Working Together: A Pathway for Children and Young People through CAMHS

March 2018

"Working together is at the heart of everything we do"

HSC Health and Social Care

YOU IN MIND

Rationale for Developing an Integrated Care Pathway

The purpose of this Integrated Care Pathway (ICP) is to tell multi-disciplinary and multi-agency care providers of Child & Adolescent Mental Health Services (CAMHS), children and young people and their parents/carers, what should be expected at any point along the journey of care in CAMHS.

There are different stages along the journey - from first referral through to discharge from CAMHS. It is important to include sufficient information and details about what happens and when, so that everyone can be as clear as possible about what the experience of care should be. The pathway cannot cover every aspect of what may be involved in any individual's care journey (because people's needs are different), but there are key things that should be part of everyone's care and this should be standard practice across the region.

The core feature of any Integrated Care Pathway is that it is a person-centred and evidenced based framework. For this reason the pathway has been produced with the involvement of young people, parents, multi-agency providers and CAMHS professionals. A further expression of this person centred approach is that it has been written in the first person - that is in the voice of the people at the core of the service – children and young people.

Although we describe the CAMHS care journey and what should happen as simply as possible, it is recognised that younger children and other young people with particular difficulties may not fully understand everything in the pathway. As a result we have produced a shorter version called 'Welcome to CAMHS' that will be more easily understood.

Contents

Equality Statement

In line with Section 75 of the Northern Ireland Act 1998, Mental Health Services will be provided and available to all irrespective of gender, ethnicity, political opinion, religious belief, disability, age, sexual orientation, dependant and marital status.

Mental Health Services have a duty to each and every individual that they serve and must respect and protect their human rights. At the same time, Mental Health Services also have a wide social duty to promote equality through the care it provides and in the way it provides care. This includes addressing the needs of those groups or sections of society who may be experiencing inequalities in health and wellbeing outcomes.

Alternative Formats

This report can also be made available in alternative formats: large print, computer disk, Braille, audio tape or translation for anyone not fluent in English. Please contact the Communications Office at the Health and Social Care Board, www.hscboard.hscni.net.

Section 2: Acknowledgements

This Integrated Care Pathway has been jointly developed by people young people and parents with lived experience, professionals involved in the commissioning and delivery of care reflecting a commitment to supporting a culture of partnership, co-working and co-production.

The Project Team

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The Project Team would also like to acknowledge and thank the wide number of people who responded to the consultation exercises as the pathway was developed. The feedback provided was a very helpful contribution in creating a pathway that enables everyone to have the very best care and a positive experience of emotional and mental health services.

We also want to thank **Molly** and **Caragh** for their valuable participation.

Making a Referral:- My GP [other referrers] will discuss my problems/needs with my family/carers and me depending on what I need, my GP will provide me with advice and/or refer to me to the Family Support Hub or to CAMHS or other appropriate services

If CAMHS is the right place for me an appointment will be organised according to my needs as follows:

- Emergency Response
  Seen within 24 Hours of referral (some emergencies may require a more immediate response well within 24 hours)
- Urgent Response
  Appointment within 5 working Days
- Routine Response
  Appointment within 9 Weeks

My First Appointment:- This is called a Choice Appointment. This first appointment will be an opportunity to identify my needs and goals along with my family and agree the next steps. Treatment & Care options will be explored with my family/carers and me. The CAMHS team will develop my Care Plan in partnership with my family and me.

Further Appointments:- My Care Plan will identify my strengths and will address my needs and goals. It will be regularly updated according to my treatment goals.

Moving on from CAMHS (Discharge):- I will decide along with my CAMHS team, my family/carers when I am ready to be discharged. This will include any support I may need in the future which we will agree together.

Section 4: Introducing the Care Pathway

- The Pathway is for everyone involved with and receiving emotional and well-being services across NI.
- We have developed this Care Pathway with young people, family members and professionals involved in developing services and providing mental health care.
- The need to produce this Care Pathway reflects the service model for CAMHS which the Department of Health (DOH) produced in 2012, following a regional inspection. It also reflects the objectives of the Children and Young People's Strategic Partnership, the OFMDFM strategy and standards set out by the Quality Network for Community CAMHS (QNCC).
- The co-produced standards set out in the Care Pathway are designed to enable mental health services deliver compassionate care in line with up to date research and published guidance, e.g. National Institute for Clinical Excellence (NICE).
- At the heart of this process is a desire and commitment to ensure mental health care in Northern Ireland provides the best opportunity for young people to be well, and to create an improved culture of partnership working between young people and their families reflecting our vision that: "Working Together is at the heart of everything we do".

The best introduction to the Care Pathway is expressed through the voices of young people themselves.
Here is what Leah and Laura said:

LEAH

As a previous service user I understand how daunting the entry to CAMHS can be especially if you have never used the service before. This Care Pathway will be an essential companion throughout your times with CAMHS.

Having been involved in the creation of this Care Pathway I can say that it will make your journey through CAMHS easier and you will feel more prepared for the different steps/stages of the process.

LAURA

Walking through the front doors into CAMHS for the first time can feel scary and overwhelming, hearing those words "welcome to CAMHS, we are here to help and support you", can leave you feeling anxious and full of questions – what is CAMHS? Why do I need help? As a previous service user of CAMHS, I can totally relate and understand these thoughts, feelings, worries and fears and because of this I have helped to create this Care Pathway hoping that you will have a positive outlook and clearer understanding of what to expect from the service. Whatever your treatment plan involves, CAMHS, you and your family/carers will work together to get you better! I hope by reading this booklet you will soon know what to expect from CAMHS and your journey throughout the service. CAMHS have helped me in so many ways, but mainly they helped me to get better and I hope that you do too.

Section 5: The Purpose of the Pathway & What it Covers

The Pathway tells service providers, children and young people using services and their parents/carers what should be expected at any point along the journey of care, from referral to the point where care from CAMHS is no longer required.

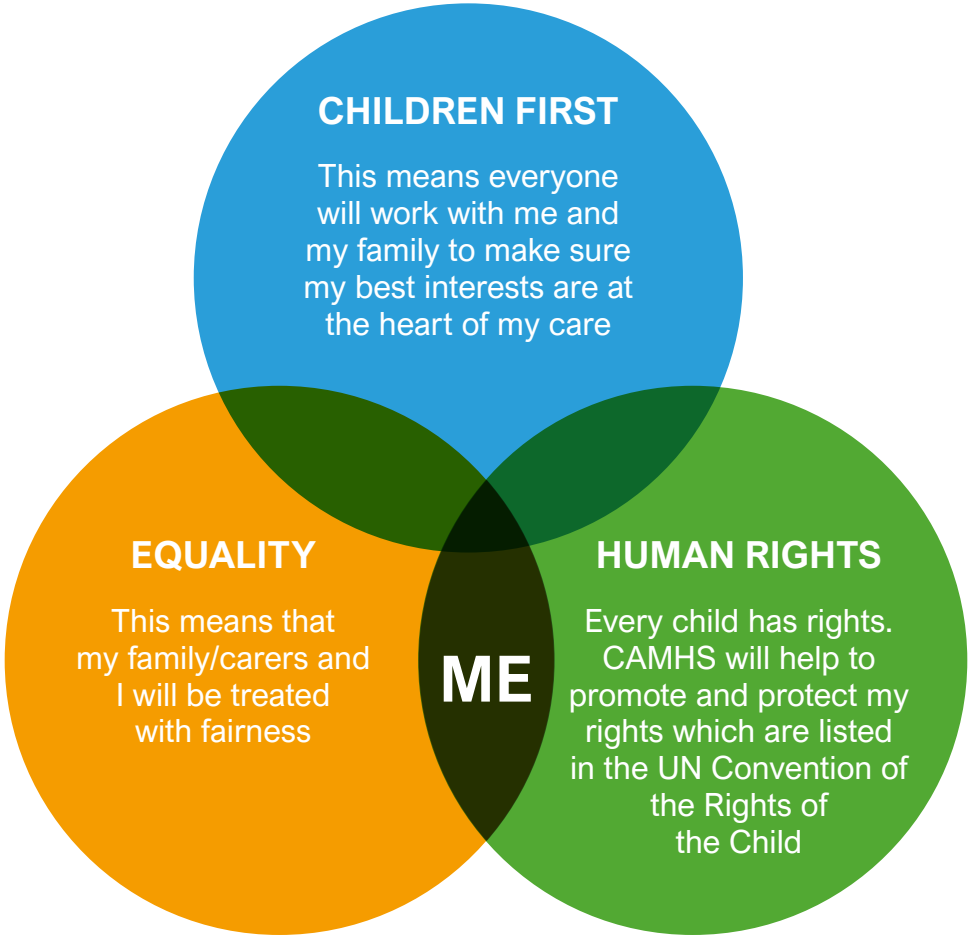
It sets out the standards that are applied regardless of whatever level of service is required in response to children and young people presenting with emotional and mental health difficulties. The types of difficulties that may be appropriate are depression, anxiety, behaviour disorders, psychosis, eating disorders, serious or complex psychological difficulties that are having a detrimental impact on their lives.

