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**BEDFORDSHIRE & LUTON CAMHS**

**CARE PATHWAY FOR UNDER 18s IN MENTAL HEALTH CRISIS.**

**LEAD MANAGER: Jo Meehan / Matt Sparks**

**Dr Naz/ Dr. Lavelle/Dr Gahan**

**IMPLEMENTATION DATE: 01.12.08**

**ORIGINAL POLICY CIRCULATED: 01.12.08**

**LATEST UPGRADES: 09.07.19 (updated 09.12.19)**

1. **INTRODUCTION**
	1. This document describes the care pathway and processes for supporting young people (including those with learning disability) under the age of 18 years old, who are in mental health crisis, including those who may require acute admission to a mental health adolescent in-patient unit.
2. **KEY ASPECTS OF THE CARE PATHWAY**

When a young person under 18 is in mental health crisis their needs become the priority of services and will be assessed and met as rapidly as possible.

* 1. Adolescents requiring psychiatric admission will be placed in specialised tier 4 adolescent provision, however on rare occasions admission to an adult ward may be required; this is only when there are no CAMHS beds available and atypical cases where the adult ward is deemed the most age appropriate placement due to clinical or social reasons (eg. a 17 year old mother with severe post natal depression/puerbal psychosis may be more appropriately served by a mother and baby unit than placing the young person on a CAMHS unit which would separate her from her baby, or a presentation is deemed too acute/risky). In some eating disorder cases over 17 an admission to adult specialist unit may be more appropriate.
	2. In the event CAMHS, Psychiatric Liaison Service or On Call SHO recommend 1-1 nursing observation within one of the designated acute hospital wards, the acute hospitals will attempt to source this.
	3. For a list of local services numbers to support any of this process refer to Appendix 1
	4. Incidents of persons under the age of 18 admitted to an adult psychiatric ward should be reported on Datix and the relevant clinical commissioning group CAMHS Lead notified.
	5. The CAMHS Adolescent Mental Health Team (AMHT) and Crisis practitioners in Luton and Bedfordshire will gate keep all admissions to adolescent beds during working hours with the exception of admissions to specialist eating disorder units.  Out of hours the gate keeping role will be managed by the Psychiatric Liaison Service (PLS) or on call duty SHO after discussion with on-call CAMHS consultant and supported by the Duty Senior Nurse (DSN)
	6. The on-call CAMHS Consultant Psychiatrist should be contacted in all cases where a young person presents under a Section 136 or has been assessed as potentially requiring a psychiatric inpatient admission.
	7. A CAMHS Tier 4 Inpatient referral form (see appendix 6) will be requested by all inpatient providers and requires completion by referrer, however Section 17 of this form does not need to be completed out of hours, providing the On-Call CAMHS Consultant has been contacted and provided verbal agreement of the admission.
	8. In the event of admission to a mental health adolescent unit, this period will be as short as possible, with early discharge planning and support provided.  Discharge from a mental health adolescent unit will be arranged using the Care Programme Approach.
	9. CAMHS Crisis Practitioners for Luton will be based with the AMHT during working hours and out of hours with the PLS at the L&D Hospital. CAMHS Crisis Practitioner for Bedford will be based with the AMHT during working hours and at BGH Riverbank/PLS at weekends / out of hours.

**PATHWAY FOR UNDER 18s PRESENTING AT ACUTE HOSPITALS AND REQUIRING**

**MENTAL HEALTH CRISIS ASSESSMENT**

**Under 16yrs**

**Out of Hours**

**16 – 17yrs**

**Out of Hours**

**Under 18yrs**

**CAMHS Working Hours**

**Mon-Fri 8am – 9pm**

**Weekends & Bank Holidays 10am – 2pm**

**Luton & Dunstable Hospital**

Duty Psychiatry CT

**07775002858**

CT to contact on call psychiatric SPR as required

SPR to contact on-call CAMHS Consultant as required

**Bedford General Hospital**

Duty Psychiatry CT

**07775002858**

CT to contact on call psychiatric SPR as required

SPR to contact on-call CAMHS Consultant as required

**Luton & Dunstable Hospital**

Contact ELFT PLS **07919293486**

**Bedford General Hospital**

Contact ELFT Psychiatric Liaison service (PLS): **01234 299940/ 07785449926.**

PLS to contact Duty Psychiatry CT on-call psychiatric SPR or on-call CAMHS consultant as required.

**Luton & Dunstable Hospital**

Under 16 years

Contact CAMHS Crisis Practitioner

Luton CAMHS AMHT

01582 708140

16 – 17 years

Contact ELFT PLS

**07919293489**

**Bedford General Hospital**

Contact CAMHS Crisis Practitioner

**01234 893337**

**3.0 Aged Under 18 presenting in mental health crisis:**

**Working hours**

3.1 The crisis practitioners attached to the AMHTs should be the first point of contact. The demand for the adolescent crisis service will be continually reviewed and audited with scope to develop the service to meet the needs of young people. The crisis practitioners will carry out an initial assessment and where necessary liaise with the relevant duty consultant psychiatrist if a psychiatry review may be required. A copy of each Duty Consultant Psychiatrist Rota for Bedford and Luton / Dunstable is held in the admin offices.

3.2 Following the crisis assessment the crisis practitioner will liaise with senior AMHT staff on a daily basis to discuss their findings and agree an initial appropriate care plan.

