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<thead>
<tr>
<th>1</th>
<th><strong>Name of Procedure/Guidelines/Protocol:</strong></th>
<th>Child &amp; Adolescent Mental Health Service (CAMHS) Tier 2 - Operational Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td><strong>Purpose of Procedure/Guidelines/Protocol:</strong></td>
<td>To provide guidance to Tier 2 personnel.</td>
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<tr>
<td>3</td>
<td><strong>Replaces:</strong></td>
<td>All other CAMHS Tier 2 Operational Policies</td>
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<td>CAMHS Tier 2 staff</td>
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| 5 | **Name & title of author:** | Mr Peadar White, Head of CAMHS  
| | | Mr Stephen Rogers, Lead Nurse, CAMHS |
| 6 | **Equality Screened by:** | Stephen Rogers  
| **Note any issues:** | No issues |
| 7 | **Proposals for dissemination:** | To be circulated to:  
| | All within CAMHS Tier 2.  
| | Health Visitors and School Nurses.  
| | Social Workers.  
| | Paediatric Outpatients and inpatients  
| | Community Paediatricians  
<p>| | AHPs in CYP Directorate |
| 8 | <strong>Proposals for implementation:</strong> | On receipt |</p>
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<thead>
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</tr>
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<tbody>
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<td><strong>Training Implications:</strong></td>
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<td><strong>Date added to repository:</strong></td>
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</tbody>
</table>
CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)

TIER 2

OPERATIONAL POLICY

| Authors                  | Mr Peadar White, Head of CAMHS  |
|                         | Mr Stephen Rogers, Lead Nurse, CAMHS |
| Directorate             | Children & Young Peoples Directorate |
| Date of Version         | April 2011                        |
| Date of Review          | April 2012                        |
## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>5</td>
</tr>
<tr>
<td>Description of Tier 2 CAMHS and other services</td>
<td>5</td>
</tr>
<tr>
<td>Background</td>
<td>5</td>
</tr>
<tr>
<td>Mission Statement</td>
<td>6</td>
</tr>
<tr>
<td>Principles and Values</td>
<td>6</td>
</tr>
<tr>
<td>Equality, Diversity and Inclusion</td>
<td>6</td>
</tr>
<tr>
<td>Location of Clinics and Opening Hours</td>
<td>7</td>
</tr>
<tr>
<td>Referral Criteria for Tier 2 CAMHS</td>
<td>7</td>
</tr>
<tr>
<td>Inappropriate referrals to Tier 2 CAMHS</td>
<td>8</td>
</tr>
<tr>
<td>Guidance for Tier 2 CAMHS referrals</td>
<td>10</td>
</tr>
<tr>
<td>Sources of Referrals</td>
<td>10</td>
</tr>
<tr>
<td>The Choice and Partnership Model (CAPA)</td>
<td>10</td>
</tr>
<tr>
<td>Partial Booking of Appointments</td>
<td>10</td>
</tr>
<tr>
<td>Waiting Time Policy</td>
<td>11</td>
</tr>
<tr>
<td>Consultation</td>
<td>11</td>
</tr>
<tr>
<td>Assessment</td>
<td>11</td>
</tr>
<tr>
<td>Interventions</td>
<td>11</td>
</tr>
<tr>
<td>Clinical files</td>
<td>12</td>
</tr>
<tr>
<td>Completion of Treatment &amp; Discharge</td>
<td>12</td>
</tr>
<tr>
<td>Discharge for Non- Attendance</td>
<td>12</td>
</tr>
<tr>
<td>Practitioners Responsibilities</td>
<td>13</td>
</tr>
<tr>
<td>Child Protection and Safeguarding</td>
<td>13</td>
</tr>
<tr>
<td>Clinical and Social Care Governance</td>
<td>13</td>
</tr>
<tr>
<td>Child and Young Person Involvement and Feedback</td>
<td>14</td>
</tr>
<tr>
<td>Health Promotion</td>
<td>14</td>
</tr>
<tr>
<td>Confidentiality and Consent</td>
<td>14</td>
</tr>
<tr>
<td>Access to Health Records</td>
<td>14</td>
</tr>
</tbody>
</table>
Introduction

This is the operational policy for Tier 2 CAMHS, which provide services to children, young people and their families, up to their 18\textsuperscript{th} birthday, who present with mild to moderate mental health and emotional difficulties and who reside within the Southern Health and Social Care Trust (SHSCT).

A procedures / standards manual will provide further guidance and information within Tier 2 CAMHS.

