![Queensland Government] **Queensland Government** **Mental Health Services Transfer of Care** Facility: ....Community CYMHS....................	(Affix identification label here) URN: Family name: Skywalker Given name(s): Luke Address: Date of birth: 10/12/2003 Sex: ☒ M ☐ F ☐ I

Admission/episode start date:	Discharge/transfer date:

Mental Health Act status

☒ None   ☐ Forensic order (mental health)   ☐ Treatment support order   ☐ Transfer recommendation
☐ Examination authority   ☐ Forensic order (disability)   ☐ Person AWA (interstate)   ☐ Classified (involuntary)
☐ Examination/judicial order   ☐ Forensic order (criminal code)   ☐ Recommendation for assessment   ☐ Classified (voluntary)
☐ Treatment authority

Conditions of order:

Does the consumer have an Advance Health Directive? ☐ Y ☒ N ☐ UK	☐ **An interpreter was used**

Primary diagnosis	**ICD-10 code**
Oppositional Defiant Disorder	F91.3

Secondary diagnosis	**ICD-10 code**
Unsocialised Conduct Disorder	F91.1

Reason for referral (include referred by whom and presenting problems)

Luke was referred by his mother at the suggestion of his school. Luke was exhibiting behavioural difficulties at school, including significant disruptive behaviour in the classroom and aggression towards other students, and his mother and sister. He also experienced sleep disturbances and anxiety symptoms. Several concerns relating to his social interaction were also identified, including: problems interacting with peers, social inappropriateness, rigid and concrete thinking style, limited facial expressions, and disinterest in conversational input from others.

Summary of care provided (include brief description of investigations, interventions and consumer's response, medications initiated and/or ceased, progress made, substance use treatment)

Luke was assessed as experiencing significant anxiety in the context of a background of emotional neglect from family members/carers who had used illicit substances. Luke's mother, Jenny Skywalker, reported a domestically violent relationship with her deceased husband, Barry Skywalker, and acknowledged substance use had perpetuated some of this behaviour. Luke was difficult to engage in sessions. Luke had a history of oppositional behaviour at school with aggression towards others; ruminating on perceived injustices; paranoid ideation; rigid thinking; poor social skills; avoiding eye contact; and not assessing situations well. Luke was prescribed Lovan for anxiety and Circle of Security parenting support was provided to his mother. Luke attended several therapy sessions along with his mother, however they also failed to attend several appointments.

During Luke's episode of care, attempts were made to investigate ASD as an explanation for some of Luke's emotion regulation and social difficulties. Luke was booked in for an appointment with a paediatrician to investigate a differential diagnosis (ASD vs outcomes of neglect); however, the family cancelled this appointment when they ended their episode of care at CYMHS.

Treating unit	Child and Youth Mental Health Service

Treating team (include principal service provider, treating doctor, GP, other service providers where applicable)

Name	Role/discipline	Contact details
Bernhard Case Manager	Social Worker	
Dr Leah Organa	Consultant Psychiatrist	

Current functioning and practical issues (include accommodation and any concerns regarding living situation. Consider current family situation, current substance use, culture and supports, concerns about finances, parental or other care responsibilities)

Luke was living with his mother, Jenny Skywalker, and his sister, Mindy Skywalker during the course of his involvement with CYMHS. There were concerns for the safety and wellbeing of Luke's sister, Mindy, due to reports of Luke being violent towards her and her experiencing an intellectual disability. Due to Jenny Skywalker not wishing to continue involvement with CYMHS it is unknown how effective Luke's anti-anxiety medication had been. Luke had limited motivation to address his behavioural problems and tended to attribute responsibility for his problems to other students, his mother or his sister. During Luke's episode of care, a notification of concern was made to Child Safety due to suspected neglect of Luke and Mindy, and due to concerns regarding Jenny's capacity to protect Mindy when Luke is aggressive. When aggressive, Luke has been reported to shout at Mindy and Jenny, throw objects, and occasionally push and punch Mindy and Jenny.

Reason for transfer (such as consumer moving area, discharge from hospital, transfer care to primary health service/GP/private provider)

Jenny Skywalker reported disagreeing with the formulation of Luke's symptoms, and ended his episode of care.

Current medications

Drug name (include prescribed and complementary medicine)	Duration of use	Dose and special directions (such as route/injection site)	Prescribed by
Lovan	10 weeks	20mg nocte	Dr Leah Organa
Risperidone	Ongoing	1mg mane	Dr Leah Organa

Physical health (note existing medical conditions and treatments, smoking status and metabolic issues. Include any further interventions planned or needed to address physical health concerns)

Nil physical health issues/neurovegetative disturbances reported.

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Alerts (consider drug reactions, allergies, whether an interpreter may be required, home environment, safety and security issues)

Risk of violence towards sister identified (see above).
Possible risk of vulnerability to neglect.

