NHS Highland and Highland Council Primary Mental Health Worker – Child and Adolescent Mental Health Best Practice Guidance

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Prepared by: Sally Nowell, Joanna Smith and PMHW Team	**Date of Review: June 2015**
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Foreword

Purpose of Best Practice Guidance

This guidance has been developed to support practitioners to deliver their role and assist them to deliver best practice within the context of Getting it Right for Every Child/GIRFEC (Highland Council 2010) and The Mental Health of Children and Young People: A Framework for Promotion, Prevention & Care (FPPC, Scottish Executive,2005). It will provide the evidence base for the critical role of the Primary Mental Health Worker Service within Children's Services in Highland. The guidance will support PMHW's and other practitioners working with children and their families and will also act as a reference for existing staff by providing links to supporting policies and research documents. Links will be made to the Highland Children's Services Practice Guidelines (GIRFEC) http://forhighlandschildren.org/index.htm

Context

The Scottish Needs Assessment Report emphasised that all agencies and organisations have a role in supporting the mental health of children and young people (FPPC 2005). It highlighted the need to address the whole continuum of mental health – from mental health promotion, through preventing mental illness, to supporting, treating and caring for those children and young people experiencing mental health difficulties of all ranges of complexity and severity. It also suggested that mental health promotion should underpin all work with children and young people, even when they are mentally unwell and accessing specialist mental health services (FPPC 2005).

The Primary Mental Health Worker role (PMHW) was first suggested by the Health Advisory Service report 'Together we Stand' (HAS 1995). The report suggests a four tier model of Child and Adolescent Mental Health Service provision. Each tier represents a level of service which extends from universal first contact services to highly specialised interventions. The model of service provision outlined places the PMHW role at the interface between Tier 1 (universal first contact services) and specialist CAMHS.

Tier 1 practitioners (including unqualified staff), working within universal services frequently encounter early manifestations of mental health difficulties, problems and disorders. The prevalence of children experiencing mental health problems in primary care has been found to be between 20-25% (Kramer & Garralda, 2000). Whilst some of these problems are complex and require referral to specialist CAMHS, others can be successfully managed within primary care and universal services.

The main emphasis of the introduction of the PMHW role is to enable professionals and workers within universal services to effectively recognise children's mental health strengths and difficulties; to improve inter-agency collaboration in the provision of CAMHS between universal services and specialist CAMHS and to ensure the provision of accessible, responsive interventions for children and families within a non-stigmatising environment

Child and Adolescent Mental Health Services

The term, Child and Adolescent Mental Health Services is used to embrace the range of services across agencies that contribute to the mental health and care of children and young people. Universal or Tier 1 services include those services whose primary function is not mental health care, such as general practice, schools and social care. The term is also used to describe specialist CAMHS, which mainly comprise professionals who have specific training in children's and young people's mental health, and which provide specialist mental health assessment and treatment. Specialist CAMHS are referred to as Tier 2, 3 or 4 services.

CAMHS provide input using the NICE and SIGN Guidelines and are informed by the Psychological Matrix when designing and delivering care to children, young people and their families at all times (The Matrix 2008). www.**nice**.org.uk www.**sign**.ac.uk/**guidelines**

Definition of the tier system

Tier 1: A primary level of service provided within universal services and including mental health promotion, general advice and identification of mental health problems early in their development. Tier 1 CAMHS is provided by professionals whose training is not in mental health, for example general practitioners, health visitors, paediatricians, social workers, teachers, youth workers and juvenile justice workers. Professionals providing the service include:

- GPs
- Public Health Nurses (Health Visitors and School Nurses)
- Teachers
- Support workers, including Children's Services Workers
- Social workers
- Voluntary agencies

Tier 2: A level of service provided by uni-professional groups which relate to each other through a network rather than a team. Functions include assessment, care and treatment for children and young people, consultation and advice to professionals in Tier 2 Professionals providing the service include:

- PMHW'S
- Educational Psychologists
- Children 1st
- Out patient CAMHS

Tier 3: A specialised service for more severe, complex or persistent mental health problems. Assessment and treatment is the core function. Professionals providing this service are:

- Out patient CAMHS, sometimes in partnership with PMHWS

Tier 4: Essential tertiary level services such as day units, highly specialised outpatient teams and inpatient units. Assessment and treatment is the core function. Professionals providing this service include:

- Inpatient services
- Intensive outreach from out-patients CAMHS.

(FPPC, Scottish Executive 2005)

The Role of the Primary Mental Health Worker

The overall aim of the PMHW service is to support children and young people to achieve their optimum mental health through delivery of five core functions.

1. To support and strengthen Tier1 CAMHS provision through building capacity and capability across children's services.

2. To promote the mental health of children, young people and families.

3. To support the identification of mental health problems early in the life of the child and /or the stage of the problem.

4. To facilitate decision making to support appropriate access to a relevant mental health provision according to level and nature of need.

5. To provide a direct therapeutic service to children, young people and their families to address their mental health needs according to NHS CAMHS referral Criteria (see appendix 3).

This best practice guidance will be structured using the above core functions.

PMHW'S time is expected to be equally divided, between direct therapeutic work, consultation and training.

All PMHW's draw from theoretical and practice based evidence in respect of the models of consultation, training, direct work and assessment of children and adolescent mental health.

PMHW's are specialist CAMHS workers who are qualified and registered with a professional body and have a duty to work to that body's code of practice and ethical guidelines. To meet requirements of professional registration, PMHW's are expected to have regular continuing professional development (CPD) to maintain and update their knowledge and skill base in relation to specialist CAMHS.

In Highland, PMHW's come from a variety of backgrounds e.g. mental health nursing, social work, paediatric nursing and allied health professionals. They provide consultation and training regarding child and adolescent mental health to universal services and accept cases directly where focussed, targeted, therapeutic intervention at an early stage is likely to have a long-term benefit to the mental welfare of the young person and his/her family.

There are standards set for practice which enable practitioners to contribute safely and effectively in maintaining and improving the health of the public and communities, therefore assuming the responsibilities and accountabilities necessary for public protection (e.g. NMC, SSSC, BACP).

Although PMHW's come from a range of different professional backgrounds, they are expected to have the core competencies as identified by the Scottish Government in 'Child and Adolescent Mental Health Services Primary Mental Health Work, Guidance note for NHS boards/community health (and social care) partnerships and other partners' (Scottish Executive, 2007). Individual PMHW's may also have specialist skills dependant on their prior skills and experience.

1. Supporting and Strengthening Tier 1 CAMHS Provision

Aim

The PMHW role is intended to create opportunities to build capacity and capability across children's services to respond to a child's mental health needs.

Objectives

1. To improve the identification of children who have or are at risk of developing mental health difficulties.
2. To facilitate those working with young people to develop strategies which support young people's mental health and wellbeing.
3. To provide education around children's mental health to increase awareness and increase capacity of those working with children and young people.
4. To develop awareness of the resources available to support young people by signposting to the appropriate agencies.
5. To ensure that children with identified mental health needs are supported by staff who in turn are supported and contained through their links to the PMHW Service or other appropriate CAMHS provision.
6. To support good practice across statutory and voluntary services in meeting the needs of children and young people with mental health difficulties.

How are these objectives met?
PMHW's support and strengthen Tier 1 CAMH provision through the use primarily of consultation, liaison and training.

Consultation

Consultation is a process of discussion about a specific concern with a PMHW, with the aim of seeking advice or guidance regarding how best to proceed to address the concern.

Consultation is offered by PMHW's to schools on a regular basis and to individuals from health/education/social work or other agencies upon request. (See appendix with contact details page 31). Consultation can be offered to all Tier 1 staff working with children and young people through a range of initiatives including regular formal consultation to schools, telephone contact and ongoing direct support for Tier 1 staff dealing with more complex cases. It is recommended that all secondary schools are offered a regular consultation time with PMHW's and that all associated primary schools should also have access to formal consultation on a regular basis. However, availability to provide this service will be dependent on PMHW capacity, geography and population covered.

It is recognised that the number of children with a mental health need outnumbers the available specialist mental health workers and therefore developing capacity to address children and young people's mental health needs is seen as everyone's business (FPPC2005) and the consultation model supports this ethos.

Consultation offers a forum to promote and support the mental health of children and young people more effectively by improving the skills and knowledge base of staff, providing a space for staff to have their own anxieties about children and young people heard and understood and enabling them to provide more effective practice as a result.

Training

Training is offered to the full range of professionals working with children and young people in order to increase and build on their understanding of good mental health and mental health issues.

Training aims to build on existing knowledge, enabling Tier 1 staff to promote good mental health and recognise and manage mental health problems at an early stage. The training that is provided by PMHW's ensures that staff are offered a basic foundation in understanding mental health through to recognising, understanding and managing more complex mental health problems. Training can be tailored and targeted to identified need to ensure that the most appropriate input is available to support staff caring for children and young people. (FPPC2005) (CAMHS PMHW Guidance note for NHS Boards Feb 2007)

PMHW's are able to access a range of training programmes and offer specialist knowledge and up to date information regarding mental health promotion, prevention and care.

It is expected that every PMHW will contribute to identifying training needs within their Associated School Group (ASG), in partnership with other professional groups, e.g. Educational Psychologists, to ensure that the work force is supported in their role to identify and meet mental health needs at Tier 1.

Direct delivery of training by PMHWs provides the opportunity for course participants to meet and get to know their local PMHW which in turn provides a valuable foundation upon which consultation and referral can be more readily accessed beyond the training.

Liaison

The PMHW provides a bridge between universal and specialist services developing links within multi-agency partnerships and signposting services accordingly. The PMHW is able to provide the network with good information and understanding of the range of resources available. The PMHW can also act as a "filter" to the network supporting children and young people to ensure that specialist services are appropriately used. (Guidance notes 2007 CAMHS/PMHW).

PMHWs will be linked to ASGs and Integrated Teams and be available to Tier 1 professionals for consultation/ training/advice and general discussion regarding the mental health needs of the local population and how these are best met.

The PMHW will have a good knowledge of local and Highland wide resources regarding mental health and develop working relationships across children's services. They will be responsible for promoting their own role and that of their colleagues in specialist CAMHS. In order to deliver this aspect of their role it is expected that PMHWs and the Phoenix Centre team will have regular contact both regarding patients and service developments. This will ensure that specialist CAMHS is delivered in a joined up, co-ordinated and informed manner.

2. Promoting the Mental Health of Children and Young People

The Framework for Promotion, Prevention and Care (FPPC, 2005) describes mental health promotion activity and early intervention activity in five settings:

- Early years
- School years
- Community based activity
- Additional and support needs
- Specialised Child and Young People Mental Health Services (CAMHS)

The FPPC also highlights that for this to be achieved effectively, activity across these sectors requires to be supported by Primary Mental Health Work. This is one of the important key underpinning factors in the successful implementation of the FPPC. (Guidance Notes for NHS Boards/Community Health (and Social Care) Feb 2007).

All elements of this area of work will be underpinned by the following principles of mental health promotion:

- Any action to enhance the mental wellbeing of individuals, families, organisations and communities.
- How individuals, families, organisations and communities think and feel.
- The factors which influence how we think and feel, individually and collectively.
- The impact that this has on overall health and wellbeing.

Everyone has mental health needs, whether or not they have a diagnosis of mental illness.

Objectives

- To raise awareness of issues affecting children and young people's mental health.
- To liaise with health promotion colleagues, primary and secondary schools, and relevant primary care professionals in order to develop community based mental health promotion programmes.
- To promote knowledge and understanding about mental health and its effects upon resilience within the child and young person.
- To work with Highlands Children and young people directly to promote resilience and positive mental health.

(PMHW job description, appendix A)

How are these objectives met?

PMHWs promote the emotional health and wellbeing of children and young people through the provision of training, consultation, supervision and direct work.

Training

The PMHW will identify within ASGs and Integrated Teams, training needs around mental health promotion. Designs and approaches are based on evidence and the interests of young people with emotional and mental health issues and their families.

The training packages delivered by PMHWs form part of the training framework detailed on the For Highlands Children website.

The target audience for mental health promotion training is children and young people, Universal Services, Tier 1 staff and foster carers.

Training will include the following elements:

- Developing knowledge of bio-psycho-social development of children and young people.
- Developing knowledge of factors and processes that promote positive mental health and well-being and attitudes that foster mental health promotion from pregnancy to transition into adulthood.
- Developing knowledge of risk and resilience factors, in relation to children and their families.
- Developing knowledge of skills and attitude to assess risk and resilience.
- Developing knowledge of the "family" as a concept and a system, its influences and dynamics on the children's and young people's development and functioning.

(Competency Framework for PMHWs)

http://pathways.nice.org.uk/pathways/social-and-emotional-wellbeing-for-children-and-young-people#content=view-node%3Anodes-training-for-those-working-in-secondary-education

PMHWs are expected to have or develop skills and experience in training to a range of different groups in a range of different settings with a range of different needs.

Consultation

The aim of consultation within health promotion is to raise awareness of issues affecting children and young people's mental health through the identification of individual mental health needs and consideration of appropriate ways of meeting them in partnership with professionals already working with them. There is likely to be an psycho-educational element within many consultations. Consultation is offered to all Universal and Tier 1 staff.

Consultation may be offered by either an individual PMHW or in conjunction with a colleague. Records are kept of all consultations. Where advice is being sought by a professional regarding a named child or young person, consent should first be sought from that young person and/or their family. If consent is unobtainable, the professional should be advised to refrain from giving any identifiable information to the PMHW.