The Pathway covers the range of services provided as part of CAMHS service provision. CAMHS is made up of multi-disciplinary teams with expertise in the assessment, care and treatment of children and young people experiencing different mental health problems. *Specialist condition specific pathways will also be developed as required to supplement this care pathway.*

The Pathway describes the services available within CAMHS for all children and young people up to the age of 18. The services are outlined on page 10 and further information about these services and the therapeutic interventions they provide are detailed in Appendices 3 and 4.

As required by the DoH Service Model for CAMHS, implementation of the Pathway over the next 3 years will ensure that Trusts bring all existing emotional and mental health and well-being services together to provide a seamless service for children, young people and their families. This will include, for example, Autism/ADHD, Intellectual disability and other co-occurring conditions. CAMHS will work with other Health & Social Care Services where specialist mental health input is required.

Values are defined as things we think are of importance or worthwhile. The pathway is based on the following three key values:



Section 7: What principles are important in CAMHS and what they mean?

Principles can be described as rules that guide behaviour. The following four principles are taken from the Department of Health Child & Adolescent Mental Health Services – A Service Model (July 2012). They outline how mental health services should use them in providing care to my family/carers and me. The principles are linked to the values which put my family and me at the heart of all decisions about my care.

Early Intervention

This means services will:

- Work with my family/carers and I as early as possible to enable me to be healthy and well

Child/Young Person Centred and Family Focused Approach

This means my family/carers and I will:

- Be actively involved in decisions about me
- Experience relationships based on trust, honesty and respect
- Receive personalised care from all services

Help Me to be the Best I Can

This means staff will:

- Work with me to build on my strengths
- Encourage me to make connections and get involved in things to help me get better
- Support my family/carers in ways to help me

Integrated Approach

This means staff will:

- Ensure that services work together and that I can access appropriate services and do not experience unnecessary delay
- Ensure that my family/carers and I receive a consistent approach from all the professionals working with us

The Stepped Care Model is about helping to ensure I get access to the right service at the right time. Every child and young person gets access to Step 1 - Universal Services. If I am referred and accepted into CAMHS I will be seen at the appropriate level from Step 2 on.

I can access services across different steps at the same time, based on my assessed needs.

The following diagram shows steps 1 to 5 with me in the centre to illustrate that I can access the steps of care as I may need them.

Section 8: Stepped Care Model Services

The services described under each Step of the Stepped Care Model below may cut across different steps. For example, Child Development services in Step 2 may work alongside Step 3 interventions such as Autisim Spectrum Disorder (ASD), as part of Specialist CAMHS.

Step 1:
Universal/Prevention

Support at this level usually focuses on targeted prevention for potentially vulnerable children and their families/carers and involves the adoption of a range of services designed to create the best developmental and emotional start for all children.

This includes wider children and young people's services and other community based services geared towards promoting all aspects of health and wellbeing

Step 2:
Early Intervention

Support at this level usually involves intervention provided to children and young people who are experiencing mild/ moderate developmental/ behavioural difficulties and/or mental health/emotional difficulties.

Examples of this include:

- CAMHS Primary Mental Health Teams (PMHT)
- Infant CAMHS (I-CAMHS)
- Child Development Services, including Paediatrics & AHPs
- Schools Counselling*
- Early Intervention Paediatric Clinical Psychology

*See glossary

Step 3:
Specialist Intervention

Support at this level usually involves intervention provided to children and young people who are experiencing moderate /severe mental health and emotional difficulties which are having a significant impact on daily psychological/social educational functioning.

Examples of this include:

- Specialist CAMHS
- Autism
- ADHD
- Intellectual Disability CAMHS (ID-CAMHS)
- Eating Disorder
- Substance Misuse
- Gender Identity
- Family Trauma Centre
- LAC Therapeutic Service

Step 4:
Intensive Intervention

Support at this level usually involves the provision of crisis intervention and intensive services designed to manage the needs of those children and young people who are at immediate risk or who need intensive therapeutic care.

Examples of this include:

- Crisis Intervention
- Intensive Family Support
- Acute Inpatient
- Secure Care Services
- Children and Young People Forensic Team

Step 5:
Intensive Interventions (Inpatient & Regional Specialist)

Support at this level is provided for for those children and young people who are experi-encing highly complex, enduring mental health and emotional difficulties which severely restrict daily psychological/social functioning.

Examples of this include:

- Acute Inpatient Services
- Secure Care Services

Section 9: What Can We Expect From Each Other

YOU IN MIND

What Can I Expect from People who will work with my Family/Carers and me

- Listen and value my family/carers and me.
- Only ask me to repeat my story/life history if it is important to do so.
- Give me choice about the way forward.
- Provide me with information which is explained in my Care Plan and help me to understand it.
- Offer me communication support should I need it.
- Involve my family/carers and me in all decisions and in the development of my Care Plan.
- Ask me and my family's permission to share information about me, where appropriate, to keep me safe.
- Encourage me and give me time to get better.
- Involve my family/carers and me in deciding when I no longer require care
- Provide my family and me with information about how to come back to CAMHS in the future if I need to.
- Look for feedback about my experience of CAMHS.

What Can CAMHS Expect from my Family/Carers and me

- Share my story openly and honestly throughout my time in CAMHS.
- Recognise the expertise of CAMHS staff.
- Listen to and behave in a way that shows respect for those involved in my care.
- Work alongside CAMHS staff and with my family to achieve the goals we have agreed in my Care Plan.
- Learn from any setbacks and work with CAMHS to change my care goals, if required.
- Turn up to appointments and if I cannot attend, let staff know in advance.
- Provide Feedback honestly about my experience of CAMHS.

Section 10: CAMHS Care & Treatment Options

I will receive care and treatment as necessary from any one or from all the following four categories of care and treatment interventions.

Family Therapy

This is a talking therapy with my whole family (or part of my family). The therapist will explore my family's views and relationships to understand problems better. It will help my family communicate better and help them to express/explore difficult emotions safely. Family therapy will help my family understand each other's experiences, appreciate each other's needs and build on strengths to make useful changes.

Social Supports

CAMHS will work with my teachers, social workers and others to make sure I am growing up with everything I need to keep me safe and help me learn and develop new skills, such as social skills. This is important for my mental health and CAMHS might connect me with a buddy or mentor to help me with this.

Behavioural Interventions

CAMHS can help me and my family/carers learn the most positive and effective ways for me to express myself and interact with other people. Changing the environment around me, understanding my needs, building my skills and improving how people communicate with me, are particularly helpful approaches if I have difficulties with learning or communication.

