

1.7.1 CAMHS Joint Working Policy

Related guidance

England:

- [Regulation 11: The positive relationships standard](#)
- [Guide to the positive relationships standard](#)
- [Regulation 5: engaging with the wider system to ensure each child's needs are met](#)
- [Regulation 10: The Health and Wellbeing Standard](#)

Wales:

- Regulation 15: Personal plan
<https://www.legislation.gov.uk/wsi/2017/1264/regulation/15/made>
- Regulation 18: Provider assessment
<https://www.legislation.gov.uk/wsi/2017/1264/regulation/18/made>
- Regulation 33: Access to health and other services
<https://www.legislation.gov.uk/wsi/2017/1264/regulation/33/made>
- National framework for well-being outcomes
<https://gov.wales/topics/health/socialcare/well-being/?lang=en>
- [Social Services and Well-being \(Wales\) Act 2014](#)
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Additional Guidance

- [NICE Guidelines for Looked-after children and young people](#). Issued: October 2010 last modified: April 2013
- National Service Framework for Children, Young People and Maternity Services: [The Mental Health and Psychological Well-being of Children and Young People. Department for Education and Department of Health, September 2004](#)
- [Mental Health \(Wales\) Measure 2010](#), Welsh Government
- Section 22(5) of the [Children Act 1989 and Children Act 1989: Care planning, placement and case review](#)
- [Children Act 2004](#)
- [National Health Service and Community Care Act 1990](#)
- [Promoting the health and wellbeing of looked-after children](#), Department for Education and Department of Health, March 2015
- [Children's homes regulations, including quality standards](#). Department for Education, April 2015.

Dynamic Risk Monitoring Form

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1. Purpose of Policy

Bryn Melyn Care provides a fully integrated care, clinical and education provision. We recognise that all the young people who come to live with us will have complex needs which require thoughtful interventions. These needs are often complex and enduring, and may be expressed through a range of troubling behaviours from sexual or violent offending, antisocial behaviour, challenging behaviour, self-harm, and other risk-taking and self-defeating behaviours.

Young people in our care may also experience a range of mental health difficulties which require specialist Child and Adolescent Mental Health Services. The Children's Homes Regulations and Quality Standards recognise that no individual Children's Home will be able to meet all the needs of every individual child. Instead Regulation 5 states that Children's Homes should connect with and work in partnership with the wider agencies and services that support young people.

This policy aims to outline Bryn Melyn Care's procedures in relation to joint working and liaison with local Child and Adolescent Mental Health Services.

2. Mental Health Terminology

Mental Health can be seen as a continuum ranging from optimal psychological wellbeing to diagnosed mental illness. **Mental health problems** describe a very broad range of emotional or behavioural difficulties that may cause concern or distress. Mental health difficulties can affect any area of personal relationships, psychological development, the capacity for play and learning,

development of concepts of right and wrong, and behaviour. They may arise from any number or combination of factors including hereditary, environmental, family or personal vulnerabilities.

Mental health problems are relatively common. However, 'looked after children' are widely known to be at higher risk of psychological distress and mental health difficulties than the general population. Mental Health problems can come and go often depending on environmental factors, experiences and an individual's resiliency.

Mental Disorders are those problems that meet the requirements of ICD 10 or DSM 5. ICD 10 is an internationally recognised classification system for disorder and DSM (Diagnostic and statistical Manual of Mental Disorders) is an equivalent, more commonly used in America. The distinction between a Problem and a Disorder is not exact but is usually related to severity, and the impact on daily living and functioning

In a small proportion of cases of mental disorders, the term **Mental Illness** might be used. Usually, it is reserved for the most severe cases. For example, more severe cases of depressive illness, psychotic disorders and severe cases of Anorexia Nervosa could be described in this way.

