

Joint Commissioning Panel for Mental Health

www.jcpmh.info

Guidance for commissioners of mental health services for young people making the transition from child and adolescent to adult services

Volume Two: Practical mental health commissioning	

Contents

Executive summary	Introduction	What are transitions services?	Why are transitions services important to commissioners?
	04	05	06
What do we know about current transitions services?	What would a good transitions service look like?	Supporting the delivery of the mental health strategy	Resources and references
07	08	13	14

Executive summary

- Mental illness frequently starts in childhood and the teenage years.¹ The ages 16–18 are a particularly vulnerable time when the young person is both more susceptible to mental illness, is going through a period of physiological change, and is making important transitions in their education.
- It is also the age at which the young person already in contact with mental health services will move from child and adolescent services (CAMHS) to adult services (AMHS).
- The way mental health services are currently structured creates gaps through which young people may fall as they undergo the transition from CAMHS to AMHS.
- Young people with mental health problems whose needs have been met primarily by paediatric services, education or social care may find that there is no equivalent service for adults.
- Models of stand-alone and integrated transitions services have addressed the issue and should be commissioned in consultation with transitions forums.
- These should not be limited to strict age boundaries but should operate in response to need and to provide continuity.
- Formal joint working arrangements should be put in place to address structural and procedural difficulties arising from the interface of CAMHS and AMHS and the differences in approach arising from cultural differences between the two services.
- Commissioning effective transitions services should lead to reduced numbers of young people lost to services at this critical time and reduced periods of untreated illness and poor outcomes.
- This should, in turn, lead to reduced morbidity, thus reducing downstream demand on generic services.
- Commissioners must work with public health colleagues to ensure that the needs of young people with mental health problems, including those young people whose needs are primarily met within education, social care and non-statutory agencies and young people in contact with the criminal justice system, are identified in the Joint Strategic Needs Assessment (JSNA).
- Commissioners should ensure that the quality and productivity of services for young people at the point of transition are improved in line with best practice – including services for young people in out-of-area placements.

Introduction

The Joint Commissioning Panel for Mental Health (JCP-MH) (www.jcpmh.info) is a new collaboration co-chaired by the Royal College of General Practitioners and the Royal College of Psychiatrists, which brings together other organisations and individuals with an interest in commissioning for mental health and learning disabilities. These include:

- Service users and carers
- Department of Health
- Association of Directors of Adult Social Services
- NHS Confederation
- Mind
- Rethink Mental Illness
- National Survivor User Network
- National Involvement Partnership
- Royal College of Nursing
- Afiya Trust
- British Psychological Society
- Representatives of the English Strategic Health Authorities
- Mental Health Providers Forum
- New Savoy Partnership
- Representation from Specialised Commissioning
- Healthcare Financial Management Association.

The JCP-MH is part of the implementation arm of the government mental health strategy *No Health without Mental Health*.¹

The JCP-MH has two primary aims:

- to bring together service users, carers, clinicians, commissioners, managers and others to work towards values-based commissioning
- to integrate scientific evidence, patient and carer experience and viewpoints and innovative service evaluations in order to produce the best possible advice on commissioning the design and delivery of high quality mental health, learning disabilities and public mental health and wellbeing services.

The JCP-MH:

- has published *Practical Mental Health Commissioning*,² a briefing on the key values and principles for effective mental health commissioning
- provides practical guidance and a developing framework for mental health commissioning
- will support commissioners of public mental health to deliver the best possible outcomes for community health and wellbeing
- has published a series of short guides describing 'what good looks like' in various mental health service settings.

WHO IS THIS GUIDE FOR?

This guide describes what 'good' looks like for a modern transitions service from child and adolescent mental health services (CAMHS) to adult mental health services (AMHS), and should be of value to Clinical Commissioning Groups (as they will be

commissioning secondary services) and the NHS Board, as some patients in CAMHS Tier 4 will be affected.

HOW WILL THIS GUIDE HELP YOU?

This guide has been written by a group of CAMHS/transitions experts.

