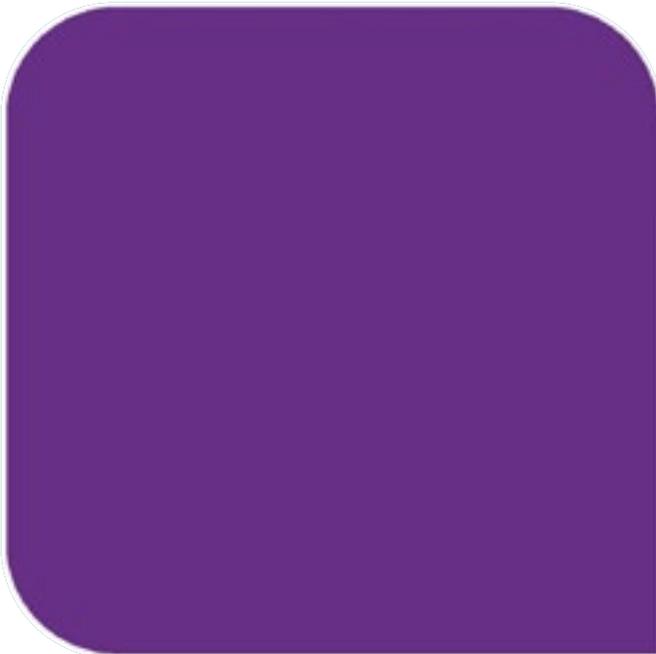
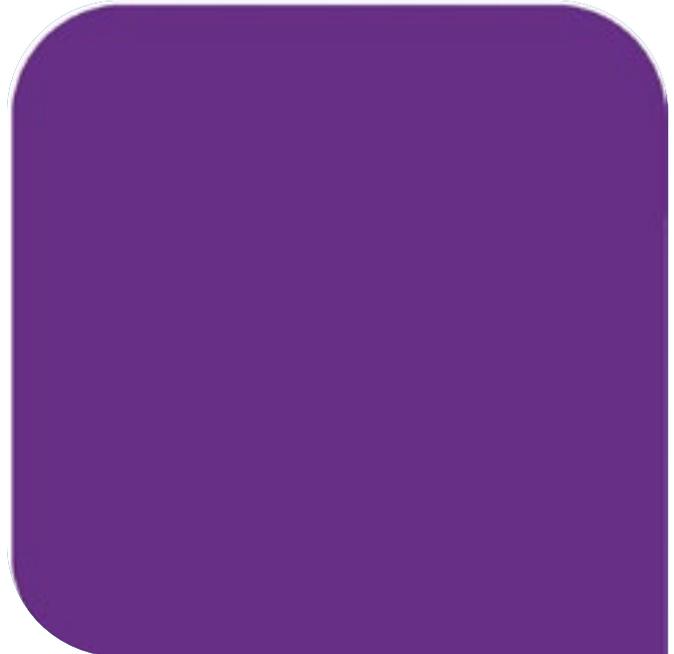




social care
institute for excellence

Mental health service transitions for young people



The Social Care Institute for Excellence (SCIE) was established by Government in 2001 to improve social care services for adults and children in the United Kingdom. We achieve this by identifying good practice and helping to embed it in everyday social care provision.

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About this guide

The guide is based on research and practice knowledge from the following sources. The evidence base consists primarily of a practice enquiry and a research briefing.

Practice enquiry

A practice enquiry is a 'made to order' structured or semi-structured original enquiry into aspects of current practice in health and social care. This practice enquiry aimed:

- to identify and report on practice that is promising and/or innovative in relation to service transitions from CAMHS to AMHS and other adult services that support young people's mental health
- to map existing transitional pathways and issues in three geographic areas to explore the different experiences of young people with mental health problems who make (or do not make) the transition from CAMHS to AMHS and other adult services.

There were two main strands of activity:

- a national call for promising practice that supports service transitions, and the development of five promising practice case studies
- at a system level, mapping the transition processes in three different geographic areas with commissioners, managers and practitioners, followed by eight interviews with young people across the three areas to explore individual experiences and pathways of transition.

The practice enquiry fieldwork took place in England. The call for practice and web searches for good practice covered the whole of the UK.

[SCIE's 2009 guidelines](#) for practice enquiries list the limitations of this approach, stating that practice enquiries 'cannot':

- establish or quantify the prevalence of specific practices because a universal – and perhaps even a representative – sample of responses cannot be achieved
- provide evidence that is generalisable – it 'may' be highly suggestive of what is happening in the field, and 'may' identify a range of models, but it cannot reliably report how many people or organisations are following these models
- offer an independent assessment of practice, since most practice examples are based on self-reports
- provide objective evidence of 'good' or 'best' practice, since this would require a rigorous and comparative assessment of the quality of the practice and its outcomes.

In this practice enquiry, there are a relatively small number of interviews with young people, meaning the sample is not large. Also, the views of parents and carers are not included as they were not interviewed.

Research briefing

SCIE research briefings provide a concise summary of recent research into a particular topic and signpost routes to further information. They are designed to provide research evidence in an accessible format to a varied audience, including health and social care practitioners, students, managers and policy-makers. The briefings do not provide a definitive statement of all evidence on a particular issue.

This research briefing looked at recent research literature (since 2000) on the move from CAMHS to adult services for young people with psychological, emotional or behavioural problems. This briefing asked:

- What do professionals, young people, parents, carers and families think about mental health service transitions and what has their experience been?
- What evidence is there for good practice and service models in supporting successful service transitions?

The majority of the literature surveyed was UK-based, but some came from the USA and Australia. In the light of previous reviews of this area, literature since 2008 was prioritised where it covered the same issues or groups of young people as earlier literature.

[SCIE research briefing methodology](#) was followed throughout (inclusion criteria; material not comprehensively quality assured; evidence synthesised and key messages formulated by author). The information on which all briefings are based is drawn from relevant electronic databases, journals and texts, and where appropriate from alternative sources, such as inspection reports and annual reviews as identified by the authors. Scoping and searching was carried out in April 2010, with further searching between June and August 2010. The briefing was peer reviewed internally for methodology and externally by two topic experts, Dr Cathy Street and Dr Moli Paul. Comments were also received from the SCIE mental health service transitions advisory group which includes practitioners and young people.

Guidance from the advisory group

The advisory group suggested adding a section on access for seldom-heard and vulnerable groups of young people. This has been included, in some cases drawing on material additional to that in the research briefing.

Acknowledgements

SCIE would like to thank the following people who contributed to the knowledge base: Isabelle Brodie for the research briefing, and the Office for Public Management for the practice enquiry. Also, Cathy Street, consultant, who contributed material, and the advisory group, who guided us throughout, particularly the young people in the group. Thank you all.

Key messages

- It is important that young people gain understanding of their mental health problems. Staff should be able to offer information to young people, parents and carers about treatment and support options.
- All staff should be aware of local services and transition processes, and should provide accurate and timely information to young people and their families/carers, as well as ensure that all agencies involved in supporting a young person in transition receive the necessary information (e.g. discharge plans, review reports and referral letters).
- Managers need to regularly audit case files of young people requiring transition from child and adolescent mental health services (CAMHS) to other services, to ensure that all assessments, discharge summaries and paperwork to support the referral are completed. They will also need to put in place processes to track all young people's outcomes, not just those transferring to adult mental health services (AMHS).
- Managers should ensure that staff know what services are available and that there are networks and other ways to help staff share information among themselves and between services. Consistent information technology (IT) systems are vital to ensure appropriate communication of information.
- Staff need to work collaboratively with other services in order to support young people throughout the transition process - for example, in assessment and planning.
- Managers should ensure that services are working together strategically to plan and implement transition. Multi-disciplinary services are required for 16-25-year-olds that have the ability to accept referrals from a variety of sources, to incorporate CAMHS/AMHS and to integrate voluntary sector providers, non-health agencies, universal services and general practitioners (GPs). Developing and disseminating joint protocols can help with multi-agency training.
- It is important to focus on the whole life of the young person when assessing needs and planning transition, including their family, friends, housing, school, college and work, as these factors will affect their overall wellbeing.
- It is vital that young people are fully involved in planning their transition. Planning should start in good time – at least six months in advance.
- Young people need access to a consistent, proactive, designated lead professional and also appreciate support from mentors, advocates and their peers. Young people often find structured peer support very helpful. Key workers should be proactive and keep in regular contact with young people.
- Managers should ensure that allocation and management of staff caseloads minimises the need to change a young person's lead professional or care co-ordinator, especially when the young person is in transition between services. They should also allocate staff time and plan team caseloads to facilitate a period of parallel care by CAMHS and AMHS.
- All staff should be welcoming and accepting of young people, and able to relate to them across the age range. A welcoming reception area is important, as is some degree of flexibility in relation to the occasional missed appointment or late arrival.