3.3 If the patient **IS** known to the service:

* If referred directly from another CAMHS team, the assessing crisis practitioner will aim to carry out a joint assessment with the existing CAMHS clinician.
* The crisis practitioner / existing clinician will also gather any additional information and will inform the CAMHS team of the outcome of the crisis assessment and plans.
* The assessing Crisis Practitioner will discuss the need for follow up with the existing clinician and agree the follow up plan. Unless intensive on-going crisis support is indicated it will be the existing CAMHS clinician’s responsibility to provide follow up care
* If hospital admission is required it is the responsibility of the Crisis Practitioner to oversee the referral into tier 4 services with contribution to completion of the CAMHS Tier 4 Inpatient referral form by the existing CAMHS clinician . This process will be supported by the AMHT when necessary

3.4If the case is **NOT** known to the service:

* The crisis practitioner / assessing clinician will take the case to the next Crisis MDT/Huddle meeting to ensure that the case is allocated for further work to the most appropriate clinician or referred to the appropriate CAMHS or other community service for follow up
* If the crisis practitioner’s opinion is that there may be a need for an urgent admission they should liaise with the AMHT/Crisis Clinical Team Lead and/or Consultant Psychiatrist to see if intensive crisis community treatment can be offered as an alternative. Following discussion if admission is still necessary, the crisis practitioners will initiate the inpatient referral process
* See Appendix 3 inpatient provider contact details.

3.5 If a bed is not identified the same day it is requested, there needs to be contingency plans agreed and implemented by the assessing clinician. A bed on the local paediatric ward can be accessed and if assessed as clinically appropriate 1:1 RMN support advised. The respective CAMHS Paediatric inpatient risk assessment tool (see appendix 5, ) should be completed by the CAMHS Crisis Practitioner and placed within the patient file on the ward. 1-1 support will be organised by the receiving ward whom will invoice the relevant CCG directly.

3.6 For the L&D Hospital, if a young person is aged 16 or over, or has completed their GCSE’s (whichever is later) and requires admission this will need to be accessed via EAU at the L&D. Under 16 years of age will be admitted to PAU or Ward 25. Factors relating to risks to self and others and presenting behaviours will be considered when agreeing which acute inpatient ward to admit to

3.7 For Bedford Hospital if a young person is aged under 16 they will normally be admitted to Riverbank Ward and if over 16 years of age will be admitted to the Acute Assessment Unit (AAU). Factors relating to risks to self and others and presenting behaviours will be considered when agreeing which acute inpatient ward to admit to

3.8 In some circumstances it might be necessary to carry out a further assessment with social care in order to make a decision regarding the young person’s care and expedite discharge. Where social care are involved it is advisable to involve the discharge co-coordinator / safeguarding lead from the acute hospital.

3.9 Young people who have taken an overdose or self-harmed will need to be medically cleared as fit for assessment, confirming that the young person is physically able and mentally alert to participate in assessment before the CAMHS assessment is undertaken

3.10 If a psychiatric assessment is needed urgently the assessing CAMHS practitioner will liaise with the allocated community CAMHS Psychiatrist in the first instance, if not known to CAMHS Psychiatry, the assessing clinician should contact the daily Duty CAMHS Consultant Psychiatrist as per the rota.

3.11 If an assessment under the MHA is needed this will be coordinated by the AMHP. It is the responsibility of the allocated Psychiatrist or Duty Psychiatrist to notify and refer to the AMHP team and provide relevant information. The AMHP will also then organise transport to hospital if this is required.

3.12 For informal admissions of over 16 years of age and above, transport will be coordinated by the CAMHS Crisis Practitioner within working hours and the PLS outside of working hours.

3.13 All discharges from Tier 4 inpatient unit will be planned via the CPA meeting in the relevant hospital. The AMHT will attend CPA reviews. When discharge is actively being planned other CAMHS teams may be involved as appropriate.

3.14 In order to facilitate early discharge, the AMHT with support from CAMHS Crisis Practitioners may be responsible for the young person’s care in the first instance, while liaising with the relevant CAMHS team to arrange longer term follow up.

3.15 For cases that are new to the service the AMHT will take responsibility for providing follow up care.

* 1. **Young people presenting in crisis out of hours / weekends at local acute hospital:**
	2. The CAMHS crisis practitioners will respond to young people in crisis from 5-9pm Monday to Friday, responding to requests from acute hospitals for assessment up until 20:00hrs and 10am-2pm at weekends and bank holidays, responding to requests from acute hospitals for assessment up until 13:00hrs.
	3. At all other times not indicated in 4.1 the Bedford and Luton Psychiatric Liaison Service (PLS) respectively will undertake the mental health assessment for 16-17 year olds presenting in a mental health crisis at Bedford General Hospital and the L&D Hospital.
	4. For all other times not indicated in 4.1 for young people under the age of 16, the On Call Psychiatric SHO should be contacted to complete the initial assessment and they may contact the On Call CAMHS Consultant for telephone advice and support as required. Following this, if the On-Call Psychiatric SHO believes an admission to a psychiatric inpatient unit is required, the young person should be admitted to the relevant acute hospital ward and receive a CAMHS review the following day. The On-Call Psychiatric SHO will make recommendation for 1-1 support on the paediatric ward as required and if necessary in consultation with the On-Call CAMHS Consultant
	5. If a young person presenting with overdose or self-harm ideation decides to leave the acute hospital before CAMHS follow up can be coordinated a referral should still be completed and submitted to the CAMHS Crisis Practitioners for further follow up within the community.
	6. If an inpatient psychiatric adolescent bed is assessed as required in an emergency for a 16 / 17 yr old out of hours this should be discussed initially with the on-call CAMHS consultant and if agreed as appropriate will be coordinated by PLS. This will include the completion of the CAMHS Tier 4 inpatient referral form (to be completed by the assessing PLS practitioner).. If a tier 4 CAMHS bed is not available, consideration may be given to access a bed on one of the identified local adult provisions in extenuating circumstances and in agreement with CAMHS on call psychiatrist and following escalation via the on call manger. Additional staffing will be provided throughout this period until an adolescent tier 4 bed can be accommodated. CAMHS Crisis Practitioners will continue to support and review on a daily basis and jointly co-ordinate care until an appropriate tier 4 bed can be located.