The content is primarily evidence-based but ideas deemed to be best practice by expert consensus have also been included. By the end of this guide, readers should be more familiar with the needs of young people with mental health problems in transition from CAMHS to AMHS and other services and be better equipped to:

- understand what a good quality, modern transitions service looks like
- understand why a good transitions service delivers the mental health strategy and the Quality, Innovation, Productivity and Prevention challenge – not only of itself but also by enabling changes in other parts of the system.

This guide also addresses issues relating to commissioning transitions services. It describes:

- the benefits of transitions services
- why a transitions service is important for the commissioners of specialist mental health services.

What are transitions services?

This document is based on the guidance *Planning Mental Health Services for Young Adults – Improving Transition: a Resource for Health and Social Care Commissioners*,³ published by the former National Mental Health Development Unit (NMH DU), the National CAMHS Support Service (NCSS) and the Social Care Institute for Excellence (SCIE).

Current commissioning models often place CAMHS and AMHS within different frameworks, structures and organisations. CAMHS are generally planned and commissioned as part of children's services, which brings the benefits of closer links between physical and mental health services and between CAMHS and other universal and targeted services for children and young people. However, it also means that AMHS and CAMHS commissioning strategies and care pathways may develop separately, which becomes particularly problematic for young people with mental health problems as they move on from CAMHS and other services for young people. CAMHS and AMHS commissioning therefore needs to be more integrated.

Transitions services are designed to meet the needs of young adults (usually in the age range 16–18) who are:

- moving from CAMHS to AMHS and who remain with AMHS
- moving to AMHS but who subsequently drop out of services
- referred to AMHS but are not accepted for a service
- not referred to AMHS as they are believed to be ineligible for a service
- not required to move to adult services if CAMHS can work with them for longer
- not in need of a move to adult services
- are supported in generic primary or secondary services (including special education, social care and paediatric services) where the workers may be supported through CAMHS consultation
- are supported by voluntary sector agencies and/or are not engaging with statutory mental health services
- are perceived as too difficult for CAMHS to work with (these might include young people in contact with the criminal justice system).

Transitions services should support a further cohort of young people who experience transition but may not be in receipt of a service from CAMHS. They include:

- young people with risk factors for multiple poor outcomes (including mental illness) as adults
- young people whose symptoms are insufficient to meet diagnostic criteria for mental disorder (ie. sub-threshold) but have a considerable impact on their lives and who are at risk of developing mental disorder that meets diagnostic thresholds
- young people who have previously undiagnosed and unmet needs, particularly those whose needs become more acute as adolescence progresses and family/educational/ other supports diminish. These needs may include:
 - emerging personality disorder
 - early stage psychosis
 - attention deficit hyperactivity disorder
 - high functioning autism spectrum disorder
 - eating disorders, which occur most often in females aged 15–19 years.

Why are transitions services important to commissioners?

There are particular groups of teenagers and young adults who are at much higher risk of developing mental disorder (and who are therefore also at higher risk of transition problems). They include:

- looked after children, who are at five-fold increased risk of any childhood mental disorder⁴ and four- to five-fold increased risk of suicide attempt as an adult⁵
- children with learning disability, who have a 6.5-fold increased risk of mental health problems⁶
- children with special educational needs, who have an increased risk of conduct disorder⁷
- children with physical illness, who have an increased risk of emotional and conduct disorder⁷
- homeless young people, who are at an eight-fold increased risk of mental health problems if living in hostels and bed and breakfast accommodation⁸
- young offenders – young men in custody age 15–17 are at 18-fold increased risk of suicide;⁹ women in custody age under 25 are at 40-fold increased risk of suicide;¹⁰ both sexes are at four-fold increased risk of anxiety /depression¹¹ and three-fold increased risk of mental disorders¹¹
- young people who self-harm
- young people with teenage onset depression, who are regarded as experiencing normal adolescent turmoil
- teenage parents.

