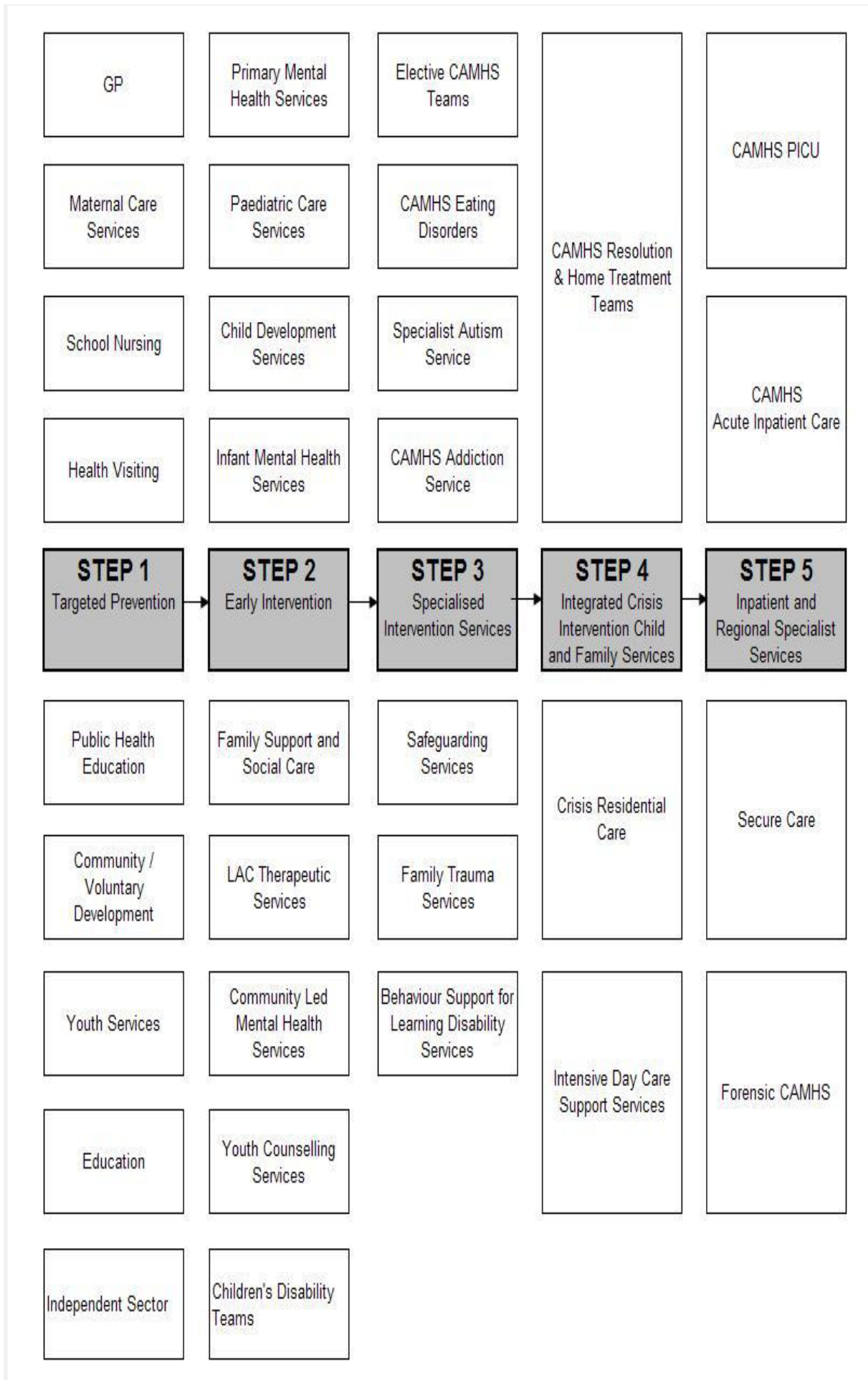


Child & Adolescent Mental Health Services
Belfast Trust, South East Sector, Steps 2 -5 CAMHS Services



Outpatient CAMHS Step 2 & Step 3

Step 3 Outpatients

Down/Lisburn CAMHS – Team Lead marie.caldwell@belfasttrust.hscni.net

Downshire Hospital & 91 Hillsborough Road, Lisburn. BT28 3JA Tel: 02892 501265

Ards & North Down – Team Lead nicky.alexanderlocke@belfasttrust.hscni.net

Family Resource Centre, James Street, Newtownards, BT23 4EP, Tel: 028-91825600

Step 2 – Primary Mental Health team lead margaret.cresswell@setrust.hscni.net

Scrabo Children's Centre Ards, Warren Children's Centre Lisburn, The Downe Hosp, DPK, Colin Family Centre