Direct Contact with Service Users

All direct contact with service users incorporates an element of health promotion. The PMHW will promote mental health and wellbeing through a variety of means, for example:

- Therapeutic work with service users including individual work with children and young people or work with parents, families, siblings.
- PSE/Curriculum for Excellence programmes, health fairs, management of exam stress, other initiatives with pupil cohorts (Special consideration should be made to ensure that children educated at home have equal access to mental health promotion. This may be done in conjunction with the Public Health Nurse).
- Psycho-educational input with service users.

3. Identifying Mental Health Problems early in the Life Cycle of a Child or the development of the problem.

Requests for preventative and early intervention services offered by the PMHW will come from a number of professionals who work with children & young people for example, teachers, public health nurses or professionals who work with parents with mental health problems.

Preventative services include training, consultation and mental health promotion that have been included in other sections of the best practice guidance.

A direct request for input

3.1 The Process of Requesting a Service

The request for a direct service from a PMHW is made through the process of consultation and can be made by health, education, or social work through discussion and where appropriate, accompanied by a Childs Plan. The role of the PMHW is to provide intervention early in the Life Cycle of a Child or the development of the problem, thus providing direct work with children and families where mental health needs have not been responsive to interventions undertaken by Tier 1 professionals. Often a request for a service is generated following the consultation.

See appendix 3 - Referral process in CAMHS.

The PMHW service views the term mental health as a continuum, encompassing a range of states from emotional well-being and mental health through mental or emotional distress, to mental health problems to mental ill health. This way of viewing mental health allows us to see mental health problems arising from exaggerated or extreme versions of normal processes rather than pathological states which are qualitatively different from, and inexplicable, by normal states and processes. Therefore this allows the PMHW to think about the presentation in a way which may be different to other professionals, which gives an enhanced and shared view of the child or young person within the wider network. www.education.gov.uk/publications/standard/publicationdetail/page1/DCSF-00305-2010

3.2 Assessment of Mental Health

The WHO (2001) defines mental health as a “state of well being in which the individual realises his/her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community”. There are times when a child or young person is described as having a “problem”. The term mental health problem is commonly used to describe difficulties in living, learning and relating, which express themselves as difficult emotions and behaviours and psychological and psychiatric problems. The more complex and severe these difficulties, the more specialised are the interventions which are required.

In the first instance an assessment of the child/young person and their family is required.

When a PMHW accepts an appropriate referral for direct intervention, following their assessment, they may feel that the case requires input from the Tier 3 service at the Phoenix Centre. The referral will be passed on and placed on the Phoenix Centre waiting list **based on the date it was referred to the PMHW**. Onward referral may be because the issues have been long standing and/or are complex and therefore require more than one piece of intervention or if there is an indication of a mental health illness or disorder, where a

psychiatric assessment and treatment is required. It would generally be expected that the consultation process would direct cases to the appropriate part of the CAMHS service.

http://www.ucl.ac.uk/clinical-psychology/CORE/child-adolescent-competences/Assessment%20and%20formulation/assessment.pdf

3.3 The Process of Assessment

The assessment involves enabling the parents/carers, children and young people to give an account in their own words as to what they perceive the problems to be. This will also include what they are worried about and what they think will help resolve these issues. (This helps to identify triggers and how others respond to this.)

During this process the PMHW has to have in mind child development, mental health, psychosocial, behavioural, medical and systemic issues, which will inform thinking about the child's/young person's functioning.

Direct observations of the interactions between family members are also an important part of the assessment. To identify issues such as the shared beliefs and attitudes of the family, how the problem is impacting on each family members and family relationships.

Information from other agencies such as school and GP will also be requested to inform the assessment process. It is important to ascertain if the school has worries about the child or young person. The PMHW will seek consent from the family, child or young person before consulting with others.

The Child's Plan information will also add to the to the information gathering process and will provide a critical aspect of the information which informs the assessment. Where the PMHW assessment is part of a wider assessment that will lead to the creation of a plan, this information will be collated into a single planning document by the Lead Professional.
http://www.forhighlandschildren.org/5-practiceguidance

3.4 Mental Health Assessment

(For information that will inform the assessment see appendix1).

The following is an example of the type of information which could be collated at the end of the mental health assessment.

- The source and nature of the request for a service, who made this and the family's view regarding this. A description of the presenting problems - which should include, onset, frequency, intensity, duration and location, family / child and young person's beliefs about causation.
- Past attempts to solve the problem – have other professionals been involved, what have parents tired to resolve the problem.
- Personal/developmental history – pregnancy, labour, delivery, early developmental milestones, separation, disruptions, physical illness, child /young person's personality.
- Family history – personal and social histories of parents, history of mental and physical illness, who lives at home, strengths and weakness of family, current social stressors and supports, family relationships, motivation for change.
- Information from observation of family interaction – structure, organisation, communication styles.

- School history – primary and secondary school information about behaviour, academic performance, social skills, strengths and hobbies, staff and peer relationships.
- Observation following interview of child/young person – presentation, speech, use of language, memory recall, concentration, information processing, self expression, self esteem, social skills, motor activity, mental health status, motivation for change, thought content, emotional responses.
- What the child/young person wishes to change, what the parents/carers wish to change.

When the process of assessment comes to an end a formulation is produced which will include the perspective of the child or young person and that of the family. The intervention plan will be agreed and planned in collaboration with the child/young person and family. A formulation explains why the presenting problems developed, why they persist and what protective factors may prevent them from becoming worse or will help to solve the problem.

All documentation following an initial assessment is kept within a clinical file, which is kept in a secure place within the PMHW base. It is the responsibility of the PMHW to maintain clear record keeping in accordance with clinical governance and accountability within individual professional bodies.

Consent for sharing information both verbal and written is requested from the family, child and young person during the initial interview and is constantly reviewed as it is the basis of the child's planning process and all collaborative work with the relevant service users. A consent form is completed at the beginning of contact and held in the file (see Appendix 2 Multi-agency consent form).

4. Facilitating decision making to support appropriate access to relevant mental health provision

Through the processes of consultation, training and direct work, described in previous sections of this document, PMHWs are able to achieve the above.

Specialist CAMHS in Highland is made up of PMHWs, Specialist Local Therapists and The Phoenix Centre. (For more detail see appendix 3, Child, Adolescent Mental Health Services).

Before accepting a referral, PMHWs offer consultation to potential referrers to provide opportunities for discussion and reflection on appropriate interventions. If a referral for direct work from Specialist CAMHS is felt to be appropriate, this will be discussed in the consultation.

Appropriate Referrals to the Primary Mental Health Worker Service are identified in the referral guidance in appendix 3.

To support decision making processes and ensure a smooth transition for clients through the Tiers of mental health services, the following should be in place:

- Close liaison between Tiers of service and identified contacts within the Phoenix Centre to ensure that all referrals are dealt with appropriately.
- Shared documentation templates for assessment and treatment across Highland CAMHS, developed in line with the principles of the Highland Practice (GIRFEC) Model, thus ensuring families do not have to repeat the assessment process.
- Clear guidelines for referrers. Information should be accessible on the intranet and disseminated by the local PMHW.
- Information for families and young people regarding the CAMH Service for the Highlands.
- Access to Consultant Psychiatrist.
- Access for Mental Health Assessments, when required.
- Supervision for PMHWs should be available from the Phoenix Centre or from professionals trained in supervision for mental health workers. Kilminster and Jolly (2000) identified the importance of clinical supervision in ensuring both patient and practitioner safety.
- PMHWs should be registered with a professional body and have a duty to work within the appropriate code of practice and ethical guidelines.

5. Providing a Direct Therapeutic Service to Children, Young People and their Families

PMHWs are specialist child and adolescent mental health workers. PMHWs are expected to have a minimum of 3 years post qualifying experience in the field of Child and Adolescent Mental Health.

PMHWs in Highland cover a large geographical area and work in diverse environments, ranging from remote and rural settings with small populations, to more urban settings with large populations and high levels of deprivation. In order to be sensitive to the particular needs of this varied population PMHWs must have knowledge of a range of theoretical frameworks and therapeutic interventions and the capability to operate with a significant degree of autonomy and flexibility.

Having knowledge of a range of theoretical perspectives enables PMHWs better respond to individual children's mental health needs and the various interpretations and frameworks used by other professionals in understanding the needs of children/young people.

5.1 Direct Therapeutic Services offered by PMHWs

PMHWs provide direct therapeutic services to children, young people and their families from birth to 16 (or 18 if still at school). Resource and capacity challenges mean that only a limited direct service is available and direct case work will be prioritised appropriately.

There are a range of issues affecting children and young people that can be addressed with direct therapeutic intervention by PMHWs:

- Adjustment difficulties following bereavement and loss
- Low mood
- Anxiety
- Self Harming Behaviours
- Emotional and Behavioural problems
- Relationship difficulties with family or peers where these difficulties are having a significant impact on an individual's functioning.

Intervention can be provided on different levels:-

Tier 1 PMHW Intervention

Through joint work with Tier 1 professional with the aim of:

- Undertaking joint assessment on the level of mental health need
- To support the practitioner in work that they are already undertaking
- To provide education and support about specific management techniques
- To provide advice regarding appropriate referral to CAMHS or other agencies

(Child and adolescent Mental Health services Primary mental health work Guidance Notes for NHS Boards/Community Health and Social Care partnerships and other partners February 2007 p7)

Direct intervention may also include the development and provision of targeted group work programmes such as mental health awareness/relaxation/parenting. Delivery of such programmes may be carried out alongside professionals in education/health/social work /voluntary agencies.

Dependant on capacity and resources PMHWs might give advice to parents/children at Solution Focused Meetings attended by colleagues from other organisations.

Tier 2 PMHW Intervention

PMHWs provide direct specialist mental health assessment and therapeutic interventions to children and families where they have not responded to interventions at Tier 1 and "where the level of need appropriately matches the type of intervention normally provided in a primary care environment. Direct interventions should be brief and tailored to the child/young person's and family's identified needs. Direct work should be evidence-based and drawn from a range of interventions for particular approaches with specific age-groups and life-stages, for example, Cognitive Behavioural Therapy or Solution Focused Brief Therapy. It may also include the provision of targeted group work programmes." (Child and adolescent Mental Health services Primary mental health work Guidance Notes for NHS Boards/Community Health and Social Care partnerships and other partners February 2007 p7)

The evidence base for CAMH intervention is limited but growing. However there is also an acknowledgement that many theoretical interventions used in CAMHS may be effective even although at this present time there is little formal evidence base.
http://www.nes.scot.nhs.uk/media/425354/psychology_matrix_2011s.pdf

Tier 3 PMHW Intervention

Tier 3 work is the remit of the Phoenix Centre although it has been agreed that a maximum of three Tier 3 cases can be held at any one time by a fulltime PMHW, in partnership with a case holder from the Phoenix Centre.

Tier 3 cases are distinguished by systemic complexity, chronicity, severity of mental health symptoms or degree of risk. Due to their complexity these cases usually require containment by more than one mental health clinician.

In Highland, due to the remote geography of some localities, PMHWs may work alongside colleagues from the Phoenix Centre in their outreach clinics on a limited number of more complex Tier 3 cases. This is dependent on capacity and must be agreed and supported by the PMHW's manager. On these occasions the clinician based at the Phoenix Centre must retain case holder responsibility.

Tier 4 PMHW Intervention

It is **not** the Remit of the PMHWs to do Tier 4 work.

In Highland, in some areas and due to the nature of the available tier 4 services and geographical challenges, it may be appropriate **on occasion**, for the locality PMHW to provide 'support' to a young person and family or network where there is a Tier 4 need. These cases would always be case held by a consultant psychiatrist or member of the Phoenix Centre team and the PMHW involvement would be a specific, time limited piece of work that is part of a co-ordinated mental health intervention.

Interventions provided by PMHWs

In line with their continuing professional development needs most PMHWs in Highland are trained in an extensive range of specialist therapeutic mental health interventions.

The following are examples of PMHW skills available. These skills are part of the theoretical framework that underpins the knowledge base for all the work that individual PMHWs do, whether it be consultation, training or direct therapeutic interventions. Different PMHWs have different skills and expertise but all are expected to have and deliver the core competencies.

(see appendix 4, Child and Adolescent Primary Mental Health Services, Context and Core Standards for Scotland, for full details.)

Examples of CPD Training undertaken by the cohort of PMHWs in Highland:

- Supervision to Professionals in Children's Services
- Arts Psychotherapy
- Person Centred Art Therapy skills
- Integrative Psychotherapy
- Narrative Therapy
- Attachment
- Play therapy
- Sand Play Therapy
- EMDR
- Trauma and Abuse training
- Working with Young People who Self Harm
- Emotional Literacy
- Integrative Counselling
- Person Centred Counselling
- Psychodynamic Counselling
- Group work(psycho-analytically based)
- Solution focused interventions
- CBT based interventions
- Attachment based Interventions
- Behavioural Interventions
- Family Therapy Skills
- Parenting interventions including:-
- Parent Child Game
- Solihull Parenting Programme
- Webster Stratton Parenting Programme
- Mellow parenting
- Mellow babies
- Storm Training- Training for trainers
- Alcohol brief interventions
- Motivational interviewing
- Supervision
- Psycho-education
- Mindfulness and relaxation training
- Research
- Baby/ Infant observations
- Conflict resolution
- Child Protection

All PMHWs have responsibility to work within the limits of their training and expertise, adhering to the ethical guidelines of their professional bodies.