3. CAMHS

Specialist CAMHS are NHS mental health services that focus on the mental health needs of children and young people. This level of service is usually a Tier 3 CAMHS service (see **Appendix 1: The 4 Tier Strategic Framework (Together We Stand)**). The term CAMHS will be used throughout this policy to refer to Specialist CAMHS services. Please note that in some NHS Trusts, CAMHS can sometimes be referred to by another name. Specialist CAMHS are multidisciplinary teams that often consist of:

- Psychiatrists;
- Psychologists;
- Social workers;
- Nurses;
- Support workers;
- Occupational therapists;
- Psychological therapists – this may include child psychotherapists, family psychotherapists, play therapists and creative art therapists;
- Primary mental health link workers;
- Specialist substance misuse workers;
- Specialist YOT link workers.

3.1 Local CAMHS

See **Appendix 2: List of Local CAMHS Services** for a list of CAMHS local to Bryn Melyn Care Homes. Which CAMHS service a young person is able to access is dictated by the GP surgery that the young person is registered with.

3.2 CAMHS for Looked After Children

CAMHS services are planned and commissioned by Clinical Commissioning Groups (CCG) in England and Health Boards in Wales. The document "Who Pays? Determining responsibility for payments to providers" by NHS England (August 2013) states, in relation to looked after children out of area, that:

"Where a CCG or a local authority, or a CCG and a local authority acting jointly, arrange accommodation for a child or young person in the area of another CCG or Local Health Board in Wales, the "originating CCG" remains the responsible CCG for the services which CCGs have responsibility for commissioning, even where the child registers with another GP practice (p22)."

In simple terms this means that CAMHS services for looked after children remain the responsibility of the placing authority and the commissioning group/ health board from the young person's originating area. Therefore, it is important to consider that when referring to Local CAMHS arrangements should be co-ordinated between the local services and originating services. For this reason most CAMHS services will require referrals to be made by the young person's Social Worker. In some cases the originating.

CCG/ health board may have jointly funded a therapeutic placement at Bryn Melyn Care and will expect that aspects of a young person's therapeutic and/or psychological care are provided in placement.

4. Bryn Melyn Care Clinical Services

The Clinical Service is an essential element to our multi-disciplinary integrative approach. The team consists of HCPC Registered Psychologists and fully qualified Psychotherapists and Counsellors. The team is led by a Head of Clinical Services.

Every young person in our care has access to a member of the clinical team. Member of the clinical team are professionally registered. Clinicians have oversight of each young person, promoting joint working with care and education. At Bryn Melyn Care, we recognise that every child's needs are individual. Based on active care planning, we provide a range of enhanced specialist services. A suitably qualified Therapist or Psychologist will carry out this level of care. Enhanced Specialist Interventions may include additional specialist Psychological Assessment, individual therapy sessions, joint working and liaison with local CAMHS and delivering specialist training. We offer a range of psychological therapies including, cognitive behavioural therapy, person-centred and integrative counselling, Eye movement desensitisation and reprocessing (EMDR)/ trauma focused therapies, psychodynamic/ interpersonal therapy and Dialectical Behavioural Therapy (DBT).

This level of service means that the majority of psychological and therapeutic needs can be met in house. However, the nature of child and adolescent mental health problems means that multi-disciplinary team working is often required and there can be a range of scenarios where Specialist CAMHS may be required.

4.1 Local CAMHS involvement

The following are examples of when Bryn Melyn Care should consider working together with local CAMHS services:

- The young person is currently prescribed medication, which is overseen by a Psychiatrist, (this is referred to as medication review and monitoring);
- The young person had CAMHS involvement prior to living with Bryn Melyn Care and there is requirement for this to transfer to local services;

- There is need for a multi-disciplinary assessment to take place to diagnose and treat disorders in line with NICE guidelines, examples include, neuropsychological assessments, autism assessments and ADHD assessments;
- There is a need to diagnose a difficulty formally. Bryn Melyn Care would not usually follow a diagnostic model or make formal mental health diagnosis;
- Mental Health difficulties requiring CAMHS involvement that emerge during the placement;
- A young person is acutely unwell and requires psychiatric assessment, care or multi-disciplinary CAMHS support;
- A young person requires a risk assessment in addition to those provided within Bryn Melyn Care;
- If a professional or parent is requesting referral to CAMHS then this should be supported where appropriate by initially clarifying the reason for referral.