Most mental illnesses have their origins in the teenage years. The years 16–18 are a particularly critical period of vulnerability to mental illness, as well as a period of major physiological, emotional and social change in the young person's life. It is particularly important that care remains consistent and uninterrupted throughout this time of heightened vulnerability. Yet this is also the period when the young person is expected to move from CAMHS, where they may have established strong and positive relationships, to AMHS, which often have very different systems and structures and work to a different ethos.

THE QUALITY AND PRODUCTIVITY CHALLENGE

The Quality, Innovation, Productivity and Prevention (QIPP) programme presents an opportunity to improve the quality of transitions and outcomes for young people and their families, as well as achieve cost savings. Department of Health guidance¹² and health economics research¹³ point to the economic savings that can follow effective intervention in the early years.

It is widely recognised that intervening early at the onset of mental illness improves prognosis, reduces future demand on mental health services and leads to better outcomes for patients and their families.¹⁴ Early intervention thus improves quality by preventing lifelong mental illness and increases productivity by reducing demand on inpatient beds and other costly support and welfare services, both of which should enable commissioners to achieve QIPP savings.¹³

What do we know about current transitions services?

The reasons for the well-recognised discontinuities between child and adult mental health services (and it should be noted that many young people find there is no appropriate service to move to, so do not experience a transition in any meaningful sense) are numerous.

The TRACK study¹⁵ of young people's transitions from CAMHS to AMHS has found that up to a third of teenagers are lost from care during transition and a further third experience an interruption in their care.

Generally, CAMHS are designed to meet the needs of children and young people with a wide range of disorders and problems such as attention deficit hyperactivity disorder (ADHD) or autistic spectrum disorder (ASD), whereas AMHS tend to focus on services for people with severe and enduring illnesses such as psychosis or severe depression.

Many young people with ongoing mental health needs can find that AMHS do not provide the same level of specialist care, and therefore fall into a gap between CAMHS and adult care. Those that do make a transition across can still experience poorer quality of care.

In practical terms, a number of factors have been identified that present barriers to young people's transitions from CAMHS to AMHS.¹⁶ They include:

- training of professionals involved
- financial factors, including difficulty accessing resources
- differing expectations of mental health services poor inter-agency co-ordination
- lack of planning
- lack of adult mental health professionals with skills to work with young people.

In addition, there is still considerable variation across the country in the cut-off point between CAMHS and AMHS. In some places CAMHS continues up to 18 years of age; in others it ends at age 16; in yet others it is 16 if the young person is no longer attending school, and 18 if they are still in education.

Continuity of care between child and adult services is not helped by the differences between the care planning systems used in CAMHS and AMHS, (for example, CAMHS uses the Common Assessment Framework; AMHS uses the Care Programme Approach), the structures and types of care teams and funding arrangements.

A great deal of research has been conducted to find out what young people and young adults want from services and what makes a good transition. Essentially, young people say that they want:

- to be listened to and understood
- to be taken seriously
- to experience well planned, smooth transitions
- to receive flexible services
- to have information and choice
- to have continuity of care.¹⁷

What would a good transitions service look like?

MODEL OF SERVICE DELIVERY

There is no prescribed 'best practice' model to meet the needs of young people in transition. Many different models can be found across the country. Services need to relate to local need and circumstances. In some areas, AMHS and CAMHS are bridged by transition workers; other areas have not formalised this role.

The good practice guidance, *Working at the CAMHS/Adult Interface*, describes a range of models which have been developed to support young people and young adults as they seek to move from child to adult services.¹⁸ It recommends any of the following service models, delivered singly or in combination:

- **a designated stand-alone transition service.**
 Example: The Wirral 16-19 Transition Service
 There are five key stages to the transition process in the 16-19 service:
 - 1 The young person is placed in the 16-19 service
 - 2 The young person's key worker/case co-ordinator liaises with the Adult Service Team Leader to co-ordinate transition. This may involve a period of joint working up to the point of transition
 - 3 A written referral is made to the Adult Team and care co-ordination documentation is completed – this will include a history of professional involvement with the young person and the relevant family history
 - 4 The Adult Service confirms acceptance of the referral in writing, copied to the relevant professionals, the young person and their carers
 - 5 Clinical responsibility remains with the 16-19 service until formal discharge and acceptance by the Adult Service. The case file follows the young person and is signed to verify receipt.
- **a designated transitions team within an existing AMHS or CAMHS service.**
 Example: Northamptonshire Dedicated Transitions Service team
 In Northamptonshire the Transition and Liaison Team (TLT) has been developed to support young adults with developmental conditions during their transition from children's services to adult services including AMHS. It covers an age range of 15-18.
 The TLT offers highly specialised diagnostic assessments and interventions for clients with Aspergers syndrome, ADHD and Tourette's syndrome. The TLT supports young people with these developmental conditions who are due to leave school and transfer into adult services.
 This model enables expertise regarding neurodevelopmental difficulties to be shared across CAMHS and AMHS to inform decisions regarding future support or treatment needs.

The Common Assessment Framework is a shared assessment and planning framework for use across all children's services and all local authorities in England. It aims to help the early identification of children's additional needs and promote co-ordinated service provision to meet them.

<http://www.cwdcouncil.org.uk/caf>

The Care Programme Approach is used by mental health services, in collaboration with social services departments, to put in place specified arrangements for the care and treatment of mentally ill people in the community. <http://cpaa.co.uk/thecareprogrammeapproach>

The Care Programme Approach can be used across both child and adult settings, and can also be linked to the Common Assessment Framework. For example, one area includes in its CPA assessment the simple question 'Has a CAF been undertaken?', which prompts practitioners drawing up the CPA to contact the CAF lead professional.

- **designated staff trained in working with young people seconded to AMHS teams.**¹⁹

Example: Leeds CAMHS service

Leeds CAMHS, including inpatient and community CAMHS, extended the age of service users to their 18th birthday from their 17th birthday as from April 1st 2010 (inpatient), and October 1st 2010, in the rest of CAMHS. This has led to a renewed focus on transition processes. AMHS and CAMHS senior managers and clinicians meet every six weeks to review the transition protocol and to revise their practice continually in response to the views of service users and staff.

Two dedicated transition worker posts have been employed to work with young service users from the age of 16 and their families where the young people could benefit from mental health support beyond 18 years of age.

Leeds is also developing a multi-agency transition strategy with CAMHS input outlining the principles of best practice for all agencies in Leeds who are working with young people moving between children's and adults' services.

Some organisations have developed multidisciplinary teams to bridge and work with CAMHS and AMHS to meet the generic mental health needs of older adolescents. There are many examples of these teams linking with or being part of Early Intervention Service for Psychosis teams. Many have developed strong partnerships with AMHS Home Treatment and Crisis Resolution Teams and other services and agencies in the public and voluntary sectors.¹⁸

Some areas have established a local Transitions Forum to improve liaison and co-working between all the relevant agencies. These forums bring together representatives from CAMHS, AMHS, the voluntary sector and young people's groups, who meet regularly to agree, review and monitor transition protocols (see below), and provide an arena for discussion, consultation and service development.

Many areas have taken part in a transition support programme under the umbrella of the joint, three-year Department for Education/Department of Health Aiming High for Disabled Children programme, and have appointed transitions co-ordinators. Transitions co-ordinators review progress to improve transitions locally, identify where the gaps are and advise how joint working could fill these gaps.

Bringing CAMHS and AMHS representatives together with young people and parents to consider what actually happens to young people during transitions will highlight gaps and obstacles. It is essential that CAMHS and AMHS practitioners have the opportunity to map and review how the system is working and that young people and their families (those who have been receiving services and those who have not) are able to contribute their expertise and experience to improving and developing local services.

KEY COMPONENTS OF A DESIGNATED TRANSITION SERVICE

A designated transition service is the term used to describe a multidisciplinary team that has been set up specifically to bridge the gap between and work jointly with CAMHS and AMHS to meet the generic mental health needs of older adolescents. As reported above, there are many examples of these teams linking with a range of specialist early intervention and community mental health services in both the public and voluntary sectors.