- It is important to offer flexible services which fit with young people's lives. This includes exploring opportunities to base services in non-health and community settings where possible and appropriate, and offering flexible appointment times (e.g. evening and weekend provision, drop-in sessions and telephone advice).
- It is important to monitor outcomes and seek regular feedback from young people using services, in order to make improvements and achieve the best possible outcomes.
- It is also important to consider the needs of groups of young people known to experience difficulty accessing services, as this will place them at risk now and in the future. Local transition processes should be tailored to ensure that these match with the needs of all young people. Consulting with organisations that specialise in working with specific groups is useful in establishing how access to services can be improved (e.g. traveller education services or social services care teams).
- Managers should monitor the use of their service to ensure that no groups are under-represented in the planning and provision of support at transition, and need to develop staff appraisal processes to include this aspect of transition support. Gaps in provision may include young people with attention-deficit hyperactivity disorder (ADHD), conduct disorder, autism spectrum disorders (ASDs), emerging personality disorder, and those without a firm medical diagnosis.
- It is easy for young people who are inpatients in hospital to become invisible, especially if their placement is stable and/or they are some distance away or out of area. Ensuring they receive good transitional planning and support is of key importance if they are to be successfully discharged from the inpatient unit.
- Managers should commission training for staff on use of assessment and care planning approaches (such as the CAF and CPA used in England and Wales or the FACE assessment tool used in Northern Ireland) and other monitoring processes. They should also collect outcome- and service-level data and consider the use of targets and national quality criteria such as the 'You're welcome' criteria ² as a means of monitoring service performance.
- The application of eligibility criteria means that young people may not be eligible for some adult services and may slip through the net, leading to severe and sustained risk to their health and wellbeing. Staff need to be able to offer advice about other support options. Eligibility criteria should be included in transition protocols.

1 Introduction

This guide is for all staff working with young people with mental health problems who may need to move from one service to another - that is, to make a 'transition'. It will be of particular use for frontline staff, managers and commissioners providing services to young people aged 16-18 who may need to make the transition from CAMHS to AMHS or other services for young people and adults.

Policy concerns about mental health service transitions for young people are longstanding. Despite evidence of some promising and innovative practice, this is a serious issue for young people, their families, practitioners and policy-makers, both in the UK and abroad.

Evidence that young people often struggle to move between services, and in particular that they are poorly supported when they are referred by CAMHS to AMHS, has been highlighted in a number of government reports and policy guidance. ^{4, 5, 6} Reviews in Northern Ireland also highlight the need for good interagency working and arrangements to facilitate the transition of young people from CAMHS to adult mental health services. ²⁵

In February 2011, the coalition government published a mental health outcomes strategy, 'No health without mental health', ⁷ which states that service transition from CAMHS to adult services can be improved by planning early, listening to young people, providing appropriate and accessible information and focusing on outcomes and joint commissioning. In Northern Ireland the DHSSPS published a Service Framework for Mental Health and Wellbeing; Standard 31 of the Framework outlines good practice in transitions from CAMHS to adult mental health services. ²⁶

What are CAMHS and who uses them?

CAMHS are made up of targeted, specialist services for children and adolescents, in addition to primary care (e.g. GPs, school nurses and child health), along with other services based in non-health sectors. These include youth offending teams, behaviour and education support teams, pupil referral units, looked-after children services, along with secure and other residential settings, including youth justice.

Specialist CAMHS teams – sometimes called 'Tier 3' – are multi-disciplinary community-based teams made up of child and adolescent psychiatrists, psychologists, social workers, mental health nurses and other mental health specialists. Working with children and young people with often complex, diagnosable mental health problems up to the age of 18, these teams are one of the main referral points for young people who need to make a transition to AMHS.

Voluntary sector services are important providers of mental health support to young people - for example, Youth Information Advice Counselling and Support services (YIACS) provide a wide range of counselling interventions and often work in partnership with both CAMHS and AMHS to support young people with many

different psychological and emotional problems. In some areas of the country, YIACS is the agency through which the Department of Health's (DH) national initiative Improving Access to Psychological Therapies (IAPT) is being delivered in England and Wales.

Young people using CAMHS have a range of psychological, emotional or behavioural problems, such as early psychosis, clinical depression, emerging personality disorders, eating disorders, ADHD and ASDs. Problems with self-harm, alcohol and drug misuse are also common, and among young people using CAMHS the rates of substance misuse are especially high. Quite frequently, young people also have more than one problem - referred to as 'co-morbidity'.

Terms used in the literature for these problems vary and include 'mental health difficulties', 'mental health problems', 'mental illness' and 'mental disorders' - reflecting different discourses and models of mental health.

When might a young person leave CAMHS and move to AMHS?

Discharge from CAMHS and a potential move to AMHS takes place at varying ages, but most commonly when young people are aged between 16 and 18. However, transitions from children to adult services differ between sectors:

- children services are generally provided up to the age of 19
- the youth justice system works with children and young people aged between 10 and 17
- children who are looked-after can continue to receive services until the age of 21, or 25 if they are in education
- age boundaries also vary if a young person has a learning disability
- (However in Northern Ireland all children's services are provided to children up to 18 years of age, with the exception of looked after children who also can receive support up to the age of 21, or 25 if they are in education).

Clearly, age-related service moves are not confined to mental health services, and lessons can be learned from parallel experiences in other areas, including juvenile justice and child welfare.

Why it's important to get transition in adolescence right for young people

Adolescence is a period of intense change for young people. The move from CAMHS to AMHS is likely to coincide with other transitions and young people emphasise the complexity of their lives and the multiple difficulties they may experience during this period. Pressures on young people may include relationships and friendships, education and training, pregnancy and childbirth, employment, housing and money. All of these highlight the importance of co-ordinated, multi-agency planning for transitions, involving a range of professionals from different disciplines.

Adolescence is also the time when new mental health problems such as psychosis or eating disorders may first emerge, or existing difficulties may become more complex or severe. Recent studies 18 have found that in children aged between 11 and 16, the rate of 'mental health disorders' is 12 per cent, while up to 20 per cent of those aged between 16 and 24 have a mental health problem, most commonly anxiety and depression. Research 23 also indicates that the psychological and social changes that occur in adolescence raise the incidence of mental health problems and risk-taking behaviours.

Poor service transitions make it more likely that young people will disengage from mental health services despite continuing need. This can seriously affect a young person's health and wellbeing, as well as that of their parents, carers and wider family. Adverse outcomes in mental health are associated with difficulties in many aspects of life, including being able to take advantage of education, training and employment opportunities.

What is the issue? Barriers to effective transitions

Difficulties in providing good support during mental health service transitions are linked to broader issues in providing effective, age-appropriate, accessible mental health support to young people. ²⁵ The mental health needs of this diverse group are distinct from those of both children and adults. The way in which CAMHS and AMHS are organised does not always fit easily with the ways in which mental health problems are experienced by young people.

A young person may find him- or herself without a service for various reasons. These include:

- Differences in referral criteria and entry thresholds in CAMHS and AMHS.
- Inconsistencies in age cut-off points, with some services ending when a young person is 16 while other services have a lower age limit of 18.
- For some groups (e.g. young people with learning disabilities, ADHD and ASDs), long-term experiences and outcomes into adulthood are not well documented. Young people with these difficulties who receive help from CAMHS are likely to need ongoing support as adults - however, there is a lack of adult services to cater for them.

Even when young people are successfully referred to adult services, the move may not go well. Practice is frequently inconsistent and often poor, resulting in negative experiences for young people and their families. The National Advisory Council⁸ reported few examples of adults' and children's service commissioners working together to provide appropriate transitional care and highlighted:

- poor understanding of young people's mental health problems and how resilience can be developed
- administrative and legal processes, including service thresholds, which made services inflexible and unresponsive
- 'unacceptable' variations in the level and type of services available in different areas.

The legal and policy context that underpins young people's mental health transitions in England and Wales

The broad principles that should underpin transition services were summarised in 2005 by the then Social Exclusion Unit ⁹ as:

- actively managing the transition from youth to adult services
- taking a young person's thinking and behaviour into account, and building on it
- involving young people, their families and carers in designing and delivering services
- giving effective information about services and sharing information between services
- offering young people a trusted adult who can support them through the process.

There is an extensive array of policy guidance and legislation that is relevant to supporting young people in transition from CAMHS in England and Wales. This includes sections of the NHS Act 2006, the Children Act 1989 and the Children Act 2004.

Specifically relating to health provision, the National Service Framework (NSF) for Children, Young People and Maternity Services and the National Health Service (NHS) Outcomes Framework are both important. The NSF, while no longer part of the coalition government's health policy, sets out aspirations that are clearly part of the government's overall policy objectives and in Standard⁹ makes important recommendations for when the CPA should be used with young people aged under 18. In the objectives set out in the outcomes framework for improving mental health, transition from children to adult services is mentioned.

A guide produced by the National Mental Health Development Unit (NMHDU), the National CAMHS Support Service (NCSS) and Young Minds, entitled 'Transitions in mental health care',¹⁰ provides a detailed overview of the legal framework.