* 1. If an inpatient psychiatric bed is assessed as required for a 16/17 year old out of hours but is not deemed as an emergency, or whilst a bed is being sought, consideration should be given to admitting the young person to the relevant acute hospital ward. A risk assessment will need to be undertaken by the PLS with support from the CAMH On-call Psychiatrist before this decision is made. A further review should be prioritised and completed on the following day by either the CAMHS Crisis Practitioner on duty and/or the CAMHS Duty Psychiatrist to review and confirm the need for admission

**5.0 Young people presenting under Section 136 of Mental Health Act (MHA)**

5.1 Unless requiring or suspected to require medical attention/treatment, all young people under 136 of the MHA should be escorted to Section 136 suite at Jade Ward, Luton for an assessment under the MHA

5.2 Within working hours (09:00 – 17:00) the CAMHS Duty consultant psychiatrist or allocated community team psychiatrist should make themselves available to participate in MHA assessment. The cut off time for responding to a request to attend a MHA assessment is 16:00hrs. CAMHS Crisis Practitioner will also attend the MHA assessment depending on workload capacity

5.3 Once a young person arrives at the 136 suite, the relevant CAMHS team should be contacted immediately by the DSN to enable completion of inpatient referral form to be started and potential inpatient bed to be provisionally identified

5.4 Following the completion of the MHA assessment if the young person requires admission, either informal or formal, the relevant CAMHS team should be contacted immediately and a copy of the initial AMHP report and medical recommendations scanned and emailed to the team to enable these to be forwarded to the identified Tier 4 inpatient provider. Those discharged from section 136 into the community will be followed up within 1 week by either the CAMHS Crisis Team or allocated CAMHS worker

5.5 Transport to the inpatient provider will be arranged by the Duty AMHP providing inpatient unit has been identified by completion of the mental health act assessment. On all other occasions and for all informal admissions within operational hours, CAMHS will arrange transport.

5.6 If an inpatient bed has not been identified by the completion of the MHA assessment, for young people aged 16-17, consideration should be given to admitting the young person temporarily to one of the local adult inpatient provisions. In such an event the relevant CAMHS Team Lead or nominated lead should discuss and gain approval from the CAMHS Associate Clinical Director and liaise with the DSN and Borough Lead Nurse before admission goes ahead. The CAMHS Crisis Practitioner and AMHT will continue to prioritise identifying an adolescent bed to ensure the admission to the adult ward is as brief as possible.

6.0 **Presenting under section 136 out of hours**

6.1 From 17:00 – 21:00, a CAMHS Crisis Practitioner will be on duty who may be able to assist with completion of the inpatient referral form and identifying a potential inpatient bed

6.2 If the CAMHS Crisis Practitioner is unavailable and from 21:00hrs onwards, the Bedfordshire & Luton DSN will be required to complete the inpatient referral form and identify an inpatient bed.

6.3 If admission is required following the completion of the MHA assessment, point 5.6 should be followed for 16-17 year olds where an adolescent bed has not been identified, ensuring escalation has occurred by contacting the On-Call manager for Bedfordshire and Luton

7.0 **Presenting under section 136 to local acute hospitals within hours (09:00 – 21:00)**

7.1 Any young person under the age of 18 should be escorted by the police to either the L&D or Bedford General Hospital A&E department when urgent medical attention or suspected medical treatment is required.

7.2 The receiving A&E department should notify either the relevant Luton or Bedford CAMHS A&E Liaison/Crisis Practitioner/Team upon arrival to enable referral to AMHP to be initiated and for the CAMHS daily duty consultant Psychiatrist and/or responsible consultant to be notified.

7.3 Upon presenting to the department, PLS will be notified and a member of PLS will read the young person their rights under Section 132 of the Mental Health Act – this can be undertaken by the CAMHS A&E Liaison Practitioner if already and available in the A&E department.

7.4 Whilst under a section 136, the accompanying police officers will remain with the young person whilst they remain within the A&E department.

7.5 After 3 hours from arrival in the A&E department, if it appears medical clearance will be prolonged or likely on-going medical treatment is required, consideration should be given as to where the young person should appropriately be transferred to within the hospital for further parallel physical assessment/treatment and psychiatric review/mental health act assessment to take place. The police, acute hospital staff, CAMHS A&E Liaison practitioner, duty CAMHS Consultant Psychiatrist (or on-call CAMHS Consultant Psychiatrist) and duty AMHP should contribute to the RAVE Risk assessment to determine whether police are required to stay with the patient.