Healthy Lifestyle

Being physically healthy is important for my mental health. CAMHS can offer advice on diet, exercise and lifestyle to help keep me well. This is especially important when I am taking certain medications, or if I have a mental health condition than can directly affect my physical wellbeing, such as an eating disorder.

Management of the conditions which affect your mental health

Some physical conditions, such as epilepsy, can make it more likely for me to experience mental health difficulties. CAMHS can help to look out for this and work with other healthcare teams to make sure I stay well.

Use of medication

Sometimes the treatments I am offered will include medication; many mental health conditions – such as depression – can be improved through use of medication. This will nearly always be combined with other treatments and supports, and CAMHS will always monitor benefits and side-effects closely.

CAMHS Care & Treatment Options

Creative Therapies

CAMHS can offer me opportunities to help me to express my thoughts and feelings through art, music, creative writing, play and drama.

Occupational Therapies

An occupational therapist can help me to do the things (occupations) I want to, need to, or am expected to do. For example, if it is important to me, my family or others like school, that I can make friends or socialise, do my school/college work, or take care of myself, the occupational therapist can support this. They work with me to find out what is helpful or unhelpful about what I am doing and where I am doing it; they can suggest ways to change the task to make it easier, how to make changes to the environment (e.g. physical/sensory/social) or help me to develop my own skills and abilities so that I am successful.

Sensory Interventions

This may also be called sensory processing or sensory integration and is about looking at how we all take in sensory information, like noise, touch and movement and use it in our everyday life. We all have sensory likes and dislikes and sensory interventions look at where they have a bigger impact on our lives and stop us doing the things we want. An Occupational Therapist (OT) trained in sensory interventions will help to look at this with me.

Cognitive Behavioural Therapy (CBT)

This is a talking therapy that helps me understand the links between thoughts, feelings and behaviour. CBT helps me develop new ways of thinking and behaving so I can resolve or manage my mental health difficulties. CBT is an active therapy and I'll be expected to do some work in between sessions. The CBT is adapted to suit my age and my particular difficulty. Often my parents or carers will be involved to support me in using the CBT techniques.

Psychotherapy

This is a talking therapy that can be described as psychoanalytic or psychodynamic. It is a more in-depth form of therapy that helps me explore my thoughts, feelings, beliefs and relationships. It will involve me discussing past events and will help me make connections between the past and the present. It will help me think about how life experiences influence my current thoughts, feelings, relationships and behaviour.

Group Therapy and Psycho-educational Groups

This is a group-based talking therapy where I will meet with other children or young people who are experiencing similar difficulties. It can help me get support and advice from other members of the group and the therapists who are leading the group. It may help me to feel that I am not alone in my experiences. The group will help me to understand my problems better and learn new skills and ways to solve problems.

Section 11: CAMHS Care Pathway Stages at a Glance

1. Coming into CAMHS

- **1.1** Referrers share information with my consent to help CAMHS decide if CAMHS is the best service to help me.
- **1.2** My family/carers and I are provided with information about what happens next when I am referred to CAMHS.
- **1.3** If CAMHS think another service is more appropriate for me they will explain this to the referrer and will advise the referrer about other services that may be better suited to meet my needs.

2. Sharing Information & Agreeing the Way forward

- **2.1** I will have a first appointment which is called a Choice appointment.
- **2.2** I will be provided with information to decide together with CAMHS the best and preferred treatment options and activities which promote my health and wellbeing.
- **2.3** My family/carers and I and CAMHS will work together to decide what goes into my Care Plan.

3. Working Together to Get Better

- **3.1** Where there are other people and services that might be able to help me get better, CAMHS will ask me and my family/carers for permission to contact them and they will work with them, as appropriate
- **3.2** My progress will be reviewed regularly with my family/carers and me and my Care Plan will be updated as necessary.
- **3.3** We will gather information about how I am now in order to measure my progress over time.

4. Moving On and Recovery

- **4.1** Based on my progress/ achievement of my agreed goals, my family/carers and I will be involved in any discussion and decisions about discharge from CAMHS.
- **4.2** CAMHS will work with my family/carers and me to identify supports to help me stay healthy and to continue to be well.
- **4.3** My family/carers and I will be given the opportunity to give feedback about my experience of CAMHS.

"Working together is at the heart of everything we do"

1.1 Referrers share information with my consent to help CAMHS decide if CAMHS is the best service to help me

- Referrals can be made by any of the following - GPs, hospitals, other health and social care professionals, education authority services, relevant voluntary sector organisations who may be involved with the family
- CAMHS staff will provide referrers with information about the CAMHS service to ensure my referral is appropriate (See 1.3 below CAMHS will follow the regionally agreed referral criteria as set out in Appendix 2)
- My referral will be prioritised based on my needs. This will either be:
  - an Emergency Department referral within 24 hrs,
  - an urgent referral within 5 working days or;
  - a routine referral within 9 weeks (13 weeks for psychological therapies)

1.2 My family/carers and I are provided with information about what happens next when I am referred to CAMHS

- CAMHS will acknowledge receipt of my referral within 7 days and provide me with a CHOICE appointment in writing detailing what will happen at this appointment and who I will see
- CAMHS staff will personalise my appointment to take account of my particular needs
- CAMHS staff will provide information to my family/carers and me about the service. This will be in a suitable format to help us understand all that will be involved (ref: Mind Matters)

1.3 If CAMHS thinks another service is more appropriate for me they will explain this to the referrer and will advise the referrer about other services that may be better suited to meet my needs

2.1 I will have a first appointment which is called a CHOICE appointment

- My CHOICE appointment is a joint discussion between CAMHS staff, my family and I which lets me tell my story and gets my family's views
- During this appointment my wishes and feelings will be discussed and decisions will be made with my full involvement
- CAMHS staff will ask me questions about my concerns, and those of my family/carers, as well as my hopes and expectations. The person I meet in my CHOICE appointment may or may not be the best person to provide my treatment and I will also be asked for my views about who the best person might be
- CAMHS staff will ask me questions about my safety including things that make me feel unsafe and how I can keep myself safe

2.2 I will be provided with information to decide together with CAMHS the best and preferred treatment options and activities which promote my health and wellbeing

- CAMHS staff will identify services that match my needs
- CAMHS staff will work with me to identify and develop my Care Plan which will focus on solutions
- My Care Plan will include details of who will be involved in my care and how often my progress will be reviewedunsafe and how I can keep myself safe

2.3 My family/carers and I and CAMHS will work together to decide what goes into my Care Plan

- My family/carers will be involved in the development of my Care Plan and will work with me to achieve it. I will receive a copy of my Care Plan
- My Care Plan will include information about:
  - Strengths, hopes, goals, resources
  - Care & treatment options
  - Physical health and well-being
  - Personal safety
  - Contacts with other agencies

3.1 Where there are other people and services which might be able to help me get better, CAMHS will ask me and my family/carers for permission to contact them and they will work with them as appropriate

- All staff who will work with me and my family/carers will be listed in my Care Plan, including details about how to get in touch with them if I need to
- My Care Plan will include information about each organisation who will work in partnership with me and what their role is in my care and treatment

3.2 My progress will be reviewed regularly with my family/carers and I and my Care Plan will be updated as necessary

- My Care Plan will be reviewed with me and my family/carers on a regular basis. This will be based on my needs and it will be done in partnership with any staff who are working with me
- The care and treatment interventions set out in my Care Plan will be monitored to determine if I am making progress to get better. CAMHS may use different methods for this which will be explained to me

3.3 We will gather information about how I am now in order to measure my progress over time

- CAMHS staff will ask me and my family how I am at the start of my care and treatment
- CAMHS staff will ask me and my family how I am at the end of my care and treatment