In all the above cases Bryn Melyn Care Staff should work together with the Social Worker to refer a young person and bear in mind that most CAMHS services require direct referral and/ or consent from a social worker or person with parental responsibility.

5. Procedures

Each CAMHS has a different referral procedure; please refer to Appendix 2 for the list of local CAMHS services and contact details. Please note that Shropshire and Telford CAMHS services will not accept referrals prior to a young person becoming resident in their area. Please follow the procedure in Appendix 2 for Homes that are covered by these services.

5.1 Referral Stage

Information should be ascertained regarding a young person's historical and current CAMHS involvement when considering the appropriateness of a placement with Bryn Melyn Care (see Admission Policy). The Allocated Clinician/ a member of the clinical team should be actively involved in the referral screening process and sourcing information regarding historical and current CAMHS involvement. If required, direct contact should be made with the current CAMHS provider and the most recent report and/ or Clinic Letter should be requested. Prior to accepting a referral into a Bryn Melyn Home, any requirement for CAMHS involvement should be identified and arrangements in place for this care.

5.2 Admission

Local CAMHS should be notified of a new young person in placement using the placement notification letter, specifically if a young person has a history of CAMHS involvement. If required a referral to CAMHS should be supported, in conjunction with the Social Worker and where appropriate person with parental responsibility. Each CAMHS has a different referral procedure; please refer to Appendix 2 for local CAMHS services. Referrals can usually be made via the phone and followed up in writing. In most cases there will be a waiting list and staff should actively monitor the referral procedure and update the CAMHS and Social Worker of any changes to a young person's presentation whilst they are on the waiting list. If a young person was cared for under CAMHS in a previous area arrangements should be in place for the transfer to local CAMHS. Bryn Melyn Care staff should work jointly with the Social Worker to ensure this takes place.

5.3 Referral required mid placement

A referral should be made in conjunction with the Social Worker and where appropriate, person with parental responsibility. Each CAMHS has a different referral procedure; please refer to Appendix 2 for local CAMHS services. Referrals can usually be made via the phone and followed up in writing. In most cases there will be a waiting list and staff should actively monitor the referral procedure and update the CAMHS and Social Worker of any changes to a young person's presentation whilst they are on the waiting list.

5.4 Emergency Assessment

It is difficult to be precise and exhaustive as to what constitutes a mental health emergency. Therefore advice should always be sought. The following are examples of what might constitute an emergency but there are many factors to be considered as to whether there will be 'an emergency response' from CAMHS. Any concerns regarding requirement for emergency assessment should be discussed with the Allocated Clinician/ a member of the clinical team during working hours. If concerns are raised outside of working hours the Manager on-call should be contacted. In the event that concerns are raised and there is no available Clinician or Senior Manager/ Manager on-call then an Emergency Assessment should be sought. The following are generally considered emergencies:

- *Psychotic illness*

Psychosis is a complex illness and may present in various forms. A rapid psychiatric assessment will be required and consideration given to whether the child/young person can be treated in the community or requires hospital admission.

- *Serious Self Harm, Serious Suicide Threat/Attempt(s)*

Young people may cause such concerns that there are serious worries regarding their safety and therefore they may require urgent psychiatric assessment of their risk and any underlying mental illness that might be contributing to these behaviours. Self-harm or suicide attempt can also require medical attention (see Self-harm and suicide policies).