Legal and policy context in Northern Ireland

In Northern Ireland the mental health care of children is usually provided under the general duty in Article 4 of the Health and Personal Social Services (Northern Ireland) Order 1972, and the Children (Northern Ireland) Order 1995. A programme of reform is underway in northern Ireland across mental health services as a result of the Bamford Review of Mental Health and Learning Disability in Northern Ireland (2006) ²⁵. This review made recommendations for developments of CAMHS services. A recent inspection of CAMHS services ²⁹ found that progress has been made to take forward the Bamford recommendations, however noted an absence of policy guidance and regional standards for CAMHS in Northern Ireland. Currently each health and social care trust area develops and provides services, without reference to a regional framework based on clinical standards and care pathways. Trusts have protocols governing the transition from CAMHS to adult mental health

services, which, although not uniform, are flexible to respond to local need and the organisation of service provision across this interface. Guidance for transition from CAMHS to adult mental services is also outlined in Standard 31 of the DHSSPS Service Framework for Mental Health and Wellbeing. [26](#)

Top ten principles

- 1. Fully involve the young person, family and carers where appropriate and with the young person's consent.** Be transparent in planning and making decisions. Remember that mental health service transitions are a 'process', rather than simply a 'transfer'.
- 2. Begin planning as early as you can,** and at least six months before the discharge from CAMHS, as well as managing realistic expectations for the input from adult services.
- 3. Refer young people to age-appropriate, accessible services** where they exist; tell commissioners and providers where they don't exist. **Do not assume that young people in CAMHS need transfer to AMHS.** For example, some young people may not meet the criteria for severe and enduring mental illness, and thus may not be eligible for AMHS. Offer young people **additional and alternative support to AMHS** including support from non-health settings, voluntary sector services, primary health care (including GPs) and other universal services.
- 4. Take account of the wider context of young people's lives:** there is a growing evidence base that helping young people with broader life issues leads to improvements in their mental health.
- 5. Work collaboratively** with other professionals and agencies: staff should know how each other's services operate in order to provide co-ordinated and joined-up care.
- 6. Make service transition a flexible, managed process,** with planning and assessments, continuity of care and follow-up. A period of shared or parallel care is good practice.
- 7. Work at the young person's pace** and acknowledge that change takes time
- 8. Follow up and monitor outcomes** following the discharge from CAMHS, including those young people who don't transfer to AMHS.
- 9. Audit, review and evaluate** your practice and service models, and include young people, families and carers in the process.
- 10. Use processes and corresponding paperwork that 'join up'** and are consistent across agencies; formally agreed cross-sector **transition protocols** have many benefits.

2 Accessible and easy to use mental health services

Principle

Fully involve the young person, their family and carers where appropriate, and with the young person's consent. Be transparent in planning and making decisions. Remember that mental health service transitions are a *process*, rather than simply a 'transfer'.

Making services accessible, acceptable and easy to use is very important for young people and their families, particularly at transition. Generally young people think that moving to adult services is confusing and difficult to negotiate. As a result they may disengage from services even though they have continuing mental health needs. This can worsen their emotional and physical health, sometimes requiring sustained intensive or specialist treatment later on in a crisis, including admission to an inpatient unit, which increases the risk of the young person's education or training being disrupted. It can also have serious consequences for families, friends and communities.

Involving young people and their families in service design

Three process mapping workshops with stakeholders were held as part of the practice enquiry to discuss the complexity of the environment in which staff operate. Although staff at the workshops said little spontaneously about this topic, young people themselves were keen to be involved in service design and to have their views heard. The work of The Centre for Excellence and Outcomes (C4EO) on children and their families underpins the fact that young people's involvement in individual decisions about their own lives, and collective involvement in matters that affect them, is key to designing and delivering better services.

The main message in the practice enquiry from young people is the importance of professionals listening to them, and understanding their views and priorities. When asked, young people will have a range of ideas about what makes for good practice.

Practice examples

Uthink was shaped by both evidence-based research and stakeholder influence. Young people, parents and carers were consulted in the original bid (to the Big Lottery fund) and their ideas strongly influenced the overall structure of the programme and the content of individual sessions. Local steering groups involving young people seek to support service delivery and there is a comprehensive framework for monitoring, using specially designed tools and techniques.

North Tyneside embraced the principles of the NSF and carried out extensive local consultation. Young people have commented positively on the increased level of home visiting and outreach work.

Sheffield Y-Talk consulted extensively when designing its service: young people were asked what would help them access emotional and mental health support.

The transition group in Peterborough meets every two or three months, and involves the early intervention in psychosis service (CAMEO) and the local CAMHS team to ensure the smooth transition of young people under the age of 18 with psychosis or possible psychosis. Much of what the group does is case-based (23 young people in 18 months) but the group has also shared training events and supported some of the research projects within CAMEO. The group has collected systematic feedback from families and young people which has been generally positive but has also outlined areas for development, including the use of written information and thinking about how long the transition process should take (some saying not too long for parallel working). Young people have reported a greater sense of the teams working together.

The Rivendell Unit in Wakefield has a multi-disciplinary transition service for 17-year-old women. This designated unit is within a large (adult) female prison (HMP Newhall) for very vulnerable young women with high rates of self-harm and complex psychopathology, often resulting from multiple traumatic experiences in the past. The young people are transferred on their eighteenth birthday to the main prison site, with one or two transfers each month. The women were involved early on in the design of the new service by means of a focus group. They said that getting advice during transition was a key need. They emphasised the importance of having someone to talk to, of health professionals gaining their trust and maintaining confidentiality, and having practical support such as in filling out forms. Formal feedback on the service is collected from the young people who were transferred. The main improvement is that the protocol facilitates communication between the young person, the forensic CAMHS team and the adult mental health team from early on and well before the actual transfer is due. This reduces the anxieties of the young person and of the system.

Providing information about support

It's important to provide information about the transition process, and the services and support available such as non-NHS and other health settings, voluntary sector services, primary health care and other universal services. Providing information is essential to enable the full, informed participation of young people in their transition.

Staff who attended the practice enquiry mapping workshops thought that there was a lack of information for young people and their parents and carers, who often don't know what is available nor how to access it. Young people also think this. Additionally, staff may not themselves know what is available outside their own service. Staff interviewed in the course of the practice enquiry suggested a single website providing information to staff, young people and their families, so that everyone has access to the same resource.

Young people need accessible and comprehensive information about their mental health including treatment choices and self-help options. Many do not really understand what is meant by 'mental health problems' or 'disorders', and fear the stigma of needing mental health services. They may not have had time to learn

about their condition nor how to manage it, and they may have a range of other difficulties, including poor self-esteem or confidence, co-existing substance misuse problems, and difficulties with their education, welfare benefits or housing. All of these factors emphasise the need for a holistic approach to supporting young people when they are in transition to adult mental health or other adult services.

Young people value information which:

- is given both verbally and 'reinforced' in writing
- is attractive and jargon-free
- is culturally and age appropriate, and relevant
- prepares them and their families for transition
- provides signposting from one service to another.

'It was a big shock coming to the secure unit. I didn't know what mental health was, it was frightening, I didn't know why I had it.'

Angela, Liverpool

Practice examples

Central Norfolk EIT provides young people with information about psychosis and the ways in which it could affect them.

Liverpool is developing a website for staff, young people and families, bringing together information on transitions and services.

Hafal, in Wales, has developed an information hub to give timely information - the need for which young people themselves identified - consisting of guides, leaflets, web resources and other accessible sources.

The Rowan Centre, based in Elgin, Morayshire, has produced a leaflet for young people and their families entitled 'Moving on to adult mental health services - planning for the change: information about transitional care and adult mental health services.'

Leeds CAMHS, including inpatient and community CAMHS, extended the age of service users from their seventeenth to their eighteenth birthday from 1 April 2010 (inpatient), and 1 October 2010 for the rest of CAMHS. This has led to a renewed focus on transition processes.

Youth Access has a national database of services.

Holistic services

Principle

Take account of the **wider context of young people's lives**: there is a growing evidence base that helping young people with broader life issues leads to improvements in their mental health.

There is growing evidence that paying attention to 'broader issues' - for example, education, employment and housing - may benefit mental health outcomes.

Young people want to be considered as 'people', not as a 'bundle of problems'. Staff should consider the young person's mental health needs in the context of their life and experiences: family, networks, friends, housing, interests, education and training, or work. Because young people are growing and changing, they will have a wide variety of life events and needs to be considered, all of which may affect mental health. They may need support with issues at home, at school and with relationships.

Young people receiving services value the contribution of youth services and clubs, colleges, education and housing. They say that supported housing could play a key role in service transition, including practical and emotional support. Staff from third-sector agencies and supported housing can help by, for example, accompanying young people to appointments with mental health services.

Young people also want the opportunity for self-discovery, to have fun and to develop life skills: above all, they are *young!*

'Young people have lots of problems and it's easier for them to walk into a place that deals with young people ... it's good to come to just one place where they sort everything out ...'

20-year-old man (¹²)

The SCIE advisory group emphasised that service transitions take place not only from CAMHS but also from education settings such as special schools and pupil referral units. The input from education professionals is therefore very important.

Practice example

[Central Norfolk EIT](#) focuses on promoting social activity and engagement, education, peer and family support. Young people report that the service is accessible, and that staff listen, give clear information, suggest ideas on how to cope, help to tackle bullying at school, negotiate additional support in school, and offer opportunities to meet other young people.

Welcoming, approachable and flexible services

Principle

Make service transition a **flexible, managed process** with planning and assessments, continuity of care and follow-up. A period of shared or parallel care is good practice.

Staff in all services, for adults and young people, must be able to relate to young people and make them feel at ease, because young people are worried about facing stigma, and being made to feel unwelcome. Staff need expertise and skills in engaging with young people and to understand the issues and concerns that can affect them. The SCIE advisory group thought that AMHS staff in particular should try to think about the whole family and consider young people's issues as broadly as possible. Young people themselves also thought this.

Young people want:

- informal approaches and to be made welcome
- to be able to trust staff and to be listened to
- to feel supported and not pressurised
- continuity of staff wherever possible – so as not to have to keep re-telling their stories
- where appropriate, services from non-health settings and community-based services.

For example, meetings with professionals can be more of a 'conversation' and less about answering questions. One young person decided to maintain contact with their mental health nurse as the weekly meetings were seen as 'having a chat'.

'I think mental health people need a lot more training, especially with young people.'