"Evidence of the effectiveness of psychological therapies is based on the person delivering the therapy having been trained and accredited and practising within a framework of supervision, support review and audit." (*Integrated pathways for Child and Adolescent Mental Health June 2011 p25)*

5.2 Supervision and Clinical Governance

(Adapted from "Guidance for Commissioners and CAMHS Providers on the Development of the Role of the Primary Child Mental Health Worker in CAMHS: Commissioning, Service Provision and Training the Workforce National Committee of Primary Mental Health Workers (CAMHS), for Scotland, Wales, Northern Ireland and England, 2006)

It is important that primary mental health work is properly supported. Appropriate early intervention and a subsequent filtering of demand will ultimately result in more appropriate referrals to Tiers 3 and 4 of the specialist CAMHS system.

One of the most important factors that NHS Boards/CHPs and other partners have to consider is the priority which is placed on primary mental health work. It is important there is clarity about protected time for primary mental health work. This can be achieved either by dedicated resources being made available or by specific mention of primary mental health work as a core function in CAMHS job descriptions.

Provision of appropriate training and on-going support to allow staff effectively to provide primary mental health work is equally important. Skills such as consultancy and training competencies are not necessarily acquired in early working experience, so provision should be made which allows staff to develop and maintain such skills.

Staff need to ensure they have the capability to provide a range of therapeutic skills within the primary mental health care environment. It is intended there be available in Scotland, an "Advanced CAMHs" course, supported by NHS Education for Scotland. This will be relevant for all experienced practitioners working in CAMHs, including those working in primary mental health. See www.nes.scot.nhs.uk for updated information.

In order to provide a range of specialist interventions safely and effectively, to best support their clients and themselves in their direct work and to prevent professional isolation, PMHWs should be part of a robust and contained integrated CAMHS. PMHWs need to be embedded within an organisational structure that provides and supports regular supervision in accordance with NHS Highland supervision policy as well as access to specialist consultation with a Consultant Psychiatrist as and when required.

The FPPC recommended that "those engaged in primary mental health work are supervised and supported by the CAMHS team" (Children and Young Persons Mental Health: A Framework for Promotion Prevention and Care, 2005)

All PMHW's should be supported to access training that is relevant to their core role, identified through the eKSF process and linked to the NICE guidelines, Psychological Matrix and Highland CAMHS referral criteria.

Those with specific and specialist training and qualifications may require clinical supervision in the specific therapeutic modality in addition to their 'core' supervision (which will be provided on a pro rata basis), to comply with the code of practice and ethical guidelines of their professional registration e.g. Art Therapy, Cognitive Behavioural Therapy, Counselling, EMDR. This should be provided by appropriately qualified professionals and discussed, arranged and agreed on an individual basis.

PMHW Supervision will be provided in accordance with NHS HIGHLAND Supervision Policy which is currently under review

Record Keeping

'Good record keeping is an integral part of ….. practice and is essential to the provision of safe and effective care. It is not an optional extra to be fitted in if circumstances allow.' (NMC, 2009)

Good Record keeping is fundamental for the following important functions:

- Helping improve accountability.
- Showing how decisions related to patient care were made.
- Supporting the delivery of services.
- Supporting effective clinical judgements and decisions.
- Supporting patient care and communications.
- Making continuity of care easier.
- Providing documentary evidence of services delivered.
- Promoting better communication and sharing of information between members of the multi-professional healthcare Team.
- Helping to identify risks, and enabling early detection of complications.
- Supporting clinical audit, research, allocation of resources and performance planning.
- Helping to address complaints or legal processes.

NMC Principles of good record keeping:
http://www.nmc-uk.org/Documents/Guidance/nmcGuidanceRecordKeepingGuidanceforNursesandMidwives.pdf

Audit of Records

Audit should be integral to good record keeping practice. A cyclical process for audit should be established for each PMHW to allow continuous improvement. Each individual should audit sample files as directed by their line manager (approx three monthly) and follow up with an action plan. These results are managed locally. Annual audits are directed by the Clinical Effectiveness Department.

5.3 Where do PMHW'S deliver their direct work?

PMHWs deliver their direct work in a range of venues including schools, clinics, GP surgeries, children's centres, client's homes. Direct work will be provided in environments that are comfortable and feel safe and non-stigmatising for children and young people and which ensure that their confidentiality is not compromised.

How to request Direct Work

- Requests for service from a PMHW can come direct from professionals in primary care including GPs, Health Visitors, School Nurses, Paediatricians, Teachers etc
- All referrers are required to arrange a consultation prior to making a referral for direct work in order to determine the appropriateness of the referral to the PMHW Service. This also creates the opportunity for signposting to other appropriate services.
- Occasionally some young people with mental health issues at early stages may have been referred to the Phoenix Centre and will require to be signposted to PMHWs. On

these occasions the clinician responsible in the Phoenix Centre will discuss the case with the PMHW concerned before passing on.

5.4 PMHW'S as part of Highland CAMHS

As part of a Highland wide CAMHS Service, PMHWs are strategically led by the CAMHS Implementation Group and managerially led through their Line Manager, the Principal Officer Additional Support for learning and Early Education, in partnership with the Professional lead for the CAMH service. In turn, the CAMHS Implementation Group and management structure will be led and driven by both local and national targets.

At present, priorities for the service are to deliver and meet the needs in the Early Years and also to support the needs of minority groups such as Looked after Children.

5.5 HEAT Target

HEAT targets are priorities set by the Government to improve health care in Scotland. HEAT targets are set for a three year period and progress towards them are measured through local delivery plans. Targets are revised regularly and new targets are added as further evidence about population and public health becomes available. The following list explains HEAT:

- **H**ealth Improvement for the people of Scotland - improving life expectancy and healthy life expectancy.
- **E**fficiency and Governance Improvements - continually improve the efficiency and effectiveness of the NHS.
- **A**ccess to Services - recognising patients' need for quicker and easier use of NHS services and
- **T**reatment Appropriate to Individuals - ensure patients receive high quality services that meet their needs.

For further information about HEAT targets please see: Scotland performs (NHS Scotland, 2011) - http://www.scotland.gov.uk/About/scotPerforms/partnerstories/NHSScotlandperformance

Why is this HEAT target important?
Timely access to healthcare is a key measure of quality and that applies equally in respect of access to mental health services. Early action is more likely to result in full recovery and in the case of children and young people will also minimise the impact on other aspects of their development such as their education, so improving their wider social development outcomes.

Target due for delivery by March 2013
National data systems for the 26 weeks referral to treatment CAMHS target are currently being established.

Target due for delivery by December 2014
National data systems for the 18 weeks referral to treatment psychological therapies target are currently being established.

As part of achieving the target PMHWs complete a monthly return and forward this to the CAMHS Service Manager, who collates this information alongside that for the Phoenix Centre Team.

Within the Scottish Government document CAMHS HEAT Target, February 2012, it states:

Primary Mental Health Work

This document is attempting to make a clear statement which defines a threshold for Specialist CAMH treatment intervention. In order to achieve this clarity it is important that the document makes some reference to the primary mental health workforce or primary mental health service function within the Specialist CAMH workforce. This is because this workforce and/or associated service function has been deliberately created to bridge a gap between Specialist CAMHS and the wider workforce (particularly within NHS Primary Care). In many cases this has led to the creation of a very deliberate functional overlap which in turn has the effect of blurring the very boundaries which this document is setting out to articulate. Those carrying out primary mental health work will therefore (depending on their professional background, expertise, experience and job descriptions) be doing some Specialist CAMH work which meets the threshold criteria laid out above and some which does not as indicated in the guidance publication Child and Adolescent Mental Health Services: Primary Mental Health Work Guidance note for NHS Boards/Community Health (and Social Care) Partnerships and other Partners (2007). For the purposes of a waiting time target it makes sense that only those patients which meet the criteria should be considered for the target.

A referral is deemed appropriate for a specialist CAMH assessment for treatment where ***both*** *of the following two conditions are met:*

Condition 1 (basic threshold)

- *A child/young person has or is suspected to have a mental disorder or other condition that results in persistent symptoms of psychological distress.*

Condition 2 (complexity and severity threshold)

There is also the existence of ***at least one*** *of the following:*

- *An associated serious and persistent impairment of their day to day social functioning.*
- *An associated risk that the child/young person may cause serious harm to themselves or others.*

*Where there is evidence of an associated significantly unfavourable social context (e.g. a child in care, a sibling, a parent or carer with significant mental or physical health problems, a child who has been the victim of abuse or who has experienced domestic abuse) a multidisciplinary approached should be taken ensuring appropriate inclusion of relevant agencies****.***

5.6 *GIRFEC* (Getting it Right for Every hild)

Background

The vision for all of Scotland's children is they can achieve their full potential to become successful learners, confident individuals, responsible citizens and effective contributors (Scottish Government, 2008). Evidence demonstrates that to achieve positive outcomes for all children the balance of care needs to shift from crisis management to an early intervention focus. This shift in focus is most successful in the early years;

> "*At age 3, children at higher risk of poor outcomes can be identified on the basis of their chaotic home circumstances, their emotional behaviour, their negativity and poor development"*
>
> *(*Scottish Government, 2008)

The Early Year's Framework (Scottish Government, 2008) has been published to support the implementation of integrated children's services to best meet the needs of all children from pre–birth to eight years of age. This document is the key framework for developing integrated children's services in the early years. The framework highlights the recognition that all children have the right to high quality relationships, environments and services which offer a holistic approach to meeting their needs. Early intervention (especially within the early years) is pivotal to achieving this outcome. The "Getting it Right for Every Child" practice model (*GIRFEC*) provides a framework for all practitioners working within integrated services to provide timely, proportionate and relevant care and support.

PMHWs work within the Highland Practice Model (GIRFEC) and on occasion may act as Lead Professional for a child/young person where the multi-agency team and family feel this to be appropriate. More generally however they will be a member of the core group for a child/young person, contributing to the assessment and planning processes around the child/young person. Where an assessment has shown that support from a PMHW is required, this should be clearly indicated on the child's plan, with desired outcomes for this intervention. The Child's Plan should accompany any request for service.

Further detail regarding GIRFEC is available at http://forhighlandschildren.org/index.htm

5.7 Best Practice Guidance and Pathways links

www.forhighlandschildren.org publications and information page:

- Women, Pregnancy and Substance Misuse – revised guidelines
- Domestic Abuse: Pregnancy and the Early Years – revised protocol for midwives, PHN/HVs, GPS and obstetricians
- Maternal and Child Nutrition; Best Practice Guidance
- Intimate care for children policy (Highland Council)

6. Child Protection

6.1 Highland Child Protection Policy Guidelines

Children have the right not to be abused, and to be protected from abuse and neglect (Child Protection Policy Guidelines, 2009). Child Protection is the responsibility of everyone, and agencies must collaborate to support the protection of children. This guidance forms the operational procedures for multi-agency working. PMHWs should have easy access to the guidance at all times. PMHWs should contact their local child protection advisor when they have any concerns of escalation of risks to a child.

Child Protection Guidelines: http://forhighlandschildren.org/2-childprotection/publications.htm

Child Protection Link (For Highlands Children):
www.forhighlandschildren.org/2-childprotection/

6.2 Child Concern Forms

Effective practice to protect children requires agencies to share information. To this effect, Northern Constabulary and other agencies share information about concerns that have come to their attention with Named Persons.

Sharing concerns about the wellbeing and protection of children

Child concern forms should be completed when PMHWs have concerns about the wellbeing and protection of children. They should then forward these to the Named Person/Lead Professional and to social work and/or police when there is concern about significant harm or immediate harm to children. Advice can be sought for completion of the forms from the local CPA (Child Protection Advisor).

All significant events including sending/receiving concern forms should be recorded in the chronology within the child's record.

Full information regarding child concerns see Practice guidance page 28-31 and child protection guidance http://www.forhighlandschildren.org/5-practiceguidance/

6.3 Child Protection Training

PMHWs should attend child protection training every 3 years. Training Courses can be sourced through local CPA, details are within the intranet.
http://intranet.nhsh.scot.nhs.uk/Training/ChildProtection/Pages/Default.aspx or
www.forhighlandschildren.org/2-childprotection/

6.4 Child Protection Document Links

National Guidance for Child Protection in Scotland 2010
http://www.scotland.gov.uk/Publications/2010/12/09134441/0
HMIE inspection
www.**hmie**.gov.uk/documents/publication/hwcpnm-03.html
Protecting Children and Young People: The Charter (2004) sets out what children and young people feel they have a right to expect from those with responsibilities to protect them.
www.scotland.gov.uk/library5/education/ccel.pdf ISBN 0-7559-4087-3
Protecting Children and Young People: Framework for Standards (2004) builds on the Children's Charter. A framework for all agencies to progress effective measures to protect

children and young people.
www.scotland.gov.uk/childprotection ISBN 0-7559-4087-3
Getting Our Priorities Right (2003)
Good practice guidance for working with children & families affected by substance misuse.
www.scotland.gov.uk/library5/education/gopr.pdf ISBN 0-7559-0716-7
Children (Scotland) Act 1995
www.opsi.gov.uk/acts/acts1995/Ukpga_19950036_en_1.htm
Protection of Children (Scotland) Act 2003
www.opsi.gov.uk/legislation/scotland/acts2003/20030005.htm
Young people, Sexual Health, Confidentiality and the Law
http://intranet.nhsh.scot.nhs.uk/Org/DHS/ChildrensServices/HospitalPaediatrics/Documents/child%20protection/Young%20People,%20Sexual%20Health,%20Confidentiality%20and%20the%20Law.doc

7. References

The mental health of children and young people: a framework for promotion, prevention & Care.(FPPC, Scottish Executive,2005).