Christina Wilkinson – ACSM christina.wilkinson@belfasttrust.hscni.net

The Primary Mental Health Team focuses on early intervention and prevention. The team promotes positive mental health and emotional well-being of children 0-18 years working in partnership with parents, carers and professionals. This also involves Primary Care partnerships being developed to allow for better access to CAMHS expertise earlier in the care pathway to assist in the assessment and early understanding of possible problems and help with signposting and planning. Primary Mental Health Teams/Services are at step 2 of the stepped care model but they may work across all steps to support the needs of children and their families in transition or stepping up or down. This involves working with multiple agencies and other CAMHS teams. Primary Mental Health Workers engage with children, adolescents, parents and carers who present with emerging mild to moderate mental health needs and where interventions at step one have not succeeded.

Referral Criteria:

- Before the age of 18 years and within a timeframe appropriate to complete individual work.
- Resident within the South Eastern Trust area
- Referrals will be considered for those children and young people with mild learning disabilities (IQ>70) on a case by case basis.

Listed are some of the presentations which may suggest a referral to PMHT:

- Mild-moderate mental health problems and emotional difficulties in the context of family relationships/school
- Mild to moderate Phobias
- Mild to moderate OCD
- Anxiety/Separation Anxiety
- Transitional Adjustment (School)
- Attachment Issues
- Mild to Moderate Trauma/Loss/Bereavement Reactions
- Persistent sub-threshold depressive symptoms or mild to moderate depression

STEP 3 CAMHS – YPC/ Child & Family Clinic

Specialist Child and Adolescent Mental Health Services provide mental health assessment and specialist therapeutic care for children and young people 0 – 18 who have acute, complex and enduring mental health and emotional needs. The specialist service is provided by a multi-disciplinary team made up of: Child & Adolescent Psychiatrists, Clinical Psychologists, Senior Social Work Practitioners, Clinical Nurse Specialists, and Family Therapists. The remit of Step 3

professionals' includes: assessment and intervention, teaching, training, consultation, audit and research.

Referral Sources

The child or young person must be seen by the referrer/G.P to assess the need for a referral into Step 3 CAMHS and consent obtained in line with consent. Where a referral comes from a source other than the General Practitioner, the referrer should inform the G.P that the referral is being made.

Referrals are accepted from:

- Primary care professionals including General Practitioners and Health Visitors
- Paediatric services
- CAIT
- Social Services Departments. Education via Educational Psychology, Educational Welfare Officers and School Nurses
- Clinical Psychology, hospital and community-based

Referral Criteria

- Before the age of 18 years and within a timeframe appropriate to complete individual work.
- Resident within the south east area.
- Referrals will be considered for those children and young people with mild learning disabilities (IQ>70) on a case by case basis.
- Concerns exist that the child or young person has: psychological, behavioural and/or developmental difficulties significant enough to cause mental health disturbance which would benefit from CAMHS step 3 intervention.

Key difficulties core to specialist step 3 CAMHS:

- Mood Disorders, including significant Depression, Mania or mixed affective states, significant or repeated self-harm where mental health problems
- School refusal related to significant emotional problems
- Anxiety Disorders including: Obsessive Compulsive Disorder, Panic Disorder and Phobias;
- Psychotic Disorders;
- Neuro-developmental disorders including: Complex Tic Disorders;
- Complex and co-morbid Attention Deficit Hyperactivity Disorder;
- Autistic Spectrum Conditions, where co-morbidity complicates diagnosis or treatment
- Mental health problems associated with bereavement or trauma (including experiences of abuse), to include suspected Adjustment and Post Traumatic Stress Disorders.
- Gender Identity Disorder (access to specific regional service; co-worked with CAMHS)
- Eating Disorder (access to specific service)

Family Trauma Centre Step 3 – Regional Service

1 Wellington Park
Belfast
BT9 6DJ

Telephone: (028) 9504 2828

Assistant Childrens Service Manager – Martha Campbell Martha.campbell@belfasttrust.hscni.net

The Family Trauma Centre (FTC) is a regional Child and Adolescent Mental Health Service (CAMHS) Psychotherapy-led service specialising in the treatment of children Young people and their families affected by severe trauma or persistent complex bereavement disorder.