Poppy, Cornwall

Young people like flexible services which:

- can be stepped up and down according to need and don't taper off suddenly
- keep them 'on their books' even if they don't need services at the moment
- are accessible easily and quickly, at home, out of hours and at weekends
- offer a drop-in facility and telephone support as well as booked appointments
- use 'assertive outreach' techniques to help them engage, and show flexibility and perseverance if appointments are missed
- operate like 'one-stop shops', thus allowing a variety of different needs to be addressed from one venue
- have clear policies on confidentiality and handle the sharing of information sensitively (including with parents and carers), taking into account the views and wishes of young people where appropriate.

Practice examples

Sheffield Y-Talk consulted with young people who wanted:

- a welcoming reception area offering refreshments
- to be accompanied by a chosen person
- reminders sent by text
- the confidentiality policy to be explained beforehand
- a venue which has other services also based there (e.g. a 'one-stop shop').

Staff in the practice enquiry suggested:

- a programme of inter-agency training
- ongoing consultancy and advice from the voluntary sector and CAMHS on listening to and engaging with young people, their families and carers.

Y-Talk has appointed a diverse team, skilled at sustaining relationships with (disadvantaged) young people. The initiative has created a space decorated in bright colours which provides informal seating, tissues, make-up remover and drinks. Y-Talk and Sheffield YMCA have forged links with other young people's services in the city and located core services within the office providing the bulk of the city's youth work and Connexion services. Improving accessibility, including the opportunity to self-refer, is the aim.

Central Norfolk EIT aims to see young people in a variety of community-based settings such as the home, GP surgeries and school. The staff are specially trained to work at the earlier end of the age range, and there is an intensive outreach model, focusing on identifying and meeting individual needs.

Access for seldom-heard and vulnerable groups

Principles

Refer young people to **age-appropriate, accessible services** where they exist; tell commissioners and providers where they don't exist.

Do not assume that young people in CAMHS need transfer to AMHS. For example, some young people may not meet the criteria for severe and enduring mental illness and thus may not be eligible for AMHS.

Offer young people **additional and alternative support to AMHS** including support from non-health settings, voluntary sector services, primary health care (including GPs) and other universal services.

Socially excluded young people who need mental health services may be 'hidden' and find it difficult to get support. Some may have a disrupted history of accessing services and encounter stigma, racism and language difficulties. These young people may need more intensive support to avoid being overlooked.

Young people who may encounter particular difficulties accessing services, or being supported when they are in transition, include:

- those who are not in education, employment or training (NEET)
- looked-after young people or care-leavers;
- those who are refugees or asylum-seekers
- those who are from traveller communities
- those who live in isolated rural areas.

Poverty, a high risk factor for children and young people's mental health, is particularly prevalent in rural areas and this, combined with limited public transport, can restrict young people's access to mental health provision and support. For some groups, their problems accessing services are recognised and specialist teams provide support - for example, by offering outreach and satellite services in outlying areas and developing telephone and internet-based sources of information and advice.

Young people from black and minority ethnic (BME) communities are also recognised as a group whose access to and use of mental health services can be poor. People from BME communities are more likely to experience problems with access and reduced satisfaction with services, cultural and language barriers, lower GP involvement in care, inadequate community-based crisis care, higher rates of admission to hospital and longer lengths of stay.^{13, 14}

Other research has revealed that young people from minority ethnic groups disproportionately experience many of the known risk factors for developing mental health problems including being looked-after or homeless. Research emphasises the

importance of services being culturally sensitive and appropriate, being community-based, easy to access, non-stigmatising and with good links to local voluntary sector provision. [15](#), [16](#)

Young people who are in hospital, whether an adolescent CAMHS unit, or an adult ward, are also at risk because they may be placed some considerable distance from their local area and have infrequent contact with their CAMHS co-ordinator. A particular problem can also arise if a young person passes their eighteenth birthday (i.e. the transition boundary from CAMHS). The lack of involvement of young people themselves in their care and discharge planning when they are inpatients has been documented as a significant problem in a number of reports.

'I remember coming here [adult secure ward] and there were lots of people kicking off ... it was a big shock coming to the secure unit'

Angela

3 Planning and practice in transition

'Policy emphasises the importance of establishing clear pathways for the different types of mental health needs presented by young people. Delivering good practice will include the development of effective partnerships, which involve service users, take account of the needs of black and minority ethnic communities and provide services via buildings that are accessible and age appropriate.'(p 8) ¹⁷

Principle

Begin planning as early as you can, and at least six months before the discharge from CAMHS, as well as managing realistic expectations for the input from adult services.

Transition is a process that requires:

- an early start (assessment of needs)
- a discharge from CAMHS and possibly a transfer to AMHS or other secondary adult services, with transitional support which may include a period of parallel care
- a transition plan for continuity of support into adulthood, and for early intervention if greater need arises
- follow-up of outcomes.

The TRACK study¹⁸ defines the best transition services as those which feature:

- effective information transfer (e.g. referral letters and case notes, and written information for the young person)
- a period of parallel care and joint working between CAMHS and AMHS or other services
- transition planning with at least one meeting including the young person, parent/carer, CAMHS, AMHS and other services
- continuity of care (from AMHS or elsewhere) at least three months after transition.

How to support effective transitions

In the sections that follow, some of the possible barriers to service transitions are described, and suggestions about how to address these are made. This is followed by a section exploring how to facilitate different professional groups working well together to support young people. The following are key to effectively supporting young people in transition:

- **Start early:** the SCIE advisory group considered that plans for transitions should start at least six months before transition. Young people want to prepare for transition, and to be given early notice of changes.

- **Involve the family:** family members should also be involved early on where this is possible and helpful. All services, and not just CAMHS, need to think about the family and how to acknowledge the important role that family and friends can have in understanding and supporting young people.
- **Give timely and accurate information and be sensitive to feelings:** young people often feel that they do not receive accurate information at the right time for them. The practice enquiry contains distressing accounts: one young person was not told that their key worker was changing, another was transferred from one service to another but not told about it, and another did not have the reasons for being compulsorily detained in hospital explained. Some young people said that professionals demonstrated a lack of sensitivity about their mental illness and traumatic events in their past.
- **Assess needs and make multi-agency plans which centre on the young person: explain clearly what will happen and what support they will receive.** Consider holding a multi-agency planning meeting (sometimes known as a transition clinic) involving the young person and relevant staff to share information and make plans.
- **Ensure that assessments are co-ordinated:** include an overview of the young person's life, issues, strengths and aspirations and ask them for their views. Try to increase the input from education services by making links with schools, colleges and teachers, who are often not involved. Many young people make multiple service transitions, so it is important consider how to incorporate these.
- **Use care planning models that involve and empower the young person:** you may be using specific models of care planning, such as the CPA, personal health and wellbeing plans, along with 'stay well' plans. The practice enquiry suggests that the principles of personalisation for adult services (e.g. personal budgets) could be applied to children and young people, enabling them to have more control over their care. For some young people who don't have a clear ongoing need for secondary services, it may be appropriate to think about targeted support options rather than 'care pathways' (e.g. information for young people about what to do if they need future support).
- **Think about the different professionals who might need to be involved and establish links with them,** including key professionals, primary care staff (including GPs) and joint staff. Consider how to build informal peer networks and use mentoring and advocates as well as links with non-statutory agencies (e.g. supported housing services).
- **Develop flexible ways of working as much as possible** - for example, look for opportunities to offer support that can be stepped up or down according to current need, and that doesn't taper off suddenly. Offer a period when young people stay 'on the books' even if they don't need a service at that moment, to ensure that their discharge from the service, or transition elsewhere, is successful. Offer support via 'assertive outreach' methods for those young people who need this.

Involvement with parents, carers and families

As a general principle, parents and carers should participate in transition planning and follow-up where the young person gives their consent. However, a young person has the right to ask for family members 'not' to be involved and this should be

respected as far as possible. Even where a young person does not give consent for information or plans to be shared with family members, it's important to consider how parents, carers and other family members who have anxieties about service transition can be supported. For example, they could be given information about the service the young person 'may' be making a transition to.

Practice examples

Leeds has a group of CAMHS and AMHS senior managers who meet every six weeks to review the transitions protocol and to change their practice in response to the views of young people and staff.

North Tyneside has developed a local community service centered on the needs of young people and families, with the aim of providing a seamless pathway, especially at points which have traditionally required transition.

The transition group in Peterborough meets every two or three months, and involves the early intervention in psychosis service (CAMEO) and the local CAMHS team to ensure the smooth transition of young people under the age of 18 with psychosis or possible psychosis. The teams share a culture of working with families and active engagement of young people. The group is open and has also been attended by youth offending and drug services.

The Camden and Islington Early Intervention Service (EIS) invites young people to a service users' group to give feedback. Young people are relieved to meet a professional who can answer some of their questions and provide reassurance and information about illness, treatment and services available in the community. Peer groups can link young people to others with similar experiences. Parents have been given the opportunity to provide feedback to care co-ordinators during regular meetings, as well as through a formal carer's assessment. There has been a carers' support session.

4 Service styles, models and barriers

'My key worker, she's brilliant, I love her to bits and I could go to her about anything.'
(p 15)¹⁹

Principles

Refer young people to **age-appropriate, accessible services** where they exist; tell commissioners and providers where they don't exist.

Do not assume that young people in CAMHS need transfer to AMHS. For example, some young people may not meet the criteria for severe and enduring mental illness and thus may not be eligible for AMHS.

Offer young people **additional and alternative support to AMHS** including support from non-health settings, voluntary sector services, primary health care (including GPs) and other universal services.