- *Serious Aggressive and/or uncontrollable behaviours*

Aggressive or uncontrollable behaviours may or may not warrant urgent psychiatric intervention. This is very much dependent on whether there is an underlying mental illness or disorder that requires assessment and treatment. This is often difficult to determine and so may require further discussion to decide what the best course of action is in the particular circumstances. In most cases, Bryn Melyn Care staff without urgent assessment will best manage aggressive and uncontrollable behaviour.

- *Public Protection*

A young person held in custody in a police station, or detained by court, where the police or court officers are requesting an urgent mental health assessment prior to disposal.

Emergency Assessments should be accessed via the following options:

1. Young person known to local CAMHS – contact local CAMHS service, if out of hours and no out of hours service exists then take young person to A&E;
2. Young Person not known to local CAMHS- take young person to A&E;
3. In cases where a young person refuses to attend and requires urgent assessment then the local CAMHS service should be contacted for advice or if out of hours and no out of hours service exists then contact the GP out of hours for access to the on-call Psychiatrist for the area.

In all cases where urgent medical care is required then young people should be taken to A&E/ healthcare services to access medical attention.

5.5 In-patient Care

Sometimes young people will become acutely unwell and require a Tier 4 in-patient stay. The decision to access Tier 4 CAMHS should be made together with the Social Worker and Local CAMHS. In the event that a young person is sectioned under the Mental Health Act or on a voluntary in-patient stay, the Social Worker, a person with parental responsibility and Local CAMHS, should lead all decisions about their care. Bryn Melyn Care Staff should actively support these plans and contribute where required, keeping in mind that the Social Worker and CAMHS are responsible for the young person's care at this time. Therefore, any visits to the ward, home contact or visits must be agreed via the Social Worker and CAMHS/ Inpatient service. Upon discharge a Care Planning Approach (CPA) discharge planning meeting should take place prior to agreements being made for the arrangements of the delivery of care in the community, this process will be led by the Inpatient service, CAMHS and the Social Worker (see National Health Service and Community Care Act 1990, for further details). In Wales a Care and Treatment Plan should be drawn up and a care co-ordinator appointment (see Mental Health Measure legislation for further details).

5.6 Procedures for active joint working

Positive joint working, sharing information and joint planning is fundamental to positive outcomes for young people. This process starts at the referral stage and it is therefore expected that Bryn Melyn Care Staff will be actively involved in the referral process, by understanding their local CAMHS procedures, understanding the reason for referral and monitoring the referral process.

Once a referral has been accepted and an appointment allocated, the care home should inform the young person, discuss with them what the appointment is for and plan with the young person which member of staff will attend with them (please see **Appendix 3: CAMHS Attendance Guidance** for an information sheet for attending CAMHS).

In most cases the young person will initially see a CAMHS practitioner, Psychologist or Psychiatrist for an assessment. Assessments can take place over a number of sessions. Following an assessment a decision should be taken as to what input the CAMHS team will have, this may be communicated via letter or verbally at an appointment. At this point joint working arrangements should be discussed, ideally with a professional meeting having taken place. A joint working agreement (see **Appendix 4: Joint Working Agreement**) should be completed to provide a clear outline of each party's roles and responsibilities, including sharing of information and correspondence. The Allocated Clinician/ a member of the clinical team can be involved in this process if required.

In most cases therapeutic and psychological interventions will be shared across CAMHS and Bryn Melyn Care therefore clear outlines are required. Psychiatric care will be carried out by local CAMHS and therefore joint working is required to ensure professionals are providing complementing aspects of care.

Regular professionals meetings, telephone calls and sharing of consultation is encouraged. In addition, where possible the same member of the care team should attend each session with a young person to ensure continuity of care. Where possible this should be the key Carer.

6. Roles and Responsibilities

Allocated Clinician/ Members of the clinical team

- Support the care team to understand the CAMHS provision and what to expect from a CAMHS service;
- Support the care team to identify requirement for CAMHS input;
- Support the care team and social worker to make referrals to CAMHS where appropriate;
- Actively monitor CAMHS involvement;
- Attend professionals meetings and make phone/ email contact with relevant professionals;
- Support the care team in forming a joint working agreement with CAMHS;
- Ensure that concerns about CAMHS level of service, lack of engagement or waiting lists are brought to the attention of the Local Authority, Senior Management and Clinical Lead.