Description of Tier 2 CAMHS and other Services

Tier 2 CAMHS offers a variety of therapeutic interventions to children, young people and their families, presenting with mild to moderate mental health or emotional difficulties. This includes assessment, treatment, management, advice, support, and consultation.

Tier 2 CAMHS is part of a comprehensive and integrated 4 Tier service model. The four tiered model should be viewed as flexible and responsive. Theoretically children, young people and families could access multiple tiers as needed. The Tiers are described as follows:

Tier 1 Services

Universal services provided in Tier 1 by school nurses, teachers, GP’s, health visitors and more targeted programmes at high risk children.

Tier 2 Services

Tier 2 Services is an umbrella term and includes specific Tier 2 CAMHS, but other services such as Community Paediatricians, Educational Psychology, Clinical Psychology, Community Psychiatric Nurses, Behaviour Support Clinics, and Family Centres.

Tier 3 Services

Multi-disciplinary professional teams such as the Tier 3 Child and Family Clinics within the SHSCT who provide a specialised outpatient service for children, young people and their families with moderate to severe, complex and persistent mental health and emotional difficulties.

Tier 4 Services

Intensive and specialist in-patient interventions for under 14years old are provided by the Child and Family Centre and for over 14years up to 18years provided the regional Adolescent Inpatient Services, both based in Belfast.

Background

‘Every Child Matters’, (2003) describes how child and adolescent mental health is ‘everyone’s business’ and not the sole preserve of specialist mental health services. ‘Every Child Matters’ recognises that children and young people with mental health problems and emotional difficulties to receive help and support from a range of professionals. Tier 2 CAMHS in the SHSCT developed over time to address such difficulties and is now strategically based close to Primary Care to provide accessibly
to children, young people and their families/carers as well having access to specialist services.

**Mission Statement**

Tier 2 CAMHS provide a specialist service, working within the context of the family/carer that will treat and promote the mental health and emotional wellbeing of children, adolescents and their families. It will enhance the overall mental health by empowering them to manage relationships and life events more effectively.

**Principles and Values**

Tier 2 CAMHS is committed to providing service that engages children, adolescents and their families in a collaborative process based on trust and safety, enabling the empowerment of children, young people and their families in reaching solutions to their problems.

Tier 2 CAMHS is committed to providing a service that is child, young person and family focused. The needs and rights of children, young people and their families/carers are at the centre of clinical practice and the service that Tier 2 CAMHS provides.

Tier 2 CAMHS embraces the principles enshrined within the Children Order (NI) 1995, the United Nations Convention of the Rights of the Child, the Patient’s Charter and Human Rights Legislation.

Children, young people and families/carers using Tier 2 CAMHS can expect;

- To be treated with respect and with dignity
- To receive treatment and care that is appropriate to their needs
- To have their privacy and rights to confidentiality respected according to the Southern Trust policies and procedures
- To be collaborative partners in their treatment and care especially relating to key decision making processes
- To receive a high quality service, aiming to achieve the quality standards of the Trust and Purchaser. The service should be responsive to local need, as accessible as possible, reflect inter-agency working, be equitable in terms of the individual and the area served, and be effective and efficient in operation.
- A preventative high-quality and responsive mental health service to help resolve immediate problems, but to also generate long-term solutions that will help individuals, families, and communities to work towards control over their difficulties.
- A non-judgmental therapeutic environment where young people feel listened to, understood, valued and empowered.

**Equality, Diversity and Inclusion**

Tier 2 CAMHS accepts that, to accommodate the needs of the diverse community it serves, it must ensure the highest levels of awareness and understanding of equality
and diversity amongst its staff. Tier 2 CAMHS aims to deliver healthcare services that are equitable and are appropriate to each service user’s needs regardless of age, disability, race, ethnic or national origin, gender, religion, belief, sexual orientation or domestic circumstances.

Guidance on national legislation, training and support can be accessed via the Equality Unit and via the Trust’s website at www.southerntrust.hscni.net

**Location**

Tier 2 CAMHS Clinics are based in three locations across the SHSCT.

Tier 2 CAMHS is in the Division of Specialist Child Health and Disability under the Directorate of Children and Young People’s Services of the SHSCT.

Tier 2 CAMHS Clinics are open Monday to Friday 9am -5 pm excluding public holidays.

Tier 2 CAMHS does not provide an Out of Hours Service or Crisis Response Service.