This section describes service models and styles that young people and their families find positive and helpful. Barriers include eligibility criteria which can be overcome - for example, by service design.

Providing consistent professional support

In recent years, a number of different models for key workers or care co-ordinators have emerged, including, for example, transition workers, joint posts and secondments. Irrespective of the model and job title, young people want access to a consistent, designated lead professional they can get to know over a period of time and who will:

- plan and manage the service transition
- help them to access adult services
- give support for a period during the transfer.

The SCIE practice enquiry and research briefing highlighted the critical importance of lead professionals. When they are not there, which is more usual than might be expected, transition is often not well managed. It is also important to be explicit with the young person and the different agencies involved about who holds responsibility for the service transition.

One young person explained how important consistency and continuity is:

'She is the best person ever! She'd make you feel at ease and I could offload. I would see her for counselling every week for about 18 months. She went with me to meet the EI team and I carried on seeing her under the EI. She introduced me to the care co-ordinator in the EI. I felt like someone took an interest . . . someone cared about the care I was getting [because of the joint meeting].'

Complementing the support offered by designated lead professionals, young people interviewed in the SCIE practice enquiry said that they valued peer support groups and voluntary sector advocates. Voluntary sector staff can often provide support to professionals in arranging this. For example, one advocate was able to accompany a young person to weekly meetings with statutory services, and another young person using services said about her peer support:

'I went to a support group meeting with other young people like me so I felt less alone ... I began to understand what it was all about. I can dip in and out of the group now as I want to.' Angela, Liverpool

Practice examples

Lincoln team co-ordinators manage multi-disciplinary locality teams and have a key role in ensuring smooth transitions and improving information-sharing between teams.

Central Norfolk EIT has created a team of staff to co-ordinate referrals.

Leeds CAMHS has commissioned two dedicated transition worker posts to engage with young people aged 16 and over and their families where it is likely the young person will need mental health support from adult services after 18 years of age. Adult services include AMHS, social care, education and the voluntary sector. The first steps were to map adult services and to give a questionnaire to young people and their parents/carers. The transition workers are primarily involved with young people aged 17.5 to 18.5 years during the service transition period, with robust transition planning taking about six months for most young people. They also work jointly across services, for example attending team meetings of community mental health teams in AMHS.

The Camden and Islington EIS demonstrated age-appropriate services and continuity of care in the case of a 16-year-old girl admitted to an adolescent inpatient unit where she was diagnosed with bipolar affective disorder. The EIS CAMHS team kept a close eye on her, were aware of her discharge plans, and were able to implement these post-discharge. Once the girl was 18, the crisis team was brought in to work alongside EIS to provide intensive home treatment to improve medication compliance. She was admitted to an adult ward where again the EIS CAMHS team remained involved with her care to give a CAMHS perspective. She was discharged after a few weeks, again to the EIS CAMHS team, and now has positive outcomes in terms of mental health, college and relationships.

Eligibility criteria

Adult social care and AMHS often have different eligibility criteria from CAMHS. For example, CAMHS may adopt a preventative and early intervention approach by accepting children and young people with a wide range of psychological and emotional problems such as anxiety, conduct disorder, emerging personality disorder, ADHD and ASDs, and other mental health problems for which there is no medical diagnosis, or an uncertain diagnosis. On the other hand, AMHS may only

accept adults with a firm diagnosis of severe and enduring mental health problems, leaving young people without a service. This results in many young people not using or being unable to access statutory mental health services in spite of ongoing needs. This group of young people face future crises and serious increased risk to their stability, wellbeing and future lives. This in turn may adversely affect both them and their families and friends, now and in the future.

Transition from CAMHS to AMHS does not need to be automatic; young people who do not have severe and enduring mental health problems may not need AMHS, 'but' they may need support in young adulthood from other sources including non-health settings, voluntary sector and primary/universal services.

Eligibility criteria are perceived by young people and their families to bring sudden and often rigid changes, which they often do not understand or accept, and consequently interpret negatively:

'It was like they [social services] thought "You're 18 now, you're an adult". But no I wasn't. We're all different; to go on age . . . it's just not going to work.' Hassan, Liverpool

'As soon as I reached 18 I felt like the service was not interested in me.' Samantha, Cornwall

In addition to sudden and strict eligibility criteria there are often other problems, including:

- long waiting lists for AMHS and adult social care, even when a young person is eligible
- the lack of services for young adults who may not be eligible for AMHS or need extra support in addition to AMHS.

The practice enquiry found one young person who, although having a range of complex needs, was not eligible for social care support once he had turned 18. The reason given was that adult social care services considered his diagnosis made him eligible for health services, not social care - however, this young person was not eligible for AMHS support either.

Service models which smooth transition pathways

Principle

Make service transition a **flexible, managed process**, with planning and assessments, continuity of care and follow-up. A period of shared or parallel care is good practice.

Services and pathways which straddle the service transition period of 16-18 years, and provide services up to the age of 25, can help to overcome some of the barriers described above. Young people want flexible services which do not have strict 'cut-

off' points and these services are especially important for young people with emotional problems, complex needs, mild learning disability, ADHD and ASDs, for whom there are limited statutory adult services beyond GPs.

In addition to a growing number of 'youth mental health services' providing care and treatment for 18-25-year-olds, early intervention services for psychosis, some with a specific focus on supporting young people with first onset psychosis, have developed over the past 10 years. These teams cover the age range from 14 to 35, bridging CAMHS and AMHS, and service transitions can occur at older ages. The underpinning belief is that intervening early, and minimising the duration of untreated psychosis, greatly improves longer-term outcomes. SCIE's advisory group thought that transition is often negotiated more successfully over the age of 25, and many young people may no longer require services at that point, countering the view that this model would just delay transition. On the contrary, it could prevent premature disengagement and more serious problems developing later on.

Young people and their families want consistent services and continuity of support during transition. They will often benefit from a period of parallel care or overlapping service delivery between CAMHS and adult services. Commissioning arrangements should reflect this.

Young people may need extra support - for example, advocacy, to stand up for their needs in adult services, which can be less supporting and nurturing than CAMHS.

SCIE's practice enquiry highlighted a number of working arrangements and service models which can help to overcome problems. These will need to be supported by budgets and commissioning arrangements:

- Consistent professional support from a lead professional to plan and manage the service transition.
- Links with primary care including GPs who may be a young person's sole source of support.
- Joint working arrangements - for example protocols, information-sharing, joint appointments and transparent multi-agency planning meetings with young people, sometimes called 'transition clinics'.
- Flexible services which:
 - can be stepped up and down according to need and don't taper off suddenly
 - keep young people 'on their books' even if they don't need services at the moment - use 'assertive outreach' active techniques to initiate and maintain engagement with young people who need it.
- Peer contact, mentoring and advocates to provide support.
- Links with non-statutory agencies - for example, staff from supported housing and voluntary sector agencies who accompany young people to appointments.
- Flexible solutions which focus on individual needs rather than a one-size-fits-all approach. For example, some young adults may prefer a quarterly appointment with a psychiatrist rather than the intensive input more typical of

community mental health team pathways for adults with severe and enduring illness.

Practice examples

Some statutory services run dedicated transition or 16-18 services, sometimes with multi-disciplinary and multi-agency membership.

Some services in the voluntary or third sector work specifically with young people up to 25 years, providing multi-disciplinary, flexible 'wrap-around' support as young people make the transition to adult life. This includes the YIACS model. These services can provide a critical 'holding function' for those young people not accepted by AMHS and who don't have any other form of support, and can link with CAMHS, AMHS and other services.

Both statutory and voluntary sector services can form key partnerships with other services for young people such as GPs, Connexions, youth clubs, colleges/education institutions, employment support, benefits advice, supported housing services, etc.

Both statutory and voluntary sector services can use a professional mix to provide youth-focused flexible support, with social and psychological support in addition to medication.

Third sector organisations advocating for young people and presenting individual cases may help young people to receive the social care funding they need.

[Central Norfolk EIT](#) allows young people to receive a service for five years to enable a smooth transition to AMHS or to primary care.

[Leeds Transition Service](#) increased the age of CAMHS service users from 17 to 18. CAMHS and AMHS managers and clinicians meet regularly to review their transition protocols and to practice.

5 Working better together

'Effective support for children and families cannot be achieved by a single agency working alone. It depends on a number of agencies working well together. It is a multi-disciplinary task.' [20](#)

Principle

Work collaboratively with other professionals and agencies: staff should know how each other's services operate in order to provide co-ordinated and joined-up services.

In this section we look at the key ways of sharing an understanding of different services, and ways in which working well together can be enhanced and supported.

Training

Local inter-agency multi-disciplinary training can assist in sharing practice knowledge, facilitate discussion, solve problems and promote networking.

Joint training brings staff together who might normally never meet - for example, staff working in CAMHS, AMHS, education, the voluntary sector, youth services and employment and housing services. However, it is not a panacea: to be effective any networks need to be nurtured. It should also be recognised that sometimes problems identified at training sessions cannot be solved and need to be followed up by managers.

If joint protocols are in place, they should form the basis for joint training. Lead professionals in non-health sectors may not be aware of protocols in the health service or of their role in service transition. Training staff in the process of working together models good practice. In terms of content:

- staff outside mental health services may lack confidence and need training about mental health
- mental health staff benefit from learning about the specific needs of young people and ways to engage with them
- all staff need up-to-date information about how to access each other's services, including those provided by the voluntary and third sectors, so that they can help young people use those services.

