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Young Adults – Transition from CAMHS to Adult Services in Tower Hamlets

Background

- **Young people & carers report varied experiences** when transitioning from CAMHS
- We want to ensure that all **transitions go as well as possible for young people**
- **Quality Improvement project started over the Autumn 2022** aiming to improve young people's experiences of transition; piloting changes with Stepney & Wapping Neighbourhood Team. 4 key elements:
  - **Communication** & information sharing
  - Services taking **responsibility** for transitions
  - Service user/carer **engagement**
  - Adult Services' acceptance criteria/**thresholds**.

Turning 18 is a time of transition…

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- Adolescence is a **period of intense emotional, physiological & social change** for YP and their families.
- The move from CAMHS to Adult Services is likely to coincide with **other transitions**. Transitions for young adults include:
  - **leaving education**
  - thinking about **starting a job or work experience**
  - changes to their **state benefits and finances**
  - moving into **new accommodation**
  - changes to **health and medical services**
  - changes in any **social care support**
  - changes to **personal relationships**

Purpose and scope of the transitions policy

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The Transitions Policy covers transition of young people from CAMHS to other services as they turn 18: e.g., primary care, secondary care, IAPT and voluntary & community services

The policy helps to ensure the transition process:
- is **well-planned & efficient**
- Considers **young people's & carer's experiences**.

All professionals working with young people during the transition period need to **ensure this policy is adhered to**.

The transition process **should commence six months before a service user's 18th birthday** – with a formal referral to the appropriate Adult Mental Health Team.
Continues for up to a further six months after transfer.

The policy applies to CAMHS service users with symptoms including the following:
- A psychosis or major mental illness
- Mental health/ psychological needs, which are likely to continue into adulthood
- An enduring mental health problem
- Mental health/ psychological needs that would benefit from an intervention from the Wellbeing team.

Standards for Transitions -

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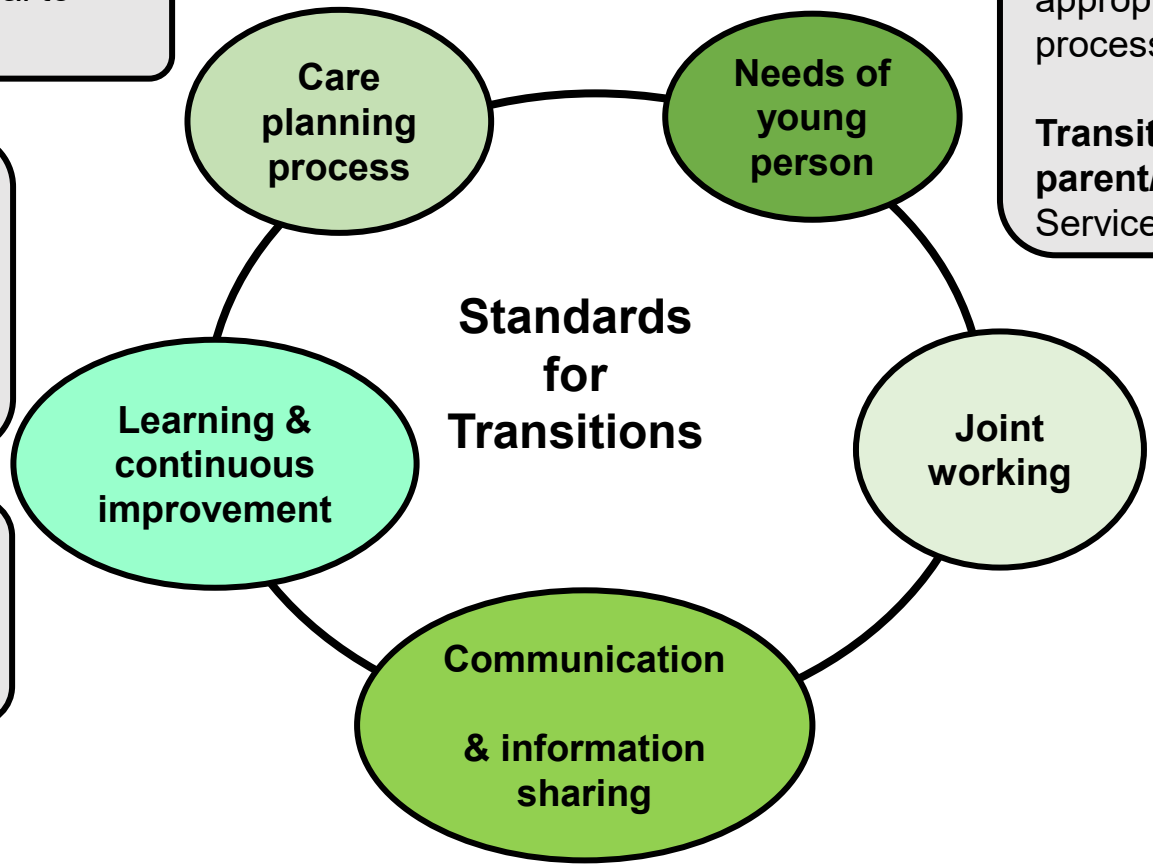
Care planning process integral to CAMHS-Adult Team transfers.