4.1 Based on my progress/achievement of my agreed goals, my family/carers and I will be involved in any discussion and decisions for discharge from CAMHS

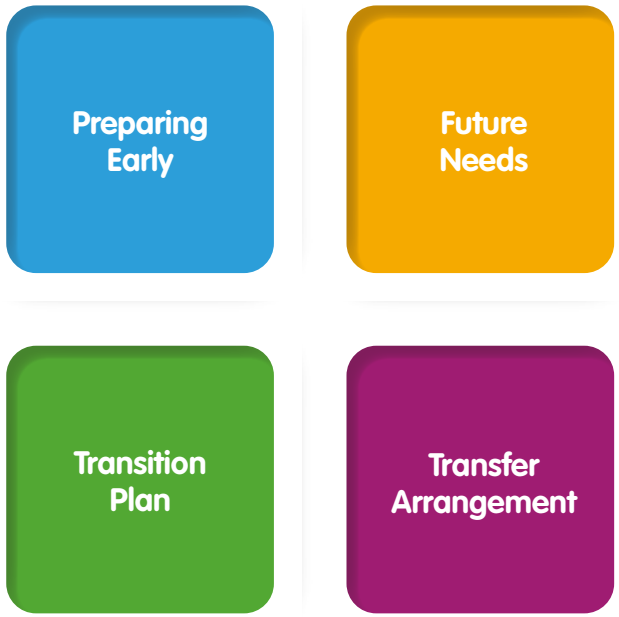
- My Care Plan will be kept under review and CAMHS will work in partnership with my family/carers and me to agree if I have reached my goals/outcomes
- When I am feeling better CAMHS will agree with my family/carers and me the arrangements for my discharge from CAMHS, This will be my Discharge Plan
- If I DNA/CNA the IEAP section 12 will be applied. This states that I am not automatically discharged due to nonattendance. A further appointment will be offered in accordance with my assessed needs and risks that may be identified will be followed up. A second appointment will be offered and if I do not attend or cancel the appointment there will be a review of the clinical risks that result in my nonattendance. This will be done in partnership with CAMHS and the person who referred me to CAMHS. Further guidance is provided in **Appendix 3**

4.2 CAMHS will work with my family/carers and me to identify supports to help me stay healthy and to continue to be well

- The types of support that will be available to me to stay healthy are set out in **Appendix 2**
- A letter will be sent to my GP to notify them of my discharge from CAMHS and the plans that have been put in place to support me on an on-going basis should I need them.
- My family/carers and I will know how to re-enter the service if and when I need to

4.3 My family/carers and I will be given the opportunity to give feedback about my experience of CAMHS

- CAMHS staff will ask me about my experience of care and use the information to understand the benefits of the service, how it can improve and if any changes are required. This is described in more detail in Section 13.



Not everyone who has received services from CAMHS will need support from Adult Mental Health Services (AMHS). If it seems likely that I will continue to need help after my 18th birthday, this will be discussed with me and with my family/carers. CAMHS will make contact with Adult Mental Health Services 6 months before I reach 18 years. This will be to share information about the care I have been receiving and my future needs.

Adult Mental Health Services and CAMHS will work together with me, and my family/carers, to agree the best arrangements for my transition to adult services. This will be recorded in a written Transition Plan but which can be revised if my circumstances change for any reason.

The plan will:-

- record my wishes and goals for my future (such as work and education, where I live, leisure activities) and the help and intervention I need to do as well as I can to reach my goals;
- identify all the people who will be involved in my care;
- identify the planned date for transfer from CAMHS and detail any joint working or shared care in support of my transition into Adult Mental Health Services.

The people from CAMHS that cared for me and who know me best will remain involved as I transfer and get to know the new people in adult services. If Adult Mental Health Services is not the best service for me or I decide not to transfer to adult services, alternative sources of support may be suggested so that I can make the best choice for the care and help that I want when I leave CAMHS after I am 18.

Section 13: Providing Feedback about My Experience of CAMHS

CAMHS will ask me for my views of the service and any feedback will be used to judge the benefit of my care and treatment. CAMHS will use a range of questionnaires which will help in gathering a formal measurement of the outcomes of my care and treatment.

The types of questions I may be asked will include:

- Was I and my family/carers actively involved in developing and progressing my care plan?
- Did I receive choice about my care and treatment?
- Was I involved in making decisions about changes in my Care Plan?
- Did I feel better as a result of my care and treatment?
- Did I achieve the goals I wanted?

CAMHS will also be responsible for monitoring the services I received including information about care and treatment ranging from need, attendance, types of treatment, impact of treatment, and me and my families/carer's experience of the service.

CAMHS staff have a wide range of knowledge, skill and expertise and come from different disciplines like nursing, psychiatry, psychology, occupational therapy, social work. The work they do is supported by many sources of information; for example National Institute for Clinical Excellence (NICE) Guidance which sets out the best known treatment options for different types of problems. The main resources CAMHS will use are detailed below and staff in CAMHS will be expected to use these in practice and/or use as reference if required:

- NICE Guidance www.nice.org.uk/guidance
- Family Support NI website www.familysupportni.gov.uk
- DHSSPS (now DoH) CAMHS model https://www.health-ni.gov.uk/publications/child-and-adolescent-mental-health-servicesservice-model-july-2012
- Royal College of Psychiatry www.rcpsych.ac.uk
- British Psychological Society www.bps.org.uk
- Thrive, The AFC-Tavistock Model for CAMHS www.ucl.ac.uk/ebpu/docs/publication_files/New_THRIVE
- Quality Network for Community CAMHS (QNCC) www.qncc.org.uk
- Quality Network for Inpatient CAMHS (QNIC) www.qnic.org.uk
- Royal College of Psychiatry Youth Information http://www.rcpsych.ac.uk/healthadvice/parentsandyouthinfo.aspx

This is not a definitive list. There are a number of Apps which may be of relevance – two to note are the Department of Health Drug and Alcohol App and the Child Development App.

Section 15: Resources to Support My Family/Carers and Me

• Royal College of Psychiatry Leaflets for Young People	www.rcpsych.ac.uk
• Young Minds	www.youngminds.org.uk
• Young Healthy Minds (Southern Trust)	www.younghealthymindsni.co.uk
• Family Support NI website	www.familysupportni.gov.uk
• Unique	www.rarechromo.co.uk
• Contact A Family	www.cafamily.org.uk
• Cerebra	www.w3.cerebra.org.uk
• FIND	www.findresources.co.uk
• The Challenging Behaviour Foundation	www.challengingbehaviour.org.uk

This is not a definitive list and there are many applications available on the internet which can provide further advice, support and help.