Areas suggested as being suitable for joint training in the practice enquiry included:

- engaging, listening to and working with young people, their families and carers
- a 'think about all the family' approach
- information about local protocols and eligibility criteria
- safeguarding and child protection
- sharing information, consent and confidentiality.

Other ways of creating interagency links

Suggestions in this area from the practice enquiry workshops included:

- local professional networks could be established to share best practice and joint learning
- CAMHS could consider providing an ongoing consultancy and liaison role to AMHS and non-specialist adult services on how to work with and listen to young people, and implement the 'think family' approach.

Practice examples

City and Hackney extended CAMHS facilitates relationships and communication by working jointly with adult and other CAMHS services. It provides consultation and training to a range of staff based in CAMHS, AMHS and youth services, all with the aim of strengthening transitions.

Morayshire has produced a 'principles of good care' document for all professionals working with young people at transition.

Central Norfolk EIT trains staff in the ways in which adolescent development may affect engagement: this has influenced service design - for example, reminding young people about appointments via text and email (now standard practice in many organisations and services). The Norfolk team also trains staff to work with young people at the lower age range, and provides free training for Connexions and learning support staff. Central Norfolk Early Intervention team (CNEIT) has built a variety of links, especially with non-statutory and universal services.

Youth Access has a national training programme.

The transition group in Peterborough conducts joint training for the early intervention in psychosis service (CAMEO), CAMHS, youth offending and drug services.

Leeds has a group of CAMHS and AMHS senior managers who meet every six weeks to review the transitions protocol and to change their practice in response to the views of young people and staff.

The Rowan Centre in Elgin, Morayshire, has a transitional services sub-group of professionals who have produced a guide for professionals on principles of good care at the time of a young person's transition.

Protocols

Principle

Use processes and corresponding paperwork that 'join up' and are consistent across agencies. Formally agreed cross-sector transition protocols have many benefits.

The SCIE research found that while many services have protocols, including transition protocols, agencies differ in their levels of joint working and the ways in which protocols are shared. Some staff, especially in services not directly concerned with transition in mental health, may not know about protocols even where they exist. Sometimes different and confusing protocols exist in different services and sectors.

Staff in the process mapping workshops said that protocols can result in effective practice but must be supported by managers and implemented by staff from all services covered in the protocol. Some staff felt that other mechanisms for sharing information - for example the CPA and Fair Access to Care, can also be effective.

To maximise their effectiveness, protocols should:

- be developed between services
- be implemented by all services
- be revised regularly
- underpin joint training
- be supported by managers
- be monitored and audited in terms of protocol compliance and performance standards.

Protocols need to cover:

- eligibility criteria for different adult services
- specific models of joint working
- names of key personnel including the lead professional
- information-sharing agreements.

Practice examples

This guide does not include a detailed template of a model protocol, but the NMHDU/NCSS self-assessment tool has a [helpful template](#).

The Riverdale Unit in Wakefield is a multi-disciplinary transition service for 17-year-old women in existence since December 2010. This designated unit is within a large (adult) female prison (HMP Newhall) for very vulnerable young women with high rates of self-harm and complex psychopathology, often resulting from multiple traumatic experiences in the past. The transition service involves clear transition arrangements, formalised in a joint protocol between the Unit and the adult mental health provider in the main prison. A protocol in itself is only a first important step, and its implementation needs the participation of all parties involved.

Information systems and information-sharing

SCIEs research indicates that the reasons behind poor partnerships and communication between agencies include:

- different IT systems without an interface
- lack of information-sharing agreements across health and social care services

- limited capacity to support data collection.

These difficulties often mean that key professionals cannot access records and track progress across services.

Practice example

[In Leeds](#) a formal information-sharing agreement between CAMHS and AMHS has been finalised, allowing easier monitoring of young people moving from CAMHS to AMHS located in different trusts.

6 Performance management, monitoring and evaluation

'Audit and performance management processes help improve the planning of care and support for young people in transition'.²¹

Working with the University of Leeds, the Mental Health Foundation and young people themselves, the 'Market Place', a Youth Access Information Advice and Counselling service, has developed its own self evaluation tool, called 'How do you rate your life at the moment?' to measure progress in young people between the start and completion of a course of one to one support.

Principles

Follow-up and monitor outcomes after discharge from CAMHS, including those young people who don't transfer to AMHS.

Audit, review and evaluate your practice and service models and include young people, families and carers in the process.

National health policy and guidance from the DH and other central government departments emphasise the need for all services to monitor their performance, and a variety of outcomes frameworks and national-level indicators have been developed to support such activity. Throughout the cross-government mental health strategy, 'No health without mental health'⁷ the importance attached to monitoring outcomes is a central theme. This is also reflected in the DHSSPS Service Framework for Mental Health and Wellbeing in Northern Ireland.²⁶

Specifically in terms of young people in contact with mental health services, there are a number of assessment processes, planning systems and quality criteria that can be used to audit and evaluate service performance and staff practices. These include:

- the CAF and the Framework for the Assessment of Children in Need and their Families
- the CPA
- the 'You're welcome' quality criteria for young people friendly health services.²
- different assessment and planning approaches are used in Northern Ireland.

Things to consider

In developing audit and performance management processes to help improve the planning of care and support for young people in transition between or from mental health services, the learning from SCIE's research and the findings from the national CAMHS review²² all provide valuable pointers.

- If they are not already in place, all services need to build and implement **audit and review systems and routine monitoring indicators**, and to provide training to staff in what data needs to be collected for monitoring purposes, in order to ensure that what is collected is robust and accurate. It is also important to consider service effectiveness, accessibility and acceptability.
- See the [SCIE Good Practice Framework](#)
- See the [NHMDU SAT](#) (gives principles for audit programme)
- **The voice of young people, parents and carers must be fully factored into routine monitoring indicators.** Third sector services often have expertise and the good practice literature about young people's participation and involvement in mental health services can help in the selection of suitable tools and approaches for seeking feedback from services users and encouraging their participation.
- **Monitor young people's outcomes, including those who don't go to AMHS** to capture whether needs and resources were matched and to evaluate all unmet need. The SCIE briefing shows that a major omission from transition protocols is ensuring continuity of care for young people not accepted by AMHS. There was little monitoring of outcomes for this group.
- See the [NMHDU/NCSS self assessment tool](#) (data systems adapted to produce specific transition reports, including monitoring outcomes for all YP with ongoing needs at point of transition)
- **Use national-level indicators or targets where relevant and/or feasible** – for example, managers could use Commissioning for Quality and Innovation (CQUIN) targets as a way of improving the planning and monitoring of young people's transitions. In a number of CAMHS, successfully engaging young people in AMHS forms the basis of a target for receiving CQUIN money, with this being used to provide staff training about young people's transitions, to track such transitions and analyse care pathways. Such data is then used to inform planning and improve transition processes.

In monitoring or auditing staff practice or service performance, it is also recommended that data is collected that:

- records **unmet needs**, including any planning processes in place to try and rectify service gaps or limitations (e.g. commissioner forums, local transition boards)
- considers **contingency and/or crisis arrangements** for those young people who may fall outside local protocols or working arrangements (e.g. those lacking a diagnosis; young people with dual diagnosis/co-morbidity; and young people placed in inpatient or residential provision, including out-of-area provision).

Practice examples

In [Oxfordshire and Buckinghamshire](#) an audit tool was used in all CAMHS teams to collect data on transitions practice with a sample of young people identified in January 2011 by clinical team managers as needing transfer. The results have been presented to teams and a clinical governance group. Following this, an action plan has been developed with the input of all stakeholders, which will be implemented in teams. A repeat audit will be carried out in due course.

In Coventry CAMHS improving the transition of young people is the subject of a CQUIN target. The monies allocated through the CQUIN have funded extra administrative time to track all 16-year-olds open to the specialist team and to provide some dedicated time to analyse the data concerning the pathways of young people from CAMHS and to facilitate their participation. CQUIN money has also allowed the trust to develop a transition training strategy.

References

1. McClure, M. (2000) 'Adolescence - the transition from childhood to adulthood', in P. Reder, M. McClure and A. Jolley (eds) 'Family matters: interface between child and adult mental health', London: Routledge.
2. Department of Health (DH) (2011) 'You're welcome': quality criteria for young people friendly health services', London: DH.
3. National Advisory Council/NAC for Children's Mental Health and Psychological Wellbeing (2011) 'How many times do we have to tell you? A briefing from the National Advisory Council/NAC for Children's Mental Health and Psychological Wellbeing', London: National Advisory Council.
4. Department of Health (DH) (2004) 'Report on the implementation of Standard 9 of the National Service Framework for Children, Young People and Maternity Services', London: DH.
5. Department for Children, Schools and Families (DCSF)/Department of Health (DH) (2008) 'Children and young people in mind: the final report of the National CAMHS Review', London: DCSF/DH.
6. National Advisory Council for Children's Mental Health and Psychological Wellbeing (2010) 'One Year On', London: DH/DCSF.
7. Department of Health (DH) (2011) 'No health without mental health: a cross-government mental health outcomes strategy for people of all ages', London: DH.
8. National Advisory Council (2010) 'One year on: the first report from the National Advisory Council for children's mental health and psychological wellbeing', London: National Advisory Council.
9. Social Exclusion Unit (2005) 'Transitions: young adults with complex needs. A Social Exclusion Unit final report', London: Office of the Deputy Prime Minister.
10. [Young Minds](#) (2010)
11. [C4EO - vulnerable children](#) (PDF)
12. Street, C. (2007) 'Commissioning Counselling services for young people: a guide for commissioners', London: Youth Access.
13. Department of Health (DH) (2003) 'Delivering race equality: a framework for action', London: DH.
14. Street, C. et al. (2005) 'Minority voices. Research into the access and acceptability of services for the mental health of young people from Black and minority ethnic groups', London: Young Minds.
15. Office of the Children's Commissioner (2007) 'Pushed into the shadows: young people's experience of adult mental health facilities', London: Office of the Children's Commissioner.
16. Street, C. and Svanberg, J. (2003) 'Where next? New directions in inpatient mental health services for young people. 'London: Young Minds.
17. Social Care Institute for Excellence (SCIE) (2011) 'Research briefing 37: Mental health service transitions for young people'. London: SCIE.
18. Singh, S.P. et al. (2008) 'Transitions of care from child and adolescent mental health services to adult mental health services (TRACK study): a study of protocols in Greater London', 'BMC Health Services Research', no 8.
19. Garcia, I. (2008) 'Right here: literature review. Young people aged 16 to 25: the promotion of mental health and well-being and the early intervention in

