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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/Team:**        | **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.  |  |  |  |  |
| 215. | All staff members provide advice to parent(s) on diagnoses, coping strategies and support to help them manage their child at home. |  |  |  |  |
| 3 | All staff members connect parent(s) with local support structures such as those organised through the office of Mental Health Engagement.  |  |  |  |  |
| 4 | All staff members provide culturally sensitive and responsive services taking into account how this may affect attendance at services and treatment adherence.  |  |  |  |  |
| **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 4.2 – 4.11 COG)*** | **Yes** | **No** | **Comment** | **Degree of achievement** |
| 1 | The CAMHS team accept referrals for all children in need of a specialist mental health service up to 18 years old. |  |  |  |  |
| 2 | All open cases have moderate to severe mental disorders that require the input of a multi-disciplinary mental health team. |  |  |  |  |
| 3 | **A service is offered to children with moderate to severe mental disorders including:** |  |  |  |  |
| * Moderate to severe Anxiety Disorders
 |  |  |  |  |
| * Moderate to severe Attention Deficit Hyperactive Disorder (ADHD/ADD)
 |  |  |  |  |
| * Moderate to severe Depression
 |  |  |  |  |
| * Bipolar Affective Disorder
 |  |  |  |  |
| * Psychosis
 |  |  |  |  |
| * Moderate/Severe Eating Disorder
 |  |  |  |  |
| 4 | **Our exclusion criteria includes the following ­­where there is no evidence of a moderate to severe mental disorder:** |  |  |  |  |
|  | * Children with mild intellectual disability
 |  |  |  |  |
| * Children with a moderate or severe intellectual disability
 |  |  |  |  |
| * Children with a developmental disorder
 |  |  |  |  |
| * Children who need assessments or interventions that relate to educational needs
 |  |  |  |  |
| * Children who present with child protection or welfare concerns
 |  |  |  |  |
| * A diagnosis of autism, where there is no co-morbid moderate to severe mental disorder
 |  |  |  |  |
|  | **Joint working and shared care** |  |  |  |  |
| 5 | The CAMHS team provides appropriate multidisciplinary mental health assessment and treatment for the mental disorder. |  |  |  |  |
| 6 | Consultation takes place with the other service to determine which is the most appropriate or whether a joint approach to assessment and intervention is indicated. |  |  |  |  |
| 7 | The CAMHS team obtains consent and comply with local and national policies prior to sharing information and communicating with other services. |  |  |  |  |
| 8 | The CAMHS team is clear on which HSE service has lead responsibility for coordination of care. |  |  |  |  |
| 9 | **Our service accepts referrals from only the following professionals:** |  |  |  |  |
|  | 1. The GP
 |  |  |  |  |
| 1. Paediatricians (informing the child or adolescent’s GP).
 |  |  |  |  |
| 1. Consultant Psychiatrists (informing the child or adolescent’s GP).
 |  |  |  |  |
| 1. Emergency Department (ED) doctors in conjunction with ED Consultant (informing the child or adolescent’s GP).
 |  |  |  |  |
| 1. Community based clinicians (at senior/team leader level or above, in collaboration with GP).
 |  |  |  |  |
| 1. Tusla – Child or adolescent and Family Agency (Team leader level or above in collaboration with the GP).
 |  |  |  |  |
| 1. Assessment officers (as defined under the Disability Act, 2005).
 |  |  |  |  |
| 1. Jigsaw – senior clinician (in collaboration with GP).
 |  |  |  |  |
| 1. Community medical doctors (informing the child or adolescent’s GP).
 |  |  |  |  |
| 1. National educational psychologists – senior (in collaboration with GP).
 |  |  |  |  |
| 10 | The Service uses the standardised CAMHS Referral Form with at least the minimum data set as outlined in the CAMHS Operational Guideline. |  |  |  |  |
| 11 | Referrals received are screened daily by the nominated CAMHS Team member, consulting with the clinical lead. |  |  |  |  |
|  | **Referral Response Times** |  |  |  |  |
| 12 | Routine referrals are seen within 12 weeks or sooner if possible. |  |  |  |  |
| 13 | Urgent referrals are responded to within 3 working days and seen as soon as possible based on clinical risk |  |  |  |  |
| 14 | CAMHS team provides advice and consultation regarding emergency referrals during working hours 9.00am – 5.00pm |  |  |  |  |
| 15 | Where available, on-call Consultant Child and Adolescent Psychiatrists can be contacted by A&E services if required |  |  |  |  |
| 16 | For referrals that do not require CAMHS, the CAMHS team informs the GP/referral agent in writing as soon as possible |  |  |  |  |
|  | **Communication and sharing of information**  |  |  |  |  |
| 17 | The CAMHS team obtains consent from the parent(s) and comply with relevant legislation |  |  |  |  |
| 18 | The team communicates with the referrer within four weeks of the initial assessment and a summary assessment report is sent. |  |  |  |  |
| 19 | The team communicates with the parent(s) throughout the assessment process to keep them informed. |  |  |  |  |
| 20 | The service communicates at a minimum of six monthly intervals thereafter with the referrer.  |  |  |  |  |
| 21 | On discharge from the CAMHS service the child or adolescent’s GP receives a written discharge summary. |  |  |  |  |
| **Individual Care Plan** | **Evidence that indicator is being met** ***(Section 4.15 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 a copy provided to them.
* The ICP is signed off by all parties.
 |  |  |  |  |
| 2 | * The ICP is outcomes focused and recovery focused.
 |  |  |  |  |
| 3 | * ICP is designed to meet the communication needs of the child or adolescent.
 |  |  |  |  |
| 4 | * The ICP is in line with HSE policies on privacy and consent.
 |  |  |  |  |
| 5 | * The key worker is responsible for the maintenance and regular review of the ICP.
 |  |  |  |  |
|  | **An ICP includes the following:** |  |  |  |  |
| 6 | * A clinical formulation
 |  |  |  |  |
| * A diagnosis if available
 |  |  |  |  |
| * Agreed goals between the CAMHS team, the child or adolescent and the parent(s)
 |  |  |  |  |
| * A list of other agencies involved with the child or adolescent
 |  |  |  |  |
| * An individual risk and safety management plan
 |  |  |  |  |
| * A discharge/transition plan which includes a provisional discharge date
 |  |  |  |  |
| **MDT Team Reviews** | **Evidence that indicator is being met*****(Ref Section 4.17 COG)*** | **Yes** | **No** | **Comment** | **Degree of achievement** |
| 1 | A weekly team meeting is held to discuss:* new referrals
* open cases requiring review
* cases being considered for discharge from the team.
 |  |  |  |  |
| 2 | Each open case is formally reviewed by the CAMHS MDT every 6 months at a minimum. |  |  |  |  |
| **Attendance/Non- Attendance at Appointments** | **Evidence that indicator is being met*****(Ref Section 4.18 – 4.20 COG)*** | **Yes** | **No** | **Comment** | **Degree of achievement** |
|  | **Management of Attendance at Initial Appointments**  |  |  |  |  |
| 1 | All initial appointments are communicated to the parent/carer in writing with a copy to the child’s GP and original referral agent. |  |  |  |  |
| 2 | The parent/carer is asked to confirm attendance at least two weeks prior to the date of appointment. |  |  |  |  |
| 3 | In the event that a child does not attend, the GP and other referral agent (if applicable) are informed  |  |  |  |  |
| 4 | A new appointment is offered or the referral agent is asked to re-refer if still clinically indicated and the parent/carer agrees. |  |  |  |  |
| 5 | If clinical information in the referral form suggests the child may be very unwell or at risk, the GP/referrer is contacted so that they can initiate any further intervention that may be required. A follow up letter should be sent. |  |  |  |  |
|  | **Management of Non-attendance at subsequent appointments** |  |  |  |  |
| 6 | Parent(s) are contacted to understand reason for non-attendance. If unable to make contact with parent(s), referral agent is informed. |  |  |  |  |
| 7 | Decisions to close cases who do not attend for subsequent appointments are discussed and recorded at the multi-disciplinary team meeting. |  |  |  |  |
| 8 | The GP/referral agent is notified in writing that the child has been formally discharged following non-attendance of subsequent appointments.  |  |  |  |  |
| **Out-of-hours Arrangements**  | **Evidence that indicator is being met*****(Ref Section 4.21 COG)*** | **Yes** | **No** | **Comment** | **Degree of achievement** |
| 1 | Children and adolescents, and their parent(s) are provided with details of local out-of-hours arrangements while waiting for first appointment and again at first appointment in person |  |  |  |  |
| **Transition Planning**  | **Evidence that indicator is being met*****(Ref Section 4.23 and 4.24 COG)*** | **Yes** | **No** | **Comment** | **Degree of achievement** |
|  | **Transition to Adult Mental Health Services** |  |  |  |  |
| 1 | Every young person of 17 years who requires ongoing input from adult mental health services has a ‘transition’ plan within their ICP. |  |  |  |  |
| 2 | All young people who are 17 years of age 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 GDPR and Data Protection and with the consent of parent(s), if relevant. |  |  |  |  |
|  | **Transition to other CAMHS**  |  |  |  |  |
| 5 | There is clear communication and planning between both CAMHS teams to facilitate a smooth transition of care.  |  |  |  |  |
| 6 | No child who is actively engaged with a particular CAMHS team goes on a waiting list with a new CAMHS team if they move from one area to another in Ireland.  |  |  |  |  |
| 7 | The clinical care remains with the referring team until formal handover and acceptance by new CAMHS team. |  |  |  |  |
| **Discharge from Community CAMHS** | **Evidence that indicator is being met*****(Ref Section 4.25 COG)*** | **Yes** | **No** | **Comment** | **Degree of achievement** |
| 1 | Discussions about discharge planning takes place at initial assessment or when ICP is drawn up in collaboration with child or adolescent and parent(s). |  |  |  |  |
| 2 | It will focus on child or adolescent recovery, and include a follow up plan with GP and other community services. It will also include advice and information and the re-referral process into CAMSH in the event of a relapse. |  |  |  |  |
| 3 | A discharge summary will be shared with parents and referral agents subject to consent. |  |  |  |  |
| 4 | A discharge meeting with child or adolescent, parent(s) and any community support will occur prior to formal discharge. |  |  |  |  |