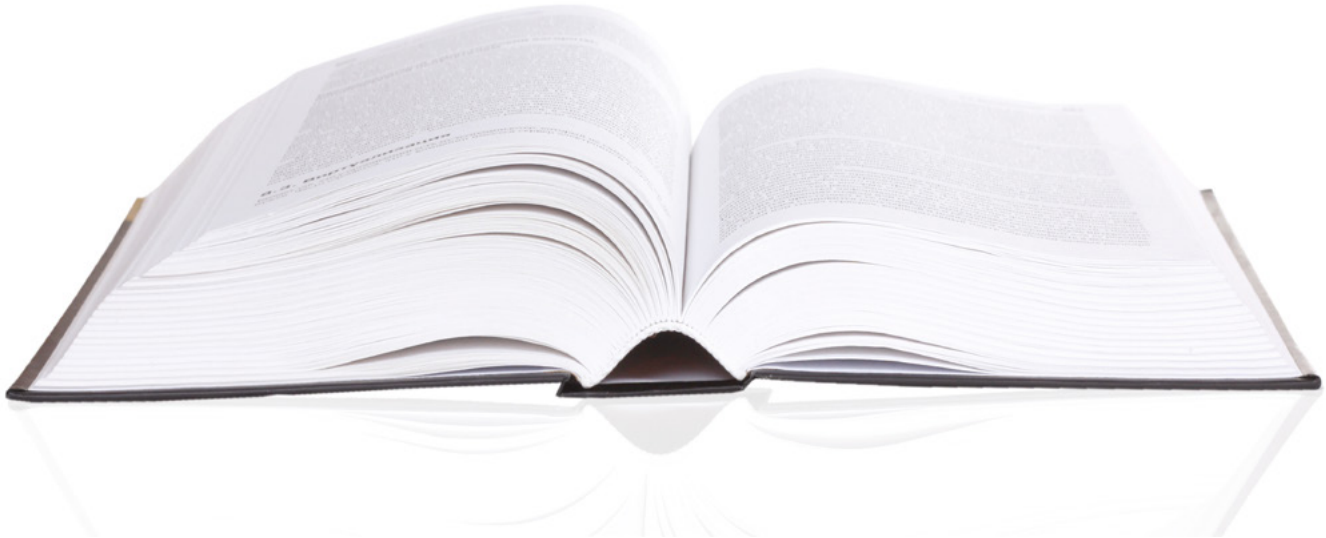
- **Appendix 1:** Explaining the Language of the Care Pathway
- **Appendix 2:** CAMHS Threshold Referral Criteria
- **Appendix 3:** IEAP Guidance Section 12 & Associated Flow Chart
- **Appendix 4:** CAMHS Services Profiles

Appendix 1: Explaining the Language of the Care Pathway

Here are some of the explanations of words and phrases you will see throughout the Care Pathway:

Choice Appointment – First Appointment.	The word 'Choice' is in line with the Choice and Partnership Approach (CAPA) .This describes a systemic approach to service organisation and to the relationship with the service user/young person/family.
Care Plan	a document that details the young person's care requirements and says what services will do to support you and your family
Schools Counselling	this refers specifically to the Intensive Counselling in Secondary Schools (ICSS). This is funded by the Dept. of Education and is available in all post primary schools in Northern Ireland.
Psychological Therapies	General term used to describe the treatment provided to improve the psychosocial functioning of a person suffering from mental health problems. Examples include psychotherapy and cognitive behavioural therapy (CBT)
NICE Guidance	The National Institute for Health and Care Excellence (NICE) provides evidenced based national guidance and advice on the care and services to be provided for specific conditions to improve health and social care.
Service Model	this is a general term used to cover the range of services, the types of approaches and supports required to meet the needs of a particular group.
IEAP	stands for Integrated Elective Access Protocol. Government guidance produced to document how data should be collected, recorded and reported, and to establish a number of good practice guidelines to assist staff with the effective management of outpatient, diagnostic and inpatient waiting lists.
DNA	Did Not Attend (refers to appointments that were not kept and no notification given)
CNA	Could Not Attend (refers to appointments that were not kept and notification of not being able to attend given in advance)

DOH	Department of Health (in Northern Ireland formerly referred to as DHSSPS)
CYPSP	Children and Young People's Strategic Partnership brings together a range of agencies including voluntary and community sector organisations which aim to improve the lives of children and young people in Northern Ireland. http://www.cypsp.org/
OFMDFM	Office of First Minister and Deputy First Minister. https://www.executiveoffice-ni.gov.uk/
QNCC	Quality Network for Community CAMHS) is a members' network which works with professionals from health, social services, education and the voluntary sector to improve the quality of CAMHS services.
QNIC	Quality Network for Inpatient CAMHS - QNIC is a national network which aims to demonstrate and improve the quality of inpatient child and adolescent psychiatric in-patient care through a system of review against the QNIC service standards.
Values	Things we think of as important or worthwhile and which should be followed by everyone involved in providing care services



REFERRAL GUIDELINES
FOR
CHILD AND ADOLESCENT MENTAL HEALTH SERVICES

STEP 2 AND STEP 3
INCORPORATING REGIONAL THRESHOLD CRITERIA

(Step 2 and Step 3 service provision)

June 2017

A referral to CAMHS **is appropriate** regardless of whether Step 2 or 3 is the appropriate level for intervention.
Both of the following two conditions must be met.

Condition 1 (basic threshold)	A child/ young person has or is suspected to have a mental ill health or other condition that results in persistant symptoms of psychological stress
Condition 2 (complexity and severity threshold)	(at least one of the following exists) - An associated serious and persistent impairment of their day to day functioning - An associated risk that the child/young person may cause serious harm to themselves or others.

Referrals are accepted from: General Practitioners, Child and Family Social Services, Paediatric Services, Child Health Services, Educational Welfare Services including Independent Counselling Service for Schools (ICSS), Voluntary agencies within the Step Care Model and Family Support Hubs

Threshold Criteria for Step 2
Step 2 CAMHS will accept referrals on children and young people presenting with mild to moderate mental ill health and emotional difficulties. Consideration will be given to the complexity of the difficulties, risk of secondary problems developing, the child's development, the presence/absence of protective factors and the presence/absence of stressful social and cultural factors.

Threshold Criteria – Step 3
Referrals will be accepted where there is a severe and/or enduring impact on the child or young person's normal daily functioning (psychological / social / educational). However where there is severe impairment of functioning or a life threatening condition, a referral should be made immediately and discussed with a senior member of the CAMHS team; where the impact has been lasting for three months or more a referral may be made and similarly, it would be advised to consult the CAMHS team in advance.

The appropriate pathways for referral are typically:

Conditions and concerns	Step 2 examples	Step 3 examples	Other Agencies able to provide service response
Mood difficulties	Mild depression with some impact on functioning e.g. disrupted sleep, loss of appetite, or who have a level of complexity/ /involvement with other services e.g. Autism, ADHD.	Moderate to severe depression with biological features which has not responded to earlier intervention or, an acute presentation with risk to self.	Lifeline/Contact for mild moderate depression with some impact on functioning e.g. disrupted sleep, loss of appetite; School Counselling (ICSS) for school related issues.
Self-harm	Young people presenting with superficial or recent self-harm where there is no evidence of a mood disorder but there may be other emotional and psychological distress/case complexity e.g. other services may already be involved	Significant and /or persistent self-harm within a presentation of moderate to severe mental health difficulties. E.g. young person who is depressed with TLNWL. **Thoughts of Life Not Worth Living*	Young people presenting with superficial or recent self-harm where there is no evidence of a mood disorder can be redirected to SHIP.* **Self-harm Intervention Programme*

Conditions and concerns	Step 2 examples	Step 3 examples	Other Agencies able to provide service response
Emotional dysregulation	Anger, frustration, anxiety, worry, mood lability which has not responded to a Step 1 intervention.	Also have a co-morbid mental health condition e.g. Young Person with anxiety disorder, Obsessive Compulsive Disorder (OCD).	Family Support /EISS for those requiring Step 1; Paediatric psychology for those whose symptoms are related to an underlying medical condition; School counselling for school related issues; School based teams for school related issues Key Stage 1.
Anxiety	Mild – moderate anxiety, phobias, and obsessional behaviours.	Persistent, enduring anxiety that has not responded to earlier intervention. Panic, significant phobias, OCD	Local community and Voluntary/school counselling or school based anxiety teams; Self help; Mindfulness.
Attachment issues	Early attachment issues where parent/care giver willing to engage.	Attachment issues where the work is with the young person or where there are more complex issues/co-morbid mental health; Infant mental health consultation	LAC Therapeutic Team (LACTT) - services for those without significant co-morbid mental health who are ‘looked after’ by a Trust

Conditions and concerns	Step 2 examples	Step 3 examples	Other Agencies able to provide service response
Self-esteem difficulties			Redirect self-esteem difficulties that are not part of a co-morbid condition to a Family Support Hub or other voluntary organisation or school counselling
Mild to moderate mental health and emotional difficulties associated with toileting	Where Step one has been completed and organic cause has been ruled out.	When part of a co-morbid mental health presentation	Referrals that have not been invested by acute paediatrics for organic cause should be redirected to acute. Referrals for younger children requiring Step one should be redirected to the Health Visitor or Family Support Hub
Trauma, loss, bereavement reactions	Complicated grief reactions. Single trauma with complicated reaction e.g. road traffic collision May have had some other intervention from voluntary first.	Where Step 2 has been completed and/or there are other complex factors	Redirect to Cruise/Barnardo's for bereavement; Redirect to Family Trauma Centre for significant trauma; Domestic abuse can be redirected to Women's Aid.
Emotional/behavioural difficulties relating to school	Partial school refusal e.g. less than 3 months/ or sporadic attendance.	School refusal with an associated co-morbid mental health difficulty e.g. depression/anxiety.	Educational Welfare Officers Consider school counselling if related to bullying etc. School based anxiety teams.