7.6 If the young person is under the age of 16 and receives medical clearance in the A&E Department, it is considered best practice for the young person to be transferred on to one of the acute inpatient wards to enable further psychiatric review/mental health act assessment to take place. The police, acute hospital staff, CAMHS A&E Liaison practitioner, duty CAMHS Consultant Psychiatrist (or on-call CAMHS Consultant Psychiatrist) and duty AMHP should contribute to the RAVE Risk assessment to determine whether police are required to stay with the patient. In exceptional circumstances due to potential threat young person may pose to others, it may be necessary to consider transferring the young person to local Section 136 Suite for the MHA to take place.

7.7 Following medical clearance in A&E Department, If the young person is aged 16 or 17, they will normally be expected to be transferred to the Luton Section 136 Suite for completion of the MHAA. Such decisions should be informed by availability of section 136 suite, potential risks posed to others and themselves if they were to remain in an acute general hospital environment, what is considered in best interests of the young person and the need to avoid delays in the mental health act assessment process. Decision to transfer to one of the acute general hospital inpatient wards should only be made following completion of the RAVE Risk Assessment.

7.8 Where a young person is assessed under the MHA in the A&E department and requires detention under the MHA or agrees to a voluntary psychiatric inpatient admission and a psychiatric adolescent inpatient bed has not been identified , consideration should be given for the young person to be admitted on to an appropriate inpatient ward at the L&D or Bedford Hospital until a bed has been secured. The Rave risk assessment should be undertaken involving the police, Duty AMHP, CAMHS Crisis Practitioner, acute hospital staff, CAMHS Duty consultant, or CAMHS On-Call Consultant after 17:00hrs to agree appropriateness of this or other course of action as necessary. For young people aged 16-17 consideration should be given to admitting to one of the local adult inpatient provisions pending an adolescent bed being secured. If agreed appropriate, within working CAMHS hours this will be coordinated by CAMHS.

7.9 If a young person is detained under the mental health act and is required to stay on a general inpatient ward before transfer to psychiatric inpatient unit, an RMN should be sourced by the acute hospital to provide 1-1 cover. Whilst awaiting the psychiatric inpatient admission, the CAMHS Crisis Practitioner will provide on-going daily reviews and advice but will be unable to undertake 1-1 support.

8.0 **Presenting under section 136 to local acute hospitals outside of CAMHS working hours (from 21:00hrs to 08:00hrs or outside of 10:00 – 14:00 at weekends and bank holidays)**

8.1 Any young person under the age of 18 should be escorted by the police to either the L&D or Bedford General Hospital A&E department when urgent medical attention or suspected medical attention is required.

8.2 For 16-17 yrs of age, the receiving A&E department should notify the relevant Luton or Bedford PLS upon arrival to notify the AMHP on-call CAMHS Consultant to be notified and informed of reasons for detention under Section 136.

8.3 For under 16 yrs of age, the receiving A&E Department should notify the On-Call Psychiatric SHO who are required to review the young person, providing they are medically fit for assessment, to potentially make an initial medical recommendation if necessary and offer advice and support. The On-Call Psychiatric SHO will need to notify the DSN of the young person’s presentation to the department and pending mental health act assessment to enable initial enquiries into potential psychiatric inpatient bed availability to be made by the DSN. The On-Call CAMHS Consultant should also be notified of the young persons presentation under Section 136 and are available for telephone advice and support.

8.4 Point 7.4 – 7.7 should be followed in the event of young person being required to be discharged from A&E Department without an adolescent Tier 4 inpatient bed being agreed.

**9.0 –Emergency Inpatient Referral Process following assessment and detention under the Mental Health Act**

9.1 All inpatient providers will request an inpatient referral form (appendix ) to be completed before considering and agreeing to an inpatient admission. However in emergency situations, such as detention under the Mental Health Act, inpatient providers should accept admissions without a completed detailed form 1 providing they have sufficient information sent to them regarding the young person’s presentation, risk history and current risks. In a MHA assessment situation, this initial information should be provided by the Duty AMHP.

9.2 In all cases, attempts should be made by the assessing practitioner (On-call Psychiatric SHO or PLS) to complete the Form 1 as soon as possible to support the inpatient admission

9.3 For 16-17 year olds requiring admission, PLS should take the lead in contacting inpatient providers to agree a bed with support from DSN if required

9.4 For under 16 years of age, the On-Call Psychiatric SHO should request the DSN supports in contacting potential inpatient providers. In exceptional circumstances PLS may be required to support this process depending on availability of the DSN.

**10.0 Escalation Process**

10.1 If difficulties are encountered with the Section 136 process within the hours of 9-5, the following people should be contacted within CAMHS:

**Bedfordshire CAMHS:**

Matt Sparks, Clinical Team Lead, 01234 893337

Lisa Collings, Professional Lead, 01234 893337

**Luton CAMHS:**

Dr Hilary Gahan, Clinical Team Lead, 01582 708140

Jenny Sookraj, Lead Nurse, 01582 708140

Between the hours of 17:00 – 21:00hrs, if unable to resolve by contacting the CAMHS A&E Liaison Practitioner, the ELFT Luton DSN should be contacted on: **07930445215.** The Luton DSN should be contacted for pathway/process difficulties after 21:00hrs