“The competency and Capability framework for Primary mental health Workers in CAMHS (National Committee for PMHW)

The Highland Council (2010) Highland Children’s Services Practice Guidance, Getting it Right for Every Child. *For Highland Children’s Three.*

Nursing and Midwifery Council (2009) Record Keeping. Guidance for nurses and midwives. London.

The Scottish Government. (2008) Better Health Better Care. Edinburgh
Child and Adolescent Mental Health Services, Primary Mental Health Work

Guidance note for NHS Boards/Community Health (and Social Care)
Partnerships and other Partners, February 2007

Child and Adolescent Mental Health Services: Primary Mental Health Work: ...
www.scotland.gov.uk/Resource/Doc/167355/0045998.pdf - 01 Mar 2007 - 171k - Preview

The Mental Health of Children and Young People: A Framework for Promotion, Prevention and Care (Scottish Executive 2005)
www.scotland.gov.uk/Publications/2004/12/20383/48310 - 13 Dec 2004 - 15k - Preview -

“The Matrix”, A Guide to delivering evidence-based Psychological Therapies in Scotland, December 2008

All Wales Child and Adolescent Mental Health Forum (2003) *Child and Adolescent Primary Mental Health Services: Context and Core Standards for Wales*

Arcelus, J, Gale F and Vostanis P (2002). Child Mental Health Problems in Primary Care. In P. Nolan and F Badger (eds). Promoting collaboration in Primary Mental Health Care. Cheltenham, Nelson Thornes

Audit Commission (1999) "Children in Mind: Child and Adolescent Mental Health Services". Audit Commission: London

Department of Health (2000) *Modernising Health and Social Services: National Priorities Guidance2000/1 – 2002/3 – 2003-6* The Stationary Office: London

Gale F (2003) When tiers are not enough: developing the role of the child primary mental health worker. *Child and Adolescent Mental Health in Primary Care.* 1.(1) pp 5-8

Gale F and Vostanis (2003) The Primary Mental Health Worker role within Child and Adolescent Mental Health Services. C*linical Child Psychology and Psychiatry.*
08 (02). pp 227 – 241

HAS (1995) *Together we Stand.* London, HMSO

The Mental Health Foundation (1999) "Bright Futures: Promoting Children and Young People's Mental Health". The Mental Health Foundation: London

8. Contributors

Thank you to all who have contributed to this best practice guidance. Including:

Name	Title
Sally Amor	Children's Health Commissioner, NHS Highland
Wendy Armstrong	Primary Mental Health Worker, Highland Council
Bernadette Cairns	Principal Officer ASL and Early Education, Highland Council
Emma Campbell	Primary Mental Health Worker, Highland Council
Louise Corbett	Primary Mental Health Worker, Highland Council
Gill Hasson	Primary Mental Health Worker, Highland Council
Stephanie Holden	NHS Highland
Mairi Holmes	Primary Mental Health Worker, Highland Council
Jacquie Hutchinson	Children's Disability Service, Health and Social Care, Highland Council
Julie Kennedy	Children 1st
Jill Mallison	Primary Mental Health Worker, Highland Council
Dave Morton	Primary Mental Health Worker, Highland Council
Sally Nowell	Clinical Nurse Specialist, CAMHS, NHS Highland
Grace Sermanni	Primary Mental Health Worker, Highland Council
John Sinclair	Primary Mental Health Worker, Highland Council
Joanne Smith	University of Stirling
George Sneddon	Public Health Nurse, NHS Highland
Roger Tosswill	Primary Mental Health Worker, Highland Council

The Theory of Assessment

It is the role of the PMHW to be able to provide evidence based assessment procedures which have positive effects on mental health and well-being. There are various models which are incorporated within the assessment process and depending on the presenting problems one or more models may be used to produce a comprehensive formulation. This holistic approach to the assessment process enables models to be used and adapted to meet the individual needs of each child young person and their families.

These may include:

- Developmental theory; to understand the key developmental stages of childhood and the dynamic interaction between the child and their environment. The purpose of thinking about the development history is to ascertain if there were any factors in pregnancy or early childhood that may contribute to the current problem.
- Medical model; an understanding of mental health disorders, illness and biological issues (this is not a mental state enquiry).
- A psychosocial model; the assessment of well being which includes the child / young person's emotional environment and relationships which they have developed.
- Systemic models: involves thinking about the matrix of relationships that an individual forms or finds themselves in, for this reason it is essential to understand the emotional climate of families.
- Psychodynamic models: This offers an understanding to the inner world and subjective experience of a child or young person, as all behaviour has meaning. **This is often not used the fist line of enquiry but is an essential additional assessment process that can be incorporated.**

There may be occasions, when there is need to elicit factual information. At these times questionnaires maybe used and applied to understand conditions. These may include:

- Honosca - A Clinician-rated measure, which is used extensively in child and adolescent mental health services (CAMHS). (HoNOSCA) is a short clinician-rated measure developed for ordinary clinical practice, with increasing use internationally.
- Strengths and difficulties questionnaire - for anxiety, behavioural issues
  Goodman R (2001), Psychometric properties of the Strengths and Difficulties Questionnaire (SDQ). *Journal of the American Academy of Child and Adolescent Psychiatry 40,* 1337-1345.
- Moods and feelings questionnaires – used in conjunction with assessment information for the identification of depression

http://guidance.nice.org.uk/CG28/QuickRefGuide/pdf/English

Where parents accompany children to screening (e.g. primary care), use of a child + parent version of the Short Mood and Feelings Questionnaire (SMFQ) is recommended. However, when parents are not available, and the cost of a false positive result is minimal, then a 1 or 2 item screen may be useful for initial identification of an 'at-risk youth'.

- Yale-Brown Obsessive Compulsive Symptom Checklist (YBOC)– used in conjunction with the assessment information for the identification of OCD
  http://guidance.nice.org.uk/CG31/QuickRefGuide/pdf/English
- Spence's Child Anxiety tool
  Spence, (1998), A measure of anxiety symptoms among children. *Behaviour Research & Therapy, 36(5)*, 545-566.

Appendix 2

MULTI-AGENCY CONSENT FORM

NHS Highland is part of the Scottish Government Programme *GIRFEC* (Getting It Right for Every Child). This programme aims to make sure young people get the right help at the right time from the adults involved in their care. This could be teachers; social workers; health visitors; school nurses; to make sure everyone does the best they can for you, they may need to share information about you.

To allow us to provide the best level of care for you and your family this information will only be shared with those who need to know. Those who are trusted with any information about you have to keep it private. You do not have to sign this form but our aim is to make things as easy for you as possible, such as not having to repeat yourself to different people involved in your care. In certain circumstances, even if you do not give consent, we may need to speak to other professionals (for example if we believe someone is at risk of harm).

By signing this form, I agree that information about me can be shared with other professionals if it is considered in my best interests.

Your name (printed) _____

Your signature _____

Date _____

Name of Parent/
Legal Representative _____

Signature _____

Relationship to child _____

Date _____

Is there any specific professional/s I do not wish my information to be shared with?

(please circle) YES NO

If yes, please include details.

_____
_____
_____
_____

The above information has been reviewed with the family:

Date By whom

NHS Highland

Child and Adolescent Mental Health Services

The Phoenix Centre, Morven House**,** Raigmore Hospital**,** Old Perth Road**,** Inverness IV1 3UJ

Primary Mental Health Workers, (Area Based)

Local Therapists, (CHP Based)

Note: The Community Paediatric Service have developed their own referral criteria and you must refer to this prior to making a referral to the Community Paediatric Service.

1. INTRODUCTION

The attached referral process and referral criteria are designed to help you decide how to refer to the Child and Adolescent Mental Health Service. Children and young people from 0 to 16 years, or until they leave secondary education (aged 17-19), are eligible for referral.

It you require an emergency referral (severe risk of suicide/ self harm or mental illness, e.g. psychotic behaviour) please contact the service directly on 01463 705473/ 705597.

Child & Adolescent Mental Health Services (CAMHS) are provided centrally and locally.

a. The Phoenix Centre

The Phoenix Centre is the central base for CAMHS. It incorporates the services previously known as the Department of Child & Family Psychiatry, the Clinical Psychology Service for Children & Young People and the Clinical Psychology Service for Children & Young People for Children with Learning Disability &/or Autism Spectrum Disorder. Services are offered direct from the Phoenix Centre or at peripheral clinics across Highland depending on demand and staffing levels.

The Phoenix Centre, Raigmore Hospital, Old Perth Road, INVERNESS, IV2 3UJ
Tel: 01463 705473/ 705597 / 704665 Email: nhshighland.phoenixcentre@nhs.net

b. Primary Mental Health Workers

Locally based primary mental health workers come from various professional backgrounds (e.g. mental health nursing, social work, paediatric nursing, allied health professionals). They provide consultation and training about child and adolescent mental health and take on cases directly where focussed, targeted, therapeutic intervention at an early stage is likely to have a long-term benefit to the mental welfare of the young person or their family.

Badenoch & Strathspey
Badenoch & Strathspey CMHT
Ruthven
100 Grampian Road
Aviemore, PH22 1RH
Grace.Sermanni@highland.gsx.gov.uk
01479 810957

Caithness
Community Health Centre
Davidson's Lane
Thurso
KW14 7AF
Roger.Tosswill@highland.gsx.gov.uk
01847 893442

East Ross
Alness/Invergordon Health and Social Care Office
62 High Street
Invergordon
IV18 0DH
Fiona.stoddart@highland.gsx.gov.uk
01349 855528

Mid Ross / Wester Ross
Dingwall Integrated Team
Portacabin, Health Centre
Ferry Road
Dingwall, IV15 9QS
John.Sinclair@highland.gsx.gov.uk
01349 867178

Inverness
The Janny's Hoose
Merkinch Primary School
Telford Road
Inverness IV3 8HY
gill.hasson@highland.gsx.gov.uk
Mairi.Holmes@highland.gsx.gov.uk
Emma.Campbell2@highland.gsx.gov.uk
01463 226348

Lochaber
Child Health
Fort William Health Centre
Camaghael
Fort William PH33 7AQ
Jill.mallison@highland.gsx.gov.uk
01397 709840

Nairn and District
Nairn Town & County Hospital
Cawdor Road
Nairn IV12 5EE
Louise.Corbett@highland.gsx.gov.uk
01667 422786

Skye and Lochalsh
Portree Hospital
Portree, Isle of Skye
IV51 9BZ
David.Morton@highland.gsx.gov.uk
01478 613168

Sutherland
Lawson Memorial Hospital
Golspie
KW10 6SS
Wendy.Armstrong@highland.gsx.gov.uk
1408 07

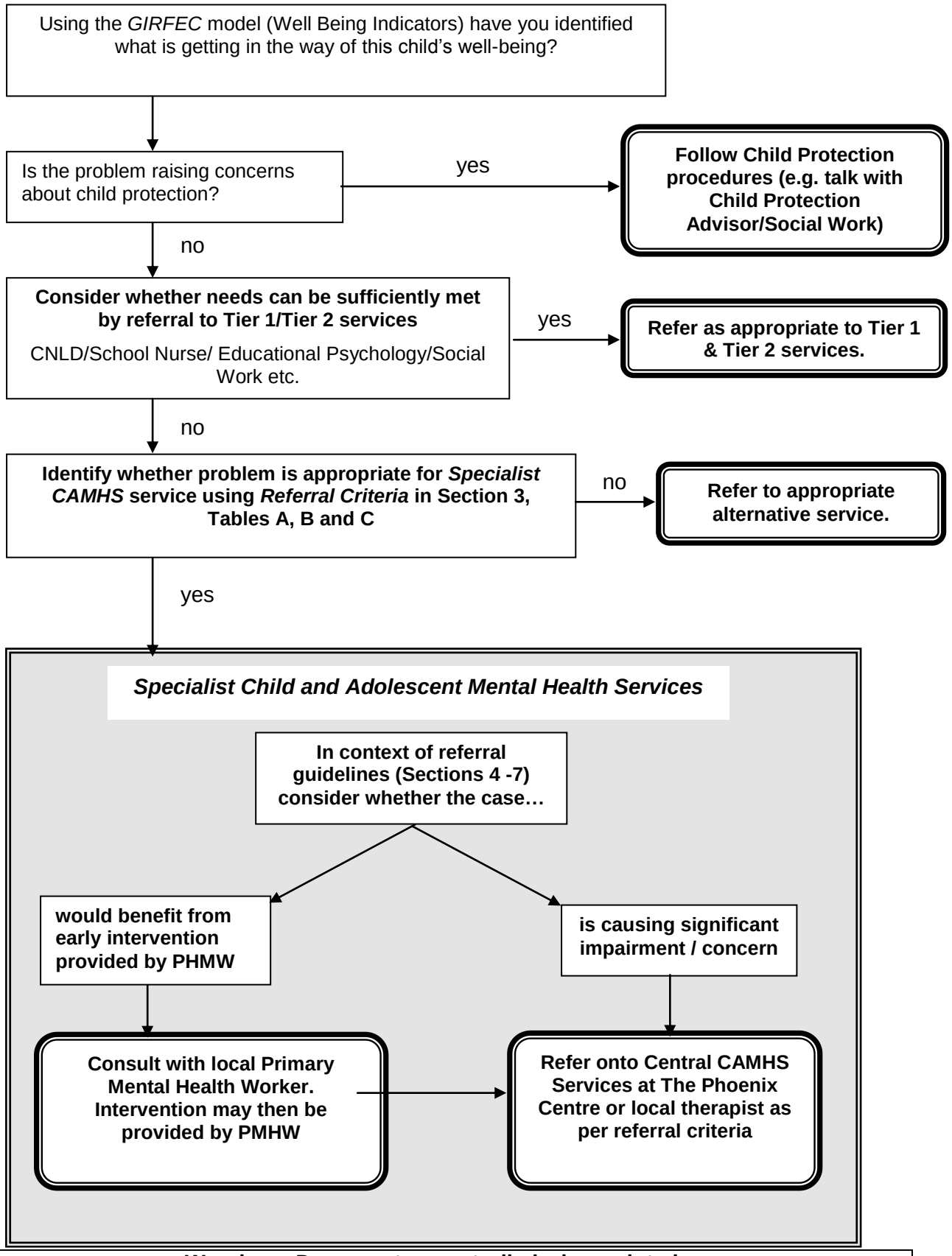
c. Other Therapists

Caithness and Sutherland
Psychological Therapist
Lawson Memorial Hospital
Golspie
KW10 6SS
01408 664065

