Crisis Assessment & Treatment Team (C-CATT) Operational Policy
Child and Adolescent Mental Health Services (CAMHS)

Version: 2.1
Executive Lead: Executive Director Operations
Lead Author: CAMHS Community Manager
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Approved By: East and North SBU Quality and Risk Committee
Ratified Date: 25th March 2015
Ratified By: Policy Panel
Issue Date: 20th April 2015
Review Date: 20th April 2018

Target Audience:
This Policy must be understood by staff working in:
* CAMHS – all service areas
* RAID Teams
* Accident & Emergency Departments in acute hospitals
* Out of hours Services
* Paediatric wards in acute hospitals
Preface - concerning the Trust Policy Management System (PMS)

P1 - Version Control History:
Below notes the current and previous Version details:

<table>
<thead>
<tr>
<th>Version</th>
<th>Date of Issue</th>
<th>Author</th>
<th>Status</th>
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</tr>
</thead>
<tbody>
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<td>V1</td>
<td>July 2011</td>
<td>Community CAMHS Manager</td>
<td>Superseded</td>
<td>Previous version prior to new model</td>
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<td>20th April 2015</td>
<td>CAMHS Community Manager</td>
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<td>Incorporation of new model and protocol</td>
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<td>September 2015</td>
<td>CAMHS Community Manager</td>
<td>Current</td>
<td>Care Act Addendum removed and policy updated for Care Act.</td>
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</table>

P2 - Relevant Standards:
- **Equality and RESPECT**: The Trust operates a policy of fairness and RESPECT in relation to the treatment and care of service users and carers and support for staff.

P3 - The 2012 Policy Management System and the Policy Format:
The PMS requires all Policy documents to follow the relevant Template:
- **Policy Template** is the essential format for most Policies. It contains all that staff need to know to carry out their duties in the area covered by the Policy.
- **Operational Policies Template** provides the format to describe our services, how they work and who can access them.
- **Care Pathways Template** is at the moment in draft and only for the use of the Pathways Team as they are adapting the design on a working basis.
- **Guidance Template** is a sub-section of the Policy to guide Staff and provide specific details of a particular area. An over-arching Policy can contain several Guidance’s which will need to go back to the Approval Group annually

Symbols used in Policies:
- **RULE** = internally agreed, that this is a rule & must be done the way described
- **STANDARD** = a national standard which we must comply with, so must be followed

Managers must bring all relevant policies to the attention of their staff, where possible, viewing and discussing the contents so that the team is aware of what they need to do.

Individual staff/students/learners are responsible for implementing the requirements appropriate to their role, through reading the Policy and demonstrating to their manager that they understand the key points.

All Trust Policies will change to these formats as Policies are reviewed every 3 years, or when national Policy or legislation or other change prompts a review. All expired and superseded documents are retained and archived and are accessible through the Compliance and Risk Facilitator Policies@hptf.nhs.uk

All current Policies can be found on the Trust Policy Website via the Green Button or http://trustspace/InformationCentre/TrustPolicies/default.aspx
# Crisis Assessment and Treatment Team (CCATT) Operational Policy V2

## Contents Page

<table>
<thead>
<tr>
<th>PART:</th>
<th>Preface</th>
<th>Preface concerning the Trust Policy Management System:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>P1 - Version Control History</td>
</tr>
<tr>
<td></td>
<td></td>
<td>P2 - Relevant Standards</td>
</tr>
<tr>
<td></td>
<td></td>
<td>P3 - The 2012 Policy Management System &amp; Document Formats</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PART 1</th>
<th>Preliminary Issues:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1. Induction</td>
</tr>
<tr>
<td></td>
<td>2. Summary</td>
</tr>
<tr>
<td></td>
<td>3. Purpose</td>
</tr>
<tr>
<td></td>
<td>4. Definitions</td>
</tr>
<tr>
<td></td>
<td>5. Duties and Responsibilities</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PART 2</th>
<th>What needs to be done and who by:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>6. Eligibility Criteria</td>
</tr>
<tr>
<td></td>
<td>7. Service Delivery</td>
</tr>
<tr>
<td></td>
<td>8. Services Offered</td>
</tr>
<tr>
<td></td>
<td>9. Outcome Measures</td>
</tr>
<tr>
<td></td>
<td>10. Discharge from the Adolescent Outreach Service</td>
</tr>
<tr>
<td></td>
<td>11. Transition to Adult Care</td>
</tr>
<tr>
<td></td>
<td>12. Team Process</td>
</tr>
<tr>
<td></td>
<td>13. Confidentiality</td>
</tr>
<tr>
<td></td>
<td>15. Records Management</td>
</tr>
<tr>
<td></td>
<td>16. Health and Safety</td>
</tr>
<tr>
<td></td>
<td>17. Communication</td>
</tr>
<tr>
<td></td>
<td>18. Capacity to Consent</td>
</tr>
<tr>
<td></td>
<td>19. Freedom of Information</td>
</tr>
<tr>
<td></td>
<td>20. Quality Audit and Practice Governance</td>
</tr>
<tr>
<td></td>
<td>21. Training /Awareness</td>
</tr>
<tr>
<td></td>
<td>22. Equality and RESPECT</td>
</tr>
<tr>
<td></td>
<td>23. Process for monitoring compliance with this document</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PART 3</th>
<th>Associated Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>24. Version Control</td>
</tr>
<tr>
<td></td>
<td>25. Archiving Arrangements</td>
</tr>
<tr>
<td></td>
<td>26. Associated Documents</td>
</tr>
<tr>
<td></td>
<td>27. Supporting References</td>
</tr>
<tr>
<td></td>
<td>28. Comments and Feedback</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Appendices</th>
<th>Appendix 1 - C-CATT Intervention Options</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Appendix 2 - C-CATT Protocols – Hospital Based Work</td>
</tr>
<tr>
<td></td>
<td>Appendix 3 - Recording in Patient Notes in Acute Hospital Settings - Guidance for C-Catt Staff</td>
</tr>
<tr>
<td></td>
<td>Appendix 4 – CCAT Referral Form</td>
</tr>
</tbody>
</table>

Page 3 of 31
Crisis Assessment and Treatment Team (CCATT) Operational Policy V2
1. Introduction

Child and Adolescent Mental Health Services (CAMHS) describe the broad range of services, which support the emotional wellbeing, and mental health of children and young people.

In the last 10 years a raft of policy heralding the way for the development of a comprehensive Child and Adolescent Mental Health Service (CAMHS) has emerged.

Key strategic direction has been found in:-

- Change for Children – Every Child Matters, Department for Children, Schools and Families (DCSF), 2004;
- The National Service Framework for Children, Young Peoples and Maternity Services, Department of Health, 2004;
- The Children’s Plan-Building Brighter Futures, DCSF, 2007;
- Children and Young People in Mind: the final report of the National CAMHS Review, DCSF, 2008
- Care Act 2014
- Children and Families Act 2014
- Model specification for Children and Adolescent Mental Health Services (CAMHS)  http://www.england.nhs.uk/resources/resources-for-cggs/

The Care Act requires that the wellbeing of each young person or carer must be taken into account so that assessment and planning is based around individual needs, wishes and outcomes. Early conversations provide an opportunity for young people and their families to reflect on their strengths, needs and desired outcomes and to plan ahead for how they will achieve their goals.

The purpose of carrying out a transition assessment is to provide young people and their families with information so they know what to expect in the future and they can prepare for adulthood. Transition assessments can be of benefit in providing solutions that do not necessarily involve the provision of services and which may aid planning that helps to prevent and reduce or delay the development of needs for care and support.

Professionals from different agencies, families, friends and wider community should work together in a coordinated manner around each young person to help them achieve their desired outcomes.