The referrals largely concern the psychological consequence of very severe traumatic experiences such as murder or manslaughter, post-suicide, significant accidents, severe domestic violence, trauma associated with war, political conflict, or due human trafficking

Families affected by recent conflict related trauma including on-going continuous threat.

Families affected by conflict related trauma caused by the last 40 years-Intergenerational trauma

The FTC provides individual trauma focused psychological therapy interventions such as Cognitive Behavioural Therapy (CBT) or Eye Movement Desensitisation Reprocessing (EMDR).

As the impact of trauma and loss can have a profound impact on the relationships within the family and it is this relational difficulty that is addressed through the use of systemic psychotherapy.

Many families receive both types of clinical interventions, family and individual. With some families where several of the children have been severely affected several children receive individual therapy and family therapy. The aim of the service is to provide a comprehensive service to children, young people and their families or carers affected by trauma or complex grief

Drug and Alcohol Mental Health Team (DAMHS) – Step 3

Team Lead/ SSW: Kevin Regan, Delivered in the South-Eastern HSC Trust area and Belfast HSC Trust area based at Beechcroft, 110 Saintfield Rd Belfast (028) 90638000

DAMHS provide assessment and targeted specialist therapeutic intervention for children and young people who present with a significant substance misuse problem, as well as moderate to severe emotional and psychological needs. This is known as a co-morbid presentation, or referred to as dual diagnosis. The service is managed and led by Kevin Regan SSW/ team lead in a multi-disciplinary team made up of Team Lead SSW, two practitioners with specialist training within CAMHS and substance misuse, and a Child & Adolescent Psychiatrist. We have access to a range of other disciplines across CAMHS, for example Psychology, Nursing and Family Therapy as required. The core business of the team is to provide assessment and intervention, teaching, training, consultation, audit and research.

Referral Sources:

The child or young person must be seen by the referrer/G.P to assess the need for a referral into DAMHS and consent obtained in line with the consent policies (Appendix 5). Where a referral comes from a source other than the General Practitioner, the G.P should be informed by the referrer that the referral is being made. Referrals are accepted from:

- All CAMHS teams across the Stepped Care Model
- Primary care professionals including General Practitioners and Health Visitors
- Paediatric services
- Psychiatric Liaison and Accident & Emergency professionals including Community Psychiatric Nursing
- Education via Educational Psychology, Educational Welfare Officers and School Nurses

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- Social Services Departments
- Clinical Psychology, hospital and community-based
- Voluntary Agencies including: DAISY, FASA.
- Self-referral
- Youth Justice Agency

DAMHS Referral Criteria:

- Before the age of 18 years and within a timeframe appropriate to complete individual work.
- Resident within the South Eastern Trust or Belfast Trust area.
- Referrals will be considered for those children and young people with mild learning disabilities (IQ>70) on a case by case basis.
- Concern exists that the child or young person has a significant substance misuse problem with moderate to severe emotional and psychological needs.

Some examples of coexisting disorders may be:

- Mood Disorders, including: significant Depression, Mania or mixed affective states, significant or repeated self-harm where mental health problems
- Anxiety Disorders including: Obsessive Compulsive Disorder, Panic Disorder and Phobias;
- Psychotic Disorders;
- Neuron-developmental disorders including : Complex Tic Disorders;
- Complex and co-morbid Attention Deficit Hyperactivity Disorder;
- Mental health problems associated with bereavement or trauma (including experiences of abuse),

Step 3 Eating Disorder Youth Service (EDYS) based in Beechcroft 110 Saintfield Road, Belfast BT8 6HD TEL: 028 90638001

Team Lead: Patricia Harkness EDYS has been commissioned to deliver a specialist Step 3 outpatient service for children and young people, between the ages of 10 and 18 years, with a primary eating disorder.

EDYS provides specialist multi-disciplinary assessment and intervention for young people between the ages of 10 and 18 years, and consultation for young people aged less than 10 years, with a primary eating disorder, namely Anorexia Nervosa, Bulimia Nervosa and Eating Disorders not Otherwise Specified (EDNOS). Throughout assessment and intervention EDYS will build alliance and

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work collaboratively with the young person and family. EDYS delivers this service across the Belfast Health and Social Care Trust and South Eastern Health and Social Care Trust, and is managed by Belfast Health and Social Care Trust. EDYS aims to work in partnership with Step 2-5 CAMHS, adult eating disorders team, acute hospitals, GP's, and other agencies, to ensure appropriate care, early intervention and promote the best outcomes for the young people and their families referred.