Where there are identified mental health and emotional difficulties and professional help is required during out of hours, G.P Out of Hours Service or accessing the Accident and Emergency Department of the nearest hospital is recommended.

Additional Clinics are provided at alternative locations on the basis of service need.

| Just Ask Tier 2 CAMHS Child & Family Clinic D Floor South Tyrone Hospital Carland Road Dungannon BT71 4AU Tel: 028 87 713486 Fax: 028 87 713641 | Just Ask Tier 2 CAMHS Child & Family Clinic Bocombra Lodge 2 Old Lurgan Road Portadown BT65 5SG Tel: 028 38 397337 Fax: 028 38 361968 | Just Ask Tier 2 CAMHS Child & Family Clinic Needham House Newry Co Down BT34 8EQ Tel: 028 30 835400 |

When contact is unavailable at the Clinics voicemail messages may be left and these are checked and responded to daily.

**Referral Criteria for Tier 2 CAMHS**

Each of the Clinics accept referrals on the basis of postcode.

Tier 2 CAMHS accepts referrals on children and young people who present with mild to moderate mental health and emotional difficulties.
Factors associated with the presenting difficulties are considered and these include the complexity of the difficulties, risk of secondary problems developing, the child’s development, the presence / absence of protective factors, the presence / absence of risk factors, and the presence / absence of stressful social and cultural factors.

It is difficult to give a specific, exhaustive list of the conditions and concerns appropriate for referral, although those outlined below are examples of the more commonly occurring referral problems and give some indication as to the mental health and emotional difficulties which may benefit from Tier 2 CAMHS,

- Mood difficulties
- Anxiety / Separation Anxiety
- Attachment Issues
- Self Esteem difficulties
- Mental health and emotional difficulties in context of family relationship
- Phobias (of significance)
- Obsessional and / or Compulsive difficulties
- Transitional Adjustment difficulties
- Mild to moderate mental health and emotional difficulties associated with toileting
- Trauma, Loss, Bereavement reactions (unless better served by others or specialist services)
- Emotional difficulties relating to school
- When appropriate, moderate emotional and behavioural difficulties with associated mental health presentation.

Referrals are accepted by Primary Mental Health Workers in CAMHS / Adolescent Services for young people who present with mental health and emotional difficulties whose parents are known to have mental health issues or known to have substance misuse difficulties.

**Inappropriate referrals to Tier 2 CAMHS include:**

1. Children or young people with less than mild to moderate presentation.
2. Children or young people with moderate to severe presentation better served by Tier 3 CAMHS and / or other more intensive services.
3. Children or young people who require long term support or a specialist assessment, for example a child with ASD, ADHD or ADD would be best assessed and supported by specialist services such as Autism Assessment & Intervention Services, Community Paediatrics, ACE, etc. Where children or young people have a presentation which meets the Tier 2 CAMHS referral criteria then a specific intervention may be considered.
4. Children and adolescents whose behaviour is out of control usually have complex social needs and rarely have formal psychiatric problems. The service does not provide crisis intervention in such cases. The clinic will not take referrals for “acting-out” young people, but will undertake assessments of mood and mental state, as appropriate. Cases of this kind most often require a long-term involvement and there are Social Services and voluntary based projects that can offer community based interventions and the necessary support such cases require. CAMHS may have a role in providing consultation in such cases but they are not usually the primary agency.

5. Emergency Referrals, for example, those children or young people who require an immediate response to a significant risk, better served by accessing other services such as the Accident and Emergency Department of the nearest hospital or Tier 3 CAMHS.

6. Children or young people with learning disabilities, who are better served by Learning Disability Services.

7. Assessment of children or young people with Specific Learning Difficulty e.g. dyslexia as this is considered to be an educational matter. Referrals may be accepted in cases where there are secondary mild to moderate mental health and emotional issues such as low self-esteem, disordered behaviour, or concerns about mood.

8. In cases where behavioural difficulties are present predominantly within the context of school, these difficulties should initially be dealt with by the Southern Education and Library Board’s Behavioural Support Teams, Pastoral Care Teams, and School Counselling Services.

9. Self-referrals will not be accepted. However, an individual who has already had a previous episode of contact with the service may re-refer themselves with subsequent correspondence from a referrer.

10. Child Protection Referrals. Tier 2 CAMHS will not be involved in the investigatory process and will respond to referrals on a case-by-case basis. Tier 2 CAMHS does not have the resources to undertake intensive parenting assessments or attachment assessments which may be required to inform Court decisions.