The duty to conduct a transition assessment applies when a young person is likely to have needs for care and support under the Care Act. A transition assessment must be conducted for all those who have likely needs. However, the timing of this assessment would depend on when it is of significant benefit to the young person. The provisions in the Care Act relating to transition to adult care and support are not only for those who are already receiving CAMHS services and/or Children’s Social Care, but for anyone who is ‘likely to have needs’ for adult care and support after turning 18. ‘ Likely to have needs’ means they have any likely appearance of need for care and support as an adult, not just those needs that will be deemed eligible under the Care Act.
2. Summary

This Policy explains the responsibilities and service provision of the CAMHS Crisis Assessment Treatment Team (C-CATT). C-CATT is an integrated multi-disciplinary team offering a crisis assessment service, followed, when appropriate, by an intensive, short-term home/community treatment service. Crisis assessment is carried out through daily presence in the two acute hospitals in Hertfordshire as well as in the community where necessary. The service is available 09:00 to 17:00 Monday through to Friday (to 21.00 within the hospitals) and is being extended to cover weekend mornings within the two hospitals. The service is part of the High Risk Care Pathway within Hertfordshire Partnership University NHS Foundation Trust (HPFT) CAMHS service.

3. Purpose

Local Strategic Context

The Children and Young Peoples Plan (CYPP) sets out the multi-agency vision for services for children and young peoples in Hertfordshire across two main themes:

- Safeguarding children and young people
- Narrowing the gap between vulnerable children and all children

Within narrowing the gap between vulnerable children and all children is priority outcome 4, which sets out the key objectives to ensure children and young people’s emotional wellbeing, and mental health is well supported.

In addition, the Hertfordshire Emotional Wellbeing and Mental Health Strategy (2009/12 sets out the vision to ensure that a broad range of services are available to support children and young people. The strategy has 4 main strategic objectives:

PROMOTION AND PREVENTION: Promote emotional wellbeing and positive mental health through effective engagement of the wider community; to raise awareness; tackle stigma; advocate early help seeking; and involve children, young people and their families and carers in the development and review of services.

EARLY IDENTIFICATION AND INTERVENTION: Work in partnership to deliver a range of integrated, preventative, and early intervening services that are flexible and accessible in supporting and meeting the needs of all children and young people.

TARGETED PROVISION: Take a coordinated approach to the delivery of targeted provision for children and young people from vulnerable groups

The CAMHS vision and values are based on the following clinical principles (in line with the principles underpinning CYP-IAPT – Children & Young People’s Improving Access to Psychological Therapies - and CAPA – Choice & Partnership Approach):

- **Evidence based** – interventions are informed by the best research evidence
- **Goal focused** – interventions focus on the goals and wishes of the service user/family
- **Feedback informed** – session-by-session feedback on clinical progress and therapeutic alliance, facilitates better working relationships and outcomes
- **Outcomes focused** – use of routine outcomes monitoring informs service development and clinical practice
- **Service user led** – authentic participation guides service development to meet local population’s needs
Aims & Benefits of the Service

C-CATT is a flexible resource/service which aims to:

- Offer a specialist service for young people between the ages of 0 and 18 years, living in Hertfordshire, with complex and challenging mental health problems and at high risk of harm to themselves or others.
- Provide assessments for children and adolescents with mental health needs presenting at Emergency Departments (A&E) or who are on paediatric wards (including those from outside of Hertfordshire)
- Provide a range of short-term community based assessment and treatment options for this group of children and adolescents and provide advice and support to parents/carers
- Carry out ongoing risk assessments and document accordingly
- Make safeguarding referrals as appropriate
- Provide support to hospital staff, children/young people and their families whilst they are in hospital and contribute to workforce development of acute hospital staff in relation to emotional wellbeing and mental health issues in children and young people
- Provide short-term, intensive packages of care to children and adolescents referred to the service, in conjunction with Tier 3 Specialist CAMHS clinics where appropriate
- Provide creative and flexible multi-disciplinary assessments at points of crisis following the CAMHS clinical principles
- Work in conjunction with the Specialist CAMHS clinicians with children and adolescents who are unable/refuse to attend the CAMHS clininc, but require treatment (this function will move to tier 3 CAMHS on full implementation of the high risk pathway)
- Provide intervention to manage risk alongside Specialist CAMHS clinic staff with children and adolescents during a crisis or an acute phase of their illness
- Provide a second opinion service for CAMHS.
- To act as gatekeepers for “tier 4” inpatient beds (excluding eating disorder clients)
- Facilitate the process of admission and discharge from inpatient units, alongside the CAMHS clinics
- Aid and facilitate risk-based recovery
- Liaise with adult services to provide a smooth transfer of services for C-CATT service users reaching 18 years of age
- Liaise and refer to external agencies, such as Education, Police, Connexions and Social Care, where required, to produce a complete assessment and care package for the young person
- Support and enable the young person to structure their day and plan for the future (education/employment/social etc.)
- Work alongside the Early Intervention in Psychosis Service based in the Targeted Treatment adult’s service within HPFT
- Work alongside Adolescent Drug and Alcohol Service for Hertfordshire (ADASH)
- Work in partnership with young people and their families or carers
- Operate in accordance with all appropriate legislation and guidance including safeguarding, the Mental Health Act and NICE guidelines
Service User Group Covered

C-CATT is for children aged between 0 and 18 years of age who have mental health difficulties and are in crisis.

4. Definitions

STANDARD

EIP or FEP - Early Intervention in Psychosis or First Episode Psychosis (this service is now part of the Targeted Adult Service also known as Team 3).

C-CATT – CAMHS Crisis Assessment & Treatment Team

CAMHS - Child and Adolescent Mental Health Service

HoNOSCA - Health of the Nation Outcome Scales for Children and Adolescents

CDI - Child Depression Inventory

CAPA – Choice & Partnership Approach – the local CAMHS service model

CYP-IAPT – Children & Young People’s Improving Access to Psychological Therapies – the national best practice framework for CAMHS

RAID – Rapid Assessment, Intervention & Discharge

5. Duties and Responsibilities

Staffing

C-CATT consists of a multi-disciplinary team of senior clinicians, all Band 6 and above. The team is made up of:-

- Community CAMHS Manager
- Team Leaders (currently one but moving to a model of three)
- Consultant Psychiatrists
- Specialty Psychiatrist
- Community Psychiatric Nurses
- Occupational Therapist (currently one on rotation but will not be replaced)
- Social Workers
- Administrator

The senior management team is made up of the Community CAMHS Manager, the team leaders and the Consultant Psychiatrists.

Responsibilities

Community CAMHS Manager

- Overall operational responsibility for C-CATT reporting into the Service Line Lead
- Smooth functioning of the senior management team and C-CATT as a whole
- Ensuring compliance with operational policies and all relevant guidance
- Ensuring that commissioner requirements are met and that the service operates according to the agreed CAMHS clinical principles
- Ensuring high standards of practice including around safeguarding and that high standards of recording are maintained
- Ensuring effective quality and practice governance arrangements are in place (in conjunction with the consultant psychiatrists)
- Line management of team leaders
• Ensuring that corporate HPFT requirements are met including mandatory training and PDPs

Team Leaders
• Line management and supervision of C-CATT staff
• Ensuring that appropriate rota are in place and agreed with staff, supported by e-rostering and including cover for any unexpected absences
• Ensuring that the daily meetings are recorded and actions followed up
• Ensuring high standards of practice, compliance with policies and record keeping
• Some clinical assessment and casework as part of the rota

Consultant Psychiatrists
• Management of the clinical risk and psychiatric oversight of all patients under C-CATT
• Discussing cases and agreeing plans for all assessments undertaken by C-CATT clinicians in line with the agreed working protocols
• Carrying out psychiatric reviews on patients with high needs or where there is a need for further assessment or psychiatric opinion
• Ensuring effective quality and practice governance arrangements are in place (in conjunction with the consultant psychiatrists)

CAMHS Crisis Assessment & Treatment Team (C-CATT)

C-CATT is a multi-disciplinary community team of senior clinicians, providing a short term, intensive and flexible assessment and treatment packages of care for children and adolescents suffering with acute, enduring and complex mental health problems living within Hertfordshire who are at high risk for harm to themselves or others. The team assesses children and adolescents in the acute hospitals as well as in the community where appropriate.