Lochaber
Systemic Practitioner
Fort William Health Centre
Camaghael
Fort William PH33 7AQ
01397 709830

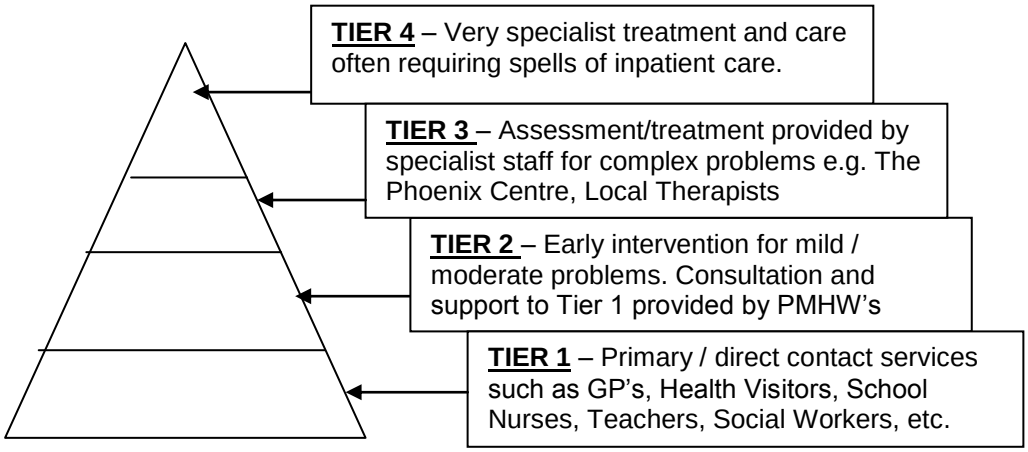
Lochaber
Art psychotherapy
Available as a Tertiary referral from The Phoenix Centre; where assessment has indicated that Art Therapy is the appropriate intervention.

2. CAMHS REFERRAL PATHWAY



3. REFERRING TO CAMHS – TIERS 1, 2, 3, 4

The Health Advisory Service in their report *Together We Stand* used the following Model to describe Child and Adolescent Mental Health Services. This can act as a guide when deciding when and where children with mental health problems should be referred into CAMHS.



4. URGENT/ EMERGENCY REFERRALS TO CAMHS

EMERGENCY REFERRALS

Within working hours

If you have an emergency referral within the hours 9am – 5pm, Monday to Friday, please contact the CAMHS Administration Team on one of the following numbers:

01463 705597 01463 704665 01463 705473

You will be put in touch with a clinical member of the CAMH Service who will be able to discuss your referral and advise appropriately.

URGENT REFERRALS

CAMH Services view the following as criteria to meet the urgent referral process:

1. Significant suicidal ideation (self-harming by itself doesn't require urgent response);
2. Suspected psychotic illness / symptoms;
3. Eating disorder (unless BMI over 17).

If your referral meets the above criteria, it will be fitted in at the next available urgent appointment, and seen within the next two weeks.

If in any doubt, always discuss clinical situation with a senior member of the team

5. THE PHOENIX CENTRE REFERRAL CRITERIA

Outlined below are the referral criteria for specialist Child and Adolescent Mental Health Services (CAMHS) based at the Phoenix Centre in Inverness. Services provided from The Phoenix Centre include Psychiatry, Clinical Psychology, Mental Health Nursing, Paediatric Nursing, Art Psychotherapy & Family Therapy. Social Workers and Mental Health Clinicians also work from this base. A range of therapeutic interventions are offered by appropriately trained staff. This is a training department therefore services are also provided by clinicians in training. Some sessions of Art Psychotherapy are also available in Lochaber but are accessed through the Phoenix Centre. If you wish to request a specific type of professional / assessment / intervention please indicate this on the referral form. However, we cannot guarantee this option will be offered.

If required you are welcome to phone and discuss a referral in advance, or to consult with your local Primary Mental Health Worker. If you require more details about referral criteria you can refer to Tables D and E.

Please refer to Table C for referrals that are **NOT** appropriate for CAMHS.

TABLE A

CONSULTATION, EDUCATION AND LIAISON AVAILABLE FROM CAMHS

We offer consultation, education and liaison to assist other professionals and agencies in their management of cases that meet the criteria outlined in table B (assessment and intervention). This can occur independently from, or alongside, direct CAMHS involvement.

We can also offer consultation, education and liaison to assist other professionals and agencies in cases that would not routinely be accepted by CAMHS but include aspects of behavioural and emotional problems (e.g. sleeping, feeding, toileting and behavioural problems in pre-school children).

There is a multi-disciplinary consultation team for complex cases or individual consultation can be offered as appropriate.

TABLE B

ASSESSMENT AND INTERVENTION AVAILABLE FROM CAMHS

Assessments and interventions are offered for the problems detailed below in Table B.

- Primary Referrals are those that should be referred directly to CAMHS.
- Secondary Referrals are those that should be referred to other specialist services first. (More details available in Tables D and E at the end of this pack).
- Specialist Assessments are available for some problems but intervention is only available if they also meet primary or secondary referral criteria.

TABLE B (CONTINUED)		
B1. Primary Referrals	**B2. Secondary Referrals**	**B3. Specialist Assessment**
Affective Disorders / Low Mood/ Depression	Chronic Fatigue Syndrome	Gender Identity Disorder
Attachment/Separation Difficulties	Conduct Disorder	Infant Mental Health
Attention Deficit Hyperactive Disorder (ADHD)	Encropresis (soiling)	Learning Disability
Anxiety / Panic Attacks and Related Problems	Enuresis (wetting)	Neuropsychological Problems (e.g. memory problems, head injury)
Behavioural and Emotional Problems	Issues Arising from Abuse or Neglect	Perinatal Mental Health (where there is direct impact on infant mental health)
Complicated bereavement	Pain Management	
Coping with Chronic Physical Health Problems / Illness	Pre-school Behaviour Problems	
Eating Disorders	Psychosomatic Illness	
Family Relationship Problems	School Refusal / Non-attendance	
Obsessive-Compulsive Difficulties/Disorder	Substance Abuse	
Parental Separation / Family Breakdown		
Peer Relationship Problems (including bullying, problems with social skills, etc)		
Phobias		
Physical or Mental Illness in Parent or Close Family Member		
Post Trauma		
Psychosis		
Suicidal Risk/Behaviour and Self Harm		
Tourette's Syndrome and other Tic Disorders		

TABLE C – Part One

ALTERNATIVE OPTIONS FOR REFERRALS NOT ACCEPTED BY CAMHS

GIRFEC
Pre-school children will have the Health visitor as a named person and children at school will have the Head teacher as the named person. The named person is always the Lead Professional until another professional is named via a Child's Plan meeting.

Assessments and interventions are **NOT** offered for the problems detailed below.

- Alternative options for referrals are indicated where available.
- Exceptions are identified.

The following will NOT be accepted by CAMHS	**Requests for assistance should be discussed with:**	**Exceptions**
Academic difficulties in school	Discussion and liaison with Educational Psychology (locally based) To ensure a staged approach, please arrange a solution focused meeting via the Head Teacher	When academic difficulties are the consequence of neuropsychological problems (e.g. head injury) Clinical Psychology may provide assessment.
Assessment for a diagnosis of Autistic Spectrum Disorder	Community Paediatrics (locally based) who will refer to CAMHS if necessary if there is a concern about comorbid psychiatric disorder such as depression	Children with ASD are not excluded from CAMHS if they meet referral criteria. However, diagnosis of Autistic Spectrum Disorder is NOT made within CAMHS but via the local Educational Psychologist/ Community Paediatrics/ SALT or via ICSAT.
Behavioural difficulties seen in school, not seen exclusively at home	Direct discussion with Educational Psychology (locally based).	Referral will not be accepted to CAMHS unless there is a clear history suggestive of serious mental health problem.
Children and Young People Outwith Parental Control	If the child is at serious risk of immediate harm discuss with the duty Social Worker or Child Protection co-ordinator. If the child is not at serious risk of immediate harm, please liaise with the child's name person as per *GIRFEC* (above).	CAMHS may be involved after multi-agency interventions. This will only be if there is a mental health problem with which CAMHS is best placed to offer treatment. In some cases consultation may be offered to support front-line professionals.
Direct referrals from school	Discussion and liaison with Educational Psychology (locally based) or the Primary Mental Health Worker (locally based).	Need to follow referral criteria and complete referral documentation.
Inclusion/ Peer relationships	Through either discussion or liaison with Educational Psychology (locally based) To ensure a staged approach, please arrange a solution focused meeting via the Head Teacher.	
Legal Assessments (e.g. custody or contact disputes, insurance claims)	Not available on the NHS. Psychologists offering private assessments can be found on www.bps.org.uk	Legal reports are sometimes provided when the child or young person is already receiving services from CAMHS. A fee will be applied.

TABLE C – Part Two		
ALTERNATIVE OPTIONS FOR REFERRALS NOT ACCEPTED BY CAMHS		
GIRFEC Pre-school children will have the Health visitor as a named person and children at school will have the Head teacher as the named person. The named person is always the Lead Professional until another professional is named via a Child's Plan meeting. Assessments and interventions are **NOT** offered for the problems detailed below. • Alternative options for referrals are indicated where available. • Exceptions are identified.		
Parenting Assessments (regarding parents' ability to care for their children)	If the child is at serious risk of immediate harm discuss with the duty Social Worker or Child Protection co-ordinator. If the child is not at serious risk of immediate harm, please liaise with the child's named person as per *GIRFEC* (above).	If there is a specific psychiatric issue (e.g. parental psychiatric illness) CAMHS consultation may be available.
Risk assessment and treatment of children who offend (including children who sexually abuse)	Social Work Service Youth Action teams: Dingwall – Covering Ross, Skye and Lochaber – tel 01349 868700 Wick – Covering Caithness Sutherland & East Ross– tel 01955 605792. Inverness – Covering Inverness Nairn Badenoch & Strathspey – tel 01463 256603.	Specialist forensic services are not available locally. CAMHS may be able to offer some assessment after consultation but this will not be a risk assessment. Access to Forensic Psychology service is via Integrated Children's Services Managers Group (SMG)
Problems with school attendance issues	Discussion and liaison with Educational Psychology (locally based) To ensure a staged approach, please arrange a solution focused meeting via the Head Teacher.	
Young people aged between 16 and 18 who are no longer in secondary education	Adult Mental Health Services or Adult Learning Disability Services e.g. locally based Community Mental Health Teams, Psychological Therapies at New Craigs.	

Note: The Community Paediatric Service have developed their own referral criteria and you must refer to this prior to making a referral to the Community Paediatric Service.

6. PRIMARY MENTAL HEALTH WORKERS – REFERRAL CRITERIA

These referral criteria relate to cases identified for direct work undertaken by Primary Mental Health Workers (PMHWs) who are part of the overall Child Adolescent Mental Health Service for Highland. We welcome informal enquiries from referrers regarding the appropriateness of a referral to this service.

Age Range

PMHWs will accept referrals for children from 0-16 (17 & 18 if still attending secondary school) in line with child and adult services in the Highlands. There will be an inherent flexibility dependent on the individual case.

Cases Covered

Cases where focussed, targeted, therapeutic intervention at an early stage is likely to have a long-term benefit to the mental welfare of the young person or their family.

Examples of typical problems would be;
Adjustment difficulties following bereavement and loss
Low mood
Anxiety
Self Harming Behaviours
Behaviour problems that have not responded to interventions in Primary Care
Relationship difficulties with family or peers where these difficulties are having a significant impact on an individual's functioning.

If your referral does not appear to fit the above criteria it may be that another section of Child Adolescent Mental Health Services (CAMHS) e.g. Mental Health Nurse or Clinical Child Psychologist would be the most appropriate agency to address the needs of a particular child or family. Your local Primary Mental Health Worker would be happy to think with you about the most appropriate referral route if you would find this helpful.

Urgent Cases

If an urgent Psychiatric opinion or assessment is required this will be provided by CAMHS based at The Phoenix Centre. Other agencies are in place to offer emergency services, e.g. social work, police, GP, A&E hospital dept.