**APPENDIX 1 – LIST OF LOCAL SERVICE CONTACT NUMBERS**

|  |  |
| --- | --- |
| **CAMHS A&E Liaison Crisis Practitioners – Bedford Hospital**Chelsea LaingAlex MaraparaGary SamuelJane WilsonMark Taylor**CAMHS A&E Liaison Crisis Practitioners L&D Hospital**Temi SheidunSteve JephcoteBelinda Takyi | (01234) 89333707825 2573390782790778007880 08081207733 12314207748 180 600(01582) 70814007584 20557207584 14279707393 243307 |
| Psychiatric Liaison Service Luton | (01582) 497473/ 07919293489 |
| Psychiatric Liaison Service Bedford | (01234) 299982/ 07785449926 |
| Interpreting service – Pearl linguistics | (0207) 0173240 |
| East Anglia Area Team (EAAT) | (01138) 253661 |
| Luton EBT/ AMHT CAMHS | (01582) 708140 |
| Bedfordshire CAMHSDunstable CAMHS | (01234) 893301(01582) 538275 |
| CRHT - Bedfordshire | (01234) 315691 |
| CRHT - Luton | (01582) 556971 |
| On call CAMHS Psychiatrist Telephone Support (out of hours) | Via General Hospital switchboard – 01234 355122 |
| Emergency Duty Team (EDT) | (01525) 405109 |
| ELFT Mental Health On-call Manager (out of hours) | (01582) 657568 |
| Estates On-call Manager  | (0845) 4630045 |
| Transport | 03332407407 |
| Patient / medical Transport | (01582) 406700 |
| AGS Taxis (Bedford)Spearhead taxis (Luton) | (01234) 218888(01582) 505050 |
| Luton & Dunstable Hospital | 0845 1270127 24/7 Paediatric Bleep Holder Bleep 717 Mon-Friday Paediatric Matron Bleep 722 |
| Bedford Hospital | (01234) 355122 |
| AMHP Service Bedfordshire | First line number 07748 106264Back-up number 07748 123665 |
| AMHP Service Luton | 07860 955795 |
| 136 suite Jade WardMental Health Street Triage  | (01582) 700343Coordinated through emergency services response |
| Bank Bureau  | 0207 |
| **Nursing Agencies** Falcon (open 24/7)Per Tempts (open 24/7)Pulse (Closed 10pm – 6am) | 0844 800 98120203 2255 99901992 305 708 |

**Appendix 2 – Guidance re: BED SEARCHES – ADMISISONS & DISCHARGES**

**(FOR CAMHS ADMINISTRATOR USE)**

If looking for a bed send completed CAMHS Tier 4 Inpatient referral form to relevant inpatient provider and email NHS East of England Case managers, David Wright and Yvonne Carey, informing by email on

Dwright7@nhs.net Yvonne.carey3@nhs.net

When a patient is admitted or discharged from a unit email the following:

Dwright7@nhs.net

Copying in the following for Bedford Borough Patients

Tim.long@bedford.gov.uk

Katie.render@bedfordshireccg.nhs.uk

diane.boyd@bedford.gov.uk

Copying in the following for Central Bedfordshire Patients

Fiona.ridgway@centralbedfordshire.gov.uk

Helen.redding@centralbedfordshire.gov.uk

When an admission or discharge takes place we must attach a password protected word document to the email with the following information of the patient:

**Name:**

**DOB:**

**DOA to HTT:**

**Presenting Problem:**

**GP:**

**School:**

**Other Services Involved:**

A template word document with these headings is saved in patient files under admissions and is called

***Info required when YP is admitted or discharged TEMPLATE***

**NHS ENGLAND Case Managers:**

**David Wright**

CAMHS Case Manager

Specialised Commissioning

East Anglia Area Team

**Mobile: 07909 099 206**

**Email:** **dwright7@nhs.net**

**Yvonne Carey**

CAMHS Case Manager

Specialised Commissioning

East Anglia Area Team

**Mobile: 07860 177 947**

**Email: Yvonne.carey3@nhs.net**

**APPENDIX 3: –Inpt Provisions**

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| --- | --- | --- | --- |
| **Provider** | **Unit Name** | **Contact Details** | **Provides** |
| ELFT | Coborn Unit | 02075406789DSN Mobile:07929206630 | General Acute & PICU |
| Cambian Group | Cambian Willows, Wisbeach | 01945 871491 | General Acute,  |
| NHS | Darwin Unit, Cambridge | 01223 885850 | General Acute |
| NHS | Forest House, Radlett | 01923 633809 | General Acute,  |
| Huntercombe Group | HuntercombeMaidenhead | 0330 660 5555huntercombe.referrals@nhs.net ; huntercombe.outofhours@nhs.net  | General Acute & PICU |
| NHS | The BurrowsNorthampton | 01604 685580nhftcamhsinpatient@nhs.net | General Acute |
| NHS | The SettNorthampton | 01604 593298nhftcamhsinpatient@nhs.net | General Acute |
| NHS | The Poplar Adolescent UnitEssex | 01702 538000 | General Acute |
| Priory Group | Priory HospitalVarious locations | Priory Hotline:0845 000 5050 | General Acute and PICU |
|  | St Aubyn Centre, Colchester | 01206 334600 | PICU |
| Cygnet Healthcare | Various locations | 01438 795100 | General Acute and PICU |
| NHS | Beacon CentreEdgware | 020 8702 4475 | General Acute |
| NHS | The Phoenix CentreCambridge | 01223 884314 | Eating Disorder |
|  | Rhodes Wood HospitalHatfield | 08000901356 | Eating Disorder |