Good practice examples

City and Hackney extended CAMHS

East London Foundation NHS Trust has extended the City and Hackney CAMHS to continue Tier 3 service provision to young people aged 18–25 years. The aim of the extended service is to create additional capacity to continue to support these young people through the period of transition.

The extended service works primarily with young people who do not currently meet the threshold for AMHS in Hackney but who are thought to need support from a mental health service. The extended service also targets young people who need a period of preparation before they are ready to make the transition to adult services, because of their developmental needs. It also provides additional support through the transition process to young people who need it. The service will maintain contact until the young person is fully engaged with AMHS, rather than closing the case at the point of referral. The service is 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 local education colleges.

What would a good transitions service look like? (continued)

Some young people receiving CAMHS care do not meet the criteria for AMHS when they reach age 18, and in some cases may lose other statutory support. The extended CAMHS service is preventative, as it enables young people to remain in touch with services. This increases their chances of completing treatment and avoids unnecessary transitions at a point when they might otherwise drop out of contact.

Typically the extended service manages a moderate level of risk, in line with the rest of the generic CAMHS, and provides care to young people with the following conditions (often in combination):

- emotional and psychological problems in the family and social environment
- neuro-developmental disorders such as Aspergers syndrome and ADHD
- mild learning disabilities
- depression
- anxiety disorders, including general anxiety, obsessive compulsive disorder, social anxiety and health anxiety
- self-harm and emotion regulation difficulties
- eating disorders and body dysmorphic disorder
- conduct disorder.

If a young person has active psychosis they are referred to the Early Intervention in Psychosis team (EIP). Those aged 18+ who need a Care Programme Approach (CPA) or are actively suicidal are referred to AMHS. CAMHS staff in the generic team also continue to work with young people after they turn 18, where clinically appropriate. The work is primarily outreach, so the dedicated extended service posts are managed by the multidisciplinary Youth Support Mental Health Team, a specialist team within CAMHS that uses an assertive engagement model.

Central Norfolk early intervention youth team

The Central Norfolk Early Intervention in Psychosis service (CNEIT) has established a specialist youth team to work specifically with 14–18 year olds referred to its Early Intervention in Psychosis (EIP) service. These young people are at the lower age range of those using the EIP service.

Young people in this age group can continue to receive the EIP service for up to five years, rather than the usual three years, in order to reduce the need for unnecessary transitions between services and to improve the transition to AMHS or back into primary care.

Typically the youth team will work with the individual, their families and the support system around them (eg. school or college). Interventions include a combination of cognitive behavioural therapy (CBT), assertive case management, support work and family work. The team focuses on promoting social activity and engagement with existing educational and vocational services, and peer and family support. The aim is to discharge the young person to primary care. For those who need ongoing support after age 18, the team works with adult services to ensure a smooth transition with ongoing support and access to care and treatment.

Sheffield ADHD transitions clinic

The Sheffield ADHD transitions clinic is for young people with an established diagnosis of ADHD, who are thought to need continuing management of ADHD symptoms following transition to AMHS.

The clinic was set up to address 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. Patients can only receive prescribed medication from their GP if they are reviewed by AMHS every six months, in line with the Shared Care Agreement with the PCT.

The clinic provides an opportunity for the young people to meet with AMHS staff and learn a little about ADHD in adults and how adult services are organised in Sheffield. 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 the Living with ADHD transition group.

The Living with ADHD group is for clients from the transition clinic and other young patients with ADHD receiving adult services who might benefit from psychosocial groupwork. These are mainly young people with ADHD on the caseloads of AMHS clinicians. All are aged 16–25 years of age. The sessions provide the young people with an opportunity to ask questions, develop useful strategies to cope with ADHD and learn more about their condition and treatment.