Regular meetings between CAMHS and Adult Service to discuss changes in offer, how this impacts transitions, and escalated cases for lessons learned, etc.

Several discussions within 3-6 months prior to transfers, involving CAMHS & Adult Service.



Needs of the YP come first: YP (and, where appropriate, their family) at the centre of the process and involved at all stages.

Transition plans created with the YP & parent/carer, with agreement from Adult Service on transition goals.

Joint discussions to support transfer, supported by a **clear case summary** within discharge letters.

A period of joint care may help YP

ELFT Safeguarding Children/Vulnerable Adults procedures always adhered to, involving Social Care colleagues as needed.

Effective information-sharing between services, clear communications with all involved in transfers.

Open case transition process -

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6 months prior to YP's 18th birthday & within 2 weeks of receipt of referral	Within 2 weeks of referral being accepted by Adult Service	For up to 3 months when required	When YP turns 18		Within 5 days of transfer-of-care and case being closed
Referral made by CAMHS, discussed with Adult Service and agreed if appropriate with	Adult worker identified & a pre-transfer meeting held to plan the transition and develop a care plan which best meets YP's needs	Joint CAMHS-Adult Service meetings with YP to effectively manage the transition and familiarise the YP and their family/ carers with the new service	Final transfer-of-care meeting takes place	The case is closed in accordance with the CAMHS discharge policy; Continuation of joint CAMHS-Adult team working for up to 6 months if required.	Summary of agreed care plan sent to YP

*If the AMHS service originally identified is not appropriate, then the CAMHS co-ordinator/lead professional should consider taking the case to the Tower Hamlets **'No Wrong Door Meeting'.** This meeting discusses cases that are likely to fall through the gaps of traditional service provision. The meeting aims to improve access to care in TH and is attended by a range of adult therapy services.*