Conditions and concerns	Step 2 examples	Step 3 examples	Other Agencies able to provide service response
Behavioural/difficulties associated with mild to moderate developmental and mental ill health and emotional difficulties.	Where behavioural difficulties persist after Step 1 intervention.	Consultation/intervention may be offered where a child or young person's behaviour is likely to cause them or others significant harm and the difficulties persist after step 2 intervention.	
Gender Identity/ Dysphoria	When emotional ill health is mild/moderate can be seen at step 2 and co worked with KOI* **Keeping Our Identity*	Part of pathway to Gender Identify Service.	SAIL and Gender Jam* **Voluntary Sector organisations that provide support*
Early Onset Psychosis		Intervention will be by CAMHS Step 3	DAMHS should be considered where drugs/ alcohol are a significant factor
Autism Spectrum Disorder (ASD)	Parents and children requiring additional intervention when a Step 1 and or workshops have been completed.	With co-occurring mental health problems	
Trauma	Initial trauma work	Complex and persistent	Family Trauma Centre should be considered

Conditions and concerns	Step 2 examples	Step 3 examples	Other Agencies able to provide service response
Obsessive Compulsive Disorders (OCD)	Early onset with mild – moderate impact on functioning	Moderate – severe impact on functioning	
Attention Deficit Hyperactivity Disorder (ADHD)	Initial assessment and parenting intervention under 6 years if a Step1 has been completed. 6 years – under 7 years for initial assessment 8 years plus for children and parents requiring additional intervention when a Step 1 has been completed	Co-morbid mental health problems and/or requiring medication not within remit of Paediatrics.	Key Stage one queries for children attending a school based intervention team.
Eating Disorders	Eating as a behavioural/ emotional issue.	Co morbid eating disorders.	EDYS* – criteria specific **Eating Disorder Young People's Service*
Substance misuse/ addiction		Where the substance misuse is secondary to mental ill health/social use	DAISY and other local substance misuse services e.g. Extern; DAMHS where comorbid presentation.

Additional Criteria for Both Step 2 and Step 3

As a matter of good practice, it is agreed that where a child or young person, who has not been deemed to meet the Threshold Criteria outlined for Step 2 /Step 3, has been **re-referred on three occasions within a rolling period of 12 months**, CAMHS will accept the referral on the 3rd occasion and conduct an initial assessment.

HOW TO DECIDE AN APPROPRIATE REFERRAL

(a) Severity of Symptoms

Step 3 CAMHS will accept referrals of children and young people whose symptoms or distress and degree of functional impairment is having a significant impact in their day to day functioning and where a multidisciplinary team input is required

(b) Duration of Difficulties

Usually, the duration of these difficulties will be for a period of time and self-management or Step 1 intervention has not been successful, or they are acute and impacting on all areas of functioning within a short space of time

(c) Severe Mental Health Disorders

Step 3 CAMHS will accept referrals where there is a likelihood that the child or young person has a diagnosable mental health disorder.

(d) Case Complexity

Step 3 CAMHS will accept referrals where there is a high level of case complexity and where multidisciplinary intervention is required

Emergency and Urgent Referrals

Emergency

This is a written/verbal referral that requires an immediate response/assessment due to the severity of presentation associated with a child or young person being at risk to themselves or others. This will include for example:-

- people who are actively suicidal
- acutely psychotic
- presentation of anorexia with severe physical signs
- those severely depressed and/or in need of crisis assessment and intensive home treatment/acute care admission.

CAMHS should provide **as a minimum** a next day assessment service seven days a week. Outside of these operating hours, Trusts should ensure robust care arrangements have been put in place to address the needs of children and young people at risk.

Urgent

This is a referral that requires a response within a maximum of five working days due to presenting complexities and/or associated risks and, if left unaddressed, may result in a mental health emergency referral.

This will include people with

- severe symptoms of depression with or without suicidal ideation
- Symptoms of anorexia.
- Severe unexplained deterioration in emotional state and behaviour at home and school not thought to be due to drugs, alcohol or physical illness.

Assessment will also be done following deliberate self-harm and presentation at accident and emergency services.

Consultation / Routine Referrals

Consultation

A professional consultation is the process of organising a dedicated professional/multi-agency meeting **post screening of referral** to identify the most effective way of addressing the needs of the patient/client referred. The primary outcome of a consultation is to maximise care outcomes and/or determine the most appropriate form of care intervention/pathway particularly where there has been a range of agencies/professional involved in the care of the patient/client prior to referral.

Routine

These are all other referrals which require an appointment within the maximum waiting time guarantee of nine weeks.

Looked After Children

Where there is concern about mental health/ill health for a LAC child the LAC Therapeutic Team should first be consulted and then a referral to CAMHS if required in line with the above threshold criteria. Children referred will be screened by CAMHS and the LAC worker and discussed with the Social Services key worker.

Discharge Criteria and Planning

Discharge from the service will be done in partnership with the child/young person and their family/carer following discharge planning protocols including transition to other service providers

Transitional Arrangements to Adult Mental Health Services (AMHS)

Following intervention by Steps 3-5 CAMHS Services if intervention is still required post 18, a referral will be made in line with the Regional Transition Policy applied across all Trusts and the arrangements detailed in the CAMHS Integrated Care Pathway.

All young people that require it will have a transition plan to support joint working in preparation for discharge to a partnership agency or transition to Adult Mental Health Service post 18 years.

This guidance will be subject to ongoing review and refinement in line with research and best practice and as services may be developed. Feedback on implementation of the guidance is welcome from clinicians and other practitioners and should be directed to Trusts' CAMHS Managers and PHA /HSCB CAMHS service planners

12. DNA/CNA of Appointments (including 7 day follow-up post discharge)

12.1 In mental health services any patient/client who DNAs, or CNAs any appointment, should not be automatically discharged due to non-attendance any decision to discharge should be clinically risk reviewed.

12.2 All patients/clients who DNA/CNA should be offered at least one other appointment in accordance with their needs/risks as determined by the Clinical Coordinator/Team.

12.3 Urgent/Priority Appointment DNA - Based on the information available and in partnership with the referral agent, the mental health service should undertake a review of the clinical risks. A second appointment should be offered within a maximum of 10 days (depending on level of risk this may need to be sooner) by direct contact. If the patient/client DNAs on the second occasion, this should be risk reviewed prior to any decision to discharge. Where risk is indicated in partnership with the referral agent, consideration should be given to assertive outreach.

12.4 Urgent Appointment CNA - Mental Health Services should offer the patient a second appointment. If the patient/client CNAs appointments on more than two occasions, a review of the clinical risks associated with non-attendance should be undertaken in partnership with the referral agent prior to any decision to discharge. Where clinical risk is indicated, consideration should be given to assertive outreach.

