

Effective Management of Transitions between Child & Adult Mental Health Services

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Contents

- What were the problems?
- What did we learn?
- What did we do?
- What was the result?
- Where do we go from here?



- Serious Incident
- Formal review of transition arrangements
- Analysed transition times, incidents and complaints for the past two years
- Engaged service users, carers, families, commissioners, teams and individual workers
- Listening into Action (LiA) approach
- Survey monkey used to collate information from staff and service users

Background



Findings from Analysis

- Not all staff were familiar with transitions process/policy or ways of working within other teams
- Young people highlighted delays in process (up to 8 months for an appointment with Adult Team)
- Relatively small number of young people transitioning to adult services (19 in 2017)
- Practice within adult team; age had become a big issue
- Peer Support Workers were providing essential support for those leaving CAMHS
- Many young people struggled with social isolation and were not in Education, Employment or Training
- There were two distinct perceptions/cultures between child and adult services

Mission

- To radically improve the experience of young people moving from Child and Young People's Mental Health Services to Adult Mental Health services, avoiding delays and giving them vital support through this important time in their journey.

- IT database identifies all CAMHS clients reaching age of 17 years 6 months in next three months (around 50 each quarter)
- Transitions Meeting - Discussion to ensure an effective plan is formulated re transitional needs and creation of action plan
- Allocated to 'Transition Lead'
- Signs of Safety based Personal Transitions Profile and Mental Health Passport –These documents were reviewed by young people for their suitability.

Process



- Address/discuss/highlight differences from children's and adult services
- Specialist Doctor based with EI reviews all people suspected of having a psychosis and those prescribed anti-psychotic medication
- Early Transition to EI Services if necessary
- Introduced group work experience
- Peer Support Workers a key role
- Staff from CAMHS attend AMHS Team Meetings



- CAMHS Participation Group has regularly been consulted with around ideas/ documents/ changes
- Training programmes being devised for CAMHS to deliver to AMHS (teenage development/ attachment) and AMHS to deliver training to CAMHS around psychosis and assessment tools
- Joint appointments with Transitions Nurse and AMHS until relationship is established and therapeutic work has commenced.
- CPA Transfer meetings



- Engagement is a big issue
- Managing expectations (families/ carers in particular)
- Adult thresholds vs CAMHS thresholds
- Demand and capacity in adult services
- Services user participation
- Proactive management of demand

Learning Lessons



Outcomes

- Risk managed individuals who fail to engage with adult services
- Addressing individual and organisational risks
- Complaints reduced by 40%
- Improved relationships with partner agencies particular LAAC and care leavers team
- Improvements in transitions and joint working to Intensive Community Non-Psychosis Team
- Resolution process to handle disputes.
- Following the CPA model to determine key responsibilities
- Children's social prescribing service established 3-4 months ago for those Moving On from CAMHS
- Waiting times for first appointment historically 28 weeks, now a reduction of 83.5% in waiting times. Most appointments now offered within 2-4 weeks.
- All first appointment with Adult Services are supported by a member of transitions team.
- Peer Support Workers developing better understanding of none mental health community resources for adults – sharing resources between teams

Evaluation

What could be improved?

- Various community teams have different processes
- Developing resilience within the Transitions Pathway
- Explore different ways of transitioning
- Improved awareness of adult service threshold
- Use of the term 'Transitions'

What went well?

- Gradual change and evolution
- Good levels of young people engagement in development
- Use of social prescribing being developed
- Transitions file useful
- Transitions meeting effective
- Good use of Peer Support Workers
- Improved communication between adult and children services
- Seniors management/director leadership

- Service users asked to complete transition paper and survey monkey satisfaction survey
- Repeat staff survey and revisit Learning in Action
- Use of term 'Transition'
- Improve consistency across adult community services
- Is the number of people transitioning reflective of other areas
- Moving forward more flexibility around age when looking at transitions to take in to account developmental differences and complexities
- ADHD/ ASD/ LD not currently included

Development



Have we got time to discuss ?

What have your
experiences been?

Thank You!