

Interim Bulletin

Transition from Child and Adolescent Mental Health Services to Adult Mental Health Services

19 January 2018

This interim bulletin contains facts which have been determined up to the time of issue. It is published to inform the NHS and the public of the general circumstances of events and incidents and should be regarded as tentative and subject to alteration and correction if additional evidence becomes available.

Notification of Event and Decision to Investigate

The Healthcare Safety Investigation Branch (HSIB) was notified by a combined community and mental health Trust of an 18-year-old man who died by suicide shortly after transitioning from the Child and Adolescent Mental Health Service (CAMHS) to the Adult Mental Health Service (AMHS). The initial information provided to HSIB identified possible issues regarding the transition process. Following a preliminary investigation, the HSIB considered that there was potential for national learning. The Chief Investigator authorised a full investigation as it met the following criteria:

Outcome Impact – What impact has a safety issue had, or is having, on people and services across the healthcare system?

CAMHS teams are usually made up of nurses, therapists, psychologists, support workers and social workers, as well as other professionals who work alongside young people and their families to help them access appropriate mental health support.

The way in which mental health services are commissioned and delivered for young adults varies across England. Some mental health Trusts provide CAMHS up until the age of 25 whilst others provide services until the young person legally becomes an adult, at 18. In the mental health Trust where this incident occurred, transition from CAMHS to AMHS takes place when a young person turns 18.

There can be safeguarding issues associated with young adults remaining in CAMHS inpatient settings once they turn 18. This is because they are legally an adult and therefore should not be cared for in the same environment as those under the age of 18.

Transitioning from CAMHS to AMHS is complex. Care provided by the two services often have very different thresholds for access. There are added complications if the young adult has a dual diagnosis, for example a learning disability.

Some young adults may not be ready to transition to AMHS at 18 and benefit from additional short term support which may negate the need for AMHS. For those requiring longer term involvement with mental health services, the experience of AMHS can be very different from CAMHS leaving patients vulnerable to a deterioration in their mental health or withdrawing from the services available to them.

Young adults who do not meet the criteria for AMHS are usually discharged back to the care of their GP.

Systemic Risk - How widespread and how common a safety issue is this across the healthcare system?

There are many publications highlighting the risks associated with transitioning from CAMHS to AMHS. One example is the report by The Joint Commissioning Panel for Mental Health¹ titled *Guidance for commissioners of mental health services for young people making the transition from child and adolescent to adult services* which states:

“The ages 16–18 are a particularly vulnerable time when the young person is both more susceptible to mental illness, is going through a period of physiological change, and is making important transitions in their education”.

The case reviewed during the initial investigation is not an isolated incident for the mental health Trust where it occurred and is a safety issue which spans mental health trusts across England.

¹ The Joint Commissioning Panel for Mental Health (JCP-MH) is a new collaboration co-chaired by the Royal College of General Practitioners and the Royal College of Psychiatrists, bringing together other organisations and individuals with an interest in commissioning for mental health and learning disabilities.
www.jcpmh.info

Learning Potential – What is the potential for an HSIB investigation to lead to positive changes and improvements to patient safety across the healthcare system?

Through this investigation, there is the potential for the HSIB to develop an understanding of the variation in the commissioning and provision of mental health services for young adults and the way that transitions between CAMHS and AMHS impact the delivery of safe and effective care.

The HSIB also considers that learning from child to adult transitions in the context of other complex and/or chronic illnesses, such as cardiac conditions or diabetes, may help to improve transitions into young adult mental health services.

History of the Event

The young man involved in this case was referred by his GP to CAMHS when he was 17 years and six months; he was experiencing low mood and suicidal thoughts. In addition to the referral, his GP prescribed him antidepressant medication. The young man had been diagnosed with Autism Spectrum Disorder² (ASD) aged ten and as a result, it is documented, he found managing change particularly difficult.

Following the referral, CAMHS assessed the young man within a week and he was placed on the 'Getting More Help' pathway for children and young people with moderate to severe mental illness. He was allocated a care coordinator³ and was later seen by a trainee psychologist for five sessions of Cognitive Behavioural Therapy⁴ (CBT). A consultant psychiatrist regularly reviewed his antidepressant medication and occasionally, increased the dosage.