EDYS delivers an evidence-based service, using NICE guidance and Eating Disorder Service Standards for Northern Ireland. EDYS is not an emergency service. If there is concern about a severe physical or psychiatric crisis in a young person, appropriate immediate medical or psychiatric intervention should be sought. (NB Concerning physical signs include: dehydration, pulse rate < 50 during day/<45 during night, cold & blue peripheries, systolic pressure <90, orthostatic changes in blood pressure >10mmHg and syncopal episodes, arrhythmias including prolonged QTC, abnormal electrolytes, including K <3.2mmol/l, refusing food/fluid.)

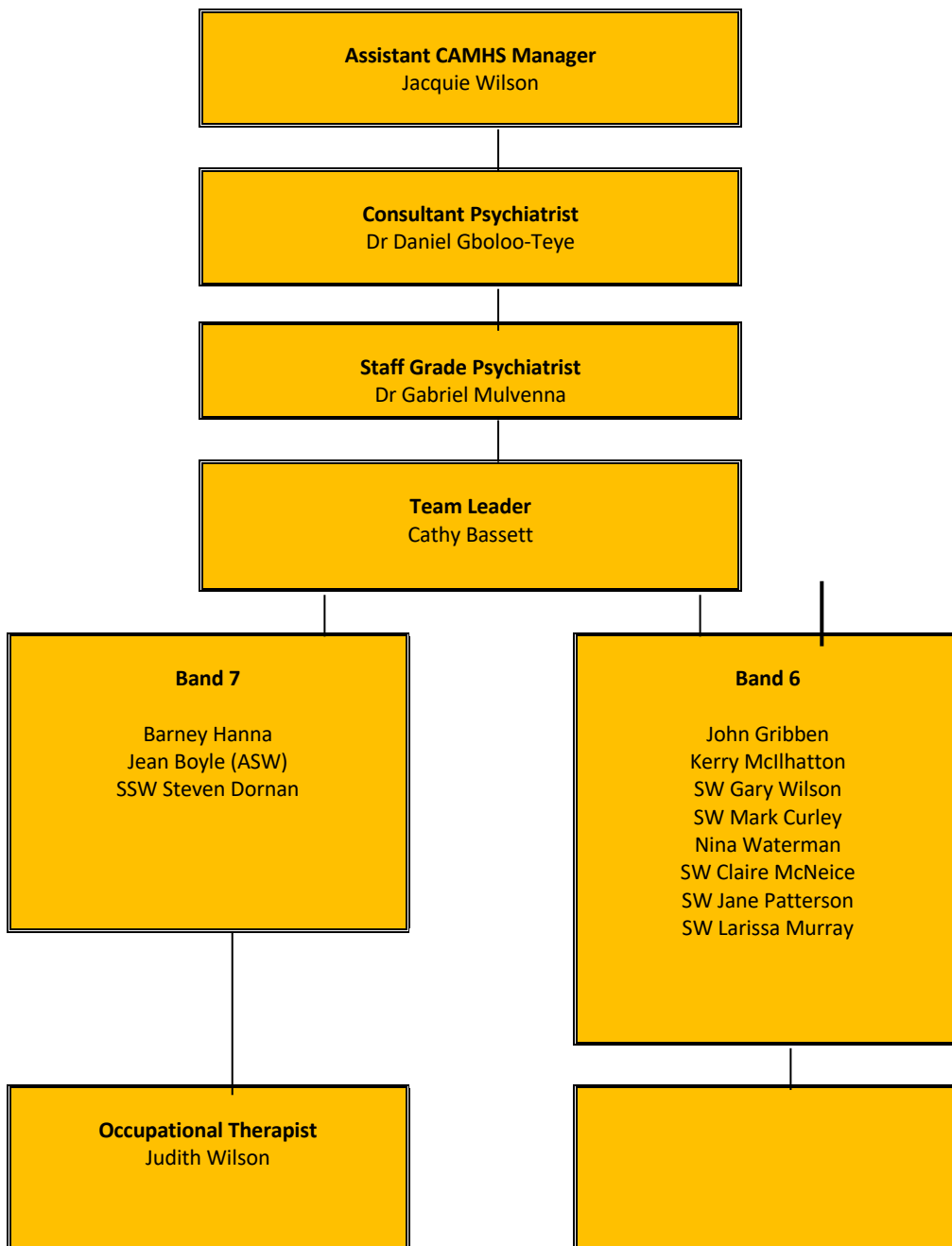
Referrals:

- EDYS will accept referrals of young people aged between 10 and 18 years, where the diagnosis of a primary eating disorder is likely. EDYS will not accept direct referrals for young people aged less than 10 years. EDYS will provide consultation for young people less than 10 years, when they present with a primary eating disorder.
- EDYS accept referrals from Step 3-5 CAMHS, and acute hospitals. Direct GP referrals are accepted.
- EDYS will only accept direct referrals for young people with a GP within the managed clinical **network**.