Registered Home Manager

- Together with the advice of the Allocated Clinician/ Members of the clinical team:
 - Support the care team to understand the CAMHS provision and what to expect from a CAMHS service;
 - Support the care team to identify requirement for CAMHS input;
 - Support the care team and social worker to make referrals to CAMHS where appropriate;
 - Support the care team in forming a joint working agreement with CAMHS.
- Actively monitor CAMHS involvement;
- Where required attend professionals meetings and make phone/ email contact with relevant professionals;
- Support the care team in forming a joint working agreement with CAMHS;
- Ensure that concerns about CAMHS level of service, lack of engagement or waiting lists are brought to the attention of the Local Authority, Senior Management and Clinical Lead.

Residential Care Workers

- Record any conversations, in the clinical notes or on a meetings record form, with CAMHS professionals and share with the Allocated Clinician/ a member of the clinical team and the Registered Care Manager;
- Take action to find out about and understand the local CAMHS provision and what to expect from a CAMHS service;
- Take action to ensure young people are referred to CAMHS where required and work together with a social worker. Please note that many local CAMHS services require referrals from the Local Authority or another CAMHS service and cannot be completed by Bryn Melyn Care.
- When a young person has been referred, take action to understand why they have been referred;
- If required to attend CAMHS appointments read the information sheet in **Appendix 3: CAMHS Attendance Guidance** and take it to the appointment for reference;

- If required to attend CAMHS appointments/ hospital/ A&E visit record what took place and share with the allocated clinician/ member of the clinical team;
- Keep a log of all CAMHS appointments, cancellations or refused appointments in the health plan;
- With support from the allocated clinician/ member of the clinical team and Registered Care Manager ensure the joint working agreement is completed (see **Appendix 4: Joint Working Agreement**);
- Take responsibility for ensuring that any monitoring information is shared with CAMHS and vice versa;
- Be able to describe a young person's presentation, behaviour and difficulties adequately;
- Ensure that concerns about CAMHS level of service, lack of engagement or waiting lists are brought to the attention of the Local Authority, Senior Management and Clinical Lead;
- Support the young person, answer questions and find out relevant information on the young person's behalf.

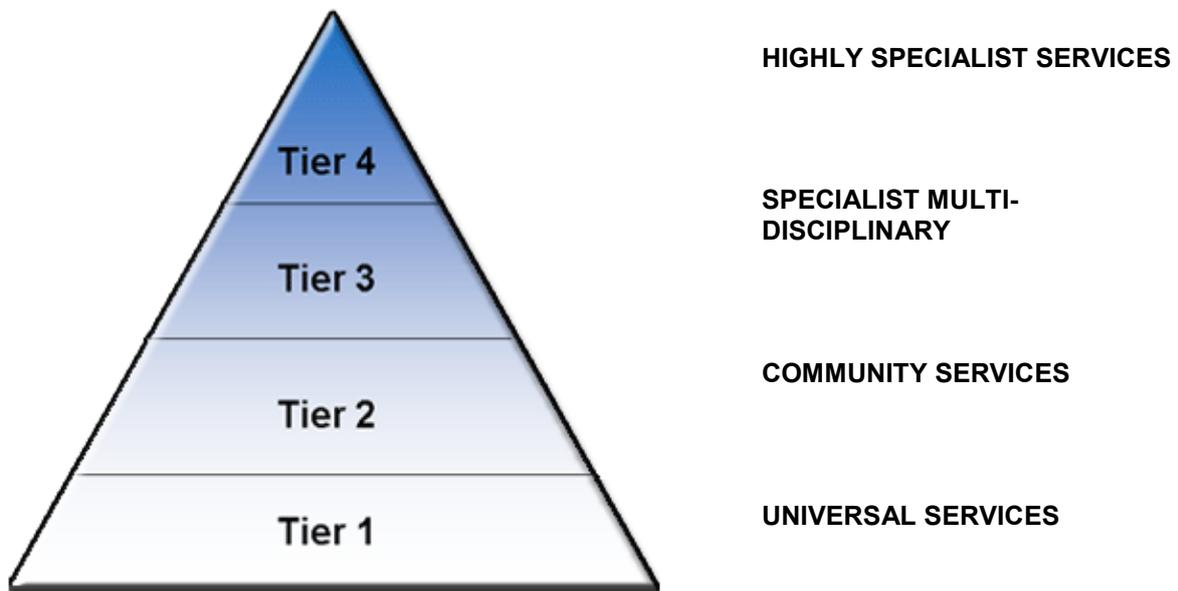
7. Arrangements for Monitoring and Evaluation