The team endeavour to treat and maintain Hertfordshire children and adolescents in the community, where it is safe to do so. If required, C-CATT will facilitate an acute admission to Forest House or alternate appropriate inpatient resource along with admissions to secure units where necessary.

The team provides emergency assessments for children and adolescents presenting with mental health issues at the Emergency Departments or paediatric wards during the day and in the evenings – this is being extended to weekend mornings in the near future. The C-CATT worker is based alongside the RAID team within the acute hospitals for this work.
6. Eligibility Criteria

- Young people aged between 0 and up to their 18th birthday
- The young person has mental health problems which are impacting their lives and functioning and have been assessed as requiring crisis intervention due to their assessed risk
- The young person has disengaged with society and activities of daily living due to their mental health issues, preventing them from functioning and developing/progressing normally and is considered to pose a significant risk to themselves or others
- Internal referrals can only be received from CAMHS clinicians (Tier 3 and above).
- The young person must have been seen and assessed by the referrer prior to referral to C-CATT
- For Internal referrals the child/young person needs an additional service to that offered by the C-CATT, which cannot be met purely by the clinic (follow the High Risk Pathway)
- The child/young person with mental health issues has presented at A&E or is on a paediatric ward (including those from out of area)

Exclusion Criteria

- The young person’s problems are primarily due to social issues needing Children’s Services involvement – where the mental health needs would not exist once the social needs are resolved. (e.g. housing, child protection, etc.)
- The young person’s behaviour, although challenging, is age appropriate
- Where the young person’s needs can be met by the Specialist CAMHS clinic alone, as assessed by Risk Assessment.
- Referrals from agencies other than those with a Service Agreement with Hertfordshire.
- Young people whose primary problem is an eating disorder.

7. Service Delivery

Location of Service

C-CATT is a community team covering all of Hertfordshire and staff are located within the two acute hospitals (Watford General and Lister) within the RAID offices. The C-CATT office is the main base for the team:

Forest House Annex,
Forest Lane,
Kingsley Green
Harper Lane,
Shenley,
Nr. Radlett
Herts
WD7 9HQ
Telephone: 01923 633400
FAX: 01923 633615
Days/Hours of Operation

C-CATT currently operates Monday – Friday 9:00 – 17:00 and in addition a clinician is present in each hospital between 5pm and 9pm each weekday evening and in due course also at weekends 9am to 1pm.

Referral Process

External referrals are received directly to C-CATT from Accident and Emergency Departments by fax; giving the young person’s details (name, address, date of birth, GP, telephone number and NHS number), and with an outline of the young person’s situation and mental health needs and all relevant history. Where the referral is made in person with the clinician on site at the hospital, the referral is requested to still fax through the information as above. The referral form is attached at Appendix 4.

For internal referrals, the current process is that the internal referrer will have seen or made attempts to see the child/young person to assess/review progress and risk. The Care Coordinator also needs to initially seek further intervention/advice from a Psychiatrist. If following this, both professionals feel intervention from C-CATT is required this needs to be recorded in PARIS and telephoned through to C-CATT. The referral on PARIS needs to be linked to C-CATT for their intervention. At this stage Care Coordination remains with the clinic. Following the C-CATT Assessment a decision will be made as to whether C-CATT need to take over the Care Coordinator role, if this is the case the clinic Care Coordinator will become Co Worker with a view to the case returning when it is clinically safe to do so. It may be that following a brief intervention from C-CATT the risk(s) are manageable within the clinic C-CATT will then refer back to the clinic via a handover/discharge process.

Occasionally a referral requiring C-CATT involvement will be made from another (out of area) CAMHS service. This is either because:

- A young person requiring support is moving into the area
- The young person has presented at a hospital outside of Hertfordshire

Where a young person moves from out of area, the referral will be treated as a transfer of care rather than a new referral. Liaison and information gathering with the existing CAMHS service will be used to support a safe and effective transfer of care including ensuring an up to date risk assessment and plan is provided. Where possible handover sessions involving both services will be planned.

Where a young person has presented in crisis at a hospital outside of Hertfordshire, it is the responsibility of the hospital and local mental health service to arrange an assessment and deal with any immediate issues of risk. Referral to Hertfordshire CAMHS is then made and this will sometimes but not always (e.g. in a low risk presentation of someone already known to tier 3 CAMHS the young person may be best supported by follow up from their community Care Co-ordinator), require follow up with C-CATT. C-CATT will respond to such referrals as soon as possible depending on the clinical issues. If a tier 4 bed is deemed to be required, C-CATT will arrange a further assessment to establish if any local community support package is feasible and if not, will organise the admission. In exceptional circumstances there may be negotiation with the local CAMHS service to do this on C-CATT’s behalf. Cases frequently arise with Barnet Hospital and Princess Alexandra Hospital in Harlow and day to day links with these hospitals are in place.

For young people from outside of Hertfordshire seen in Hertfordshire hospitals by C-CATT, the reverse of the above applies and following the initial assessment, C-CATT make contact with the local mental health services to facilitate an appropriate transfer of care.
Referral Times

Crisis referrals will be responded to within four hours and this is one of the performance targets for the team. The majority of these referrals are for children/young people who have presented at A&E and the clinicians on site are proactive in regularly checking for referrals within A&E and Children’s A&E. See Appendix 2 on working protocols for more details.

All other referrals, including young people on paediatric wards are responded to as quickly as possible using clinical prioritisation as necessary. All young people seen by an out of hours psychiatrist outside of C-CATT hours are followed up within 7 days according to their clinical need.

Referrals (including those assessed within the hospitals) are discussed each morning in the daily meeting (sometimes known as “admin meeting”) and are allocated by the Team Leader in accordance with the young person’s needs.

8. Services Offered

Initial Assessment:

Following referrals from A&E/ paediatric wards
See Appendix 2 on working protocols.

Following referral from Community Teams
Once a referral has been accepted, the referrer is contacted and a meeting is set-up with the adolescent and their parents/carers, and ideally the referrer (although this is not always possible). This meeting is to carry out an initial assessment.

Assessments are generally carried out in the young person’s home, but can also take place in the CAMHS clinic, school or other appropriate and convenient location for the young person and their family. The assessment aims to explore and understand the young person’s current situation, issues and needs. A comprehensive history will be obtained with the parent/carer where possible, and the young person will be requested to complete a number of questionnaires; Strengths and Difficulties Questionnaire (SDQ, s), Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA) and Child Depression Inventory – (CDI).

Following referrals from Inpatient Units with regards to adolescents living in Hertfordshire
A member of the C-CATT team will attend a Care Programme Approach (CPA) meeting prior to discharge where appropriate from an inpatient unit to identify the young person’s ongoing mental health needs whilst adjusting back into the community. The C-CATT clinician will engage with the young person whilst still an inpatient and plan how to support them on discharge. Follow-up appointments are arranged with C-CATT on discharge from the inpatient unit for services users.

Treatment Packages
Following the assessment by the C-CATT team, the adolescent’s family, referrer and team worker agree a Care Plan with a clear Risk Assessment. Ideally the adolescent will also be involved in this decision, but not always possible due to their difficulties/situation.

The outcome of the assessment is discussed with the team and the most appropriate clinician is allocated to meet the needs of the young person. The team will also carry out a
CGAS assessment using the information presented by the C-CATT worker who carried out the assessment, and the score is recorded.