KEY COMPONENTS OF PLACING DESIGNATED TRANSITIONS STAFF IN AMHS TEAMS

Evaluations of this model suggest some elements are consistently effective. They include:

- access to a multidisciplinary team with expertise from both CAMHS and AMHS providing individual and family psychosocial and psychological interventions alongside medication
- a youth-centred and flexible approach with an emphasis on effective engagement of young people through outreach and joint working with other agencies
- expertise to treat the range of mental disorders presenting in this age group¹⁸
- flexibility around age boundaries¹⁸
- access to a range of services to help young people achieve independence, including education, employment and housing
- in-reach to primary care, which offers holistic health care, family practice and early detection of problems.

This model has been shown to improve transitions for young people with psychological development disorders, such as autistic spectrum conditions and attention deficit disorders, who are well known to experience discontinuity and, in some cases, discontinuation of help and support when they reach age 16 and whose quality of life is consequently poorer than that of many young people with longstanding physical health conditions.²⁰

The Bridge Project

West Midlands Strategic Health Authority provided a grant through its innovations fund to explore models of delivering high quality care to vulnerable adolescents that enhance their experience of transition and improve their outcomes. Two innovative models of transitional care have been developed in the region to compare outcomes:

- protocol-driven transitional care in Sandwell CAMHS
- a dedicated transitional worker in Coventry CAMHS, part of the Coventry and Warwickshire Partnership Trust.

Both trusts serve socio-demographically and ethnically diverse population groups with high levels of need. Recent CAMHS reviews in both areas have identified care pathways for 16–18 years old as priority for service improvement. The project will also conduct a one-year prospective

evaluation to track the care journey, service experience and clinical outcomes of all young people who make the transition from CAMHS to adult services. The two models will be compared for clinical and cost-effectiveness to find out if employing a dedicated transitional worker offers benefits over and above protocol-based transitional care.

TRANSITION PROTOCOLS

The lack of consistent protocols for transition remains a significant barrier to effective practice. Research shows great variation in the level of detail on operational procedures involved in transitions: some protocols make very specific and clear recommendations on what clinicians should be doing; others make only general statements, such as advising adherence to the Care Programme Approach (CPA) guidelines.^{21,22}

Current good practice indicates that protocols should:

- promote person-centred planning
- enable continuity of care
- offer flexibility in decision-making
- have sufficient detail in the operational procedures to ensure efficacy and consistency.

What would a good transitions service look like? (continued)

COMMISSIONING TOOLS

A number of evidence-based tools exist to support and inform effective commissioning of transitions services.

Self-assessment

The NMHDU/NCSS Transitions Action planning tool (<http://www.chimat.org.uk/selfassessmenttools>) is based on the HASCAS Transitions Standards. It is a web-based self-assessment tool for commissioners and services to self-assess key aspects of transition and identify particular gaps and actions.

Joint strategic needs assessment

Commissioning for transitions can only be effective if commissioners understand the level of need at local level. Including transitions as part of the CAMHS and AMHS elements of the joint strategic needs assessment (JSNA) will inform effective commissioning of the transitional process. The National Mental Health Development Unit has produced a toolkit for commissioners on conducting JSNAs for mental health.²³

Personalisation

The National Mental Health Development Unit has also produced a good practice guide, Paths to Personalisation,²⁴ on how to make personalisation a reality for people with mental health needs (including young people). It contains information about what personalisation means for mental health services, examples of what makes personalisation work, and advice and information about good practice.

THE OPTIMUM TRANSITIONS TEAM

There is no consensus as to the preferred model for an optimal transitions team and no one-size-fits all configuration. This is because the optimal model and configuration will depend on local circumstances, including local need, geography and the configuration of other related services.

OUTCOMES

The quality outcomes of a transitions service should include:

- numbers of patients lost to services
- duration of untreated psychosis
- continuity of health and social care for particularly disadvantaged groups (such as those with Autism Spectrum Disorders, looked after children and young people with learning disabilities)
- reduced numbers of young people placed out-of-area because of lack of local transitions services.