The organisation will monitor the effectiveness of this policy through:

- Effective use of Care Planning.
- Monitoring engagement with CAMHS services;
- Gaining feedback from local CAMHS, Local Authorities, young people, and staff members.

Appendix 1: The 4 Tier Strategic Framework (Together We Stand)

Child and adolescent mental health services (CAMHS) deliver services in line with a four-tier strategic framework which is now widely accepted as the basis for planning, commissioning and delivering services. Although there is some variation in the way the framework has been developed and applied across the UK, it has created a common language for describing and commissioning services.



Tier 1

CAMHS at this level are provided by practitioners who are not mental health specialists working in universal services; this includes GPs, health visitors, school nurses, teachers, social workers, youth justice workers and voluntary agencies.

Practitioners will be able to offer general advice and treatment for less severe problems, contribute towards mental health promotion, identify problems early in their development, and refer to more specialist services.

Tier 2

Practitioners at this level tend to be CAMHS specialists working in community and primary care settings in a uni-disciplinary way (although many will also work as part of Tier 3 services). For example, this can include primary mental health workers, psychologists and counsellors working in GP practices, paediatric clinics, schools and youth services.

Practitioners offer consultation to families and other practitioners, outreach to identify severe or complex needs which require more specialist interventions, assessment (which may lead to treatment at a different tier), and training to practitioners at Tier 1.

Tier 3

This is usually a multi-disciplinary team or service working in a community mental health clinic or child psychiatry outpatient service, providing a specialised service for children and young people with more severe, complex and persistent disorders.

Team members are likely to include child and adolescent psychiatrists, social workers, clinical psychologists, community psychiatric nurses, child psychotherapists, occupational therapists, art, music and drama therapists.

Tier 4

These are essential tertiary level services for children and young people with the most serious problems, such as day units, highly specialised outpatient teams and in-patient units. These can include secure forensic adolescent units, eating disorders units, specialist neuro-psychiatric teams, and other specialist teams (e.g. for children who have been sexually abused), usually serving more than one district or region.

Reference: NHS. Together We Stand: Thematic review of the Commissioning, Role and Management of Child and Adolescent Mental Health Services NHS Health Advisory Service 1995.

The Thrive Model for CAMHS (CAMHS Press, 2015)

The model below is proposed by The Anna Freud Centre, Tavistock and Portman NHS Trust as a new way of thinking about CAMHS services. This model is based on the needs of young people and the resources required to support them at different stages of coping and risk.





