Transition Policy - Children and Young People's Mental Health to Adult Mental Health Services
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APPENDICES

Appendix 1 - Peer Support Worker Role - extract from leaflet for young people

Appendix 2 – CYPMHS - Adult Mental Health Service Pathways
1. INTRODUCTION

The Trust aims to provide high quality, safe and effective services to all patients and recognises the importance of enabling effective continuity of care, particularly at times of transition when patients may be particularly vulnerable.

The transition from child to adult services can be a difficult time for young people. During this time there may be many other changes in a young person's life, including: changes from school to further/higher education or employment; changes in self identity and relationships; and, changes which arise from the shift from childhood to adulthood, all of such can result in uncertainty, anxiety and stress.

It is important that any required transition process is managed sensitively and collaboratively to support continued engagement of the young person and their parents/carers and safe and effective service delivery.

The involvement of the young person and their carers, collaborative working and effective communication between everyone involved is central to successful transition arrangements.

Children and Young People's Mental Health services (CYPMHS) and Adult Mental Health services (AMHS) will work in partnership with young people and their parents/carers and with each other, and will share their expertise and resources to achieve smooth and effective transitional care arrangements.

It is also very important that the services work together to provide adequate support for parents/carers.

The importance of using the Care Programme Approach (CPA) for children and young people with mental health needs is increasingly recognised. Standard 9 of the National Service Framework for Children, Young People and Maternity Services (DH, 2004), identifies CPA as good practice in delivering effective transitional care for young people: ‘The Care Programme Approach, modified to meet the needs of younger people, should be used to plan transition, and transition supported by agreed protocols,’ and ‘When children and young people are discharged from in-patient services into the community and when young people are transferred from child to adult services, their continuity of care is ensured by use of the Care Programme Approach.’

The use of CPA is also included and monitored within the CAMHS Commissioning for Quality and Innovation (CQUIN) quality indicators.

Adults who have parenting responsibilities for a child under 18 years may require help with these responsibilities. In such cases, councils may also
have a duty to provide services under Section 47 of the Children Act 1989, to safeguard and promote the welfare of children in their area. Where appropriate the Framework for the Assessment of Children in Need and their Families should be used to explore whether there are any issues relating to children in need and their parenting.

See Care Programme Approach Policy and Safeguarding Children Policy.

2. PURPOSE

The purpose of this protocol is to ensure a safe, effective and positive transition of care for those young people receiving CYPMHS who, due to the on-going nature of their mental health needs, will continue to require care and treatment from adult mental health services.

It sets out the requirement for the CYPMHS and Adult Mental Health Services assessment and care planning systems to interlink proactively and smoothly, in order that the experience of the young person is positive and the transition arrangements and on-going care provision is safe and effective.

3. SCOPE

This protocol applies to young people up to the age of 18 who are under the care of CYPMHS, and principally, but not exclusively, to staff working in CYPMHS and Adult Mental Health Services.

4. RESPONSIBILITIES, ACCOUNTABILITIES AND DUTIES

4.1 The Board of Directors

The Board of Directors has responsibility for the implementation of this policy and the monitoring of compliance. This responsibility is delegated to the Trust Chief Executive who will delegate lead strategic responsibility to a Director.

4.2 Service Director

As nominated strategic lead, the Service Director is responsible for:
• The implementation of all policies and procedures which are in place to meet the needs of patients
• Monitoring adherences to this and other related policies
• Adequate resources and training being available to the clinical teams
• Monitoring staff compliance with training as set out in the Mandatory Risk Management Training Policy and Mandatory Risk Management Training Needs Analysis Matrix
• The development, implementation and monitoring of effective systems of supervision for clinical staff

4.3 Medical Director

The Medical Director is responsible for providing clinical leadership within the Trust and for the provision of senior clinical advice to the Board of Directors. The Medical Director line manages the Clinical Directors within each Business Division. The Medical Director is responsible for resolving issues where there are differences of opinion, which cannot be resolved by the Clinical Directors in Children and Young People’s Mental Health (CAMHS) and Adult Mental Health Services.

4.4 Director of Performance and Assurance

The Director of Performance and Assurance has lead responsibility for clinical assurance within the Trust, supported by the Deputy Director of Clinical Assurance and Allied Health Professions Lead. They are responsible for supporting implementation this policy through for example, clinical audit and mandatory risk management training.