Supporting the delivery of the mental health strategy

The Joint Commissioning Panel for Mental Health believes that commissioning that leads to the effective planning and management of the transition of young people from CAMHS to AMHS, including the involvement of young people and their carers in the transition process, will support the delivery of the mental health strategy,¹ by contributing to the following shared objectives.

Shared objective 2:

More people who develop mental health problems will have a good quality of life – greater ability to manage their own lives, stronger social relationships, a greater sense of purpose, the skills they need for living and working, improved chances in education, better employment rates, and a suitable and stable place to live.

Improved transitions services will ensure that young people with mental health problems are able to move to adult services that meet their needs and will lead to better provision for young adults with ADHD or ASD so that their quality of life and life chances are significantly enhanced.

Shared objective 3:

Fewer people with mental health problems will die prematurely, and more people with physical ill health will have better mental health.

Improved mental health is associated with better physical health. Improved transition from CAMHS to AMHS should result in long-lasting benefits for the young person's mental health and, as a consequence, physical health.

Shared objective 4:

Care and support, wherever it takes places, should offer access to timely, evidence-based interventions and approaches that give people the greatest choice and control over their own lives, in the least restrictive environment, and should ensure that people's human rights are protected.

Shared objective 5:

People receiving care and support should have confidence that the services they use are of the highest quality and at least as safe as any other public service.

Improved transitions services will result in improved quality of care and treatment for young people with mental health needs, thereby reducing risk of disengagement with services and ensuring continuity of care and support through a period of great change in all aspects of their life, where the young person is at their most vulnerable.

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Development process

This guide has been written by a group of child and adolescent care experts. Each member of the Joint Commissioning Panel for Mental Health received drafts of the guide for review and revision, and advice was sought from external partner organisations and individual experts. Final revisions to the guide were made by the Chair of the Expert Reference Group in collaboration with the JCP's Editorial Board (comprised of the two co-chairs of the JCP-MH, one user representative, one carer representative, and technical and project management support staff).

Resources

Supporting effective transitions and development of services for young adults

www.nmhdu.org.uk

NMHDU website listing resources they have developed in partnership with NCSS and the Social Care Institute for Excellence (SCIE) to support services to improve the experience of young people who are moving on children's to adult services. Provides access to a number of resources, including some listed separately below.

Planning mental health services for young adults – improving transition: a resource for health and social care commissioners

NCSS/NMHDU (2011)

www.nmhdu.org.uk

A guide to help health and social care commissioners of both CAMHS and AMHS understand the importance of good transitions and how to translate this into positive action through contracting arrangements and commissioning tools such as CQUIN.

Transitions in mental health care: a guide for health and social care professionals

YoungMinds (2011)

www.youngminds.org.uk

A guide to the legal framework written by lawyers and mental health professionals for any professional working with young people in transition from CAMHS to adult services. One of a suite of three publications (see below), it brings together in one document the complex array of legislation, guidance and policy governing transitions and access to services for young people and their families, and is illustrated with case studies.

Young people's guide to transitions

YoungMinds (2011)

www.youngminds.org.uk/young-people/transitions-guide

A companion guide for young people, produced with NCSS and NMHDU, designed to demystify the complicated processes in the transition from CAMHS to adult services and inform young people about their legal rights.

Guide to transition for parents and carers

YoungMinds (2011)

www.youngminds.org.uk/young-people/transitions-guide

A companion guide for parents and carers, produced in association with NCSS and NMHDU, and designed to demystify the complicated processes in the transition from CAMHS to adult services and inform families about their legal rights.

Action planning to improve transitions

NCSS/NMHDU (2011)

www.chimat.org.uk

A web-based self-assessment tool for service providers and commissioners to assess their baseline position, identify problems and develop local action plans.

Pathways to effective transition: young people's mental health (e-learning resources for professionals)

NCSS/NMHDU (2011)

www.chimat.org.uk

A resource for practitioners working with young adults or training other colleagues. Two modules cover developmental and clinical issues for young people approaching transition and help professionals design systems to improve the transitions process.

Social Care Institute for Excellence

www.scie.org.uk

The SCIE website publishes a wealth of research and good practice information on transitions for young people.