The Trust's policy for transition from CAMHS to AMHS states that the process should be started six months prior to a patient's 18th birthday. In this case, the young man was already 17 years

² Autism Spectrum Disorder (ASD) is the name for a range of similar conditions that affect a person's social interaction, communication, interests and behaviour.

³ A care coordinator is a trained mental health worker responsible for coordinating the various aspects of mental health treatment provided to an individual.

⁴ CBT is a type of talking treatment focusing on how thoughts, beliefs and attitudes affect feelings and behaviour, and teaches coping skills to deal with different problems.

and six months when he was assessed by CAMHS. CAMHS staff considered that the support he required could be completed within six months and he would not need ongoing mental health support beyond 18. Therefore, no referral to AMHS was made.

A month before his 18th birthday, CAMHS staff recognised that the young man's mental health was not improving and he reported experiencing visual and auditory hallucinations. Staff decided that he would in fact need ongoing mental health support on turning 18 and therefore referred him to the Early Intervention Service (EIS)⁵. However, he did not attend the first three appointments offered to him. His mother contacted CAMHS because she was concerned about the deterioration in her son's mental health and wanted to arrange an appointment. Subsequently, EIS offered the young man a fourth appointment the same month, which he did attend.

The EIS assessing Specialist Registrar⁶ did not consider the young man to be psychotic and considered the visual and auditory hallucinations to be in the context of anxiety and low mood. The young man was, therefore, assessed as not meeting the criteria for the EIS.

The young man's mother phoned the CAMHS care coordinator to say that her son had been very upset following an argument with his girlfriend and he was worried about the transition to AMHS; he had subsequently cut his wrists. From reviewing his clinical records, this appears to be the first time the young man had moved from talking about self-harm to actually harming himself. During the telephone call, the CAMHS care coordinator, arranged to meet with the young man and his mother the following day. At this appointment, the mother raised concerns about her son's deteriorating mental health. On the same day, the young man was allocated a new care coordinator, whose responsibility was to begin the transition from CAMHS to AMHS and subsequently oversee his care under the Adult Mental Health Team (AMHT).

⁵ The Early Intervention Services (EIS) is for people aged between 14-65. The EIS team consists of professionals including doctors, nurses, psychologists and occupational therapists working in a range of ways with individuals who are experiencing their first episode of psychosis.

⁶ A Specialist Registrar (SpR) is a doctor who has completed the Senior House Officer (SHO) part of specialist training and who has passed the membership examination of the Royal College of Psychiatrists. They are undergoing the final three years of training before applying for a consultant post.

The month after the young man turned 18, and five days after his last appointment with CAMHS he, along with his mother met his AMHS care coordinator. The care coordinator was a locum, which meant that the young man may have had a further change of care coordinator. His deteriorating mental health was documented in the clinical records and a medication review was organised. The young man died by suicide the night of this appointment.

A joint care programme approach (CPA)⁷ review meeting had been scheduled for the following week. This would have been attended by the care coordinators from both the AMHT and CAMHS.

National Context

There has been research into the transition from CAMHS to AMHS and publications have raised concerns regarding the transition process and the potential harmful effects on young people's mental health. One such report was produced by The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness. The report, titled *Suicide by Children and Young People*⁸, was published in July 2017. It found that suicide rates rose steadily in the late teens and early 20's and states that a later, more flexible transition to adult services would be more consistent with their findings of young people across this age range.

There is national guidance to support the transition process from CAMHS to AMHS. However, there is variance across England as to how mental health care for young adults is commissioned by specialist and local groups and how it is delivered by NHS Trusts and other providers.

⁷ CPA is a package of care that is used by secondary mental health services. Under CPA an individual will have a care plan and a care coordinator. All care plans must include a crisis plan.

⁸http://research.bmh.manchester.ac.uk/cmhs/research/centreforsuicideprevention/nci/reports/cyp_2017_report.pdf

Identified Safety Issues

The following safety issues were identified during the HSIB's initial investigation and will form the basis for the ongoing investigation:

- The transition pathway from CAMHS to AMHS.
- The variation in commissioning, service design, delivery and regulation of the transition from CAMHS to AMHS.
- The benefits of learning from how other health care sectors manage transition from paediatrics to adult services.

Next steps

The HSIB will continue to explore the potential safety issues associated with transition from CAMHS to AMHS and welcomes further information that may be relevant, regardless of source.

The HSIB will report any significant developments as the investigation progresses.



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