Appendix 2: List of Local CAMHS Services

CAMHS Service	Local A&E	BMC Homes	Procedure Notes
Flintshire CAMHS Catherine Gladstone House, Hawarden Way, Mancot, Flintshire, CH5 2EP. 01244 528612	Wrexham Maelor Hospital, Croesnewydd Road, Wrexham, LL13 7TD. 01978 291100	Endbourne	
Wrexham CAMHS Child Health Centre, Maelor Hospital, Wrexham, LL13 7ZA. 01978 725242	Wrexham Maelor Hospital, Croesnewydd Road, Wrexham, LL13 7TD. 01978 291100	Ael y Bryn Lychgate Penley Lodge Talbot Road	Wrexham CAMHS have a LAC service. They will accept referrals from In-House Clinician and prefer a discussion prior to referral with Head of CAMHS LAC (Linda Vickery) or another member of the team.
Conwy CAMHS Child Health Premises, Argyll Road, Llandudno, Conwy, LL30 1DF. 01492 862035	Bangor Hospital (Ysbyty Gwynedd), Penrhosgarnedd, Bangor, Gwynedd, LL57 2PW. 01248 384384	The Meadows	
Shrewsbury CAMHS Coral House, 11 Longbow Close, Harlescott Lane, Shrewsbury	Royal Shrewsbury Hospital, Mytton Oak Road, Shrewsbury. SY3 8XQ.	Dinthill Marhaba Whitehouse N Whitehouse S Red House	Shrewsbury CAMHS do not accept a referral prior to a young person residing in their area. The following procedure should be followed for new

<p>SY1 3GZ 01743 450800</p> <p>Compass, Mt McKinley, Anchorage Avenue, Shrewsbury Business Park, Shrewsbury, SY2 6FG. 0345 678 9021</p>	<p>01743 261000</p>	<p>Oak Farm Upper Woodcote Calcott Farm Preston Springs Higher Perthy Derwen Overton</p>	<p>admissions and existing young people.</p> <ol style="list-style-type: none"> 1. The allocated Social Worker should call Compass on 0345 678 9021 to arrange a consultation with a CAMHS practitioner. They will not be able to refer without this; 2. Following consultation the SW should inform BMC clinician and home manager of the discussion. <p>The Social Worker should make a referral if advised.</p>
	<p>Princess Royal Hospital, Apley Castle, Telford, TF1 6TF. 01952 641222</p>	<p>Dinthill Marhaba</p>	
	<p>Wrexham Maelor Hospital, Croesnewydd Road, Wrexham, LL13 7TD. 01978 291100</p>	<p>Pleasant View</p>	
<p>North Powys Specialist CAMHS Team, Ynys-Y-Plant, Newtown, Powys, SY16 1LQ. 01686 617450</p>	<p>Victoria Memorial Hospital, Salop Road, Welshpool. SY21 7DU (minor injuries) 02920 316241</p> <p>Wrexham Maelor Hospital, Croesnewydd Road, Wrexham, LL13 7TD. 01978 291100</p>	<p>Little Rhysnant Hope Cottage</p>	
<p>Telford and Wrekin CAMHS Phoenix Academy & Sports Centre, Duce Drive, Dawley, Telford, TF3 3JS. 01952 388669</p> <p>Family Connect, 8th Floor, Darby House, Lawn Central, Telford, TF3 4JA. 01952 385385</p>	<p>Princess Royal Hospital, Apley Castle, Telford, TF1 6TF. 01952 641222</p>	<p>Calvington Ashfield Farm Grigg Farm Red Lake Shavington Grange</p>	<p>Telford and Wrekin CAMHS do not accept a referral prior to a young person residing in their area. The following procedure should be followed for new admissions and existing young people.</p> <ol style="list-style-type: none"> 1. The allocated Social Worker should call Family Connect on 01952 385385 to arrange a consultation with a CAMHS practitioner. They will not be able to refer without this; 2. Following consultation the SW

			<p>should inform BMC clinician and home manager of the discussion.</p> <p>The Social Worker should make a referral if advised.</p>
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Appendix 3: CAMHS Attendance Guidance

[Click here to view Appendix 3: CAMHS Attendance Guidance.](#)

Appendix 4: Joint Working Agreement

[Click here to view Appendix 4: Joint Working Agreement.](#)

Revision History

Date last updated: May 2020

Date of next review: May 2021

Date of release: December 2018

End