Open case transition process for CYP with Learning Disability -

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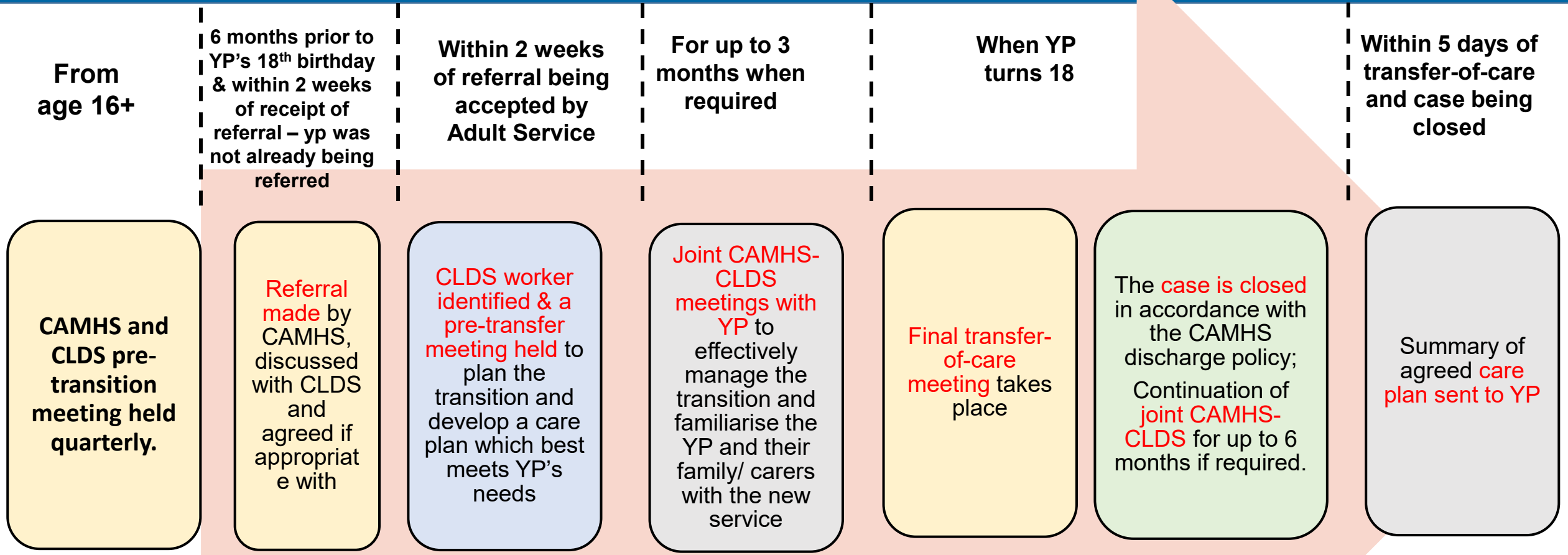

CLDS: Community Learning Disability Service

Joint Care Planning meetings

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The joint care planning meetings should be attended by:

- The YP
- YP's parents/carers
- CAMHS reps
- Reps of the Adult service considered most appropriate for YP
- Reps from other services involved with YP
- Language interpreters as needed (use ELFT's interpretation service).

The care plan should include:

- Agreed timetable for transfer
- Details of the transition process with planned milestones
- Agreed plan for any joint working required ahead of the transfer, including how and when YP will be introduced to new AMHS care co-ordinator.

The joint care planning/transfer meetings should cover:

- A care plan should be discussed and agreed
- Ensure YP, families/carers know who to contact & what to do if they feel things are not going as planned
- Agreement on roles and responsibilities during and after transfer
- Review of care plan and risk assessment
- Agreed date for the final care transfer meeting.

DNAs, and Exceptions to the Transition Policy -

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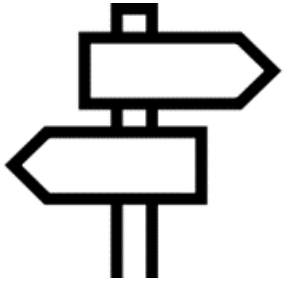
Young People Who Do Not Attend (DNA)

- If YP does not engage with transition process, CAMHS clinician follows ELFT DNA Policy
- If YP continues to DNA, summary of attempts made to engage the YP documented on RiO
- Discharge summary sent within 5 working days to the GP, highlighting potential risks and whether YP would benefit from future interventions
- CAMHS clinician writes to YP informing them of discharge and provides details of how to access services in the future, including other support and services in the community.

Exceptions to the Transition Policy



- Community transfer-of-care should not be undertaken when YP is acutely unwell
- CAMHS may request transfer-of-care before service user is 18, if needs better met by AMHS
- CAMHS may request transfer-of-care after service user is 18, if needs better met by CAMHS
- Such above cases should be discussed by the CAMHS & AMHS clinical teams, with reasons for decisions made explicit to all involved.

CAMHS referrals to TH Adult Teams – breakdown by team referred to, Feb 2021—Jan 2023

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