C-CATT can provide brief packages of care, depending on the young person’s needs, alongside treatment offered by the Specialist CAMHS clinic if appropriate. Duration of treatment depends on the needs and can vary from a one off mental state assessment, second opinion, or regular visits for a period of time based on risk and mental health state.

If the young person is going through a difficult time/crisis period, the C-CATT team can, depending on assessed risk, offer an intensive service of a number of visits a week and telephone support, for a time limited period, to support the young person through the crisis (or facilitate a hospital admission if crisis is not able to be managed in the community).

The team offer creative and flexible treatment packages, which can include treating the young person in their home, visiting their school, or education setting, referring them, and supporting/escorting them to alternative education or employment provisions if required. The team will also use community resources to complement treatment packages.

The range of interventions offered by C-CATT is outlined in Appendix 1.

Given the nature of the risk associated with C-CATT cases, clinicians use assertive and proactive approaches to ensure that young people continue to engage and any missed appointments (DNAs) are followed up immediately in line with the HPFT policy. Clinicians make use of text messaging and telephone support to ensure engagement and safety and will work flexibly with young people e.g. meeting them at school or in cafes as appropriate to their needs and circumstances.

**Inpatient admissions**

If it is felt the young person’s risk cannot be managed in the community, an immediate admission will be facilitated by C-CATT to Forest House or appropriate inpatient resources. Mental Health Act Assessments will be organised where necessary. C-CATT comply with the NHS England protocols around access to tier 4 CAMHS beds which are nationally commissioned including the completion of the relevant paperwork. The duty CCAT worker, C-CATT clinician and/or team leader will work to identify an appropriate bed and where this has not been possible, a handover will be made to the HPFT out of hours bed manager (short-term funded).

The young person can also be referred to Forest House or appropriate inpatient resource for a therapeutic admission following an assessment from the C-CATT team. This will be deemed as appropriate if the young person’s needs are best met by an intensive therapeutic environment.

**Referrals from Tier 3 CAMHS for Inpatient Admission & Dispute Resolution**

C-CATT act as gatekeepers for tier 4 CAMHS beds and will ensure that admission to tier 4 beds only occurs when essential to safeguard the child/young person and when there are no appropriate community alternatives. Where an internal referral (under the high risk pathway) is made to C-CATT because a tier 3 CAMHS clinician considers an admission is required, this will be discussed between the tier 3 and C-CATT consultant psychiatrists. If there is a difference of view in terms of the need for admission, the consultants will use their best endeavours to agree a plan but if this is not possible will refer the matter to the Medical Lead for CAMHS (also informing the Managing Director).
Care Programme Approach (CPA)
C-CATT implements the Care Programme Approach (CPA) where appropriate. If the C-CATT worker is the main person involved in the young person’s care, they will take on the Care Coordinator role and ensure the CPA process and meetings are followed and completed – this includes completing and recording the CPA with the young person and Risk Assessment, and facilitate CPA meetings for all involved in the young person’s care, and the young person.

Risk Assessments
Due to the nature of the client group (i.e. adolescent behaviour, acute psychiatric illness, emotional distress, behavioural issues), it is vital that the C-CATT team continually carry out Risk Assessments – formally (using HPFT Risk Assessment forms), and informally (through observation and discussion). This is to ensure the team’s own safety, the young person’s, their family and surrounding community, are acted on accordingly if concerns arise (including involving the police if necessary).

If any of the above agencies (excluding HPFT) require information about a young person on the C-CATT caseload or following assessment from C-CATT, permission and consent must first be gained from the parent/carer and the young person if they are over 16 years of age. If the parent/carer requires information, they must have Parental Responsibility, and the young person must give permission if they are over the age of 16 years, unless the perceived risk outweighs the confidentiality clause.

Consent to Share Information
Consent to Share Information should be discussed at the initial assessment and ‘Consent to Share Information form’ completed and attached to PARIS.

The requirement for the individual’s consent to disclosure will not apply if the duty of care to the individual or the public interest makes disclosure essential. For example:

- Notifiable infectious diseases
- Poisoning and serious accidents/incidents in the work place
- The information is required by Statute or Court Order
- The information is required by the Coroner
- There is a serious risk of harm to the individual
- There is a serious public health risk or a serious risk of harm to others
- The information is required for the prevention, detection or prosecution of serious crime within the Crime and Disorder Act 1998
- A safeguarding investigation is being carried out or the child is subject to a Safeguarding Plan and disclosure is necessary to assess the risk to the child or to promote the effective protection of the child
- The child is looked after, and the sharing of information with carers is necessary to ensure the best possible care for the child

Where safeguarding is an issue, the overriding principle is to ensure the safety of the child (or vulnerable adult).

Safeguarding
Where there is reason to believe that a child under the age of 18 years or an unborn baby has suffered, is suffering or is likely to suffer significant harm, a referral should be made to Hertfordshire Children’s Services. Professionals should seek to discuss concerns with the parent/ carer and where possible seek their agreement to making a referral. This should only be done where such discussion and agreement seeking will not place a child at increased risk of significant harm.
Referrals should also be made to Children’s Services where it is thought the family may benefit from family support services. In this situation, agreement of the parent/carer is always required.

If staff are unsure about making a referral then consultation should take place with the Lead Nurse or Lead Doctor for safeguarding children.

Referrals to Hertfordshire Children Services should always be made in writing using the Single Service Request form. The Named Nurse for Safeguarding Children must receive a copy of the referral. Professional referrals cannot be made anonymously.

All cases of suspected or actual abuse must be taken seriously and acted on from what initially appears minor to serious incidents.

Professionals must ensure they record their concerns and actions taken in the child/young person’s Electronic Patient Record (EPR), including entering an alert on PARIS about any Child Protection matters. Concerns regarding subsequent action taken by other agencies must be escalated by the professional to their line manager and discussed with the Lead Nurse Safeguarding Children who will advise on appropriate action.

9. Outcome Measures

There are a range of measures to routinely evaluate outcome from at least three key perspectives (the child, the parent/carer and the practitioner).

The current C-CATT measures are:

- Strengths & difficulties questionnaire (SDQ) for the child & parent perspective
- Commission for Health Improvement (CHI) Experience of service questionnaire (ESQ) for the parent & child to feedback on the Service
- Children’s Global Assessment Scale (CGAS)
- Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA) is used in Forest House for the practitioners’ perspective.

10. Discharge from C-CATT

A young person will be discharged from the C-CATT service when it is felt they no longer need the high level of support from the C-CATT team due to decrease in their assessed risk, or they have reached the age of 18 years and need ongoing support from adult mental health services.

The C-CATT team will discharge the young person back to the referrer, who will have kept the young person’s case open to their service. Letters and reports are sent to the referrer and GP and copied to the young person and family, informing them of the treatment received from the Outreach team and any future needs/plans.

A referral will also be made to adult services if the young person requires a service beyond 18 years. A discharge CPA will also be held for all services involved in the young person’s care, the referrer and the young person and their carers, to ensure information is shared on their treatment to date, and ensure ongoing needs are identified and appropriate treatment plans made with the relevant services.

The C-CATT worker and the young person will work towards a planned final session, and the young person will be asked to fill out the questionnaire they completed in the first session (SDQ, HoNOSCA and CDI), and the team will also carry out CGAS on feedback given by the
C-CATT worker – presenting the young person’s current situation and functioning. This will be used as Outcome measures to evaluate the service. The young person will also be requested to fill out an evaluation form on the service they received from the C-CATT.

11. Transition to Adult Services

Where a young person who currently receives a service from C-CATT, is assessed as requiring HPFT mental health services beyond their 18th birthday, a proposed transfer will be discussed by the Care Coordinator with the young person, and their family/carers. The young person and their family/carers will continue to be involved at each stage of the transfer process and receive the appropriate information regarding the new service(s), contact number(s) etc.