4.5 Assistant Directors (CYPMHS, Adult Mental Health)

Assistant Directors are responsible for:

• The implementation of the policy across the specified Business Divisions
• The on-going review of the policy to keep it up to date with current best practice
• Promoting collaborative working between services, in order that the needs of the patient remain at the centre of the process
• Providing reports to the Operational Management Meeting (OMM) on any issues associated with the implementation of the policy
• Facilitating effective joint working with internal and external partners and stakeholders
• Monitoring staff compliance with the relevant mandatory risk management training as set out in the Mandatory Risk Management Training Policy and Mandatory Risk Management Training Needs Analysis Matrix
• The development, implementation and monitoring of effective systems of supervision for clinical staff within their Business Division

4.6 Clinical Directors – CYPMHS, Adult Mental Health Business Divisions

The role of the Clinical Director is to provide advice to colleagues within
Children's and Adult services. The role is supportive and facilitative. The Clinical Director may be asked to advise and/or provide a second opinion for patients with complex needs where there are professional differences of opinion between Business Divisions.

4.7 Deputy Assistant Director/ Locality Manager/ Service Manager (CYPMHS, Adult Mental Health)

- Deputy Assistant Director/Locality Manager/Service Managers are responsible for the implementation of the policy within their areas of responsibility
- They are the next point of escalation in cases where there are differences of opinion at team manager and/or at pathway meetings
- They will monitor that all relevant staff access the relevant mandatory risk management training as set out in the Mandatory Risk Management Training Policy and Mandatory Risk Management Training Needs Analysis Matrix

4.8 Community Team Manager (CYPMHS and Adult Mental Health)

- The manager is responsible for identifying the appropriate numbers and levels of staff and the training required for those staff to deliver safe and effective services
- The Adult Community Team Managers are responsible for the appropriate allocation of transition cases to staff.
- The manager is responsible for the provision and monitoring of supervision within their team/ward in line with the Clinical and Management Supervision Policy for Clinical Staff

4.9 Community Clinical Staff (CYPMHS and Adult Mental Health)- Care Coordinator/ Lead professional/ Allocated Worker

- Working collaboratively with colleagues in CYPMHS/Adult Mental Health Services, in order that the needs of the patient remain at the centre of the process
- Implementing this protocol and the policy guidance set out within Care Programme Approach Policy
- Implementing the Policy for Children and Young People who do not attend appointments and or disengage/are at risk of disengaging from services
- Informing the Manager of any circumstances in which the application of this protocol is compromised

4.10 All Clinical Staff involved in the delivery of care to children, young people and adults, are responsible for:

- Alerting the Care Co-ordinator/Key Worker/Allocated Worker of any concerns regarding quality, safety or effectiveness of care, or if a child
or young person has not attended an appointment or it is suspected that they are disengaging from services.

4.11 Peer Support Workers (based within CYPMHS)

- See Appendix 1 for detail of the role of the Peer Support Worker
- Peer Support Workers will work collaboratively with the Lead Professional/ Care coordinator to support the delivery of the transition and care plan
- Alert the Care Co-ordinator/Key Worker/Allocated Worker of any concerns regarding quality, safety or effectiveness of care, or if a child or young person has not attended an appointment or it is suspected that they are disengaging from services.

5. PROCEDURE/IMPLEMENTATION

5.1 General principles of transition

The transition process must be managed sensitively and collaboratively to support continued engagement of the young person and their parents/carers and safe and effective service delivery.

The involvement of the young person and their carers, collaborative working and effective communication between everyone involved is central to successful transition arrangements.

The majority of the Mental Capacity Act (2005) applies to young people aged 16-17 years who may lack capacity. All staff must therefore work within the provisions of the Act and its Code of Practice (2007). See Mental Capacity Act (2005) Policy.

Where the Care Programme Approach (CPA) is applicable it will underpin the transitional process and any on-going care planning needs, that is:

- Comprehensive assessment of health and social care needs
- Agreement and production of a care plan
- Appointment of a Care Coordinator and
- Regular review of care

Due consideration will be given to the content and wishes of any Advance Statement produced by the young person.

All discussion and decision-making should take place as far as possible with the involvement of the young person, their parents/carers and relevant workers of both services during the transition process.

5.2 Transition from CYPMHS to Adult Mental Health Services
CYPMHS will identify those young people known to their services age 17 years and over, whose care will potentially need to transfer to adult mental health services, and will attend the Adult Access/ Community Treatment Team interface meetings to identify the appropriate service to jointly manage the transition to adult services.