Referral Criteria

- EDYS provides assessment and intervention for young people between the ages of 10 and 18 years, and consultation for young people aged less than 10 years, with a primary eating disorder, namely Anorexia Nervosa, Bulimia Nervosa and Eating Disorders not Otherwise Specified (EDNOS).
- EDYS is not currently accepting Food Avoidance Emotional Disorder (FAED), Selective Eating, Restrictive Eating, Food Refusal, Specific Fear/Phobia leading to avoidance of eating (including functional dysphasia), pervasive refusal syndrome, binge-eating disorder, obesity, body dysmorphic disorder, or disordered eating secondary to emotional disorders (appetite loss secondary to depression, psychogenic vomiting, globus hystericus).
- It is appropriate to refer a young person if a primary eating disorder is suspected, but the actual diagnosis unclear.
- Young people referred to EDYS should have intervention at primary and possibly secondary care; including physical risk assessment, psychoeducation, attempts at engagement and motivation, and recommendation of self-help resources.
- In some cases, young people may have access to interventions in Step 3 CAMHS or inpatient CAMHS and EDYS can provide consultation, if appropriate.

Step 4 Crisis Assessment & Intervention Team (CAIT)/ Intensive Intervention Team (IIT)



**Based at Beechcroft 110 Saintfield Road, Belfast
(028) 90638000**

CAIT Referrals

Referral criteria and sources

The Crisis Assessment and Intervention Team will accept referrals of children and adolescents up to their 18th birthday who present to their GP in crisis, emergency departments and Step 3 – 5 CAMHS within the Belfast and South Eastern Trust areas. A referral for enhanced intervention can be made by step3 CAMHS this is made by contacting CAIT team leader or CAIT co-ordinator by telephone in the first instance to discuss the case.

Referrals for young people in Secure Accommodation and Juvenile Justice System

The Crisis Assessment and Intervention Team will accept referrals for young people currently residing in Lakewood or Woodlands Units. We envisage that CAIT will provide Crisis Assessment and short term crisis resolution for these young people and update the relevant Step 3 CAMHS team of the outcome. Due to the secure nature of these environments and the high levels of staff support, Intensive Intervention is unlikely to be required. If a request is made for Intensive Intervention this referral will be discussed at an arranged multi-professional services meeting, involving Social Services, Youth Justice and CAMHS before a decision is made.

It is difficult to give a specific, exhaustive list of the problems and concerns appropriate for referral for a crisis assessment although those outlined below are examples of the more commonly occurring referral problems:

- Serious threats of self-harm or actual self-harm
- Acute psychotic symptoms
- Severe and acute phobia/anxiety/depression/mood disorder
- Acute suicidal risk

The severity of a mental health problem is assessed on the basis of the history, symptoms and the following factors:

- Complexity
- Persistence
- Risk of further deterioration in mental health if there is not an immediate/intensive enhanced response
- The child's stage of development
- Sudden unexplained onset of symptom

The referral criteria for intensive intervention at present:

- To prevent Crisis Admission to Beechcroft.
- To facilitate early discharge from hospital following a crisis admission either by CAIT or step 3 CAMHS.
- To offer intervention to young people who fail to engage with step 3 CAMHS and there are concerns about their mental state and associated risks.
- To help facilitate discharge of long term admission who have ongoing mental health concerns and associated risks.

Referral pathway of Intensive Treatment and Crisis Assessment

All referrals to CAIT will be acknowledged by the designated coordinator or Team Leader who will indicate if their referral has been accepted. If the referral is inappropriate and does not meet the criteria the clinician will discuss and give advice/consultation as required.

The reason for non assessment will be recorded on the referral form and a letter outlining any such advice will be sent to the general practitioner and referrer if different.

Referral data will be collated entered into a referrals book and case open information will entered onto the PARIS database.