A formal written referral will be made to the relevant local adult mental health service by the C-CATT Care Coordinator. A planning meeting will take place at the earliest convenience before the young person’s 18th birthday with ongoing communication to ensure a smooth transition to adult services. Or as soon as the 17 year old comes into service and is assessed as requiring treatment past their 18th birthday.

A final Care-coordination/transfer meeting will take place where the C-CATT officially handover the care of the young person to adult mental health services, and discharges them from C-CATT and CAMHS. The date of this meeting should be set at the planning meeting.

Following the final transfer meeting, a C-CATT/CAMHS discharge letter will be sent to the service user’s GP. All other services providing ongoing services to the young person will be made aware that the handover has taken place.

It should also be recognized that not all young people in the care of CAMHS will transfer to adult mental health services. All young people should have a written and agreed plan, if no further interventions or treatment are planned, so that the young person and, where appropriate, parents/carers know what to do if they become unwell.

Consideration of ‘significant benefit’ is related to the timing of the transition assessment. Factors in establishing the right time to assess can include the following:

- Current mental state including any planned medical treatment
- Stage of education and any upcoming exams
- Aspirations around further education and training or employment
- Needs relating to accommodation
- Whether the young person will have care leaver status
- The time it may take to carry out an assessment
- The time it might take to put in place the adult care and support plan
- Any relevant family circumstances

This process should commence at least 6 months before transition.

For children with Special Educational Needs with an Education Health and Care Plan (EHC plan), under the Children and Families Act, preparation for adulthood must begin from year 9 and should be undertaken as a combined assessment where possible and appropriate.

Local arrangements should be put in place across Adult Mental Health services and CAMHS to facilitate good communication and case discussion so that transfer arrangements are clear and work well.
In considering transfer of care, the needs of the carer should also be considered and a carer’s assessment offered if appropriate.

12. Team Processes

Lone Working - As the team generally carry out visits to the young person’s home alone (except if there are known concerns of safety and risk) the team operate a Lone Worker Policy. Each morning the team are asked if anyone will be working after 17:00. A member of the team is allocated as the safety officer (they are not out on visits beyond 17:00 when they are carrying out this role). They are responsible for knowing where each team member is at the end of the working day, and anyone still out on home visits must call them on their mobiles to let them know the visit has finished and they are safe and going home. If they do not hear from the team members – safety procedures are carried out.

“Admin” Daily Meeting – this takes place every morning between 09:30 – 10:00. In this meeting new referrals are discussed and plans agreed. The team also have the opportunity to discuss any urgent issues/concerns with the clients they have either had contact with the previous day, or due to see that day, to gain support and advice form the team, and make them aware in case an emergency/crisis arises. The Team Leader is responsible for allocating any cases who require allocation. These meetings are chaired by a member of the C-CATT senior management team and are minuted by a member of the team. The C-CATT administrator is responsible for circulating the minutes to the whole team (preferably within a couple of hours and certainly by the end of the day) and for noting the discussion and agreed plan on the Electronic Patient Record. A hard copy of the notes is placed in the office file for ease of reference and the electronic version is stored on the hard drive. The duty worker and team leader are responsible for ensuring that all relevant actions for the day are completed and/or escalated as appropriate.

Team Meeting – this takes place every Tuesday morning between 09:30 – 12:30. The daily meeting discussion is incorporated into this meeting along with the business meeting, quality and practice governance meeting, continuous professional development activity and reflective discussion – these rotate weekly. These meetings are minutes as above.

All meeting agenda and minutes use standard templates and case discussions are recorded in brief but with a clear explanation of the plan and the rationale for this.

13. Confidentiality

Staff will aim to preserve the confidentiality of information acquired from young people and protect the privacy of individuals about whom such information is collected or held within CAMHS.

Carers and relatives frequently request information. This will be given to them when appropriate and with the agreement of the service user. If there is a significant risk to the service user or others then information will be shared with carers on a ‘need to know’ basis and the service user will be informed of this necessity.

Subject to the requirements of the law, staff will take care to prevent the identity of any young person being revealed without the expressed permission of the individual. Staff operate a system of ‘shared confidentiality’ this means information about individuals will be shared by members of the multi-agency team for the purposes of allocation, advice and supervision. Further guidance can be found in the HPFT Policy on the Management of Care Records and the protocol Inter-Agency Exchange of Information.

Members of staff have a statutory duty (Data Protection Act 1998) to inform the young people that information is being held by the Trust on PARIS, the electronic patient record, which records details of their health and social care assessment, treatment and progress, and that these records are identifiable. The young people must also be informed of the right to request access to their records. This information should be given verbally and by offering the young person the relevant information leaflet. The mental health professional should inform the individual that all information is confidential but may be shared on a ‘need to know’ basis.

Formal applications for access to records have to be in writing. An “How to apply for Your Health Records” leaflet can be obtained from a member of staff or from the Information Governance & Compliance Team, Trust Head Office, 99 Waverley Road, St Albans AL3 5TL and can be sent direct to the Unit Manager.

This requirement does not override the promotion of good practice where health and social care staff share information and records with service users during the course of the treatment/care episode.

15. Records Management

All NHS employees (including seconded staff) are responsible for all records that they create or use in the course of their duties. This responsibility is defined both in Law and in other professional guidelines covering the handling of records. For example, the Public Records Act 1958, the Data Protection Act 1998 and the Freedom of Information Act 2000. The Trust's Records Management Policies give full details of those responsibilities and the standards we need to meet. PARIS is the HPFT Electronic Patient Record used throughout the Trust. Staff are required to have training on the use of the system and to ensure all records are completed on PARIS as agreed.

16. Health and Safety

C-CATT comply with HPFT’s Lone Worker Policy. The health and safety of staff, young people and visitors is of high importance. Any kind of violence – verbal or physical – to staff, young persons or visitors will not be tolerated. This may well be reported to the police and a criminal prosecution may follow.

It is the general duty of every member of staff to take reasonable care of their own health and safety, and that of others. This includes the use of necessary safety devices and protective clothing, and to co-operate with managers in meeting responsibilities under Health and Safety legislation. Staff should report all concerns of a health and safety nature to the unit manager (or delegated representative) for appropriate action.

17. Communication

For people with physical, cognitive or sensory disabilities and people who do not speak or read English, information should be provided in a way that is suited to the individual’s requirements and enables them to participate as partners in decisions about their health or social care.

If the individual (or in the case of a child their parents) relatives or carers, do not have sufficient understanding of English and the member of staff does not speak their language, an interpreter should be available to assist when giving information. The telephone interpreting service Language Line is available to all Trust staff for short conversations or face-to-face interpreters.
including a sign language interpreter can be arranged. The HPFT Policy on 'Communicating with Individuals from Diverse Communities' provides guidance and the procedure for accessing the interpreting service.

In accordance with good practice, C-CATT do not use families, especially children aged 16 and under, to act as interpreters for healthcare information.

18. Capacity to Consent

Where the young person does not have the capacity to consent, (from April 2007) parts of the Mental Capacity Act will be in force so Common Law will not apply. They will need to refer to the Trust/ACS joint policy on the MCA to treatment, health professionals can and should provide treatment if it is considered to be clinically necessary and in the 'best interest' of the service user. Discussion should take place within the multidisciplinary team and where appropriate with relatives and carers. It may be necessary to obtain legal advice in some circumstances. Issues on capacity are fully covered in the Mental Capacity Act 2007.

19. Freedom of Information

The purpose of the Freedom of Information Act (FOI) is to allow greater access to non-clinical information held by public authorities and potentially the Public can scrutinize every document (that is not about an individual e.g. young person). The Act gives the Public the right to be told whether a piece of information exists and the right to receive it if requested. The FOI Act DOES NOT supersede the Data Protection Act 1998 and information about an individual (and described as personal data) would not be disclosed under the FOI Act.

