

# **Transition between Child and Adolescent and Adult Mental Health Services in Leeds**

## **1. Background**

In Leeds, the Child and Adolescent Mental Health Services (CAMHS) and Adult Mental Health Services (AMHS) are provided by different organisations – Leeds Community Healthcare Trust (LCH) and Leeds and York Partnership NHS Foundation Trust (LYPFT) respectively. The mental health needs of children and those of adults can be seen as different and, to some extent, this reflects social and cultural expectations. However, this apparent difference is not something that immediately appears on their 18<sup>th</sup> birthday, and so transition between the two services needs to be sensitive both to each individual's needs and to the roles of the services available across the city for people with mental health problems.

In order to provide a universal standard for aiding the transition between CAMHS and AMHS, a protocol was developed between LCH and LYPFT. This has subsequently been modified following feedback from Young Minds and qualitative interviews undertaken by the Transition Team. The Transition Team consists of one Band 7 senior mental health practitioner and one band 6 mental health practitioner who are employed by LCH to support people in making a transition from CAMHS where ongoing mental health input is needed. The protocol is currently being revised, but the underlying principle is that different mental health providers should work collaboratively to make the transition for young people as smooth as possible and ensure that the young person's needs take precedence over the needs of the service providers.

## **2. Transition protocol between Child and Adolescent Mental Health Services and Adult Mental Health Services**

The objectives of the protocol are as follows:

1. To promote a collaborative and flexible working practice between CAMHS and AMHS.
2. To clarify and define roles and responsibilities in the process.
3. To ensure that good practice is shared across the city to ensure a universal approach.

### **2.1 Age of Transition between Child and Adult Services**

CAMHS provide services for young people until their 18<sup>th</sup> birthday. In order to allow sufficient time for planning and preparing the young person for the change, professionals involved in the young person's care are alerted when the service user reaches 17½ years. At this point there will be discussion between services as to the most appropriate approach. Because of the nature of child mental health problems and the variety of services available in the city to provide mental health care for adults, not all young people receiving care from CAMHS will be best suited to a direct transfer to adult mental health services within LYPFT. If the young person is thought to need input from adult mental health services, the transition worker will be involved and facilitate this transfer.

Where a young person approaching their 18<sup>th</sup> birthday is referred for initial assessment, there is direct discussion between the child and adolescent and adult services to agree which should take a lead. Often the transition workers will be directly involved in the process.

### **2.2 Process of transfer**

Most young people seen by CAMHS will not need a direct transition into adult mental health services. There is flexibility within CAMHS to allow for specific pieces of work to continue beyond their 18<sup>th</sup> birthday, and group work can continue within CAMHS even when the rest of a

young person's care has been transferred. This flexibility acknowledges that therapeutic interventions do not necessarily have a specific age cut off, and also that young people's needs vary within a similar age group.

Young people are likely to need transfer to AMHS for the following reasons:

- Ongoing symptoms or effects of a severe and enduring mental illness
- Ongoing symptoms regarding risk or reduced social function linked to mental health problems
- Other mental health needs are likely to continue to need the input from specialist mental health services

It would not be expected that transfer of care would occur during an acute episode as this would not allow for the appropriate longer term planning that is necessary in achieving a successful transition.

Where a young person is thought to need input from AMHS the initial contact between CAMHS and AMHS will be a professionals meeting. This is specifically so that the young person is not involved in detailed discussion about specific service criteria and eligibility, and to promote a smoother transition to an appropriate service. It was reported by young people that being involved in early discussions when an adult service was not appropriate was often seen as a rejection. When an appropriate service is identified a joint review involving the CAMHS clinician/transition worker, adult mental health worker and the young person (with family where appropriate) will be arranged.

The professionals' meeting and this joint meeting are designed to ensure that serial assessments are not required. If a young person has been under the care of the CAMHS service there should be sufficient information to allow clinicians to determine the appropriate service for any ongoing mental health needs and also to develop an appropriate initial care plan. Following this meeting there would be a period of joint working to promote a smooth transition.

### **3. Specific Services**

#### **3.1 Young People with First Episode Psychosis**

The Early Intervention for Psychosis Service within Leeds is delivered by Aspire (Community Links), who provide a service for people aged 14 years upwards. Therefore, young people with first episode of psychosis do not require a transition between services, but within Aspire there would be a transfer of care between psychiatrists. This would be managed by Aspire and the allocated worker.

#### **3.2 Specialist Services**

Because of the specific referral criteria, there are individual protocols in place for transitions for young people with Learning Disability, Eating Disorder, Gender Identity Disorder, Attention Deficit Hyperactivity Disorder, to the Personality Disorder Clinical Network, IAPT and the Women's Counselling and Therapy Service. The principles underlying these separate processes remain the same as those described above.

### **4. Monitoring Arrangements and Feedback**

The protocol described above is developed and monitored through a quarterly meeting between AMHS and CAMHS. This is co-ordinated by the transition workers. Specific challenges are

brought to the forum so that there can be shared learning across the city, and when needed, improvements to the process made.

In addition, the transition workers are invited to the Leadership Forums for the three locality areas and the Crisis Assessment Service (CAS), on a quarterly basis to allow more direct contact with senior clinicians and again to identify any needs should they arise. The locality community teams also have an identified link worker for the transition workers to make contact with.

Most recent figures available reveal that between November 2013 and November 2014, 73 referrals were received by the transition workers and all were taken on for direct work. This is an increase from 52 referrals for the previous year. This increase has been supported by the addition of the Band 6 worker described above.

Annual feedback from clinicians, young people using the service and their families has been very positive. All clinicians were extremely satisfied with the service and only one young person made the transition to adult services feeling unprepared. In particular, young people appreciated not having to 're-live' their past through reassessment and being clearer about which service they would be involved with in the future.

## **5. Challenges for the Transition Service**

Anecdotal evidence suggests that when the transition workers are not involved in a young person's move to adult services the experience is less satisfactory. It is not clear whether the Band 6 worker will provide sufficient extra capacity for the service to proactively identify young people aged 17½ years to ensure that future mental health needs are considered and met. In part, there needs to be a greater awareness and use of the transition team within the wider CAMHS.

There is a potential role for peer support to work with young people to aid transition into adult services or support young people leaving CAMHS to not require ongoing care within adult services.