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|  |  |  |

**APPENDIX 4 – CAMHS Risk Assessment Tool – Paediatric**

** Inpatient**

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**Appendix 5 CAMHS Risk Assessment Tool**

Patient Addressograph:

**CAMHS Risk Assessment Tool – Paediatric Inpatient/ Luton & Dunstable Hospital**

Patient Name:

Date of Assessment: Time of Assessment:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Risk Level** | **Potential Risk Factors** | **Actions to be Taken** |
| **GREEN** | LOW | * Potential of minor mental health issues – no plans to harm self or others.
* No apparent evidence of immediate vulnerability
 | * Implement hourly visual observations
* Document a physical description of patient
* If patient absconds – inform control room, police and security and follow missing persons protocol
 |
| **AMBER** | MEDIUM | * Ideas of risk behaviours such as deliberate self-harm or suicide
* Low risk potential of harm to others
* Patient is potentially vulnerable to exploitation or harm from others
 | * Immediate implementation of eyesight observations every 15 mins.
* Nurse in Charge to be aware of patient
* Document a physical description of patient
* If patient absconds – inform control room, police and security and follow missing persons protocol
 |
| **RED** | HIGH | * Significant concerns regarding mental health
* Strong/immediate plan to harm self or others
* May have already caused significant self-harm
* High risk of deterioration if untreated
* Highly vulnerable
 | * Immediate implementation of 1:1 nursing observations
* Use of additional staff as suggested by assessing clinician below
* Nurse in Charge and Ward Consultant to be aware of patient
* Document a physical description of patient
* If patient absconds – inform control room, police and security and follow missing persons protocol
 |

In all cases, the nursing staff should make all reasonable steps to make the bed area safe by removing additional equipment, cables, tubing that could potentially be used to self-harm.

**Risk Assessment Level**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Rationale**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Observation Level required**(delete as appropriate):

* Hourly observation
* 15 minute observation
* 1:1 eyesight observation
* 1:1 arms-length observation

**1: 1 Staff Required**
(delete as appropriate):

* 1x RMN
* 1x HCA
* 1x RMN & 1x HCA
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Patient Addressograph:

CAMHS Contact Details:
**CAMHS A&E Liaison/Crisis Practitioners for children/young people aged 0-17**
Mon – Fri, between 09:00 – 21:00 call **01582 708140** / **refer to CAMHS A&E Rota for mob numbers** Weekends and bank holidays between 10:00 – 14:00 call **As above**

**Management Advice:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Known Effective Coping Strategies**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Known Trigger Factors**:

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**Psychiatric Liaison Service (PLS) for children/young people aged 16-17**

To be contacted outside of the above hours for advice support, call: **01582 497473/ 07919293489**

**On-call SHO for children/young people aged 0-15**To be contacted outside of the above hours for advice, support, contact via hospital switchboardThey also have access to an on-call CAMHS-specialist Consultant Psychiatrist to assist with complex cases.

Outside of A&E Liaison duty hours, the on-call Junior Doctor for each locality can offer additional support. They also have access to an on-call CAMHS-specialist Consultant Psychiatrist to assist with complex cases.

**APPENDIX 6 – Referral Form to Access Tier 4**

**Referral Form to Access Tier 4 (including Inpatient) CAMHS Services for Children & Young People**

The NHSE CAMHS Specialised Mental Health Services Operating Handbook Protocol provides the guidance for Tier 4 services and the process for Secure CAMHS Referrals

|  |
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| **ALL FIELDS TO BE COMPLETED ELECTRONICALLY BY THE REFERRING CAMHS CLINICIAN. IF ANY INFOMRATION IS NOT AVAILABLE PLEASE STATE THIS IN THE RELEVANT BOX** |

|  |  |
| --- | --- |
| **Referral Type:****(Delete as appropriate)** | Emergency / Urgent / Routine  |

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| **Please indicate which type of service may be required:** |
| Example: Home treatment/ General Adolescent/ PICU/ Low secure / Medium secure/ Eating Disorder/Learning Disability&ASC/ Deaf CAMHS / Not Known  |

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| --- |
| **Young Person’s Current Location:** |
| Home / Children’s Home/ Foster Care / CAMHS Inpatient Unit (specify type) / Paediatrics / A&E / Place of Safety 136 / Police Station / Secure Welfare Setting / Youth Custody / Foster care / Children’s Home / Other (specify type of placement) **(Delete as appropriate)** |
| **Address, Postcode & telephone number: (current location required)** |  |

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| **Please note the existing clinical team will retain responsibility for patient care until an admission into a CAMHS inpatient placement or alternative intensive support is provided** |

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| 1. **Young Person’s Personal Details**
 |
| **Full Name:** | **Previous Surnames:** |
| **AKA:**  |  |
| **Home Address:** | **Date of Birth:** |
| **NHS No.:** |
| **Gender:** |
| **Religion:** |
| **Ethnicity:** |
| **Postcode:** | **First Language:** |
| **GP Name, Address, Postcode** | **GP Contact Number:** |
| **Parent/Guardian Name:** | **Parent/Guardian Address:** |
| **Disability, access, interpreter requirements –** **please provide details:**  |
| **Does the above person have Parental** **Responsibility?**  |
| **If no, is there a lead decision maker of those** **With parental responsibility?** **Name:**  |
| **Contact Telephone Number:** |
| 1. **Family and Social Situation**
 |
| **Composition of household and significant adults:** |  |
| **Social support network/ current significant relationships** |  |
| **If not living currently with family please give details of family members** |  |
| **Information about siblings (names, ages and relevant needs):** |  |

|  |
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| 1. **Young Person’s Education**
 |
| **Current School:** | **Previous School:** |
|  | **Current School Year:** |
| **Please detail school performance (academic, social, current bullying or any other issues):** |
| **Please detail any learning difficulties:** |
| **Does the child/young person have an Education Health Care Plan?**  |

|  |
| --- |
| 1. **Safeguarding**
 |
| **If there are current safeguarding concerns around this young person, please detail here:** Current concerns including sexual activity, exploitation and online issues |