This service is only available in Lochaber

7. SYSTEMIC PRACTITIONER – REFERRAL CRITERIA

Systemic Practitioner, Fort William Health Centre, Camaghael, Fort William, PH33 7AQ, 01397 709830

CAMHS (Child and Adolescent Mental Health Services)

- Communication and relationship difficulties that are seriously impacting on the mental health of family members where a parent or young person has a mental health issue.
- Where the mental health issues are preventing a family from effectively managing the impact of bereavement in the family.
- Where family functioning is having a major impact on the mental health of the young person/s leading to specific difficulties, eg:
    - self-harming
    - depression
    - serious anger management difficulties
    - risk of suicide
    - anxiety
- Urgent assessment of young people and children at A+E (when available) who have self-harmed and/or shown suicidal behaviour (*This is an informal arrangement with the CAMHS team at DCFP, as this reduces the need for a young person to have to go to Inverness or to wait longer at Belford to be assessed*).
- Impact of drug or alcohol misuse by parents/carers on a young person that are significantly impacting on the family functioning and mental health of the young person.
- Impact of child sexual abuse in children, young people and adults which is significantly impacting on the family.
- School refusal and/or anxiety relating to school attendance where there is a significant impact on the family. Where initial work with the appropriate agencies has not resulted in the child being able to return to full time schooling.
- OCD (Obsessive Compulsive Disorder) and its impact on family relationships.

CMHS (Adult Community Mental Health Service)

- Where a parent's mental health difficulties are impacting on the parenting of their children and family relationships.
- Where there are significant family relationship difficulties in families where an adult has major mental health difficulties which are impacting on the wider family system. eg adult children and wider family networks.
- Adult survivors of child sexual abuse where this is impacting on the relationship with their own children and/or grandchildren, or where they are seeking therapeutic help to reduce the impact of the abuse on their mental health.
- Where an adult is seeking therapeutic work in addition to help from other professionals to manage the impact of drug and/or alcohol addiction.

Criteria for direct referrals from Social Work (Children and Families team)
As above re CAMHS and CMHS. In addition:

- Where the impact on a looked after child or young person has identified mental health difficulties which may need to be addressed jointly with the family and/or foster carers.
- Where joint working with Social Work with a family is felt to be more appropriate to meet the mental health needs of the children/young person and parents/carers.

This service is only available in Caithness and Sutherland

8. PSYCHOLOGICAL THERAPIST –REFERRAL CRITERIA

Psychological Therapist, Lawson Memorial Hospital, Golspie, KW10 6SS, 01408 664065 / 07909 882408

The post holder will deliver a clinical service to children, young people and their families for a range of difficulties where evidence indicates that a psychological intervention would be of benefit. The service provided is primarily at Tiers 2 and 3 (for more detail of tiers see section 3). Specialist advice, consultation, supervision and liaison to the wider network of professional and voluntary agencies are available on request.

Primary Referrals: those that can be directed by any professional or agency.
Secondary Referrals: require initial assessment by other professionals (e.g. Paediatrician, Primary Mental Health Worker, Educational Psychologist).
Tertiary Referrals: come from The Phoenix Centre. Mental Health Assessment has indicated an appropriate role for the psychological therapist.

Primary Referrals	**Secondary Referrals**	**Tertiary Referrals (For Example)**
Low Mood	Chronic Fatigue Syndrome	Complicated bereavement
Anxiety / Panic Attacks and Related Problems	Pain Management	Conduct Disorder
Behavioural and Emotional Problems	Psychosomatic Illness	Eating Disorders
Obsessive Compulsive Difficulties/Disorder	Pre-school Behaviour Problems	Encropresis
Phobias	School Refusal / Non-attendance	Enuresis
Post Trauma		Issues Arising from Abuse or Neglect
Tic Disorders		Psychosis
		Self Harm
		Tourette's Syndrome

9. Appendix 1

This is additional information that may help inform referrals but is <u>not necessary</u> in making a referral to integrated CAMHS.

Refer to Tables A and B for referral criteria for all CAMHS based at The Phoenix Centre

The following two tables (D and E) give additional information about how referrals are managed within integrated CAMHS. This reflects the different skills and expertise in different elements of integrated CAMHS. It also gives guidance on when secondary referrals (see Table B) are accepted by indicating what other service needs to be involved.

You may find this information helpful in guiding your decisions about referring to CAMHS and understanding how they might be managed after referral.

It is possible to make a referral without attending to this additional information as long as you have referred to Table B (above).

NB children with Learning Disabilities and/or ASD will be assessed and managed by mental health professionals with appropriate training and are not offered services from all elements of CAMHS.

We always invite discussion prior to referral if this would be helpful.

TABLE D: Referrals that can be managed by ***all*** elements within integrated CAMHS		
Decisions about who should manage a referral will be made depending on availability, training, experience and referrer/family preference.		
	CAMHS	**Primary Mental Health Worker**
Consultations to Other Professionals and Telephone Queries	Case by case consultation	Locally based consultation - can facilitate referral to appropriate service or provide guidance on primary care management.
Behavioural and Emotional Problems (unspecified cause)	If the child is pre-school a Health Visitor should be involved first. Only then will we accept referrals.	Consultation, assessment and intervention as appropriate.
Family and/or Peer Relationship Problems	Will accept referrals but referral must be of a named child. Some family referrals are accepted to specialist family therapy team.	
Coping with Chronic Physical Health Problems (e.g. diabetes)	No specific clinic liaison.	
Low Mood	Affective / Anxiety / Obsessive-Compulsive Disorder: can provide diagnosis and medication if required, as well as therapeutic interventions.	Consultations, assessments and interventions for low mood but no diagnostic or medication service provided. NB: Can provide therapeutic intervention while liaising with DCFP regarding issues of diagnosis and medication.
Phobias and Other Anxiety Related Problems		
Obsessive-Compulsive Difficulties		
Self Harm (Not suicidal behaviour)	Urgent and risk assessments provided when appropriate.	Consultation, assessment and intervention as appropriate, but no emergency service.
Complicated Bereavement	Assessment and intervention offered as appropriate.	
Attachment Difficulties	Assessment and intervention offered as appropriate.	
Issues Arising from Abuse or Neglect	On the assumption the abuse/neglect has been addressed by Social Work and the child is now living in a safe environment. Otherwise, you MUST refer to Social Work/Child Protection	

TABLE E: Referrals that can be managed by ***some*** elements within integrated CAMHS		
Decisions about who should manage a referral will be made depending on availability, training, experience and referrer/family preference.		
	CAMHS	**Primary Mental Health Worker**
Referral of young person without their parent's knowledge	Only after direct discussion with referrer	Yes
Suicidal/ Risk Behaviour	call 01463 705473/ 705597 to discuss; 9am – 5pm, Monday to Friday	Possibly (no emergency service)
Psychosis	If organic, paediatrics must be involved	No
Attention Deficit Hyperactive Disorder	Yes; may be appropriate to refer to Community Child Health,	Possible; cannot provide diagnosis or medication can provide individual, family and parenting interventions
Tourette's or Gender Identity Disorder or Pain Management	Yes	No
Significant Infant Mental Health or Mental Illness in parent	Only after consultation and/ or assessment	No (PMHW in Mid Ross provides consultation)
Eating Disorder	Yes	Consultation recommended for all cases. Assessment, intervention or referral onto The Phoenix Centre as appropriate.
School Refusal	Possibly; Educational Psychology must be involved	
Psychosomatic Illness / Chronic Fatigue Syndrome / Encropresis	Possibly; Paediatrics must be involved	
Enuresis	Only if a medical cause is ruled out	
Normal Response to Trauma	Possibly; after consultation	

CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)

Phoenix Centre telephone numbers:
☎ 01463 705597
☎ 01463 704665
☎ 01463 705473

Consultation with your local Primary Mental Health Worker is recommended for all cases.

Telephone numbers are listed on the Contact Page in the Referral Pack.

NHS Highland

CHILD AND ADOLESCENT MENTAL HEALTH SERVICES REFERRAL FORM (p1 of 2)

Please complete this form and attach to your referral letter, returning to either the Phoenix Centre or directly to your local Primary Mental Health Worker or local therapist (where available).

NB: THIS FORM WILL NOT BE ACCEPTED WITHOUT A REFERRAL LETTER.

In order for the referral to be processed appropriately the letter should include as much information as possible, eg current concerns (your's & family's); relevant family history; background to problem; other supports offered to date; duration of problem etc. It should also be copied to the child/young person's GP

Has the young person consented to this referral? (Delete one) YES / NO

Are the young person's parents/carers aware of this referral? (Delete one) YES / NO

PLEASE INDICATE WHICH SERVICE YOU WOULD LIKE TO PROCESS THIS REFERRAL:

Primary Mental Health Worker	☐	*Individual mental health worker with remit that includes clinical assessment and an early intervention service. Consultations about all cases are encouraged to help direct referrals appropriately.*
The Phoenix Centre	☐	*Centrally based multi-disciplinary child and adolescent mental health service providing mental health assessments and intervention where appropriate.*
Local Therapist (where available)	☐	*Systemic Practitioner in Lochaber only.* *Psychological Therapist in Caithness and Sutherland only.*

Please consult the referral criteria to aid your decisions about which service to refer to. Alternatively, you can consult with your local Primary Mental Health Worker or phone the other services direct.

DETAILS OF CHILD/YOUNG PERSON/FAMILY BEING REFERRED:

Name: _____ Date of birth: _____

CHI Number: _____

Address: _____

_____ _____

Tel No: _____

GP: _____

Who do they live with? (Names and relationship):

_____

Name and address of person with parental responsibly if different from above

Current School: _____

REFERRAL FORM (p2 of 2)

REFERRAL DETAILS

How long has the reason for referral been a problem for this family, this child or this young person? (Please indicate)

New problem | The last year or so | On & off for a few years | Several years

Why was it decided to refer to CAMHS? (Please indicate)

Referrer's idea | Child or Young Person's idea | Family's idea | Joint decision between referrer and family/young person

Has a diagnosis been provided (Delete one) YES / NO

If yes, please detail:

Are you requesting a specific type of professional / assessment / intervention? (Delete one) YES / NO

If yes, please specify:

If no, what do you wish the department to focus on:

Has the child been seen in mental health services before? (Delete one) YES / NO

If yes, please specify service and contact name:

Is there a *GIRFEC* Child Plan (Delete one) YES / NO

If yes, please detail Lead Professional:

If yes please ensure referral is also copied to the Lead Professional.

What other agencies are currently involved or has the child been referred to? (Please indicate by selecting appropriate options. Where possible give details of who is involved from each agency and whether the family has given consent for them to be contacted).

Other Agencies	Contact Name	Consent to contact?
None	n/a	n/a
Don't Know	n/a	n/a
Community Paediatrics		
Hospital Paediatrics		
Social Work		
School Nurse/ Health Visitor		
Educational Psychology		
Other (SALT, OT, Physio)		

Appendix 4

Child and Adolescent Primary Mental Health Services
Context and Core Standards for Scotland

1. Introduction

This document aims to summarise the policy context and development of practice standards for Child and Adolescent Primary Mental Health Services across Scotland

This framework is intended to compliment existing strategy [1] by defining broad working practices for Child & Adolescent Primary Mental Health Workers who are based in a variety of service settings across Scotland. The provision of primary mental health work for children and young people is a developing concept within the framework of CAMHS[2]. Therefore this is offered as a "working document", which aims to develop equitable service standards across Scotland over the next three years.

2. Child and Adolescent Mental Health Agenda in Scotland

The main emphasis of primary mental health work with children and young people is to enable community and primary care-based professionals to effectively recognise children and young people's strengths and difficulties. Primary mental health work can be delivered as either a universal or targeted provision, according to the needs of the local population.

Where appropriate, Primary Mental Health Workers (PMHWs) provide early-stage mental health interventions through liaison, consultation, supervision and training to primary care professionals. In some areas PMHWs will also provide direct clinical time with children and young people through both joint and solo working. It is envisaged that the long-term outcome of this approach will be to mobilise and enhance the skills and resources of local community and specialist services, thereby creating a more integrated and co-ordinated service that will respond more effectively to the needs of the local population.

1 Everybody's Business (2001); Bright Futures (1999); Children in Mind (1999) Snap Report (2003)

2 HAS (1995) National Priorities Guidance (DoH 1999, 2000, 2001-3; 2003-6)

3. Definition of the role

The role of the CAMH specialist PMHW is to act as an interface between Tier 1 and Specialist CAMHS with the aims of:

(a) Supporting and strengthening Tier 1 CAMHS provision through building capacity and capability within Community and Primary Care staff (Statutory and Non-statutory sectors).

(b) Promoting the emotional health of young children, young people and families in the community.

(c) Identifying mental health problems in children and young people early in their Development.

(d) Facilitating appropriate access to Specialist CAMHS and other relevant provision according to level and nature of need.

(e) Providing a direct service to children and young people and their families.

4. Key Aims

(a) <u>To ensure a more appropriate take-up of service</u>

- To encourage parents and professionals to make appropriate use of child and adolescent mental health services
- To improve the early identification and management of children and young people's mental health difficulties within the community
- To reduce the stigma associated with misconceptions about mental health and illness
- To ensure CAMHS are locally based, flexible and sensitive to local need

(b) <u>To promote emotional health and well-being</u>

- To raise awareness of issues affecting children and young people's mental health

- To liaise with health promotion colleagues and help develop community based mental health promotion programmes
- To promote ideas about mental health and it's effect upon resilience within the child and young person

(c) <u>To prevent mental health problems</u>

- To identify both universal and targeted clinical interventions
- To identify and appropriately apply knowledge about vulnerability and risk factors involved in the development of mental health problems
- To identify gaps in the provision of services for children, young people and their families at risk of mental health difficulties

(d) <u>To facilitate liaison and consultation</u>

- To raise awareness of available services
- To increase accessibility to the service
- To offer additional services for local professionals working with children and young people where there are mental health issues
- To enable children and young people to access appropriate specialist NHS CAMHS services

(e) <u>To contribute to development and training programmes in CAMH</u>

- To enhance existing skills and confidence of professionals working in primary care
- To increase skills and understanding of professionals working with child and adolescent mental health issues
- To influence future services for children and young people in primary care by introducing CAMH modules into core training programmes
- To develop inter-agency mental health training study days

(f) <u>To work within a clinical governance framework</u>

- To evaluate / audit all service activities in order to ensure:-

— Children and young people have access to appropriate help for concerns about their mental health at the point of need.