11. Parental mental health difficulties should be addressed by adult mental health services.

12. Children whose parents are separating or divorcing will be not be routinely seen unless there are mild to moderate concerns about their mental health presentation. There are a number of alternative services available for counselling children and young people whose parents are separating or divorcing.

13. Children and young people who have substance abuse and addictive behaviours. In the main they are thought to need specialist services which are becoming more available via the Southern Drug and Alcohol Co-ordination Team (SDACT).
Guidance for Tier 2 CAMHS referrals

A written referral is the appropriate method for all referrals.

Tier 2 CAMHS will accept referrals from professionals requesting consultation. Where the presenting issues are not best addressed by Tier 2 CAMHS, where possible, guidance will be provided in respect to more appropriate services.

Guidance and advice will be provided on the appropriateness and inappropriateness of referrals.

Tier 2 CAMHS will work collaboratively across all of the Service tiers.

Referrals may be redirected to more appropriate services should that be necessary with necessary communication.

Consideration will be given to assisting those with specific disabilities or communication needs to participate in assessment and treatment (e.g. interpreters).

Sources of Referrals

Referrals are accepted from the following:

- General Practitioners
- Social Services
- Adult Community Psychiatric Services
- Tier 3 CAMHS
- Hospital and Community Consultants / Paediatricians
- Health Visitors and School Nurses
- Hospital and Community Nurses
- Educational Psychology
- Head Teachers, Teachers and Special Education Needs Co-ordinators (SENCOs)
- School Counsellors / Therapists
- Student Support Officers
- Southern Education and Library Board (SELB) Behaviour Support Team
- Educational Welfare Officers
- Adolescent Services (ADAP, NAP, YPP)
- Voluntary Organisations: e.g. Barnardos
- Allied Health Professionals

The Choice and Partnership Model (CAPA)

CAMHS has adopted a model for maximising the capacity of the service and enhancing choice for children and their families/carers called the Choice and Partnership Model (CAPA).

The CAPA assessment is a collaborative process the outcome of which is to determine a mutually agreeable treatment plan that will include specific tangible goals.

Partial Booking of Appointments
It is a goal of Tier 2 CAMHS that all appointments are to be booked using the Integrated Elective Access Protocol Policy (IEAP). This will ensure that children and young people will be treated on the basis of their clinical urgency with those who need to be seen first being seen first. All referrals are coded by each Clinic. Patients with the same clinical need will be treated in chronological order on grounds of fairness, and without undue delay.

**Waiting Time Policy**

Tier 2 CAMHS is mindful and aware of current DHSSPS waiting time targets for new assessment and treatment.

Tier 2 CAMHS have clear procedures and structures in place for accepting, managing, allocating, recording, and analyzing all referrals received.

All new referrals, waiting lists and allocation of referrals are managed on a weekly basis.

**Consultation**

Consultation is one of a number of interventions utilized by Tier 2 CAMHS in responding to some cases referred to the service or in some instances cases that have not yet been referred to the service. The consultant(s) in such situations does not have formal clinical responsibility and what passes between the consultant and the consultee(s) is advice. The consultee(s) is/are under no obligation to act on the advice. The consulting professional’s responsibility encompasses the duty to provide advice to the best of his/her ability and consistent with his/her level of training. The consultant has responsibility to make it known to the consultee if the case raises issues which are beyond the consultant’s area of expertise and if appropriate direct the consultee to other professionals with the relevant expertise.

Consultation may also be offered as a therapeutic intervention comprising of patient / client and professionals. These would be handled within the partial booking system.

**Assessment**

Assessments are offered to children and young people, and their families or significant others.

All referrals accepted by Tier 2 CAMHS will receive an assessment of the stated concerns prior to consideration for therapeutic work. It is the ethos of Tier 2 CAMHS that assessment is conducted in partnership with all involved.

Consent will be obtained and recorded in the chart on the consent form.

Confidentiality and caveats will be explained and documented on the consent form.

**Interventions**

A decision will be made at the end of the assessment as to the appropriate way to proceed. The recommendations of the practitioner carrying out the assessment will
be discussed with those attending the assessment process. The treatment options will be discussed and the treatment plan agreed. The treatment plan will be recorded in the clinical notes. A summary letter of the assessment and treatment will be sent to the referrer and GP.

Information for children, young people and their families should be made available in a clear, informative and user friendly manner.

Progress reports on the treatment process will be sent to referrers as considered necessary.