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| 1. **Care Education & Treatment Review (CETR) – please include any previous CETR reports**
 |
| Please tick as appropriate:  | **Yes** | **No** |
| **Does the patient have a diagnosis of neurodevelopmental disorders, such as autism?**  |[ ] [ ]
| **Does the patient have a diagnosed learning disability?** |[ ] [ ]
| **Has a Community CETR been completed? (Please send CETR report with this form)** |[ ] [ ]
| **Does the CETR support referral to Tier 4?** |[ ] [ ]
| **Date of Community CETR:** |  |
| **Please detail any relevant information regarding functional level, diagnosis, reasonable adjustments** **if known :** |  |
| 1. **Legal Status At Time of Referral**
 |
| **Mental Health Act: Please tick:**  |  **Yes** |  **No** |
| Is the young person subject to the Mental Health Act? | [ ]  | [ ]  |
| If Yes, which Section and date of detention: |
|  **S136 Please tick:** |  **Yes** |  **No** |
| Is the young person currently subject to S136?  | [ ]  | [ ]  |
| If Yes, time application was made:  |
| **Current status under Children’s Act Please tick:** | **Yes** | **No** |
| Voluntarily accommodated by the Local Authority (s20)  | [ ]  | [ ]  |
| Subject to Care Order (s31) | [ ]  | [ ]  |
| Subject to Secure Order (s25) | [ ]  | [ ]  |
| Child in Need Plan | [ ]  | [ ]  |
| Child Protection Plan | [ ]  | [ ]  |
| Any other legal status or issues ie police protection, guardianship - please specify |

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| --- |
| 1. **Consent**
 |
|  Please tick as appropriate: |  **Yes** |  **No** |
| **Does the young person have competency/capacity to consent to this admission/intensive tier 4 interventions?** | [ ]  | [ ]  |
| **Has the patient given consent for this referral?**  | [ ]  | [ ]  |
| **If No, under what legal framework is admission/intensive tier 4 interventions planned to take place?** |
| **Has the referrer obtained consent for information to be shared with the tier 4 service/admitting units and NHS England to ensure that appropriate services can be delivered?** | [ ]  | [ ]  |
| **Is there any restriction on sharing information?**  | [ ]  | [ ]  |
| **If Yes, please give details:** |

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| 1. **Reason for Referral for Access Assessment and Tier 4 Services**
 |
| **Rationale for referral:** Key information as to why an inpatient admission is necessary, what has been tried and why care and treatment cannot be effectively delivered in the community |  |
| **State current supports and alternatives to admission tried – please clarify why intensive input or admission is now needed** | Which services currently involved / Is there a crisis service available? Home treatment / intensive care service available? Other alternatives available? |
| **What planning is required to support this young person’s discharge from a Tier 4 service/inpatient setting? If 17.5 years or above, what is the transition to adult services plan?**  |  |
| 1. **Goals for the Admission / Tier 4 Intervention**
 |
| **From the referrer:** |
| **From the young person:** |
| **From the parent/carer:** |

|  |
| --- |
| 1. **Presenting Problem**
 |
| **Current Presentation:**Please list presenting problems |
| **History of presenting problem(s):** For example: precipitating factors, history of mental health difficulties. Please include duration, frequency and severity of triggers, Maintaining factors, Coping mechanisms, Current resources) If an Eating Disorder include weight/height, BMI, bloods results, recent ECG if available and current eating |
| **Current Mental State Examination:** |
| **Current Diagnosis:** |
|  Please tick as appropriate: |  **Yes** |  **No** |
| **Has a comprehensive formulation been completed in the past 6 months?**  | [ ]  | [ ]  |
| **Please include any such comprehensive formulation** |
| **Describe any adverse childhood experiences (child abuse, family history of any significant mental or physical health difficulties, bullying, domestic abuse or other adverse experiences) :**  |  |
| **Previous Psychiatric History:**Please include any current medication and medications tried |
| **Details of any previous admissions/Tier 4 input:** **Dates, type of unit, progress made as in-patient /with intensive help** |  |