20. Quality, Audit and Practice Governance

The service will place great emphasis on the quality and safety of the interventions they provide to support children, young people and their families. Local Practice Governance Groups, involving all stakeholders, meet bi-monthly to review, reflect, prioritise and learn the lessons identified from practice issues such as serious incidents, near misses, complaints and compliments.

21. Training/Awareness

STANDARD

The table below sets out the minimum standards for staff working for HPFT, CAMHS C-CATT service.

<table>
<thead>
<tr>
<th></th>
<th>Permanent Staff</th>
<th>Temporary Staff</th>
<th>Students/Trainees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Induction to Service</td>
<td>Induction on 1st day</td>
<td>Induction on 1st day</td>
<td>Induction on 1st day</td>
</tr>
<tr>
<td></td>
<td>Corporate Induction</td>
<td>Corporate Induction</td>
<td>Corporate Induction</td>
</tr>
<tr>
<td></td>
<td>CAMHS Induction</td>
<td>CAMHS Induction</td>
<td>CAMHS Induction</td>
</tr>
<tr>
<td></td>
<td>PARIS training</td>
<td>PARIS training</td>
<td>PARIS training</td>
</tr>
<tr>
<td>Supervision Arrangements</td>
<td>Monthly</td>
<td>Monthly</td>
<td>Monthly</td>
</tr>
<tr>
<td>Appraisal</td>
<td>Annually</td>
<td>Annually</td>
<td>Annually</td>
</tr>
<tr>
<td>Training</td>
<td>All Mandatory Training and any</td>
<td>To provide evidence of attendance</td>
<td>Any training necessary to support</td>
</tr>
<tr>
<td></td>
<td>other training</td>
<td>of mandatory training</td>
<td>placement</td>
</tr>
</tbody>
</table>
C-CATT comply with the TrustSpace Learning and Development Mandatory Training Policy, and keep a spreadsheet on all staff members to log all the training staff members have received.

Pregnant Mothers working in C-CATT will have a ‘Pregnant Workers Risk Assessment completed at the following intervals 18, 28, and 32 weeks as standard. This Risk Assessment will be updated outside of said timescales if required. C-CATT fully comply with the Trusts ‘Pregnant Mothers and Nursing Mothers Policy.

22. Embedding a culture of Equality & RESPECT

The Trust promotes fairness and RESPECT in relation to the treatment, care & support of service users, carers and staff.

RESPECT means ensuring that the particular needs of ‘protected groups’ are upheld at all times and individually assessed on entry to the service. This includes the needs of people based on their age, disability, ethnicity, gender, gender reassignment status, relationship status, religion or belief, sexual orientation and in some instances, pregnancy and maternity.

Working in this way builds a culture where service users can flourish and be fully involved in their care and where staff and carers receive appropriate support. Where discrimination, inappropriate behaviour or some other barrier occurs, the Trust expects the full cooperation of staff in addressing and recording these issues through appropriate Trust processes.

**RULE:** Access to and provision of services must therefore take full account of needs relating to all protected groups listed above and care and support for service users, carers and staff should be planned that takes into account individual needs. Where staff need further information regarding these groups, they should speak to their manager or a member of the Trust Inclusion & Engagement team.

Where service users and carers experience barriers to accessing services, the Trust is required to take appropriate remedial action.

The following table reflects – specifically for this policy – how the design of the service and processes involved has given consideration to all protected groups so ensuring equality and dignity for everyone.

| **Service user, carer and/or staff access needs** (including disability) | CCATT staff will take into account the needs of people with disabilities, considering communication needs and any other access needs during the assessment process, and throughout the duration of care. CCATT is based on the first floor, however they see young people at home and in their wider community setting.

The treatment and information given will meet the individual’s communication needs including where there are specific language and sensory communication requirements, C-CATT will arrange and utilise interpreters as required by the young person and their family. |
<table>
<thead>
<tr>
<th>Involvement</th>
<th>Staff utilise young person and parent/carer feedback provided by the Having Your Say satisfaction questionnaires to inform actions to improve services. Wider Participation is encouraged through the participation group and youth council.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationships &amp; Sexual Orientation</td>
<td>Staff take account of the needs of young people throughout the period of care from assessment, to care planning and transfer planning on from CCATT. This will include consideration of sexual orientation and any needs of barriers to required care in association with relationships and/or sexual orientation. Staff offer support to parents/carers and other significant people in the young person’s life. As appropriate involving other relevant people as appropriate within the care planning process.</td>
</tr>
<tr>
<td>Culture &amp; Ethnicity</td>
<td>CCATT provide a service that ensures the culture and ethnicity of young people is reflected in the planning of their care. Staff understand how to ask questions in the assessment process about culture and ethnicity, and that any related identified needs are documented and catered for in the agreed care plan.</td>
</tr>
</tbody>
</table>
| Spirituality                                                               | The Assessment process takes account of individual spiritual needs, ensuring all aspects of the HOPE model are utilised as part of the care planning process: **H** – Sources of Hope  
**O** – Needs re: organised religion  
**P** – Personal belief structure (including non faith)  
**E** – Effects on care of practicing spiritual beliefs. (positive and negative)  
C-CATT utilises available resources in the Trust and wider community where applicable to meet assessed needs. |
<p>| Age                                                                       | C-CATT is a tier 3 CAMHS crisis team for children and young people between the ages of 0 and 18. |</p>
<table>
<thead>
<tr>
<th>Gender &amp; Gender Reassignment</th>
<th>Where required CCATT would refer to the Adolescent Gender Development Service (GiDS) at the Tavistock and Portman NHS Foundation Trust work and provide support in partnership with this specialist service.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advancing equality of opportunity</td>
<td>CCATT will reflect on information from young people and parent/carer feedback within the unit team meeting, to inform continuous improvement of services. This promotes continued commitment to equality of opportunity in the service.</td>
</tr>
<tr>
<td>Young People who are pregnant</td>
<td>CCATT will address this as part of the Care Plan If required additional resources and interventions will be offered and if there are any safeguarding concerns for the unborn baby a safeguarding referral will be made to Children’s Services. At 28 weeks an unborn baby can be considered a ‘Child in Need’ and if appropriate made subject to a ‘Child Protection Plan’.</td>
</tr>
</tbody>
</table>

Promoting and considering individual wellbeing
Under the Care Act 2014, Section 1, the Trust has a duty to promote wellbeing when carrying out any of their care and support functions in respect of a person. Wellbeing is a broad concept and is described as relating to the following areas in particular:

- Personal dignity (including treatment of the individual with respect);
- Physical and mental health and emotional wellbeing;
- Protection from abuse and neglect;
- Control by the individual over day to day life including over the care and support provided and the way in which it is provided;
- Participation in work, training, education, or recreation;
- Social and economic wellbeing;
- Domestic, family and personal;
- Suitability of living accommodation;
- The individual’s contribution to society.

There is no hierarchy and all should be considered of equal importance when considering an individual’s wellbeing. How an individual’s wellbeing is considered will depend on their individual circumstances including their needs, goals, wishes and personal choices and how these impact on their wellbeing.

In addition to the general principle of promoting wellbeing there are a number of other key principles and standards which the Trust must have regard to when carrying out activities or functions:

- The importance of beginning with the assumption that the individual is best placed to judge their wellbeing;
- The individual’s views, wishes, feelings and beliefs;
- The importance of preventing or delaying the development of needs for care and support and the importance of reducing needs that already exist;
- The need to ensure that decisions are made having regard to all the individual’s circumstances;
- The importance of the individual participating as fully as possible;
- The importance of achieving a balance between the individuals wellbeing and that of any carers or relatives who are involved with the individual;
- The need to protect people from abuse or neglect;
- The need to ensure that any restriction on the individuals rights or freedom of action that is involved in the exercise of the function is kept to the minimum necessary.
23. Process for monitoring compliance with this document

This section should identify how the organisation plans to monitor compliance with the process/system being described, presented in a table.