Those staff from CYPMHS and Adult Mental Health Services participating in the meeting should be in a position to commit to the principles and requirements of the transition protocol and to commit resources to implement this.

Once agreement has been reached about the adult mental health service which will be appropriate for the young person to transition to discussions will take place with the young person, their parents/carers and Peer Support Worker.

Adult mental health services will identify a care coordinator who will liaise with the CYPMHS lead professional, a joint transition meeting will take place within 4 weeks of referral to Adult Mental Health Services, this will include the young person and carers and Peer Support Workers as appropriate to the wishes of the young person. The purpose will be to discuss and agree with the young person and their parents/carers the components of, and responsibility for the transitional care plan and any on-going care needs, including identification and management of any safety/risk issues.

A transition care plan will be developed and recorded in collaboration with the young person to address the following issues:

- Future care plan needs and services offered within Adult Mental Health Services
- Timescales for transition
- Involvement of Peer Support Workers
- Communication and involvement of carers/parents
- Exit/discharge plans from CYPMHS

The responsibility for leading the transition arrangements will remain with CYPMHS if the young person is currently involved with CYPMHS at the time of being eligible for adult services.

An initial transfer plan will be agreed between CYPMHS and Adult Mental Health Services, together with the name of the Lead Professional/Care Coordinator under CPA.

Both CYPMHS and Adult Mental Health Services will share equal responsibility of care for the service user throughout the transition process and CYPMHS will only discharge that duty at the end of the agreed transfer
process. A CYPMHS discharge date will be agreed upon completion of the transfer and formally recorded.

Information relevant to the provision of effective care and treatment will be shared with the consent of the young person. Only in exceptional circumstances will information be shared without their consent i.e. in line with local policies to ensure safe and effective service delivery.

Transitional arrangements will be implemented at a pace with which the young person and their parents/carers are happy and which promotes consistent quality, safety and continuity of care.

Peer Support Workers are able to continue to support the young person following discharge from CYPMHS with the engagement in Adult Mental Health Services for an agreed period of time as per care plan.

Wherever possible, when significant mental health problems have already been identified, the treatment episode should continue until completion with CYPMHS or until an appropriate transitional point is reached within the care plan.

5.3 New referrals to Adult Mental Health Services

For new referrals of young people aged 17.5 years and over, consideration of services will be completed by CYPMHS and Adult Mental Health Services (via the Access team).

Where a young person aged 17.5 years or over is referred to Adult Mental Health Services and has previously been involved with CYPMHS, Adult Mental Health Services will contact CYPMHS to obtain information relevant to care planning, continuity of care and management of any identified risk/safety issues.

5.4 Transition and joint working with CYPMHS and Early Intervention in Psychosis Team

For young people aged under 16 years, the responsibility and care coordination will be led by the CYPMHS clinician, with close liaison with the Early Intervention in Psychosis team for additional support as necessary. Medical input will be provided by a Child and Adolescent Psychiatrist with support from the Early Intervention in psychosis Psychiatrist for those under
16 years of age.

For young people aged 16-18 years, the responsibility for care coordination will be led by the Early Intervention in Psychosis team, with additional support and therapeutic interventions from the CYPMHS as required/beneficial for the young person and their family. Medical input will be provided by the Early Intervention in Psychosis Psychiatrist.

6. TRAINING IMPLICATIONS

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<th>Staff groups requiring training</th>
<th>How often should this be undertaken</th>
<th>Length of training</th>
<th>Delivery method</th>
<th>Training delivered by whom</th>
<th>Where are the records of attendance held?</th>
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<tr>
<td>CYPMHS clinicians</td>
<td>Annually</td>
<td>1.5 hours</td>
<td>Presentation to team/staff briefing</td>
<td>Adult Mental Health staff to deliver information about the adult services, developments via CYPMHS team meeting/appropriate forum</td>
<td>Electronic Staff Record system (ESR)</td>
</tr>
<tr>
<td>Adult Mental Health clinicians</td>
<td>Annually</td>
<td>1.5 hours</td>
<td>Presentation to team/staff briefing</td>
<td>CYPMHS staff to deliver information about the services, including the peer support worker role to Adult Mental Health staff</td>
<td>ESR</td>
</tr>
<tr>
<td>Peer Support Workers</td>
<td>Annually</td>
<td>1.5 hours</td>
<td>As above</td>
<td>As above</td>
<td>ESR</td>
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As a Trust policy, all staff need to be aware of the key points that the policy covers. Staff can be made aware through:

- Team meetings
- One to one meetings Supervision
- Special meetings
7. MONITORING ARRANGEMENTS

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<th>Area for Monitoring</th>
<th>How</th>
<th>Who by</th>
<th>Reported to</th>
<th>Frequency</th>
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<td>Quality of transition process</td>
<td>Questionnaire to patient and carer at transition and following 3 months</td>
<td>Peer Support Worker</td>
<td>Business Intelligence Group/Performance department</td>
<td>Quarterly</td>
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8. EQUALITY IMPACT ASSESSMENT SCREENING

The completed Equality Impact Assessment for this Policy has been published on the Equality and Diversity webpage of the RDaSH website [click here](#).

8.1 Privacy, Dignity and Respect

| The NHS Constitution states that all patients should feel that their privacy and dignity are respected | Indicate how this will be met |
while they are in hospital. High Quality Care for All (2008), Lord Darzi’s review of the NHS, identifies the need to organise care around the individual, ‘not just clinically but in terms of dignity and respect’.

As a consequence the Trust is required to articulate its intent to deliver care with privacy and dignity that treats all patients with respect. Therefore, all procedural documents will be considered, if relevant, to reflect the requirement to treat everyone with privacy, dignity and respect, (when appropriate this should also include how same sex accommodation is provided).

This policy supports the development of personalised care planning for young people who are transitioning from CYPMHS to Adult Mental Health Services.

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<th>8.2 Mental Capacity Act</th>
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<td>Central to any aspect of care delivered to adults and young people aged 16 years or over will be the consideration of the individuals capacity to participate in the decision making process. Consequently, no intervention should be carried out without either the individuals informed consent, or the powers included in a legal framework, or by order of the Court</td>
</tr>
<tr>
<td>Indicate How This Will Be Achieved.</td>
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<tr>
<td>All individuals involved in the implementation of this policy should do so in accordance with the Guiding Principles of the Mental Capacity Act 2005. (Section 1)</td>
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Therefore, the Trust is required to make sure that all staff working with individuals who use our service are familiar with the provisions within the Mental Capacity Act. For this reason all procedural documents will be considered, if relevant to reflect the provisions of the Mental Capacity Act 2005 to ensure that the interests of an individual whose capacity is in question can continue to make as many decisions for themselves as possible.

9. LINKS TO ANY ASSOCIATED DOCUMENTS

Care Programme Approach Policy, Clinical policies, RDaSH Intranet

Safeguarding Children Policy, Clinical policies, RDaSH Intranet

Policy for Children and Young People who do not attend appointments and/or disengage/who are at risk of disengaging from services, Clinical policies, RDaSH Intranet
Consent to Examination or Treatment Policy, Clinical policies, RDaSH Intranet

Mental Capacity Act (2005) Policy, Clinical policies, RDaSH Intranet

Policy for the Use of Advance Statements and Advance Decisions to Refuse Medical Treatment, Clinical policies, RDaSH Intranet

Management and Clinical Supervision Policy for Clinical Staff, Employment Policies, RDaSH Intranet

10. REFERENCES

Department of Health (2008) Refocusing the Care Programme Approach: Policy and Positive Practice Guidance


11. APPENDICES

Appendix 1 – Peer Support Worker Role – extract from leaflet for young people
Appendix 2 – CYPMHS – Adult Mental Health Services Pathways
Appendix 1

Peer Support Worker Role - extract from leaflet for young people

Peer support workers help young people, their carers and their CAMHS workers. We can help with a young person’s transition to adult services or discharge from CAMHS as they approach 18 years old.

Through our own experiences of being patients in Mental Health Services we are better able to understand a young person’s situation. We have been trained in active listening skills, problem solving and in helping them to express their emotions.

WHAT WE DO:

We support the young person, by:

- Building a relationship with them, using our own ‘lived experiences’ of recovering from mental ill health to show a deeper understanding of their situation.
- Listening to the young person fully and helping them to explore their hopes and fears about the future.
- Helping them to express their emotions.
- Treating each young person as an individual without judging them.
- Offering hope and by being a positive role model.
- Showing that things can and do get better.
- Encouraging them to take responsibility for themselves and their mental health.
- Helping young people to become more independent and supporting them to expand their comfort zone.
And, more practically, some of the things we may do together will include:

- Helping the young person to get familiar with adult services (transport, location and people they need to know).
- Building up a plan to manage their health and wellbeing which they can use with support from adult services.
- Helping the young person to find solutions to some of their problems by teaching them problem solving techniques.
- Supporting the young person, their carers and their CAMHS worker to make their transition or discharge run smoothly.
- Supporting them to complete the pre and post-transition questionnaires.
- If the young person is not going onto adult mental health services, we can introduce them to charities or community groups that can provide continued support.
- Meeting informally at a place we both agree on.