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| 1. **Physical Health**
 |
| **Details of any physical health conditions, disabilities and known allergies:** Please include any known future appointments or physical investigations |
|  Please tick as appropriate: |  **Yes** |  **No** |
| **Does this young person have any sensory impairment?** (e.g. visual disability, deaf, user of British Sign Language (BSL) or person with a hearing impairment) | [ ]  | [ ]  |
| **If Yes, please give details:** |
| **Does this young person smoke?**  | [ ]  | [ ]  |
| **If yes, please give details**: (include amount; frequency; motivation to use/change; effects) |

|  |
| --- |
| 1. **Risk / Protective Factors and Strengths**
 |
| **Date of recent risk assessment:** | **Completed By:** |
| **Details of Risk Assessment:** (attach copy if available) |
|  Please tick as appropriate: |  **Yes** |  **No** |
| **Risk to self?** (including history of self-harm/suicidal ideation) | [ ]  | [ ]  |
| **If Yes, please give details:** |
| **Risk of absconding?** | [ ]  | [ ]  |
| **If Yes, please give details:** |
| **Risk to others? Include fire setting, violence damage to property, weapon use**  | [ ]  | [ ]  |
| **If Yes, please give details:** |
| **Self-neglect?** | [ ]  | [ ]  |
| **If Yes, please give details:** |
| **Risk from others which were not covered in safeguarding section? e.g. gangs, exploitation** | [ ]  | [ ]  |
| **If Yes, please give details:** |
| **Risky behaviour associated with Internet & Social Media use?** | [ ]  | [ ]  |
| **If Yes, please give details:** |
| **Any concerns about Substance Use?**  | [ ]  | [ ]  |
| **If Yes, please give details:** |
| **Any other Risk issues?**  | [ ]  | [ ]  |
| **If Yes, please give details:** |
| **Strengths of Individual:** |
| **Strengths of Family:** |
| 1. **Forensic History**
 |
| **Forensic history:** (include involvement with Youth Offending Team) |  |
| **Criminal charges:** |  |
| **Court orders:** |  |
| **Pending Court dates:** |  |
| **MAPPA status/category:** |  |

|  |
| --- |
| 1. **Details of Important Contacts**
 |
| **PLEASE COMPLETE TO ENSURE THAT THE APPROPRIATE PEOPLE ARE INFORMED OF THIS YOUNG PERSON’S CASE AND INVITED TO MEETINGS SUCH AS CPAs.** |
| **Care coordinator** | **Preferred school/college contact:** |
| **Name:** **Job Title:****Organisation:** **Telephone Number:****Email Address:** **Address:** | **Name:** **Job Title:** **Name of School/College :** **Telephone Number:****Email Address:** **Address:** |
| **Nearest relative (if under the MHA)**  | **Responsible CAMHS consultant**  |
| **Name:** **Job Title:****Organisation:** **Telephone Number:****Email Address:** **Address:**  | **Name:** **Job Title:****Organisation:** **Telephone Number:****Email Address:** **Address:** |
| **Social Worker**  | **Other (Please specify)** |
| **Name:** **Job Title:****Organisation:** **Telephone Number:****Email Address:** **Address:** | **Name:** **Job Title:****Organisation:** **Telephone Number:****Email Address:** **Address:** |

|  |
| --- |
| 1. **Details of Referring Clinician**
 |
| **Full Name and Profession: (Please print)** | **Address:** |
| **Date and time:** | **Job Title:**  |
| **Email:** | **Telephone no:** **Mobile no:** |
| **Name and contact details of Psychiatrist supporting this referral:** |  |

|  |
| --- |
| 1. **Name of CAMHS Case Manager (NHS England / New Care Model) clinical lead/ Commissioners**
 |
| **Name:** | **Region:** |
| **Email:** | **Tel:** |
| **Responsible CCG :- if in a residential or out of area placement, please include details of the originating CCG responsible for the placement**  |  |
| **Responsible Local Authority:- if in a residential or out of area placement, please include details of the originating LA responsible for the placement** |  |

**Important Note**

Please ensure that the CAMHS Case Manager / New Care Models Manager receive a copy of this Referral Form at the same time as the in-patient service to whom you are referring, for all referrals. NHS England seeks to ensure young people are placed in the closest bed to home which will meet their needs. Patients who may need out of area placements will need to be discussed and approved by the CAMHS Case Manager (NHS E or NCM) in hours, to assure that all services closest to home have been approached and reduce any potential delays in admission. If a CAMHS Case Manager (NHS E or NCM) is not available eg: out of hours, the referrer should follow normal process as per operating handbook. NHS England will support an admission to an Out of Area Service as long as there is evidence that all options closer to home have been exhausted and it is in line with the access assessment. **Lack of or out of date information and incomplete sections can result in a delay in admission due to the inpatient unit not having the necessary and relevant information to make clinical decision.**

|  |
| --- |
| 1. **ASSESSMENT FOR ACCESS TO TIER 4 SERVICES: Endorsement for Tier 4 Services**

**To be completed by Tier 4 Authorising Clinician**  |
| **Date & time access assessment completed:**  |  |
| **Desktop review of referral/telephone discussion with referring clinician:** |  |
| **Type of Service agreed: inpatient unit type & level of security OR other type of Tier 4 input (Alternatives to Admission)**  |  |
| **If not offering services, please give reasons why; please give recommendations of what should be considered.** |  |
| **Name and designation of Tier 4 Authorising Clinician completing this section:** |  |
| **Name of Case Manager [NHS England/New Care Model/Commissioner] discussed with if Out of Area Service required.**  |  |

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| 1. **Outcome of the Referral (To be completed by the Tier 4 Service Accepting the Young Person )**
 |
| **Recommendation** | Admission / Alternative to Admission **(Delete as appropriate)** |
| **Name of Unit / Service**  |  |
| **If not offering services, please give reasons why; please give recommendations of what should be considered.** |  |
| **Goals for admission / intensive service input:** |  |
| **Requirements and anticipated plan for discharge: (e.g. Identified GAU bed for PICU admission, Placement needs after this intervention or similar)** |  |
| **Name & designation of Clinician completing this section:** |  |
| **Date:** |  |