Referrals will be prioritised and allocated, appropriate to clinical need and readiness to engage.

For cases open to Step 3/4 CAMHS, **the responsible out-patient worker will maintain case responsibility** and should provide as much up-to-date assessment information as possible. This is to ensure that young people are not subjected to repeat assessments as previous assessments have already taken place and relevant information gathered. Nevertheless, there will be a need to explore the current mental health status, current risks and potential for working with CAIT.

In normal working hours (8am-5pm), referrers will contact CAIT via Beechcroft; CAIT will first refer to the local Step 3/4 CAMHS team. If the locality team cannot respond, the CAIT coordinator will prioritise the response, along with the rest of that day's referrals. A review appointment with Step 3/4 to the local CAMHS should be agreed at this point as cases from other Trusts cannot be held if ongoing intervention is required post-assessment.

Crisis assessment arrangements for out-of-hours (17:00-08:00) and at weekends, referrers will contact CAIT via the call management centre at Knockbracken Healthcare Park. (028 9056 5656)

Any young person who presents in Belfast or South Eastern Trust area will be given the same service and a management plan put in place until the locality CAMHS can be engaged for the transfer of care.

Crisis assessment and referral guidelines

CAIT provides a seven-day service to those children and young people under the age of 18 years who present within the Belfast and South Eastern Trust CAMHS area with acute mental ill health requiring same or next day crisis assessment.

Mental health needs and risks will be assessed and the relevant intervention put in place until transition takes place to the appropriate pathway

CAIT will offer a rapid response to referrals, followed by an intensive, pro-active, time-limited approach to engagement with the young people and their families who would benefit from treatment at home or in the community.

Service commences each day at 08:00 to accept referrals (Appendix 2)

For low risk patients who have been discharged from emergency department during night-time:

- The shift coordinator will contact each emergency department in Belfast and South Eastern Trust at 8:30 to follow up on referrals of children and young people who have been discharged

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home with Care before You Leave. The team will need full referral details to be available to take over the phone to allow contact to be made with the family so that follow-up assessment/intervention can be planned as required

For all patients that have been assessed by the referrer as medium-to-high risk, the referral pathways should be followed:

- Referrals may be made by phone. However, it is important that the triage nurse or assessing medic in the Emergency Duty Team (E.D.T.) or G.P provides relevant information in order to devise an appropriate response and allow for prioritisation of assessment

Referrals, which provide details of crimes or “offences against the person”, will be discussed on a case-by-case basis. (This includes offences of interpersonal violence; minor assault; assault with a weapon/replica weapon; sexual offences; indecent exposure; rape; arson.) Where a decision is reached to undertake an initial assessment, full consideration will be given to the personal safety of staff and to the location wherein the assessment will take place. Where a decision is reached not to undertake an initial assessment a full explanation will be forwarded to the referral agent, and a consultation may be offered.

Beechcroft Regional CAMHS Inpatient Service (Step 5)
110 Saintfield Rd Belfast
(028) 9063800
8A Assistant Childrens Services Manager: Jacquie Wilson

MDT:

Dr Sarah McGivern Cons Psychiatrist, Dr Frances Doherty Cons Psychiatrist, Dr Claire Kelly Cons Psychiatrist, Dr Diana Houston Speciality Doctor, Dr Lisa Montgomery Speciality Doctor, SP SW Colum McKeever, OT Claire Donoghue, Clinical Psychologist Jackie McMaster, Clinical Psychologist Seanenne Nelson, Family Therapist Roisin Tomlinson

Step 5 Inpatient CAMHS focuses on assessment and treatment of mental ill health for children and young people up to the age of 18 by working in partnership with parents, carers and professionals. This also involves partnerships being developed to allow for better access to Inpatient CAMHS expertise as part of CAMHS care pathway to assist in the assessment and early understanding of diagnosis and treatment in line with NICE guidelines. CAMHS Inpatient is at step 5 of the stepped care model (appendix 1), but they may work across all steps to support the needs of children and their families in transition or stepping up or down. This involves working with multiple agencies and other CAMHS teams.

Beechcroft Inpatient Service offers an Acute Admission ward (15 beds), a Treatment Ward (16 beds), with the ability to provide an Extra Care Area (ECA) (4 beds), and a Psychiatric Intensive Care Unit (ICU) (2 beds), which can be utilised by either ward. The overall therapeutic model for Beechcroft is delivered within a Trauma Informed Practice Model with emphasis on AMBIT (Adolescent Mentalization Based Integrative Treatment) Framework. Trauma Informed Practice is a strengths-based model, grounded in an understanding of and responsiveness to the impact of trauma. It emphasises physical, psychological, and emotional safety for both providers and survivors, and creates opportunities for survivors to rebuild a sense of control and empowerment (Hopper et al 2010).