— Children and young people have the opportunity to voice their opinions about service development, accessibility, preference and satisfaction with current provision.

— The timely use of child and adolescent mental health interventions at both primary and secondary care service.

— A decrease in the number of inappropriate referrals to secondary CAMHS.

5. Essential Components

a) Liaison

The facilitation of collaboration between agencies to work towards defining the best approach to meet the mental health needs of the child. The liaison role includes networking and being a catalyst for effective multi-agency partnership working.

b) Consultation

The aim of the consultative role is to identify the child's mental health needs and to consider appropriate ways of meeting them in partnership with professionals already working with them. Consultation is offered through a range of initiatives, including telephone and face-to-face advice and ongoing support for tier 1 professionals at a more advanced level.

c) Training

Multi-agency training should be offered to a range of professionals in order to increase understanding of mental health issues and to consolidate existing knowledge through experiential learning, enabling them to recognise and manage child mental health problems at an early stage.

d) Supervision

Primarily educative, supervision should aim to improve the ability of tier 1 professionals to manage child mental health needs more effectively by improving their skill and knowledge base, thus enabling more effective practice. NB. This component of the role should neither replace nor conflict with the professionals' own clinical supervision.

e) Intervention

Intervention can be provided on two levels: -

1) Through joint work with tier 1 professionals with the aim of undertaking joint assessment of the level of mental health needs or to support the practitioner in work that they are already undertaking, or to provide education and support about specific management techniques
2) Direct intervention with children and families, where mental health needs have not been responsive to methods and interventions undertaken by tier 1 professionals and the level of need is not appropriate for intervention within the specialist CAMHS. Direct interventions should be brief and tailored to the child and families identified needs. Direct work should be evidence based and drawn from a range of interventions, such as Cognitive Behavioural Therapy or Solution Focused Brief Therapy. It may also include the provision of target group work programmes.

f) Strategic Planning

The PMHW role is pro-active in informing and influencing child mental health strategy and includes the development and agreement of joint agency protocols for pathways of intervention, treatment or care. It also offers a contribution to the development of interagency structures to ensure joint planning and collaborative working relationships.

g) Research and Development

The PMHW will have a role in identifying service needs and gaps across agencies with regard to children's mental health. Also, they will be key in obtaining users views and involving users in the design and delivery of accessible CAMH provision in the community.

h) <u>Appropriate line management structures</u>

- PMHW posts should be employed within the specialist NHS CAMHS teams
- Posts should be managed by the CAMHS line manager
- Where PMHW posts are not integrated into the CAMHS teams, consideration should be given to separate line management for the PMHW service
- Access to appropriate clinical support and supervision systems through CAMHS service

6. Core Skills and Knowledge Base

To fulfil these roles the following core skills and knowledge base are required: -

Clinical

- Professional qualification, with evidence of continuing professional development in a field relevant to child and adolescent mental health.
- Significant level of experience of working with children and families including work with child mental health needs
- Significant level of experience working within a CAMHS or a CAMHS related field
- Broad range of skills and experience in a wide range of clinical and behavioural presentations
- Experience of mental health assessment and implementation of a range of evidence based therapeutic interventions
- Working knowledge of health, social services, education and the voluntary sector, together with the relevant legislation regarding both children and mental health
- Experience of working in partnership with children, families and other professionals
- Qualities essential to clinical practice, including, for example, respect, genuineness, empathy, personal integrity
- Communication skills to enable the helping relationship and process
- Ability to develop and deliver training packages in child and adolescent mental health
- Ability to provide Consultation
- Ability to provide Supervision including clinical supervision where appropriate
- Ability to manage a caseload
- Clinical leadership

Managerial

- Experience of team management including clinical teams where appropriate

- Experience of strategic development and, in particular, development of interagency projects
- Ability to identify opportunities for service development, improvement and expansion
- Budgetary and resource management skills
- Performance management skills
- Working knowledge of relevant national policies and guidance in relation to children's services
- Understanding of the role of users and carers in service development

Research and Development

- Experience of service and evaluation and audit
- Ability to plan, commission and implement research projects

7. Career pathways in Primary Mental Health Work

Primary Mental Health Workers may come from a range of relevant professionals backgrounds and it is important to acknowledge that it is unlikely that any one person will have all the skills and experiences for the task described without career development. Therefore, it is vital to create a career pathway structure for primary mental health workers in order to develop competent and effective practitioners. The following provides a framework for this development and will ensure that individual practitioners only deliver those aspects of the role within their level of experience and competence.

Minimum Experience

- A broad range of skills and experience in a wide range of clinical problems
- Experience will include a working knowledge of health, education, social services and voluntary sectors, together with the relevant legislation regarding both children and mental health
- At least three years of experience of employment within identified posts in their own professionals and / or a community / out-patient child mental health service

Development Primary Mental Health Worker post

The practitioner will have some of the core skills and knowledge base to deliver the clinical aspect of the role as defined above, but will require a development programme to achieve identifiable competencies, which enables practice at the next level. It is unlikely that they will require enhanced supervision and support to deliver a significant part of the role.

Primary Mental Health Worker

The practitioner will have the full range of core skills and knowledge base to deliver the clinical aspect of the role as defined above and will be competent to carry out this work as an autonomous practitioner.

Senior Primary Mental Health Worker

The practitioner will operate at an advanced level and will be competent in offering support and supervision (including clinical supervision) to other levels of primary mental health worker. They will also have responsibilities for delivering the managerial and research and development aspects of the role.

Recommended Salary and Grading

A suitably qualified Primary Mental Health Worker can anticipate a salary within Band 6 (NHS Agenda for Change) dependent on experience.

Personal Specification and Job Description

(See Appendix 5)

Appendix 5

AGENDA FOR CHANGE

NHS JOB EVALUATION SCHEME

1. JOB IDENTIFICATION

Job Title: Primary Mental Health Worker
Reports to: Principal Officer Additional Support for Learning and Early Education

Service: Health and Social Care, ASN Team and NHS Child and Adolescent Mental Health Services

No of Job Holders: 11 throughout Highland

Last Update: January 2013

2. JOB PURPOSE

The main emphasis of primary mental health work with children and young people is to enable community and primary care-based professionals to effectively recognise children and young people's strengths and difficulties. Primary mental health work can be delivered as either a universal or targeted provision, according to the needs of the local population.

The Primary Mental Health Worker (PMHW) will act as a locality cross-agency networker, providing early stage mental health assessment and interventions through liaison, consultation, supervision and training to primary care professionals. The PMHW will also provide direct clinical input to children, young people, and their families where this is indicated.

This approach will build on, and further enhance the skills and resources of local community and specialist services. Thereby creating a more integrated and co-ordinated service that will respond more effectively to the needs of the local population.

3. DIMENSIONS

The Primary Mental Health Worker will accept referrals for children from 0-16 (17&18 if still attending secondary school) in line with CAMHS and Adult mental health services in the Highlands

(a) To ensure a more appropriate take-up of service

- To encourage young people, parents and professionals to make appropriate use of child and adolescent mental health services
- To improve the early identification and management of children and young people' mental health difficulties within the community
- To reduce the stigma associated with misconceptions about mental health and illness
- To ensure CAMHS are locally based, accessible, flexible and sensitive to local need

(b) To promote emotional health and well-being

- To raise awareness of issues affecting children and young people's mental health
- To liaise with health promotion colleagues, primary and secondary schools, and relevant primary care professionals in order to develop community based mental health promotion programmes
- To promote knowledge and understanding about mental health and its effects upon resilience within the child and young person

c) To prevent mental health problems

- To identify and deliver both universal and targeted clinical interventions
- To identify and appropriately apply knowledge about vulnerability and risk factors involved in the development of mental health problems
- To identify gaps in the provision of services for children, young people and their families at risk of mental health difficulties

(d) To facilitate liaison and consultation

- To raise awareness of available services
- To increase accessibility to the service
- To offer additional services for local professionals working with children and young people where there are mental health issues
- To enable children and young people to access appropriate specialist CAMHS
- To provide training and consultation to statutory and non-statutory personnel working directly and indirectly with children and young people.
- To compile funding proposals where agreed to be appropriate.

(e) To contribute to development and training programmes in CAMH

- To enhance existing skills and confidence of professionals working in primary care
- To increase skills and understanding of professionals working with child and adolescent mental health issues
- To influence future services for children and young people in primary care by introducing CAMH modules into core training programmes
- To develop inter-agency mental health training study days

(f) To deliver direct mental health care interventions

- To receive requests for direct work
- To undertake appropriate assessment of children, young people and their families
- To deliver appropriate time limited evidence based mental health interventions
- To be responsible for the case management of such cases

(g) To work within a clinical governance framework

- To evaluate/audit all service activities in order to ensure:-
- To carry out an initial needs assessment to reflect local need

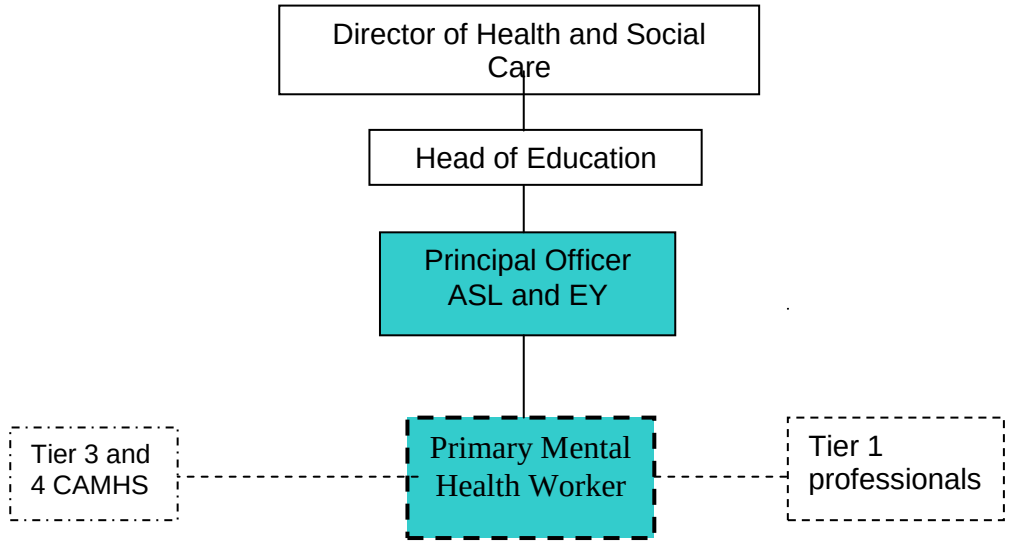
Children and young people have access to appropriate help for concerns about their mental health at the point of need.

Children and young people have the opportunity to voice their opinions about service development, accessibility, preference and satisfaction with current provision.

The timely use of child and adolescent mental health interventions at both primary and secondary care service.

An increase in the number of appropriate referrals to secondary CAMHS

4. ORGANISATIONAL POSITION



Professional Leadership is currently provided by the NHS Highland Tier 3 CAMHS team based at the Phoenix Centre in Inverness. There is a plan however to move to provide this professional support and leadership from within the team. The Primary Mental Health Worker Team is directly line managed by the Principal Officer ASL and EY, within the ASN Team of the Highland Council Health and Social Care Service

5. ROLE OF PMHW within CAMHS

The PMHW service is the link between specialist Child, adolescent mental health services and the services offered by GP's, Health Visitors, Teachers, Children's Services Workers, School Nurses, Social Workers and Voluntary Organisations (Tier1). The role of the PMHW is to act as an interface between tier 1 and specialist CAMHS, with the aim of strengthening and supporting the provision of CAMHS in primary care:

(a) Supporting and strengthening Tier 1 CAMHS provision through building capacity and capability within Primary care staff (statutory and non-statutory sectors)
(b) Promoting the emotional health of children, young people and families in the community
(c) Identifying mental health problems in children and young people early in their development
(d) Facilitating appropriate access to specialist CAMHS and other relevant provision according to level and nature of need.
(e) Providing a direct service to children and young people and their families.

6. MAIN TASKS, DUTIES AND RESPONSIBILITIES

(a) Liaison

The facilitation of collaboration between agencies to work towards defining the best approach to meet the mental health needs of the child. The liaison role includes networking and being a catalyst for effective multi-agency partnership working.

(b) Consultation

The aim of the consultative role is to identify the child's mental health needs and to consider appropriate ways of meeting them in partnership with professionals already working with them. Consultation is offered through a range of initiatives, including telephone and face-to-face advice with an individual or group of professionals to provide ongoing support for tier 1 professionals Consultation should also aim to improve the ability of tier 1 professionals to manage child mental health needs more effectively by improving their skill and knowledge base, thus enabling more effective practice.

(c) Training

Multi-agency training is offered to a range of individual professionals and organisations in order to increase their understanding of children and young people's mental health issues, and to consolidate existing knowledge through experiential learning, enabling them to recognise and manage child mental health problems at an early stage.