**HOW TO ACCESS PEER SUPPORT:**

When a young person is nearly 17½, their CAMHS worker will talk to them about what the plan is for when they leave CAMHS. If the young person decides that they would like some support from a peer support worker, they should let their CAMHS worker know. Their CAMHS worker can then introduce the young person to their peer support worker and we shall answer any questions they may have about peer support. We will then look at providing tailored mentoring to help them as they become an adult.
EXPECTATIONS:

- **Confidentiality** - Support sessions will take place in a confidential environment.

- **Respect** - Our contact time will take place in a supportive atmosphere and be free from discrimination and oppressive behaviour.

- **Openness and Honesty** – Both the young person and the peer support worker are encouraged to be open and honest, and take responsibility for what they share about themselves.

- **Timekeeping** - We shall meet the young person at a pre-arranged time. If either of us is running late, then we will let the other person know.

- **Transport** - If there is a need to use transport in the sessions, then we shall use public transport. Peer Support Workers are not allowed to drive with young people in their cars for health and safety reasons.

- **Comments or Complaints** – If a young person is not happy about any part of the service that they receive from CAMHS, they should let us know. Also, if a young person wishes to make a positive comment then they can get in touch with their peer support worker, tell their CAMHS worker, or speak to the receptionists who will be able to help.
Appendix 2

CYPMHS- Adult Mental Health Service Pathways

CYPMHS-ADULT MENTAL HEALTH PATHWAY/TRANSITION PROCESS

CURRENT SERVICE USER IN CAMHS (<17.5 YRS.)

CAMHS SERVICE USER REACHING 17.5 YRS OLD

Is there a need for continuing services?

Referral is taken to weekly Access/Treatment Team Interface Meetings

Case is discussed with representatives from Adult Treatment Teams

The appropriate Adult Treatment Team is identified and transfer is agreed

The receiving Adult Treatment Team will identify and allocate member of staff to Undertake Care Coordinator/Lead Professional role

Transition care plan is agreed with service user and carers & joint working between Adult & CYPMHS workers begins to transfer care to Adult services

Transfer is completed and Adult services takes over care of service user

Discharge from CAMHS

Comments

MAX 14 DAYS

MAX 62 DAYS (6 Weeks From Date of Referral)

MAX 42 DAYS (3 Weeks From Date of Referral)
CAYP-MHS-ADULT MENTAL HEALTH PATHWAY/TRANSITION PROCESS

NEW SERVICE USER (NOT KNOWN TO SERVICES)

Is there need to identify criteria?

Assessed and Clustered by Access Team

Discharge/referred to primary care/Outreach team

Requires secondary services?

Transfer to appropriate treatment team

Intensive Community Therapy Team

Community Therapy Team

Recovery Team

Assertive Outreach Team

Early Intervention Team

MAXIMUM 14 DAYS

MAXIMUM 42 DAYS

MAXIMUM 180 DAYS

COMMUNITY SERVICE
CAYPMHS-ADULT MENTAL HEALTH PATHWAY/TRANSITION PROCESS

PROCESS FOR 16-18 YEAR OLDS (PSYCHOSIS)

Referral received by CAYPMHS with symptoms of psychosis evident

Referral forwarded to EIP for initial screening

Referral assessed by EIP for first episode psychosis

Assessment discussed in EIP team meeting and outcome agreed

Appropriate for EIP?

Possible prodromal symptoms – ‘Watch and Wait’

Symptoms emerge?

Yes

Care Coordinator allocated from EIP

Care plan developed within CPA framework and guidance

NO

Possible prodromal symptoms – ‘Watch and Wait’

Care plan developed within CPA framework and guidance

NO

Referral made to CAYPMHS if additional specialist interventions required

CAYPMHS practitioner to co-work with EIP providing time limited interventions as per care plan and involvement within review, etc.

Discharge from EIP – signposted/assisted as required

Referral made to CAYPMHS, signposting, discharge

* Medical Input (including prescribing) by EIP Consultant Psychiatrist