent's 18<sup>th</sup> birthday, so that funding arrangements after the age of 18 years can be explored.

## **5 Consultant Responsibility**

- 5.1 The CAMHS worker is responsible for informing the CAMHS consultant of any impending transfers, and to discuss referral to AMHS.
- 5.2 When a service user's care is formally transferred from CAMHS to AMHS consultant responsibility must also be transferred. This should occur at the transfer meeting. Until this meeting consultant responsibility lies with the CAMHS consultant.
- 5.3 In a situation where a young person turns 18 years of age prior to the formal transfer of care, but requires urgent admission, the admission must be to an adult bed. Consultant responsibility will be transferred to the adult consultant upon admission. A transfer CPA should then happen at the earliest available time to ensure effective transition and appropriate transfer of information. The AMHS community team should be involved in the CPA process.
- 5.4 In the unlikely situation where urgent admission is required for a service user who has yet to turn 18 years of age, but formal transfer of care has already taken place, the admission must be to an adolescent facility. Consultant responsibility will be transferred to the adolescent inpatient consultant upon admission. A transfer CPA should then happen at the earliest available time to ensure appropriate transfer of information. The original referring CAMHS community team should be involved in the CPA process.

## **6 Time Frame**

- 6.1 The optimal time frame for transition is a full year from six months prior to the service users 18<sup>th</sup> birthday however the duration needs to be modified according to the young person and their family/carer's own needs. This time frame should allow for effective planning to begin six months prior to the service user's 18<sup>th</sup> birthday and for the continuation of joint working for up to six months afterwards.

## **7 Closed Cases**

- 7.1 All closed cases must have a formal typed closure summary prepared by the allocated CAMHS worker prior to closure.
- 7.2 Where a case has been closed in CAMHS and a service user presents to services at or after their 18<sup>th</sup> birthday, the service user will be the responsibility of AMHS and the associated locality inpatient ward.

## **8 Out of Borough Transition**

- 8.1 When a service user moves to alternative independent accommodation outside of the borough at the age of 18 years, the open case transition procedure is to be followed with the relevant adult team in the new area, including the transfer of consultant responsibility.

## **9 Exceptions to the above**

- 9.1 In exceptional circumstances CAMHS may deem it appropriate to request the transfer of care prior to a service user's 18<sup>th</sup> birthday, due to their needs being better met by AMHS. These cases should be discussed on a case by case basis by the CAMHS and AMHS clinical teams and the reasons for this decision made explicit.
- 9.2 Cases may also arise where CAMHS may deem it appropriate that a transfer of care should be delayed; due to a service user's clinical needs being better met within CAMHS even after the 18<sup>th</sup> birthday. These cases should be discussed on a case by case basis by the CAMHS and AMHS clinical teams and the reasons for this decision made explicit.
- 9.3 Any unresolved disagreements about transfer of care between CAMHS and AMHS should be referred to the Clinical Directors of the two services.

## **10 Transfer of Case Notes**

- 10.1 When a young person is being seen in the Child and Adolescent Mental Health Service at the time of transition to adult services the case notes should be transferred to the appropriate adult service at the time of transition. CAMHS, like adult services, use RiO and therefore the electronic clinical record has replaced the paper record. Adult services will therefore automatically have access to the electronic records held on the client at the time of transition.
- 11.2 However, the CAMH Service will arrange for any historical paper files to be transferred to the adult service at transition, unless the client has previously dissented. In cases where a referral is made to adult services and the service user has previously been seen by the CAMH Service, then adult services should be able to access any electronic notes on RiO but will need to request any historical paper files from CAMHS.
- 11.3 In the case of an emergency, adult services will need access to the notes regardless of whether or not permission has been granted.
- 11.4 The other family members concerned in the original referral need their right to confidentiality respected. These include the parents, siblings and that of third parties. Where possible consent should be sought for the disclosure of their information. When this is not possible potentially damaging information from or about family members and/or third parties should be removed.

## **11 Implementation**

- 11.1 The updated policy will be published on the Trust Intranet and circulated to all clinical staff on CAMHS and AMHS.
- 11.2 Compliance with this policy will be audited in 2016.