(d) Intervention

Intervention can be provided on three levels:-

(i) Through joint work with tier 1 professionals with the aim of undertaking joint assessment of the level of mental health needs or to support the practitioner in work that they are already undertaking, or to provide education and support about specific therapeutic interventions
(ii) Direct intervention with children and families, where mental health needs have not been responsive to methods and interventions undertaken by tier 1 professionals and the level

of need is not appropriate for intervention by other CAMHS Professionals. Direct interventions should be brief and tailored to the child and families identified needs. Direct work should be evidence based and drawn from a range of interventions, such as Counselling, Cognitive Behavioural Therapy or Solution Focused Brief Therapy. It may also include the provision of targeted group work programmes.

(iii) In conjunction with colleagues from the Department of Child and Family Psychiatry, or the Clinical Psychological Service for Children and Young People, limited and clearly defined tier 3 interventions.

(e) Strategic planning

The PMHW role is pro-active in informing and influencing child mental health strategy and includes the development and agreement of joint agency protocols for pathways of intervention, treatment or care. It also offers a contribution to the development of interagency structures to ensure joint planning and collaborative working relationships.

(f) Research and Development

The PMHW will have a role in identifying service needs and gaps across agencies with regard to children's mental health. Also, they will be key in obtaining users views and involving users in the design and delivery of accessible CAMHS provision in the community.

The post holder's duties must be carried out in compliance with the relevant Highland Council and NHS Highland policies, including Equal Opportunities Policy, Information Security Policies, Financial Regulations and Standing Orders, the Health and Safety at Work Act (1974) and other, subsequent health and safety legislation.

These duties and responsibilities should be regarded as neither exclusive nor exhaustive as the postholder may be required to undertake other reasonably determined duties and responsibilities commensurate with the grading of the post, without changing the general character of the post.

7a. EQUIPMENT AND MACHINERY

The PMHW regularly uses a computer, a Powerpoint projector or overhead projector and mobile phone. They may also use digital cameras at times if engaging in Video Interaction Guidance or similar interventions. They are also required to have access to personal transport as significant amounts of travel are required while undertaking this role.

7b. SYSTEMS

- The PMHW is expected to maintain accurate records in line with agreed processes and Council and NHS policy and professional guidelines.
- The PMHW is expected to submit information on their monthly activity and all information necessary to carry out evaluation or audit of the PMHW service or wider CAMHS.
- The PMHW is expected to complete Annual Leave forms, study leave forms and all other forms required by Highland Council and NHS Highland.
- The PMHW is expected to input data to a data base if appropriate.

8. ASSIGNMENT AND REVIEW OF WORK

PMHWs will receive work from a variety of sources, e.g. GP's Community Paediatricians, Teachers etc This work may be liaison, consultation, or direct clinical work, jointly with primary care (tier 1/2), alone (tier 2), or with a member of the specialist CAMHS (tier 3).

Requests for PMHW input therefore can come from any Health, Education, or Social Work professional and from the voluntary sector. Should the request for input be inappropriate then it is expected that the individual requesting the input will be re-routed by the PMHW.

The PMHW can at any time request the input of a Tier 3 CAMHS professional and/or Consultant psychiatrist for advice or further assessment of a client or situation.

The post holder is expected to take part in the development of policies and procedures for work that they are involved in, be that clinical or managerial tasks.

The post holder will be offered Clinical Supervision within the framework of NHS guidelines.

The PMHW will meet jointly with the team and with their line manager on a regular basis to review their work content and explore options for service and professional development

9. DECISIONS AND JUDGEMENTS

The PMHW is based within the Community and remote from other CAMHS workers and their line manager. This necessitates a high degree of autonomy and responsibility, requiring them to assess situations independently and make decisions regarding further action. They do have access to a consultant psychiatrist and/or other qualified mental health professional by phone if required on Monday-Friday, 9-5.

The PMHW is expected to have an understanding of the responsibilities and services of other agencies in order to support others in resolving difficulties for families and young people.

The PMHW is expected to recognise their own limitations in their role and make decisions re onward referral to other agencies where appropriate.

The PMHW is expected to manage his or her own time efficiently and effectively.

The PMHW is expected to assess a client's or family's needs and develop an appropriate plan of intervention.

The PMHW is expected to manage admissions and discharges to their caseload, including when and where consultation is provided.

10. MOST CHALLENGING/DIFFICULT PARTS OF THE JOB

The nature of Child and Adolescent Mental Health indicates workers will frequently have to deal with distressing and difficult issues. The limited nature of CAMHS recourses means that there is always more work to be done than the worker is able to do. Placing boundaries around the amount or kind of work that is carried out is very challenging. In addition, changing the culture of service delivery by developing capacity in primary care to carry out the work rather than simply passing it on has met with some challenging resistance.

National recommendations are that PMHW posts should be based with other CAMHS workers or team members to avoid isolating workers. The geography of the Highlands means that this is not always possible, leading to professional isolation at times and being faced with decision making around complex issues with no immediate access to colleagues other than by telephone.

Managing time in some of the more rural areas provides a considerable challenge.

The role is multi-faceted and complex and requires a wide range of skills.

The post holder is required to carry out much of their own administrative work.

11. COMMUNICATIONS AND RELATIONSHIPS

- The PMHW is required to communicate with professionals, individually and in groups at all levels and across the agencies in a professional manner.
- The PMHW is also required to have the skills to communicate with adults and children of all ages.
- The PMHW will provide and receive highly complex, sensitive information and work to overcome any barriers to the understanding of these issues
- The PMHW may require to communicate very sensitive condition related information including child abuse, self-harm, suicidal ideation, to clients, carers, and relatives and other professionals.
- Requires to demonstrate empathy and reassurance to enable clients to work at emotional depth within sessions

12. PHYSICAL, MENTAL, EMOTIONAL AND ENVIRONMENTAL DEMANDS OF THE JOB

Emotional:

- Frequent exposure to emotional or distressing situations e.g. self harm, suicidal ideation, bereavement, difficult family situations, serious mental health illness and child abuse.
- Carries training equipment and play materials frequently, kneeling and bending
- Lone working in various settings including clients homes

- Mental effort: Concentration for client assessment
  Prolonged client therapeutic treatment sessions
  Researching, compiling, and delivering training programmes on specialist area.
  Managing complex situations

- Physical effort: Sitting for long periods during individual sessions or when driving long distances
  Carries training equipment and play materials frequently, kneeling and bending.

- Environmental: Visiting clients' homes alone.

13. KNOWLEDGE, TRAINING AND EXPERIENCE REQUIRED TO DO THE JOB

Person Specification

1) <u>Qualifications/Training</u>

a) Relevant professional qualification.
b) Further appropriate post qualification training in the speciality of child and adolescent mental health (at diploma/degree level or equivalent)

2) **<u>Knowledge</u>**

a) Understanding of child development.
b) Understanding of family functioning.
c) Understanding of mental health issues in children and families.
d) Legislation relating to child and family.
e) Awareness of government initiatives related to child and adolescent mental health.
f) Understanding of the PMHW role and function and its relation to specialist CAMHS and other agencies.
g) Working knowledge of health, social work, education and the voluntary sector, together with the relevant legislation regarding both children and mental health.
h) Knowledge of the Highland Practice Model and relevant processes within this.
i) Knowledge of research and audit and the ability to plan and implement research projects

3) **<u>Skills</u>**

a) Ability to work in partnership with children, families and other professionals.
b) Ability to negotiate and to speak from a position of knowledge on primary mental health work and other CAMH issues.
c) Ability to work flexibly and creatively as an autonomous practitioner, in order to meet the needs of children, families and professionals.
d) Ability to screen referrals and clarify when consultation at Tier 1 is appropriate and/or onward referral to specialist CAMHS services is required.
e) Ability to support and offer consultation to Tier 1 professionals.
f) Proven ability to work with other professional groups.
g) Ability to case-manage their own caseload.
h) Ability to engage young people and their families in order to offer and deliver therapeutic services.
i) Ability to conduct comprehensive assessments of young people and their families.
j) Ability to interpret client/family situations and reach an appropriate formulation.
k) Ability to communicate highly complex condition-related information to young people and their families often in an emotive and/or hostile environment, e.g. child protection.
l) Ability to offer interventions from at least two approaches, e.g. behavioural, systemic, psychodynamic**,** humanistic etc.
m) Ability to develop and deliver training packages in child and adolescent mental health.

n) Ability to needs assess and audit/evaluate to identify gaps /opportunities for service development, improvement and expansion.
o) Excellent communication skills, oral and written.
p) Ability to plan and prioritise work.
q) Ability to co-ordinate multi-agency activities, which may require adjustment of plans.
r) Ability to participate and lead audit/research initiatives.
s) Appropriate IT skills and knowledge.
t) Ability to compile appropriate reports to support statutory processes
u) Ability to undertake statutory training as identified by NHS Highland.

4. Experience

a) Minimum of 3 years experience working in the field of child and adolescent mental health and to function as an autonomous practitioner.
b) Experience of mental health assessment and implementation of a range of evidence-based therapeutic interventions.
c) Experience of working in partnership with other agencies and inter-disciplinary working.
d) Experience of working alongside professionals and to contain anxiety/concerns in relation to working with children and families where there are mental health needs.
e) Experience of training other professionals.

5. Personal Qualities

a) Accountable for own professional actions with codes of practice and professional guidelines.
b) Ability to work independently in the community setting.
c) Enthusiasm, ability and confidence to promote this new service and inspire others in its development.
d) Ability to communicate effectively across a range of families and professionals in a non-discriminatory way.
e) Able to deal with frequent, distressing situations, eg family breakdown, child sexual abuse, serious mental illness.
f) Ability to concentrate for long periods of time during patient assessments and interventions.
g) Ability to de-escalate and risk assess potential verbal and physical aggression.
h) Excellent organisational and time management skills.

6. Corporate Responsibilities

a) Contribute to the development of specialist protocols.
b) Personal duty of care for Council equipment and facilities
c) Maintain client records.

7. Other requirements

a) To have access to personal transport to enable travel across the whole Council Area.
b) To undertake appropriate child protection police checks.
c) To be flexible in meeting the changing needs of the service.
c) To be committed to ongoing professional development and engage in CPD regularly.

14. JOB DESCRIPTION AGREEMENT

I agree that the above Job Description is an accurate reflection of my duties and responsibilities at the date of signing.	
Job Holder's Signature:	Date:
Manager's Signature:	Date:

Who are Primary Mental Health Workers (PMHW's)?

Primary Mental Health Workers (PMHWs) are people with a special understanding of emotional, behavioural and mental health difficulties and the problems they can cause for children and young people, and their families. They have training, knowledge and skills in helping to overcome these difficulties.

How do you get referred to a PMHW?

If you want a service from a PMHW you could speak to someone you trust who could be a:

- teacher
- school nurse
- family doctor
- youth worker
- social worker

They will need your permission to speak to us. They will contact us, when they want us to support you.

What are emotional difficulties?

Everyone feels low, or worried, or angry sometimes – this is OK.

'Emotional difficulties' are worries or sadness that you may feel, when these begin to affect your life at school, or with your family or friends, and you need some support to help sort things out.

What are behavioural difficulties?

'Behavioural difficulties' are where the things you are doing and saying are getting you into trouble, or they are worrying to your parents or carers or teachers. This could be for lots of different reasons.

What are mental health difficulties?

'Mental health difficulties' can begin as 'emotional' and 'behavioural' difficulties. They may have become more severe and need extra special help. These may be difficulties that affect your behaviour or mood, like depression, phobias and anxiety.

How can a Primary Mental Health Worker help you?

PMHWs support children and young people directly, but also provide consultation to other professionals to help them to help children and young people.

The PMHW will help by listening to you about how you see your difficulties and may suggest some ideas about different ways to think about things.

Sometimes the worker may offer more practical ideas to support you, such as:

- strategies to help you cope better with your feelings
- how to increase your support at home or in school
- relaxation techniques
- information to understand what is happening and why

These are things that have worked for other people and may work for you.

The PMHW may also work with your parents or carers in order to support you.

What are the aims of the PMHW Service?

The PMHW Service aims to help children, young people and their families/carers by:

- listening
- understanding their difficulties
- being open and honest
- working together to find solutions
- finding and agreeing the best available way to help
- being respectful of the partnership with parents, young people and those who care for them.

Confidentiality and Consent

Seeing the PMHW is voluntary – you do not have to see us.

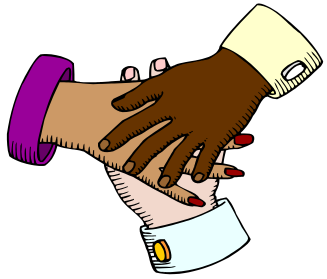
Your Named Person and/or Lead Professional will be informed about what is being offered and how this fits with your child's plan.

The PMHW will not share any information about you with anyone else without asking for your permission first

- unless -

they think that you or someone else may be at risk of harm. They will usually talk with you about this first.

The Highland Council
Comhairle na Gaidhealtachd
SERVING The Highland Community



Consultation

The PMHW also offers support through consultation to other professionals who work with children and young people. On these occasions we will not meet with families or young people.

Contact

name

Primary Mental Health Worker

address

Telephone

Primary Mental Health Worker Service

PRIMARY MENTAL HEALTH WORKER
FOR
CHILDREN AND YOUNG PEOPLE

CONSULTATION FORM

Any Body
Primary Mental Health Worker
Your Office
Your Street
Your Town
IV blah
☎ phone no
mobile no

NHS Highland

Referrer's Name:		**Initials/Name:**	
Designation:		**Age:**	
Date:		**Gender:**	

Issues Discussed:

Agreed Action Plan: