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| *The following self-assessment document should be completed in line with the Best Practice Guidance for Mental Health Services where appropriate (see ref.)* | | | | | | |
| **Self-Assessment Details:** | | | | | | |
| **Name of Service/Unit:** | | **Date of Self-Assessment:** | | | | |
| **Name of all person(s) carrying out the  Self-Assessment:** | |  | | | | |
|  | | | | |
|  | | | | |
| **Signature(s) of Lead person(s) carrying out the Self-Assessment:** | |  | | | | |
|  | | | | |
|  | | | | |
| **Theme: Guideline Structure and Purpose** | **Evidence that indicator is being met**  ***(Ref Section 1.0 – 1.4 COG)*** | | **Yes** | **No** | **Comment** | **Degree of achievement** |
| 1 | All staff members are aware of the purpose and scope of the CAMHS Operational Guideline. | |  |  |  |  |
| 2 | All staff members have familiarised themselves with the legislation and other related HSE policies, procedures, processes and guidelines that should be read in conjunction with the CAMHS Operational Guideline. | |  |  |  |  |
| **Theme: Roles and Responsibilities** | **Evidence that indicator is being met**  ***(Ref Section 1.5 COG)*** | | **Yes** | **No** | **Comment** | **Degree of achievement** |
| 1 | All staff members are clear on their roles and responsibilities in relation to the CAMHS Operational Guideline. | |  |  |  |  |
| 2 | All staff members are clear on the national reporting structure as outlined. | |  |  |  |  |
| **Theme: Implementation** | **Evidence that indicator is being met**  ***(Ref Section 1.6 COG)*** | | **Yes** | **No** | **Comment** | **Degree of achievement** |
| 1 | All staff members are familiar with the Implementation Plan as outlined in the CAMHS Operational Guideline. | |  |  |  |  |
| 2 | All staff members have availed of the training supports offered to support Implementation of the CAMHS Operational Guideline. | |  |  |  |  |
| **Theme: Revision** | **Evidence that indicator is being met**  ***(Ref Section 1.7 COG)*** | | **Yes** | **No** | **Comment** | **Degree of achievement** |
| 1 | The CAMHS team keeps a log of important revisions which can be used in the review of the Operational Guideline in 3 years’ time. | |  |  |  |  |
| **Theme: Self-Assessment** | **Evidence that indicator is being met**  ***(Ref Section 1.8 COG and pages 16-21 BPG)*** | | **Yes** | **No** | **Comment** | **Degree of achievement** |
| 1 | All staff members are aware of the purpose of the self-assessment process and their roles in relation to this. | |  |  |  |  |
| **Theme: Recovery** | **Evidence that indicator is being met**  ***(Ref Section 2.1 COG)*** | | **Yes** | **No** | **Comment** | **Degree of achievement** |
| Cross reference with GAIT Tool recovery measures |  | |  |  |  |  |
| 1 | All staff members are familiar with the HSE National Framework for Recovery 2018-2020. | |  |  |  |  |
| 2 | All staff members have embedded the 4 principles of recovery into their interactions with children/adolescents and their families. | |  |  |  |  |
| 3 | All staff members provide a recovery-oriented service working in partnership with service users and families in the design and delivery of services. | |  |  |  |  |
| **Theme: Involving Children and Adolescents** | **Evidence that indicator is being met**  ***(Ref Section 2.2 COG and Page 30 BPG)*** | | **Yes** | **No** | **Comment** | **Degree of achievement** |
| 1 | All staff members involve children and adolescents in all matters and decisions that affect them, taking into account their age and understanding and issues of consent. | |  |  |  |  |
| 2 | Children and adolescents are involved in the design, implementation, delivery and evaluation of CAMHS.  This can be done through:   * Actively seeking feedback from children and adolescents * Ensuring communications are in plain English * Placing suggestion boxes in the waiting areas * Producing satisfaction surveys * Conducting focus groups on specific topics * Referral to advocacy services | |  |  |  |  |
| **Theme: Involving Parent(s)** | **Evidence that indicator is being met**  ***(Ref Section 2.3 COG and page 31 BPG)*** | | **Yes** | **No** | **Comment** | **Degree of achievement** |
| 1 | All staff members maintain collaborative relationships with parent(s) and involve them in their children’s care planning, treatments and interventions. | |  |  |  |  |
| 22 | All staff members provide advice to parents on diagnoses, coping strategies and support to help them manage their child at home. | |  |  |  |  |
| 3 | All staff members connect families with local support structures such as those organised through the office of Mental Health Engagement and Recovery. | |  |  |  |  |
| 4 | All staff members provide culturally-sensitive and responsive services taking into account how this may affect attendance at services and treatment adherence. | |  |  |  |  |
| 5 | There is dedicated visiting space for families on the unit. | |  |  |  |  |
| **Theme: Clinical Governance** | **Evidence that indicator is being met**  ***(Ref Section 3.1-3.2 COG and page 114 BPG)*** | | **Yes** | **No** | **Comment** | **Degree of achievement** |
| 1 | All staff members are familiar with clinical governance structures in their local CHO area, which assist them in delivering high quality, safe services. | |  |  |  |  |
| 2 | All staff members are clear on the lines of accountability, authority and responsibility in relation to the smooth running of the CAMHS team. | |  |  |  |  |
| 3 | All staff members are clear on their clinical and professional reporting relationships. | |  |  |  |  |
| **Theme: Children First** | **Evidence that indicator is being met**  ***(Ref Section 3.3 COG and page 115 BPG)*** | | **Yes** | **No** | **Comment** | **Degree of achievement** |
| 1 | All staff members are familiar with the Children First Guidance and legislation. | |  |  |  |  |
| 2 | All staff members have completed all mandatory training related to Children First. | |  |  |  |  |
| 3 | All staff members are aware of the roles and responsibilities of members and of mandated persons. | |  |  |  |  |
| **Theme: Referral Process** | **Evidence that indicator is being met**  ***(Ref Section 5.3 – 5.9 COG)*** | | **Yes** | **No** | **Comment** | **Degree of achievement** |
| 1 | The Team accepts referrals for all children in need of inpatient CAMHS services up to 18 years old. | |  |  |  |  |
| 2 | Children and adolescents requiring admission will have a severe and complex mental disorder with clear evidence that:   * Intensive treatment is required within an inpatient setting * There is a level of risk due to their mental disorder that is more appropriately managed in an inpatient setting. | |  |  |  |  |
| 3 | **Our exclusion criteria include the following children and adolescents, where there is no evidence of a moderate to severe mental disorder.** | |  |  |  |  |
| * Those deemed to need treatment in appropriate medical settings in the first instance | |  |  |  |  |
| * Those with substance misuse issues | |  |  |  |  |
| * Those with a behavioural or conduct disorder | |  |  |  |  |
| * Those with a diagnosis of Autistic Spectrum Disorder | |  |  |  |  |
| * Those with a moderate or severe intellectual disability | |  |  |  |  |
| * Those whose clinical presentation may be further exacerbated or compounded by removing them from their home environment | |  |  |  |  |
| * Those who present with extreme behavioural disturbance and emotional instability that cannot be managed safely by the inpatient service | |  |  |  |  |
| 4 | The Service uses the standardised Inpatient CAMHS Referral Form (Appendix 3.2) with at least the minimum data set as outlined in the CAMHS Operational Guideline. | |  |  |  |  |
| 5 | Referrals are triaged immediately by a senior clinician in the CAMHS Unit and categorised into emergency, urgent and routine. A response is communicated on the same day to the referral agent notifying them of the status of their referral. | |  |  |  |  |
| **Theme: Admission to Inpatient Units** | **Evidence that indicator is being met**  ***(Ref Section 5.10 – 5.13 COG)*** | | **Yes** | **No** | **Comment** | **Degree of achievement** |
|  | **Admission Process** | |  |  |  |  |
| 1 | **Admission Process –Voluntary:**   * Consent has been obtained from the parent(s) | |  |  |  |  |
| 2 | **Admission Process – Involuntary:**   * The HSE has received a Court Order authorising detention and treatment. | |  |  |  |  |
| * The inpatient team has adhered to the HSE Section 25 Policy. | |  |  |  |  |
| 3 | An Initial Care Plan is completed by the admitting clinician. (This is not a replacement for the MDT ICP.) | |  |  |  |  |
|  | **Admission to Adult Psychiatric Units (in exceptional circumstances)** | |  |  |  |  |
| 3 | The Mental Health Commission has recommended the following guidance for admission to an adult unit: | |  |  |  |  |
| * the child or adolescent has access to a CAMHS team and consultant | |  |  |  |  |
| * there is 1:1 nursing | |  |  |  |  |
| * the child or adolescent has a single room and segregated bathroom facilities | |  |  |  |  |
| * the MHC is notified within 72 hours of the admission | |  |  |  |  |
| **Theme: Home Leave** | **Evidence that indicator is being met**  ***(Ref Section 5.16 COG)*** | | **Yes** | **No** | **Comment** | **Degree of achievement** |
| 1 | Parents should be provided with support, advice and emergency contact numbers should a crisis arise while a child or adolescent is on leave at home. | |  |  |  |  |
| 2 | If the child or adolescent has been admitted under S25 the consultant psychiatrist responsible for their care or treatment will grant permission in writing for the absence from the approved centre. | |  |  |  |  |
| **Theme: Individual Care Plan** | **Evidence that indicator is being met**  ***(Ref Section 5.17 - 5.18 COG, and Pages 73 – 75 BPG)*** | | **Yes** | **No** | **Comment** | **Degree of achievement** |
| 1 | The ICP is developed in collaboration with the child or adolescent and their parent(s) and the key worker. | |  |  |  |  |
| 3 | All children and adolescents on the Unit have a written multidisciplinary ICP which has been completed within 7 days of admission. | |  |  |  |  |
| 4 | The ICP is reviewed on a weekly basis by the Multidisciplinary Team. If changes are made, a revised copy is provided to the Child or Adolescent and their parent(s). | |  |  |  |  |
| 5 | An ICP includes a summary of the following: | |  |  |  |  |
| * A clinical formulation | |  |  |  |  |
| * A diagnosis if available | |  |  |  |  |
| * Agreed goals between the CAMHS team, the child or adolescent and the parent(s) | |  |  |  |  |
| * Medical and psychiatric history | |  |  |  |  |
| * Physical health needs including history and current medications | |  |  |  |  |
| * Risk assessment and management plan including strengths and protective factors | |  |  |  |  |
| * Psychosocial history including family and social supports | |  |  |  |  |
| * Communication abilities and needs | |  |  |  |  |
| * Educational, occupational and vocational requirements | |  |  |  |  |
| * A discharge/transition plan which includes a provisional discharge date | |  |  |  |  |
| **Theme: Clinical MDT Review Meetings** | **Evidence that indicator is being met**  ***(Ref Section 5.19 COG)*** | | **Yes** | **No** | **Comment** | **Degree of achievement** |
| 1 | Clinical MDT meetings are held weekly as a minimum throughout admission. | |  |  |  |  |
| 2 | Community teams and other agencies and parents are invited to attend as required. | |  |  |  |  |
| 3 | Senior clinicians from the community CAMHS/adult services should attend reviews particularly when discharge is being considered. | |  |  |  |  |
| **Theme: Discharge Planning** | **Evidence that indicator is being met**  **(Ref Section 5.20 COG)** | | **Yes** | **No** | **Comment** | **Degree of achievement** |
| 1 | Discharge planning takes place early on in the admission and is done in collaboration with the child or adolescent and their parent(s). | |  |  |  |  |
| 2 | It will focus on the child or adolescent’s recovery and will include a follow up plan with the GP and other community services. | |  |  |  |  |
| 3 | The discharge plan ensures clear processes in place for follow up, including OPD appointments, and clearly indicates who is responsible for each process within the inpatient and community teams. | |  |  |  |  |
| 4 | The GP, referral agent and parent(s) receive a written discharge summary outlining the outcomes of the inpatient interventions and ongoing recommendations. | |  |  |  |  |
| **Theme: Transition to Adult Services** | **Evidence that indicator is being met**  ***(Section 5.21 COG)*** | | **Yes** | **No** | **Comment** | **Degree of achievement** |
|  | **Transition to Adult Mental Health Services** | |  |  |  |  |
| 1 | An adolescent of 17 years and above who requires referral to general adult mental health services has a ‘transition’ plan within their ICP. | |  |  |  |  |
| 2 | All young people who are 17 years of age and over are assessed to determine whether they require a transition plan out of the service. | |  |  |  |  |
| 3 | There is a joint working plan between CAMHS and Adult Mental Health when a case is transferring over. | |  |  |  |  |
| 4 | Appropriate documentation has been shared with Adult Mental Health Services in accordance with the GDPR and Data Protection and with the consent of parent(s), if relevant. | |  |  |  |  |
| 5 | Joint care review/handover meetings are organised by the CAMHS Inpatient Team with the key agencies/services who will be taking on the care of the adolescent once they move on from the Inpatient Unit. | |  |  |  |  |
| 6 | CAMHS offer support for at least 3 months following transition to ensure continuity of care. | |  |  |  |  |