- mental health problems', London: Paul Hamlyn Foundation/Mental Health Foundation.
20. Laming, Lord (2003) 'The Victoria Climbié Inquiry: report of an inquiry by Lord Laming', London: Department of Health.
 21. Youth Access, (2010) 'Youth access to information, advice and counselling, a proven early intervention model, the evidence of effectiveness of youth information, advice, counselling and support services, (YIACS)' London 2010.
 22. Department of Health (DH)/Department for Children, Schools and Families (DCSF) (2008) 'Children and young people in mind', London: DH/DCSF.
 23. Health and Social Care Advisory Service and Department of Health (2006). '[CAMHS to adult transition. HASCAS tools for transition: a literature review for informed practice](#)'. London: HASCAS. (PDF)
 24. Hagell, A. (2004) 'Time trends in adolescent well-being', London: Nuffield Foundation.
 25. Bamford Review(July 2006) [A Vision of a Comprehensive Child and Adolescent Mental Health Service](#)
 26. DHSSPS (2011) [Service Framework for Mental Health and Wellbeing](#)
 27. DHSSPS (2009) [Delivering the Bamford Vision](#): The response of Northern Ireland Executive to the Bamford Review of Mental Health and Learning Disability. Action plan 2009 – 2011. Belfast: DHSSPS (PDF)
 28. DHSSPS (2010) [Promoting Quality Care](#). Good Practice Guidance on the Assessment and Management of Risk in Mental Health and Learning Disability Services
 29. RQIA (2011) [Independent Review of Child and Adolescent Mental Health Services](#) (CAMHS) in Northern Ireland (PDF)

Useful links

General information for professionals and services

- [Child and Maternal Health Observatory \(CHIMAT\)](#)
- [National Mental Health Development Unit \(NMHDU\)](#) (archive site with a section on mental health service transitions)
- ['You're welcome' website and self-assessment tool](#)
- [Royal College of Psychiatrists](#)

Young people's participation

- [London Borough of Haringey 'youth space'](#)
- [SCIE Guide 11: Involving children and young people in developing social care](#)
- [Young Minds](#)
- [Youth Healthtalk](#)

Practice examples

Practice example: Age-appropriate services, service continuity and parallel care: Camden and Islington

Purpose

The Camden and Islington Early Intervention Service (EIS) has strong partnership working with CAMHS. They have one 0.3 WTE CAMHS consultant psychiatrist and two full-time specialist CAMHS nurses embedded in the EIS to work with young people experiencing a first episode of psychosis who are aged 14-21. The overall age-range for the EIS is 14-34 years.

In the case of a 16 year old girl admitted to an adolescent inpatient unit where she was diagnosed with bipolar affective disorder, the community EIS CAMHS team kept a close eye on her, were aware of her discharge plans, and were able to implement these post-discharge. Once the girl was 18, the crisis team was brought in to work alongside EIS to provide intensive home treatment to improve medication compliance. She was admitted to an adult ward where again the EIS CAMHS team remained involved with her care to give a CAMHS perspective. She was discharged after a few weeks, again to the EIS CAMHS team, and now has positive outcomes in terms of mental health, college and relationships.

Young people are invited to a service users group to give feedback. Young people are relieved to meet a professional working with young people who can answer some of their questions, give reassurance, information about illness, treatment and services available in their community. Peer groups can link young people with others with similar experiences.

Parents have been given the opportunity to provide feedback to care co-ordinators during regular meetings, as well as through a formal carer's assessment. There has been a carers' support session.

Resources

0.3 WTE CAMHS consultant psychiatrist and two full-time specialist CAMHS nurses.

Practice example - City and Hackney CAMHS Extended Service

Purpose

East London Foundation Trust has developed City and Hackney Child and Adolescent Mental Health Service (CAMHS) to extend their Tier 3 service provision to young people past the age of 18-25 years. The extended service works primarily with young people who do not currently meet the criteria for Adult Mental Health Services (AMHS) in Hackney but who are considered to require a mental health service.

It also targets young people who may need to be transferred to adult services at a later date, but who need a period of preparatory work before they are ready to make this transition due to their developmental needs. Some young people also need additional support through such a transition. Contact with the service can be maintained until the young person is fully engaged in adult services, rather than closing the case at the point of referral. The service forms part of the wider City and Hackney CAMHS service and works in partnership with primary and social care, youth services, adult services, third sector organisations, and colleges.

Resources

The extended service team consists of:

- A Clinical Psychologist/Cognitive Behavioural Therapist
- Part-time Systemic Psychotherapist
- Part-time Consultant Child & Adolescent Psychiatrist
- Consultation and management from a Clinical Nurse Specialist team manager
- Part-time Administrator

Link to [full details of practice example](#)

Practice example - Leaflet for young people: Rowan Centre, Elgin, Morayshire

Purpose

To provide information for young people and their families about services and what to expect during the transition process

The Rowan Centre based in Elgin, Morayshire produced a leaflet for young people and their families titled 'Moving onto adult mental health services - planning for the change. Information about transitional care and adult mental health services'. Some of these young people move to adult services at the age of 16 (depending on the geographical area they live in and according to their diagnosis).

[Link to leaflet](#)

The transitional services sub-group of professionals who produced the leaflet had wide representation from CAMHS and adult services (psychology, psychiatry, psychotherapy, drug and alcohol services, social work, occupational therapy, nursing staff involved in liaison and out of hours work). The group reported back to the Adult Clinical Services group frequently, so raising the profile of young people in transition throughout the service. The subgroup also produced a guide for professionals on principles of good care at the time of a young person's transition.

Young people who were nearing transition between services were asked to make comments on the leaflet. All were positive about it, although changes suggested were incorporated into the final version.

The Centre is continuing to hold sub group meetings to make sure information is updated and to audit transitional services.

Practice example - Raised transition age: Leeds

Purpose

To provide consistent support for young people and prevent them 'falling through the gap' between services.

Leeds CAMHS, including inpatient and community CAMHS, extended the age of service users to their 18th birthday from their 17th birthday as from 1 April 2010 (inpatient), and 1 October 2010, the rest of CAMHS. This has led to a renewed focus on transition processes.

Leeds CAMHS have commissioned two dedicated transition worker posts to work with young people aged 16+ years and their families where it is likely the young person will need mental health support from adults services after 18 years. Adults services include AMHS, social care, education and the voluntary sector. First steps were to map adults services, and to issue a questionnaire to young people and their parents/ carers.

The workers are working primarily with young people aged 17.5 to 18.5 years over the service transition period, with robust transition planning taking about six months for most young people. They also work jointly across services, for example attending team meetings of Community Mental Health teams in AMHS.

A quarterly report is generated for the transition workers listing all young people in CAMHS who are 17.5 years old and above. The transition workers contact the young people's case co-ordinators and ask them to complete a transition plan proforma in collaboration with the young person. The transition workers are available to attend these transition planning meetings and will then maintain contact with all parties, including the receiving adult services, to oversee and ensure an optimal, planned smooth transition process.

[Link to transition plan proforma](#)

[Link to consultation form](#)

Three draft guides have been written, one for young people, one for parent/carers and one for professionals, which explain the role of the Leeds transition team. These are currently being considered by the group of young people.

Leeds has a group of CAMHS and AMHS senior managers who meet every six weeks to review the transitions protocol and to change their practice in response to the views of young people and staff.

A formal Information Sharing Agreement between CAMHS and AMHS has been finalised, allowing easier monitoring of young people moving from CAMHS to AMHS, which are in different trusts.

Resource

Two dedicated Band 7 CAMHS senior practitioners plus oncosts

Practice example: Youth team within the Central Norfolk Early Intervention in Psychosis team

Purpose

The youth team is a dedicated team within the Central Norfolk Early Intervention in Psychosis Service (CNEIT) working specifically with 14-18 year olds accessing the Early Intervention in Psychosis (EIP) service.

The youth team has been specially recruited and trained to work with people at the younger end of the age range of people accessing the EIP service. Young people in this age group can receive a five year service rather than a usual three year service in order to reduce the need for unnecessary transition between services and make smoother transfers to Adult Mental Health Services (AMHS) or back into primary care.

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Resources

Existing CNEIT practitioners who had expressed an interest in developing work with 14-18 year olds were recruited into the team. External recruitment was also carried out to develop the team further. The focus was placed on employing practitioners that could demonstrate enthusiasm for working with this client group, and show excellent, creative engagement skills and innovative ideas for service development.