Tier 2 CAMHS practitioners typically offer interventions based on the following theories such as behavioural, cognitive behavioural, systemic, creative, play, counselling, solution focused, trauma, and psycho-educative. Interventions are offered in a range of formats such as individual, family, or group.

**Clinical Files**

Professional guidance and Trust Policy and Procedures on record keeping, records management and data protection will be adhered too.

A single clinical file will be open for each child or young person assessed.

A clinical record will be kept in respect of each child and young person throughout their contact.

Records should be chronological, dated and signed at each entry in the clinical notes.

All verbal communications should be recorded in clinical notes, dated and signed.

Each practitioner has prime responsibility for the recording and maintenance of their clinical record.

In accordance with British Psychological Society protocol, Psychometric test materials and results will be kept in a separate file alongside clinical notes.

**Completion of Treatment & Discharge**

Upon completion of treatment each child and young person will have planned discharge arrangements. The plan will be noted in the clinical notes.

In all cases of discharge written communication will occur with those involved, namely referrer and GP.

**Discharge for Non-Attendance**

Guidance is available in the Procedures Manual for the discharge of children and young people who do not attend.

In all cases of discharge written communication will occur with those involved, namely referrer and GP.
**Practitioner Responsibilities**

Each practitioner is responsible for fulfilling all of the duties and responsibilities as outlined in their job description and those delegated by their line manager.

Each practitioner is responsible for managing their practice in compliance with their professional codes, training, competence, and SHSCT Policies and Procedures.

Each practitioner is responsible for their clinical decisions for the children, young people and families that they assess and treat. They are responsible for the overall case management of individuals for which they accept responsibility.

They are professionally responsible to competently use their expertise within professional and practice guidelines for the benefit of children, young people and their families.

Each practitioner should participate in supervision and consultation activities with peers, colleagues, line manager, professional manager, fellow professionals, and other experts to ensure safe practice as well as best possible care for children, young people and their families. Each practitioner should know and acknowledge their limits without delay and appropriately access support, help and expertise.

**Child Protection & Safeguarding**

All clinical staff must attend an appropriate level of child protection training so as to be familiar with policy, procedure, recognizing and responding, and documentation involved when faced with child protection and safeguarding issues.

The Area Child Protection Committees (ACPC) Regional Policy and Procedures Guide should be adhered to.

A copy of the Regional (ACPC) Policy and Procedures Guide should be available in all Clinics.

Practitioners should also refer to DHSSPS guidance Co-operating to Safeguard Children.

All practitioners, without exception, are obliged to discuss concerns about child protection and safeguarding, regardless of being a new member or long term member of the service.

All practitioners should be aware of and be able to communicate concerns with resources outside of their immediate teams, such as a Line Manager, Child Protection Nurse Specialist, and Social Services.

**Clinical and Social Care Governance**

Tier 2 CAMHS will adhere to all the elements of the Trust's Clinical and Social Care Governance.
Practitioners will follow Clinical, Professional and Line Management supervision arrangements.

Continuing professional development will be sought through a range of activities such as training, education, shadowing, co-working, reflection, ad-hoc discussions, learning sets, peer discussion, supervision, consultation, case presentation, team discussion, line manager supervision, SDPR, observation, etc.

Professional Registration with the practitioner’s relevant professional body will be maintained.

Research is supported in compliance with Trust policies. Staff are encouraged to participate in research.

**Child and Young Person Involvement and Feedback**

Practitioners will endeavor to gain the views, wishes and feelings of the children and young people on aspects of their care in a manner appropriate to their age and understanding. Where possible these views will be recorded on case files and taken account of.

Children, young people and their families will be encouraged to avail of support from other services, statutory and voluntary, including internet and phone sources, as well as carer groups, self help groups, etc.

**Health Promotion**

Health promotion is an integral aspect of working with children, young people and their families.

**Confidentiality and Consent**

Practitioners will follow DHSSPS and Trust guidance on confidentiality and consent.

**Access to Health Records**

Practitioners will follow Trust Policy and Procedures in relation to access to health records.

**Equality Statement**

This procedure/guideline/protocol has been screened for equality implications as required by Section 75 and Schedule 9 of the Northern Ireland Act 1998. Using the Equality Commission’s screening criteria, no significant equality implications have been identified/the following implications have been identified and action taken. Similarly, this procedure has been considered under the terms of the Human Rights act 1998, and was deemed compatible with the European Convention Rights contained in the Act.
Policy compiled by Stephen Rogers Lead Nurse CAMHS