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CAMHS Inpatient staff engages with children, adolescents, parents and carers who present with significant mental health needs and where assessment and treatment at step 1-4 has not succeeded. CAMHS Inpatient has a skills mix made up of Mental Health Nursing, Occupational Therapy, Social Work, Psychology, Psychiatry, Family Therapy, CBT, Education and Music Therapy as required. The core business of the team is to provide assessment and intervention, teaching, training, consultation, audit and research. The main aim of this service is to provide a safe, equitable and accessible service for children and young people, and their families, most in need of CAMHS Inpatient.

Admission Criteria

The admission criteria must be satisfied and the referral pathway followed. Admission criteria are as follows:

- Admission to Beechcroft Inpatient Unit will be determined by clinical presentation, age, developmental stage and risk assessment.
- Inpatient admission must be seen as the best available option for the young person where community management has been exhausted or is no longer appropriate.
- **Referrals will be prioritised on the basis of clinical risk and/or acute presentation of:**
 - Psychotic disorder
 - Eating disorder
 - Mood disorder, including moderate/severe depression
 - Anxiety disorder
 - Complex neurodevelopmental disorder
 - Children and young people who have complex presentation with diagnostic uncertainty where definitive diagnosis has not/cannot be reached in the community.
 - Referrals for second opinion will also be considered either as an assessment meeting or time limited admission.
 - Admission of families and siblings to the family accommodation will be considered in relation to assessment complex family presentation in the context of mental ill health and the availability of the family accommodation.
 - Given that the Beechcroft inpatient service is an open environment the FACE risk assessment must be completed and reviewed as part of any admission to ensure safe management of all staff and young people.
 - **Beechcroft is unable to provide secure care or forensic services.**
- All referred young people must have a discharge placement at the point of admission. Should this placement breakdown, it should not delay the discharge process and must be addressed by all agencies concerned, in order to secure a placement as soon as possible. Any delay will be forwarded to senior managers in local CAMHS and Social Services.
- Step 3 CAMHS should refer to and involve Social Services where young people are identified as high risk eg. suicide, drug misuse and paramilitary threat, as they will require multi-agency management.

Contractual Arrangements

The referrals to the unit will be read daily and signed by a consultant and unit manager, each day a consultant and unit manager will be identified to respond to requests for acute admissions and liaise with gatekeepers as required. All elective referrals will be processed at weekly referral meeting.

Use of leave beds – in the absence of an available bed the use of an **appropriate leave bed** will be considered by the Inpatient-CAMHS team

Referral Procedure

There are 2 pathways for referral into the inpatient unit at Beechcroft; Emergency (including Detained/referred by GP and ASW) and Routine.

All referrals originating from CAMHS must have a Step 5 Referral Form and an up-to-date FACE risk assessment completed.

Emergency Referrals

Emergency referrals will usually come from any Step 3/4 CAMHS/CAIT (similar service in any of the other trust areas). However, in certain circumstances, admissions will be considered after assessment by the medical team in/out of hours, where a Young Person has had an application made for assessment under Mental Health(NI) Order 1986, via a GP and Approved Social Worker. Within Belfast and South Eastern Trust all referrals for inpatient beds will be screened by IIT who will offer alternatives to hospital in line with Transforming Your Care

Within working hours, the decision regarding admission will be made by the Inpatient Consultant and the Allocated Bed Manager/Nurse Manager on Call. The Bed Manager and Consultant should be identified each day to respond. The Assistant Children's Services Manager for Acute CAMHS should be consulted if there are complications to providing appropriate response to a request.