<table>
<thead>
<tr>
<th>Action:</th>
<th>Lead</th>
<th>Method</th>
<th>Frequency</th>
<th>Report to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local audits to confirm concordance with this policy.</td>
<td>Team Manager</td>
<td>Team Audit</td>
<td>Policy checked annually</td>
<td>CAMHS Business and Governance Meeting and SBU Quality and Risk Meeting.</td>
</tr>
<tr>
<td>C-CATT audit as part of Practice Audit and Clinical Effectiveness Team Annual Plan to monitor compliance with this document</td>
<td>PG Lead</td>
<td>Audit C-CATT practice against requirements of policy</td>
<td>One complete audit cycle within the review period of the policy</td>
<td>Practice Audit Implementation Group</td>
</tr>
<tr>
<td>Local Audits to monitor the provision and quality of Care Plans and Risk Assessments</td>
<td>Team Manager</td>
<td>Audit a random sample of Care Plan and Risk Assessments ensuring practice of all C-CATT staff is subject to audit</td>
<td>Weekly</td>
<td>CAMHS Senior Management Meeting</td>
</tr>
</tbody>
</table>
24. Version Control:

<table>
<thead>
<tr>
<th>Version</th>
<th>Date of Issue</th>
<th>Author</th>
<th>Status</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>V1</td>
<td>July 2011</td>
<td>Community CAMHS Manager</td>
<td>Superseded</td>
<td>Previous version prior to new model</td>
</tr>
<tr>
<td>V2</td>
<td>20th April 2015</td>
<td>CAMHS Community Manager</td>
<td>Current</td>
<td>Incorporation of new model and protocol</td>
</tr>
<tr>
<td>V2.1</td>
<td>September 2015</td>
<td>CAMHS Community Manager</td>
<td>Current</td>
<td>Care Act Addendum removed and policy updated for Care Act.</td>
</tr>
</tbody>
</table>

25. Archiving Arrangements

**STANDARD:** All policy documents when no longer in use must be retained for a period of 10 years from the date the document is superseded as set out in the Trust Business and Corporate (Non-Health) Records Retention Schedule available on the Trust Intranet.

A database of archived policies is kept as an electronic archive administered by the Compliance and Risk Facilitator. This archive is held on a central server and copies of these archived documents can be obtained from the Compliance and Risk Facilitator on request.

26. Associated Documents

**STANDARD**

- Clinical risk assessment and management
- Lone Worker and Essential travellers policy
- Policy on Comments, complaints and compliments
- Policy on learning from adverse events policy
- Policy for the Management of Care Records
- Mental Health Act 1983 and the Code of Practice
- Policy on Transition from CAMHS to Adult Mental Health Services
- Hertfordshire Interagency response to allegations of Abuse
- Policy on Communicating with service users from diverse communities
- Policy on Access to Records
- Policy on prevention and Management of Violence
- Hertfordshire Safeguarding Children policy
- CAMHS High Risk Pathway

27. Supporting References

**STANDARD**

- Every Child Matters 2004
- NSF for Children DoH 2004
- The Children’s plan – Building a Brighter future
- National CAMHS review 2008 (Children and Young people in mind)
• The Children’s Act 1989
• Emotional & Wellbeing Strategy 2007
• Crime and Disorder Act 1998

28. Comments and Feedback – List people/groups involved in developing the Policy.

STANDARD

List of people/groups involved in the consultation.

<table>
<thead>
<tr>
<th>Managing Director CAMHS</th>
<th>Team Leader C-CATT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Line Lead CAMHS</td>
<td>Practice Governance Lead SBU</td>
</tr>
<tr>
<td>Community CAMHS Manager</td>
<td>CAMHS Leadership Group</td>
</tr>
<tr>
<td>Divisional Managers</td>
<td>Team Managers</td>
</tr>
<tr>
<td>CAMHS Clinicians</td>
<td>Clinical Staff</td>
</tr>
</tbody>
</table>
# C-CATT Intervention Options

<table>
<thead>
<tr>
<th>Group</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety Management</td>
<td>Brief/solution-focused therapy, Cognitive Behavioural Therapy (CBT), Mindfulness, Exposure,</td>
</tr>
<tr>
<td>Complex Social Care needs</td>
<td>Housing, finances, Carer Needs</td>
</tr>
<tr>
<td>Crisis &amp; Risk Management</td>
<td></td>
</tr>
<tr>
<td>Psychosocial Education</td>
<td></td>
</tr>
<tr>
<td>Engagement Strategies</td>
<td></td>
</tr>
<tr>
<td>Gate-keeping, facilitating admission/discharge</td>
<td></td>
</tr>
<tr>
<td>Individual, Recovery-based interventions</td>
<td>Social inclusion, employment, way to work, college, work solutions, supporting existing employment</td>
</tr>
<tr>
<td>Liaison – GP, Carers, School liaison/ESTMA Children’s Services, ADASH,</td>
<td></td>
</tr>
<tr>
<td>Motivational Interviewing</td>
<td></td>
</tr>
<tr>
<td>Activities of Daily Living</td>
<td></td>
</tr>
<tr>
<td>Family Intervention</td>
<td></td>
</tr>
<tr>
<td>Positive coping strategies</td>
<td></td>
</tr>
<tr>
<td>Accessing Wider Community</td>
<td></td>
</tr>
<tr>
<td>Relapse Prevention Strategies</td>
<td></td>
</tr>
<tr>
<td>Respect</td>
<td></td>
</tr>
<tr>
<td>Smoking cessation</td>
<td></td>
</tr>
</tbody>
</table>
C-CATT Protocols – Hospital Based Work

Overview
C-CATT will provide a dedicated CAMHS Clinician at Watford General Hospital and Lister Hospital each day between 9am and 5pm and also between 5pm and 9pm. C-CATT Clinicians will be part of a rota to cover this work. C-CATT will use the RAID offices as their administrative base.

The role of the CAMHS Clinician will be to:
- Be a visible presence in the hospital including in, Children’s Emergency Department (ED), Accident & Emergency (A&E), Clinical Decision Units and on paediatric wards
- Visit Children’s ED, A&E and paediatric wards each morning to receive referrals of any children and young people with mental health problems
- Assess children and young people in ED or on wards including risk assessment, safety planning and management plans if they need to remain within the hospital environment
- Provide support to hospital staff and to families of children and young people
- Arrange for further assessment (e.g. psychiatric assessment, mental health act assessment) and follow up in relation to any mental health needs identified

Daily Routine
Each morning at 9am, the C-CATT Clinician will commence work by visiting Children’s ED and A&E (where they may be 16/17 year olds) followed by the paediatric ward. The purpose of these visits is to:
- Find out if any children/young people require referral to C-CATT and if so, accept these referrals and carry out an assessment
- Be a visible, regular presence, demonstrating a “can do” approach and the HPFT values
- Take any opportunity to provide advice, information or informal learning and development to acute hospital staff

If there are no referrals on a given day, the C-CATT clinician will return to the RAID office and be available for any referrals which subsequently come through. The C-CATT clinician will prioritise ensuring that the Electronic Patient Record (PARIS) is up to date for all service users and that GP/referrer letters are sent out promptly (within 5 days but where possible more speedily given the nature of the work).

On days with no referrals during the morning, the C-CATT clinician will re-visit Children’s ED, A&E and the paediatric ward at lunchtime.

At around 4.30pm, the C-CATT clinician will carry out a handover to the clinician attending for the evening shift. They will also alert the duty worker/C-CATT team leader/C-CATT manager if there are issues which need to be highlighted to the managers on call and CAMHS Consultant on call.