When the team was at full complement it consisted of:

- Band 7 Clinical Lead/Care Co-ordinator
- Part-time Band 6 Care Co-ordinators
- Band 5 Nurse
- Band 5 Occupational Therapist
- Part-time Band 8a Clinical Psychologist
- Part-time Support Worker
- Part-time Band 5 Assistant Psychologist

Medical responsibility continued to be provided by the CAMHS consultant psychiatrist covering the appropriate geographical area.

Due to research funding ending for some fixed term posts and the need to meet cost improvement targets for the whole CNEIT they currently have a reduced resource within the youth team affecting some of the posts.

Link to [full details of practice example](#).

Practice example - Audit tool: Oxfordshire and Buckinghamshire

Purpose

To determine whether:

- young people with mental health problems are effectively supported during the transition from CAMHS to adults services
- the trust policy has been successfully implemented in practice.

An audit tool was used in all CAMHS teams to collect data on transitions practice with a sample of young people identified in January 2011 by Clinical Team Managers as needing transfer. Results have been presented to teams and a clinical governance group. Following this, an action plan has been developed with the input of all stakeholders, which will be implemented in teams. A repeat audit will be carried out.

[Link to Audit tool](#)

Practice example - Joint training and service planning for practitioners: Peterborough

Purpose

To improve young people's experience of the transition process.

The transition group in Peterborough has been running for over two years. It meets every two or three months, and involves the early intervention in psychosis service (CAMEO) and the local CAMHS team to ensure the smooth transition of young people under the age of 18 with psychosis or possible psychosis. The teams share a culture of working with families and active engagement of young people. The group is open and has also been attended by youth offending and drug services.

Much of what the group does is case based (23 young people in 18 months) but they have also shared training events, and supported some of the research projects within CAMEO.

The group have collected systematic feedback from families and young people. This has been generally positive but has also outlined areas for development including the use of written information and thinking about how long the transition process should take (some saying not too long for parallel working). Young people have reported a greater sense of the teams working together.

Future possibilities include involving other parts of adult services, and taking forward models of youth services such as Orygen, depending on commissioning and strategic developments.

Resources

Meet for around 90 minutes every two months. Usually four or five professionals across the two teams, plus others from youth offending or drug services.

Practice example: ADHD Sheffield

Purpose

The service aims to tackle the fears and anxieties that young people may have about AMHS and to reduce the frequency of unattended appointments by young people with ADHD once they have moved to adult services

An ADHD transition clinic and a transition patient group 'Living with ADHD' have been piloted, working with 16-25 year young people with an established diagnosis of ADHD made in childhood, who are thought to need to transition into AMHS for continuation of management of ADHD symptoms.

The clinic involves CAMHS and Adult Mental Health Services (AMHS) working together. The clinic has been running once a month, for six months and has seen 17 patients. Each young person attends a single clinic meeting which can involve a number of staff, including CAMHS consultants, nurses, therapists and AMHS psychiatrists. Parents/carers also usually attend.

The meeting is used to:

- review the patient's needs, medication and plan transition
- introduce patients and carers to members of adult services
- provide information (including a leaflet) about adult ADHD services
- invite young people to join a Transition group Living with ADHD.

Further appointments are arranged in accordance with clinical need (a minimum of every six months if medication is being prescribed under the Shared Care Protocol).

The transition group 'Living with ADHD' is made up of clients from the transition clinic and other young patients with ADHD under adult services who might benefit from being offered work around psychosocial issues in ADHD. These referrals were mainly from current clients with ADHD on the caseload of clinicians within the other AMHS in Sheffield. All are 16- 25 years of age. The sessions are co-run by an occupational therapist and a social worker from the adult CMHT.

Recognising that CAMHS can often be a more parent/carer-orientated service, each session of the transition group focuses on specific subject areas of interest to young people, including: medication, anger management, CBT techniques, vocation and education and the psycho education about ADHD including positive aspects. They also included a session with an older user with ADHD. The sessions provide the young people with an opportunity to ask questions, think about ways of developing useful strategies to cope with ADHD and ultimately learn more about their condition and treatment.

A number of methods are in place to measure outcomes. These will be implemented in the coming months as this new practice develops. In the meantime, staff are collecting feedback from young people and their parents/carers about their experiences of the service. This has generally been positive, although a small

proportion of young people offered the transition group were not comfortable with a group environment.

Resources

Project costs are primarily in terms of staff time. The clinic requires one AMHS psychiatrist and one CAMHS psychiatrist to attend a session per month lasting three hours. This is an organisational change rather than a new resource. The group currently utilises one occupational therapist and one social worker to run the group a week, for 12 weeks. These sessions last two hours. This resource is currently supported by the AMHS CMHT budget. Other costs are in administrative support to set the programme up such as booking a venue and contacting patients. This is currently split between CAMHS and AMHS teams.

Practice example: Y-Talk counselling and therapy service, Sheffield YMCA

Purpose

Y-Talk counselling and therapy service is a third sector service for 16-25 year olds who require emotional and mental health support. The service is based in Sheffield and provided in the city centre and outreach centres, including schools and community settings.

Y-Talk is a key part of Sheffield YMCA's Interchange Emotional Well-Being Programme which works mostly with young people aged 13-25. The other central strand of the Interchange Programme is Right Here Sheffield which is a joint initiative between the Paul Hamlyn Foundation and the Mental Health Foundation designed to develop new ways of working to address the mental health needs of young people aged 16-25. In addition, there is a small art therapy project offering therapeutic work in primary schools.

Resources

The Y-Talk service employs a core team consisting of:

- Full time Counselling Manager
- Lead Counsellor (3 days) with special responsibility for developing outreach services
- Three time-limited contracted counsellors/therapists working in schools, plus a pool of sessional practitioners. This enables the project to provide a flexible service, able to expand and contract as funding allows.

Link to [full details of practice example](#).

Practice example: Uthink – a third sector recovery learning programme for 14-25 year olds

Purpose

Uthink recovery learning programme is designed for 14-25 year olds experiencing, or at risk of developing, mental health problems (including those with first episode psychosis). The programme ran as a pilot in three sites across England and included residential services, leadership, peer mentoring and modular-based elements.

The programmes are recovery-focused and intend to:

- improve young people's understanding of and ability to manage their mental health difficulties
- help them to build peer relationships and networks
- provide opportunities to learn new skills, including communication skills, and to have hope and aspirations for the future.

All programmes emphasise the importance of activities that are enjoyable and rewarding, with particular focus on group activities and learning.

Uthink was designed to address:

the lack of services for younger people, especially the 16-18 group who “fall between stools” of CAMHS and adult services, and the need more generally for services that enable people to find their own solutions rather than being prescriptive.

Each programme offered:

- peer-based support and learning underpinned by a recovery and life skills learning approach in small groups
- a mixed session format comprising practical, artistic and sporting activities, interspersed with information-sharing sessions where young people share ideas and strategies for promoting good mental health and emotional wellbeing
- opportunities to acquire skills likely to be of value now and in adulthood, including the chance to gain a qualification recognised by ASDAN (an educational charity that oversees a number of qualifications)

Now that the pilot phase is complete, aspects of Uthink are being embedded into the local services offered by Rethink in the East Midlands and Dorset areas. Using new funding, programmes are being developed for delivery in London. The London programmes will have a specific focus on supporting young people from black and minority ethnic (BME) backgrounds.

Resources

Uthink ran for 41 months in three regions and was funded through a three year grant from the Big Lottery Fund. It was delivered by two Rethink Recovery Officers per

pilot area, with management and support centrally from Rethink's Public Affairs Department. Other mental health staff (from CAMHS, EIP services etc) offered input and support to the programmes on a voluntary basis. Most venues were free and actual activity costs were small. Young people's travel and subsistence were the only other significant cost.

Link to [full details of practice example](#).

Practice example: Participation of young people in service design: Wakefield

Purpose

To minimise risk to self and others, particularly frequency of self harm. For some young women, simply the knowledge that there will be continuity until transfer is formalised will be containing.

A comprehensive multidisciplinary transition service for 17 year old women at the Rivendell Unit is in its early stages (since Dec 2010). This designated unit is within a large (adult) female prison (HMP Newhall) for very vulnerable young women with high rates of self harm and complex psychopathology often resulting from multiple traumatic experiences in the past. The young people are transferred on their 18th birthday to the main prison site, with one or two transfers each month.

The transition service involves clear transition arrangements, formalised in a protocol joint between the Unit and the adult mental health provider in the main prison. A protocol in itself is only a first important step, and its implementation needs the participation of all parties involved. They plan to audit the implementation and success of the protocol.

[Link to transition protocol](#)

There were previously been no formal transition protocols in place and it was possible for the young women to wait for a few weeks until they are picked up by the adult forensic team. Continuity of care rested on goodwill and was not formalised. The transition service was introduced at the same time as mental health input to the Rivendell Unit was transferred from the single adult forensic consultant to the newly established multidisciplinary forensic CAMHS team.

The young women were involved early on in the design of the new service through a focus group. They said that getting advice during transition was a key need. They emphasised the importance of having someone to talk to, of health professionals gaining their trust and maintaining confidentiality, and having practical support such as filling out forms. Formal feedback on the service will be collected from the young people who were transferred.

The main improvement is that the protocol facilitates communication between the young person, the Forensic CAMHS team and the Adult Mental Health Team from early on and well before the actual transfer is due. This reduces the anxieties of the young person and of the system.

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