12.5 Routine Appointment DNA & CNA - For those patients/clients who have been offered a routine appointment, a second appointment should be offered. If the patient fails to keep, or cancels, their second appointment then a review of the clinical risks associated with non-attendance should be made in partnership with the referral agent.

12.6 **Acute Inpatient Mental Health 7 Day Up Requirement DNA/CNA**

12.6.1 If the patient/client DNAs this appointment, Mental Health Services should undertake a risk assessment/review and offer a second appointment within 7 calendar days and/or assertively outreach depending on the assessed risks.

12.6.2 If the patient/client CNA their appointment, Mental Health Services should undertake a risk assessment/review and offer a second appointment within 7 calendar days,

12.6.3 If the patient/client CNA their second appointment a review of risk should be undertaken and/or assertively outreach depending on the assessed risks

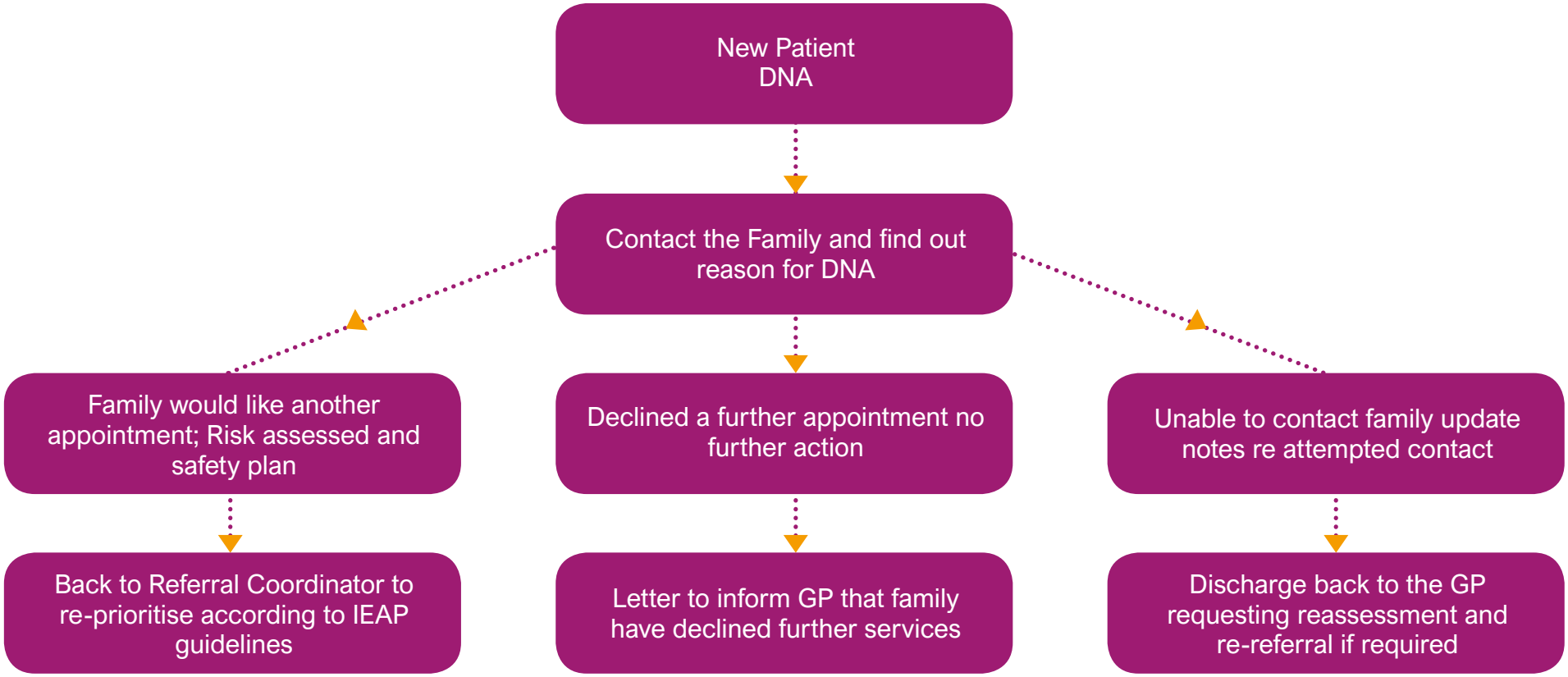
12.6.4 Where a follow up visit does not take place, Trusts are required to record and report on the number of patients in this category and the reasons why this did not take place within seven days.

12.7 Mental Health Services should proactively use DNA/CNA trend information to inform and enable safe and effective case management. It is recommended that analysis of DNA/CNA rates is undertaken by appointment type (i.e. urgent/routine/review etc), as this will better inform capacity planning and clinic template construction. Mental Health Services should take proactive active steps to reduce the incidence of DNAs. Trusts should establish their baseline DNA position, by appointment type, showing a trend over a period of ideally not less than 6 months. Operational processes should then be reviewed and revised to support a process of continual improvement to reduce DNA levels. Robust booking practices should be seen as key to the delivery of this work.

12.8 Trusts DNA performance will be monitored and analysed at regional level and discussed at working group meetings. Where available, Trusts are encouraged to source local and/or national DNA performance benchmarks for service specific outpatient/

Action by Therapist if New Patient Does Not Attend (DNA)

NB* If the referral indicates risk the therapist should attempt to contact the family. If unable to do so the case should be discussed with the team lead or other senior team member before discharging. If the family decline CAMHS input or cannot be contacted the referrer should be made aware if concerns around risk remain and be advised to follow up ASAP.



Appendix 4: CAMHS Services

Name of Service	Stepped Care Framework (1 2 3 4 5)	Service location Community/ Acute/Other	Coverage Regional/ Trust
Primary Mental Health Team (PMHT)	2	Community	Trust
Infant Mental Health Delivered as: I-CAMHS or as part of Primary Mental Health	2	Community	Trust
Multi-Disciplinary/Core CAMHS	3	Community	Trust
Drug and Alcohol Mental Health Services otherwise known as DAMHS	3	Community	Trust
Eating Disorder	3	Community	Trust
Crisis Resolution & Home Treatment (CRHT)	4	Community	Trust
KOI (Gender Identity Service)	4	Other	Trust
Forensic CAMHS	3 4 5	Other	Trust
ID* CAMHS – Community (Step 3) Iveagh/Lakeview Inpatient Units (Step 5) Lakeview Inpatient Units (Step 5) (Western Trust only) (*Intellectual Disability)	3 5	Community Acute	Trust
Beechcroft – Regional In-patient Unit	5	Acute	Trust
Family Trauma Centre	3	Community	Trust

Name of Service	Stepped Care Framework 1 2 3 4 5	Service location Community/ Acute/Other	Coverage Regional/ Trust
Primary Mental Health Team (PMHT) **Brief Description of Service** Primary Mental Health Teams work with children and young people up to the age of 18 years with mild to moderate emotional or mental health difficulties. The service offers a comprehensive assessment followed by clinical intervention with a child or young person and/or with his/her family. There may be group work opportunities provided as part of the service or together with other community based services. Consultation support, advice, education and training are all part of the work in Primary Mental Health which is based around an ethos of prevention and early intervention. Primary Mental Health Teams are mostly made up of nurses or social workers and there is input also from Clinical Psychology.	1 **2** 3 4 5	Community	Trust

Name of Service	Stepped Care Framework 1 2 3 4 5	Service location Community/ Acute/Other	Coverage Regional/ Trust
Infant Mental Health **Delivered as: I-CAMHS or as part of Primary Mental Health** **Brief Description of Service** I-CAMHS is designed to respond to work with infants below the age of 3 years where there are difficulties with attachment or bonding issues or other emotional concerns. This service specifically aims to provide the earliest possible intervention and provides consultation to other professionals who have identified infants as being at risk of poor attachment with their care-giver. Direct clinical work is undertaken with parents and/or caregivers and their babies.	1 **2** 3 4 5	Community	Trust

Name of Service	Stepped Care Framework 1 2 3 4 5	Service location Community/ Acute/Other	Coverage Regional/ Trust
Multi-Disciplinary/Core CAMHS	1 2 **3** 4 5	Community	Trust
Brief Description of Service			
Core CAMHS works with children and young people up to the age of 18yrs who present with moderate to severe mental health difficulties. The team is multi-disciplinary made up of nurses, clinical psychologists, social workers, psychiatry and occupational therapy as the main professions and provide consultation and advice to other professional groups and agencies. Core CAMHS provides specialist diagnostic assessment and provides psychological, systemic and or pharmacological therapy. They also work with other the staff in the other services within CAMHS. CAMHS is available for consultation to other professionals concerned about emotional wellbeing and mental health issues.			