Young People should normally be referred within working hours. In the event of an emergency referral out-of-hours the following procedure should be followed:

1. **Referral via CAIT** – CAIT staff will contact the ward staff and liaise with the second on call re the need for admission. The second on call will liaise with the Consultant on call to agree the admission and allocation of a bed. The nurse in charge should contact the nurse manager on call to confirm the use of the bed. The admitting on-call Consultant will accept medical responsibility until the next working day, when a Beechcroft consultant psychiatrist will assume medical responsibility as agreed internally.
2. **Referral via GP/ASW** – where a referral is made under the Mental Health (NI) Order 1986, the nurse in charge should contact the first on call who will in turn contact the second on call, who will liaise with the Consultant on call to agree the use of the bed. The nurse in charge should contact the nurse manager on call to confirm the use of the bed. The admitting on-call Consultant will accept medical responsibility until the next working day, when a Beechcroft consultant psychiatrist will assume medical responsibility as agreed internally.
3. **Referral via GP/ASW** where the patient agrees to a voluntary admission – it is agreed that an assessment by GP/ASW overrides the requirement for a CAIT/CAMHS assessment. The nurse in charge should contact the first on call who will in turn contact

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the second on call, who will liaise with the Consultant on call to agree the use of the bed. The nurse in charge should contact the nurse manager on call to confirm the use of the bed. The admitting on-call Consultant will accept medical responsibility until the next working day, when a Beechcroft consultant psychiatrist will assume medical responsibility as agreed internally.

Admission to Beechcroft can only be made after it has been agreed that the unit has the capacity to provide a safe environment to the existing compliment of children and Young People, the Staff Team and the referred Young Person. This agreement should involve the Step 5 Consultant/Consultant on-call, the Charge Nurse/ Ward Sister or Deputy and the Assistant Children's Services Manager. The Beechcroft admission procedure will then be followed.

We will acknowledge emergency referrals within 2 hours by telephone to discuss a plan. Options include:

- Emergency admission to Beechcroft
- Emergency admission to local adult bed for those 16+ if no available bed in Beechcroft
- Referral to an adult bed out of Trust where none is available in the Trust
- Advice with a community management plan.

Where an emergency request for admission is made and the unit does not have the capacity to admit, the **'Admission Protocol for Young People in the Care of the Child and Adolescent Mental Health Services who are admitted to Acute Adult Mental Wards'** protocol should be followed.

All verbal emergency referrals must be followed up in writing, using the Beechcroft referral form and accompanied with a completed FACE risk assessment.

On the Rare occasion of a young person not having CAMHS involved on admission, a referral made to them on the next working day by the referring team i.e. ASW/GP or CAIT referrals.

Following the acceptance of a young person for admission, the Beechcroft team will follow the standard Admission Procedure.

Elective Referrals

Elective referrals will only be considered following Step3/4 CAMHS assessment and treatment of the child/ young person and their family.

The admission criteria outlined in section 4.1 must be met.

Inpatient assessment and/or treatment must be viewed as the best available option for the child/ Young Person, and treatment in the community has been exhausted/is no longer appropriate and/or risks are too high to manage safely in the community.

Referral form should be completed with a current FACE risk assessment form and sent FTO BEECHCROFT CAMHS referral meeting.

Following the weekly inpatient Referral Meeting, a decision will be made on the appropriateness of the referral and feedback will be provided to the referrer.

If appropriate, the inpatient team will offer either an Admission Request Meeting with the referrer. depending on the clinical information provided (in some occasions both referrer and young person/family may be invited).

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Admission to Beechcroft will only be made after it has been decided that the unit has the capacity to provide a safe environment to the existing compliment of Young, People, the Staff Team and the referred Young Person. The referral meeting will make this decision.

If a referral is not appropriate, written feedback will be provided to the referrer outlining the reasons why. Referrals will be prioritised at the Referrals Meeting, depending on clinical need and bed availability.

Waiting list management for Beechcroft will occur in accordance with Elective reform targets in chronological order unless clinical need dictates otherwise.

Appendix 1

UNIVERSAL SERVICES

All disorders, known and suspected presentation of common mental health disorders e.g. primary care, health visiting, youth services.

TARGETED PREVENTION

Designed to proactively engage children with emerging mild to moderate mental health needs. It involved early detection & provision of therapeutic intervention to reduce the need for mental health treatment at step 3 e.g. child development services, youth counselling.

TARGETED INTERVENTION

Specialist services for those children who present with moderate to severe emotional and psychological needs who have not responded to step 2 intervention e.g. DAMHS, EDYS.

**CRISIS INTERVENTION & INTENSIVE
COMMUNITY TREATMENT**

Crisis management and intensive treatment as an alternative to hospital or inpatient admission and treatment e.g. Crisis Assessment and Intervention Team (CAIT).

INPATIENT CARE

Specialist inpatient services for levels of high risk e.g. Beechcroft inpatient unit

Step 1

Step 2

Step 3

Step 4

Step 5