Referral
If the C-CATT clinician is made aware of a child/young person whilst in the hospital, they should accept this as a referral and ask the referrer to fax the referral to C-CATT in the usual way, indicating that they have already advised the CAMHS Clinician of the referral.
If for any reason a referral is made direct to C-CATT or via SPA, the C-CATT clinician will receive the referral via phone, fax or email. The duty worker will confirm all referrals with the CAMHS clinician on site to ensure none are missed.

**Assessment Process**

The C-CATT clinician will carry out an initial mental state assessment of the child/young person. This will include speaking to the family/carers and the acute hospital staff where appropriate. The C-CATT clinician will check if the young person is already known to us (preferably prior to seeing the young person) and will also check or confirm any other partners involved in providing support.

Assessment tools and checklists will be used by clinicians to ensure a consistent standard of initial assessment.

It is not necessary for the young person to be “medically cleared” (for physical health) before being seen by the C-CATT clinician although there will be some circumstances in which an assessment cannot be commenced or completed. If the assessment cannot be commenced or completed, this will be documented and communicated to the hospital staff.

Following the assessment, the C-CATT clinician will call the C-CATT Consultant on duty that day and will discuss the proposed plan and rationale. Plans will include:

- Plan to discharge the young person home where appropriate with follow up and/or referral to other services
- Plan to discharge the young person home with support from C-CATT as an alternative to admission
- Plan to admit the young person to an inpatient (tier 4) bed (with consent) because it is not considered safe to support the young person in the community
- Plan for a Mental Health Act assessment to admit the young person to an inpatient bed because it is considered the young person is detainable under the act
- Plan to admit the young person to an acute paediatric ward either to address physical health issues and/or to allow time to carry out a fuller mental health assessment
- A need for further assessment either under the direction of the C-CATT consultant or with the direct input of the C-CATT Specialty doctor or consultant.

Following discussion with the C-CATT consultant, the agreed plan will be discussed with the young person, their family and acute hospital staff as appropriate. The C-CATT clinician will record the assessment and plan in the patient’s hospital notes (see guidelines – Appendix 3).

The C-CATT clinician is then responsible for writing up the assessment, risk assessment, plan and associated documents on PARIS, reporting in to the C-CATT base as appropriate and completing letters regarding the assessment and plan.

Where another urgent referral has to be prioritised, the C-CATT clinician should record or scan the same information as in the hospital notes as a minimum; along with a note stating that the fuller case record still requires completing. This must then be completed as quickly as possible.

**Prioritisation**

Where there are multiple referrals on a given day, the C-CATT clinician will use their clinical judgement to determine which young person will be seen first. The C-CATT target is to respond to all referrals within 4 hours. Considerations include:

- Typically young people in A&E should be seen before young people on the ward
• Young people who have been medically cleared will usually be appropriate to be seen before those who are not
• 16 and 17 year olds can be seen by RAID and this may be something which can be negotiated and agreed with RAID when there are multiple competing referrals

Where there are a large number of referrals on any one day, the C-CATT consultant and Team/duty manager will consider and decide whether to deploy further clinicians and/or a psychiatrist to the hospital.

Handover
A handover between the day C-CATT clinician and the evening clinician will take place at around 4.30pm each day. A bullet point summary should also be provided to the duty worker/team manager who will determine whether there is a need to brief the on call manager and CAMHS consultant.

Referrals in the hour prior to the service close time should still be accepted and if possible, contact should be made with the referrer. Depending on the circumstances the C-CATT clinician may still see the young person and/or ward staff however typically, they will gather information in order to provide an effective handover to the evening staff member. Clear communication to the referrer will be made in this situation about what can be expected.

The same principles will be used between 8pm to 9pm with the arrangements at 9am the next morning explained.

A bullet point summary of any cases should be made available for the CAMHS Clinician attending the next day. Any relevant updates should be provided to the on call manager and on call CAMHS Consultant if there has been contact with them during the evening.

Discussed & Agreed at C-CATT Awayday 10/12/14
Recording in Patient Notes in Acute Hospital Settings
Guidance for C-Catt Staff

Each time a C-CATT clinician sees a child/young person/family, they must make an entry in the patient's hospital notes. The entry should be:

- Timely – the clinician should make the entry before leaving the paediatric ward or A&E (or immediately following discussion with the CAMHS consultant by telephone)
- Concise – the clinician should use the guidance below to ensure all appropriate information is included and should record in a concise manner
- Legible – the entry needs to be neat and legible so that colleagues can read and use it
- Attributed clearly to C-CATT with the name of the clinician

Entries should typically include:

Assessment completed by ….. C-CATT…..(date and time)

Presenting Symptoms
- Describe the presenting symptoms
- Explain ‘why now’

Observation of Behaviour
- E.g. agitated /calm / withdrawn /guarded /responding

Impression / Summary
- mental health symptoms
- family stressors
- social stressors
- protective factors

Risk
- to self - e.g. ongoing suicidal thoughts /plans
- to others
- harm from others

Plan
- discharge home / remain on paediatric ward / transfer to adolescent unit /transfer to social care placement
- Is an RMN needed to assist in managing the mental health needs (if no RMN, paediatric wards provide only 3-4 hourly observations)
- Behavioural and environmental management - advice to paediatric ward staff
- Next review will be on…. At…. 
- If patient becomes distressed prior to next review please call ….. 
- Safety Plan completed by young person
# Referral for Psychiatric Opinion

**Child & Adolescent Mental Health Services**  
**Crisis Assessment and Treatment Team (CCATT) Operational Policy V2**

**Appendix 4**

<table>
<thead>
<tr>
<th>Name of Hospital Making Referral</th>
<th>Tel: 01923 633400 Fax: 01923 633615</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of Ward:</strong></td>
<td>Tel No:</td>
</tr>
<tr>
<td><strong>Date of Admission:</strong></td>
<td>Time of Admission:</td>
</tr>
<tr>
<td><strong>Consultant:</strong></td>
<td>Ward:</td>
</tr>
<tr>
<td><strong>Referring Doctor:</strong></td>
<td>Date Referred:</td>
</tr>
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</table>

*Affix sticker here or complete all fields below*

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<tr>
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<th>D.O.B:</th>
<th>Age:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
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<td></td>
</tr>
<tr>
<td>Postcode:</td>
<td>Tel No:</td>
<td></td>
</tr>
<tr>
<td>GP Name:</td>
<td>Address:</td>
<td>Tel No:</td>
</tr>
</tbody>
</table>

**Social Circumstances:**

Family:

Are there any Safeguarding Concerns? Y/N

If Yes, has a referral been made to CSF? Y/N

Known to CSF: Y/N

Name of Social Worker:

**Reason for Admission:**

**Mental State:**

Suicidal Intent: At (time: Yes/No Now: Yes/No Affect (now): Depressed/Angry/Normal/Elated Awareness: Coma/Drowsy/Avert

Abnormal perceptions: Yes/No e.g. delusions etc

**IF OVERDOSE TAKEN – WHAT DID THEY TAKE AND HOW MANY?**

Have Bloods Been Taken? Y/N

What Time Taken: Treatment Needed Y/N

Are Blood Results Normal? Y/N

Is the Patient Physically Fit? Y/N

Signature: Date: Please Print Name:

Please attach copy of CAS Card/Triage form
Please attach copy of CAS Card/Triage form
<table>
<thead>
<tr>
<th>Our Values</th>
<th>you feel...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcoming</td>
<td>☑ Valued as an individual</td>
</tr>
<tr>
<td>Kind</td>
<td>☑ Cared for</td>
</tr>
<tr>
<td>Positive</td>
<td>☑ Supported and included</td>
</tr>
<tr>
<td>Respectful</td>
<td>☑ Listened to and heard</td>
</tr>
<tr>
<td>Professional</td>
<td>☑ Safe and confident</td>
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</table>