Name of Service	Stepped Care Framework 1 2 3 4 5	Service location Community/ Acute/Other	Coverage Regional/ Trust
Drug and Alcohol Mental Health Services otherwise known as DAMHS	1 **2** 3 4 5	Community	Trust
Brief Description of Service			
DAMHS is provided in the Trusts as either a specialist team or as a specialist Substance Misuse Practitioner who is part of Core CAMHS at Step 3. Whatever arrangement is in place, the service focuses on the management and treatment of children and young people with co-morbid mental health and substance misuse problems. They may work along with other mental health staff and other community based agencies that deliver services to help young people who are misusing substances whether legal or illegal. Therapeutic intervention will be aimed at reducing or stopping substance misuse through discussion on the physical, psychological, social, educational, systemic and legal issues related to their substance misuse. DAMHS also offers opportunities for consultation and educational group sessions to professionals, children and young people their families and carers.			

Name of Service	Stepped Care Framework 1 2 3 4 5	Service location Community/ Acute/Other	Coverage Regional/ Trust
Eating Disorder	1 2 **3** 4 5	Community	Trust
Brief Description of Service			
Each Trust has an Eating Disorder Team which treats children and young people under 18 years who have difficulties with their eating patterns. Examples of eating disorders are Anorexia Nervosa, Bulimia Nervosa and Eating Disorders Not Otherwise Specified (EDNOS) The team provides a family and individual assessment and if the eating disorder service is appropriate to meet their needs, a range of interventions are available, such as Motivational Work, Individual Therapy, Family Therapy, Individual Nutritional assessment, education and reviews. Various group supports may also be provided such as nutritional education and carer's support which may be provided over a specific number of weeks.			

Name of Service	Stepped Care Framework 1 2 3 4 5	Service location Community/ Acute/Other	Coverage Regional/ Trust
Crisis Resolution & Home Treatment (CRHT)	1 2 3 **4** 5	Community	Trust
Brief Description of Service			
CRHT is available in the community to reduce and/or manage children and young people who are at immediate risk or who need intensive therapeutic care. The primary objective of this intervention is to prevent admissions to acute hospital care but where admission is required, this service is aimed to provide earlier step down from in patient care. CRHT provides an emergency/crisis response and may provide support as required to other services such as Gateway, Emergency Department presentations. The team will work intensively with children and young people and their families/carers as required.			

Name of Service	Stepped Care Framework 1 2 3 4 5	Service location Community/ Acute/Other	Coverage Regional/ Trust
KOI (Gender Identity Service) **Brief Description of Service** The Regional Gender Identity Service offers assessment, specialist treatment and therapeutic support to young people who have issues regarding their gender and also includes work with families. The service works in collaboration with local CAMHS offering consultation and liaison (and with wider children services) as necessary and appropriate, and links with and/or signpost users and carers to other relevant voluntary/community sector organizations, whether locally or nationally based, for additional information and support.	1 2 3 **4** 5	Other	Regional

Name of Service	Stepped Care Framework 1 2 3 4 5	Service location Community/ Acute/Other	Coverage Regional/ Trust
Forensic CAMHS **Brief Description of Service** Step 3/4 – Community Forensic CAMHS deals with specialist forensic mental health referrals. The aim of the service is to assist a range of agencies and professionals in addressing the mental health and risk management needs of young people presenting with high risk behaviours. This is conducted through clinical consultations and specialist assessments. Step 4/5 – In Reach CAMHS at Woodlands Juvenile Justice Centre, operates in line with other Step 3 CAMHS services in the community. All young people admitted to custody are treated as having the same level of entitlement to health care that any young person has in the community. When a young person is admitted they will undergo a health assessment comprising both physical and mental health screen. As necessary the team will liaise with community CAMHS and other children services.	1 2 **3** **4** **5**	Other	Regional

Name of Service	Stepped Care Framework	Service location Community/ Acute/Other	Coverage Regional/ Trust
ID* CAMHS – Community (Step 3) **Iveagh/Lakeview Inpatient Units (Step 5)** **Lakeview Inpatient Units (Step 5) (Western Trust only)** (*Intellectual Disability)	1 2 3 4 5	Community Acute	Trust Regional
Brief Description of Service			
Step 3 - ID CAMHS teams offer core/Step 3 CAMHS to children and young people with Intellectual Disability (ID) and moderate to severe mental health difficulties or complex behavioural difficulties. They provide comprehensive assessment and specialist, multidisciplinary, therapeutic interventions, broadly similar to mainstream CAMHS, with additional treatment approaches tailored to the needs of children young people with ID e.g. behavioural and communication interventions. ID CAMHS teams understand the complex genetic, neurological or physical health difficulties which often impact on the mental health and development of this client group, and tailor their approaches accordingly. ID CAMHS work along with other specialist services involved with children and young people with ID particularly education, social care and child health teams. Inpatient assessment and treatment, when required, is offered in Iveagh which is based in the Belfast Trust locality but is used by all the Trusts except the Western Trust who provide this service at Lakeview hospital.	1 2 3 4 5		

Name of Service	Stepped Care Framework 1 2 3 4 5	Service location Community/ Acute/Other	Coverage Regional/ Trust
Beechcroft – Regional In-patient Unit	1 2 **3** 4 5	Acute	Regional
Brief Description of Service			
The Regional In patient unit is based at Beechcroft and is provided by the Belfast HSC Trust. The unit usually admits adolescents presenting with mental illness that requires treatment in hospital. The unit delivers assessment and treatment to young people presenting with a range of severe and/or complex disorders (including depression, psychoses, eating disorders, severe anxiety disorders, emerging personality disorder, severe psychosomatic disorders) associated with significant impairment and/or risk to themselves and others which cannot be managed in the community or adequately by community CAMHS. Younger children may be admitted also but this is generally by exception and usually involves admission with the child's family.			

Name of Service	Stepped Care Framework 1 2 3 4 5	Service location Community/ Acute/Other	Coverage Regional/ Trust
Family Trauma Centre	1 2 **3** 4 5	Community	Regional
Brief Description of Service			
The Family Trauma Centre is provided by the Belfast HSC Trust but the service operates across the region. It was originally established as a regional specialist treatment service for children, young people under 18 years and their families, who were adversely affected by the trauma of the Troubles. The remit has been widened to cover severe non-Troubles related trauma, including but not limited to, incidents of murder, suicide, hostage situations, child abuse, community and domestic violence to which children have been exposed and are displaying trauma reactions and there is increasingly work with asylum seekers where children have been exposed to severe trauma. The service provides a range of interventions including Family Therapy, Child Psychotherapy, Psychological Therapy and specific trauma treatments such as EMDR and CBT. Specific consultation and supervision is available within CAMHS.			

Section 17: Useful Contact Information

Service	What They Do	How to Contact

Notes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