Transition: From CAMHS to AMHS – scoping exercise

NCSS (2010)

www.chimat.org.uk

Report of a study of transition activity and models of good practice across the East Midlands region, including a questionnaire for health trusts.

Transition: From CAMHS to AMHS – supplementary report

NCSS (2010)

www.chimat.org.uk

A practical report setting out ideas for change arising from a series of workshops held in the East Midlands region, plus a self-assessment checklist for providers.

Evaluation of provision of mental health services for looked after young people aged 16+ in residential settings

Ofsted (2010)

www.ofsted.gov.uk

A report based on visits to 27 children's homes in eight local authorities that explores how the mental health needs of young people in care aged 16 and over are met, including use of mental health resources in the children's homes, good practice and problems, and how well staff respond to the needs of young people in their care.

The legal aspects of the care and treatment of young people with mental disorder: a guide for professionals

NIMHE (2009)

www.chimat.org.uk

A guide to the interaction between the Mental Health Act, the Mental Capacity Act and the relevant children's legislation.

Consent to admission and consent to treatment: flow chart for 16 and 17 year olds

NMHDU (2009)

www.chimat.org.uk

Flowchart for adult and CAMHS wards summarising the issues that mental health practitioners will need to consider when determining the legal authority to admit and treat a young person aged 16 or 17 years old. To be read in conjunction with the NIMHE guide (above).

Safe and appropriate care for young people on adult mental health wards

Royal College of Psychiatrists (2009)

www.chimat.org.uk

Quality standards to help wards provide safe and appropriate care for young people who require admission to any adult inpatient mental health service.

Working together to provide age-appropriate environments and services for mental health patients aged under 18

NMHDU (2009)

www.chimat.org.uk

A briefing for commissioners of adult mental health services and CAMHS to meet the requirements of the duty for providing age-appropriate environments under the Mental Health Act 2007.

Age-appropriate services: what, why, when and how?

NCSS (2010)

www.chimat.org.uk

Powerpoint presentation on legislative changes in mental health and implications for children and young people.

Systems model for planning age appropriate environments

NIMHE (2010)

www.chimat.org.uk

An online planning tool with accompanying guidance on model changes in service provision over a five-year period, considering the consequences in other parts of the system and also economic implications.

The Junction: what services should be in place to support young people aged 16 and 17 years with acute mental health needs in Lancashire?

Lancashire Care NHS Foundation Trust (2009)

www.chimat.org.uk

A review of inpatient services by young service users in Lancashire, assessed against national criteria and with recommendations for changes to ensure more appropriate services.

Crisis and 24/7 Service development in CAMHS

NCSS (2006)

www.chimat.org.uk

Report for the East Midlands Care Services Improvement Partnership which identified information on current service provision; perceived gaps; service models and recommendations.

Mental Health Act Implementation Programme: children and young people

www.chimat.org.uk

Access to the full range of resources developed by NMHDU to help areas meet the duty to provide an age-appropriate environment for all under 18s who require inpatient mental health care. Includes many of the resources listed above, as well as access to 'train the trainer' materials on the legal framework for mental health care of children.

Disability equality: fulfilling duties for young people in transition

National Transition Support Team (2010)

www.transitionsupportprogramme.org.uk

Information leaflet published by the National Transition Support Team (NTST) with support from Scope on what local authorities and their partners can do to ensure they are taking positive action to fulfil their duties to disabled young people under the Disability Discrimination Act (DDA) during the transition to adulthood.

Young adults with ADHD: an analysis of their service needs on transfer to adult services

Naomi Taylor, Amy Fauset, Val Harpin Archives of Disease in Childhood (2010)

doi:10.1136/adc.2009.164384

<http://adc.bmj.com/content/early/2010/06/08/adc.2009.164384.short>

A study of the need for transition services for young people with attention-deficit hyperactivity disorder (ADHD) who have continuing impairment that also reports the benefits of specialist nurses working with GPs in a primary care setting or adult mental health.

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