Risk screen　　　Y=yes　N=no　　UK=unknown

Suicide

Static factors	Y	N	UK	Dynamic factors	Y	N	UK
Previous attempt	☐	☒	☐	Suicidal thoughts	☐	☒	☐
Previous self-harm	☒	☐	☐	Plan (consider detail of plan and	☐	☒	☐
Exposure to suicide	☐	☒	☐	access to means)			
Stressful life events (mental disorder,	☒	☐	☐	Loss of hope	☐	☒	☐
physical illness/pain, unemployment,				Lack of social support	☒	☐	☐
history of trauma, homelessness)							

Future factors	Y	N	UK
Foreseeable stress/destabilising situations	☒	☐	☐

Comments (provide detail about risk factors, note collateral and source. Explore other factors such as age, current mood, recent stressors, psychotic symptoms, high level risk taking behaviours, poor impulse control and specify whether any risk factors identified are clinically significant)

Reports from Jenny that Luke has run away on several occasions from school and the family home in context of interpersonal conflicts. He was also reported to hit himself at times when emotionally upset.

Violence/aggression

Static factors – history of:	Y	N	UK	Dynamic factors	Y	N	UK
Violent/aggressive behaviour	☒	☐	☐	Anger	☒	☐	☐
Sexually inappropriate behaviour	☐	☒	☐	Impulsivity	☒	☐	☐
Domestic/family violence	☒	☐	☐	Problematic substance use	☐	☒	☐
Criminal charges	☐	☒	☐	Problematic treatment adherence	☒	☐	☐
Problematic substance use	☐	☒	☐	Violent ideation	☒	☐	☐
Personality disorder/s	☐	☒	☐	Pro-violence attitudes	☒	☐	☐
Other mental disorder/s	☒	☐	☐	Symptoms of psychosis	☐	☒	☐
Other problematic behaviour	☐	☒	☐	Carries weapon/**access to firearm***	☐	☒	☐
(see comments)				Exhibits bullying behaviour	☒	☐	☐

Future factors	Y	N	UK
Foreseeable stress/destabilising situations	☒	☐	☐

Comments (provide detail about risk factors, note collateral and source. Explore other factors such as age of onset of problematic behaviour, which includes fire setting, stalking, and threats, context in which the behaviour occurred, seriousness/acuity of behaviour, living situation, family, culture and social networks)

Exposure to domestic violence, suspected neglect in the context of parents engaging in substance use. History of violence (verbal and physical) at home (towards Jenny and Mindy) and at school (towards peers, especially vulnerable peers).

*Weapons Licensing Branch of Qld Police Service **must** *be notified*

Vulnerability

Static factors – history of:	Y	N	UK	Dynamic factors	Y	N	UK
History of trauma/abuse	☒	☐	☐	Impaired decision making	☒	☐	☐
History of domestic/family violence	☒	☐	☐	Sexually disinhibited	☐	☒	☐
History of financial vulnerability	☒	☐	☐	Self neglect	☐	☐	☒
Cognitive impairment/disability	☐	☐	☒	At risk of victimisation (incl. sexual)	☐	☐	☒
Lack of family support	☒	☐	☐	Impaired interpersonal boundaries	☒	☐	☐

Future factors	Y	N	UK
Foreseeable stress/destabilising situations	☒	☐	☐

Comments (provide detail about risk factors, note collateral and source. Explore other factors such as health related risks (e.g. skin integrity, falls, blood borne viruses), acculturative stress and discrimination, history of poor engagement with services)

Domestic violence during early childhood, emotional neglect in context of parental substance use. Family experiencing financial hardship. Poor insight and judgment, poor social skills.

Absent without approval

Static factors – history of:	Y	N	UK	Dynamic factors	Y	N	UK
History of absconding	☒	☐	☐	Treatment refusal	☒	☐	☐
History of breaching MHA	☐	☒	☐	Desire/intent to leave hospital	☐	☐	☐

Future factors	Y	N	UK
Foreseeable stress/destabilising situations	☒	☐	☐

Comments (provide detail about risk factors, note collateral and source. Consider if Absent Without Approval Prevention and Response Plan is required)

History of absconding from home and school in context of interpersonal conflict. Limited motivation towards treatment.

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Parental status and/or other carer responsibilities

	Y	N
Does the person have responsibility for children aged 17 years or less?	☐*	☒
Does the person have any contact with children through access visits or shared residence?	☒*	☐
Does the person have other carer responsibilities?	☐	☒

*If yes, the Mental Health Child Protection form (SW188) must be completed

Details of children and/or other dependents

Full name	Relationship	Age/date of birth	Immediate care arrangements
Mindy Skywalker	Sister	8 years	Living with Luke and Jenny

Protective factors (consider peer/family/support networks, cultural/spiritual supports, insight into mental illness and risk issues)

Intelligent
Good at sport
Has demonstrated ability to achieve high academic results at school

Overall assessment of risk and plans to mitigate risk (consider both static and dynamic risk factors for harm to the consumer and others, including chronic versus acute risk status, triggers, protective factors and warning signs. Describe information provided to consumer, family/carer/support persons regarding the risk screen. Mitigation strategies to address risks for consumer and risks to family/carers and others. Strategies must be included in the Care Plan.)

Luke was considered to be at risk of ongoing violence both at home and in the school setting. A notification of concern was made to the Department of Child Safety in relation to Luke's physical abuse towards his sister and the limited ability of his mother to act protectively towards her. Attachment based family therapy was commenced however, Jenny objected to the suggestion that Luke experienced attachment difficulties and, as such, ended his episode of care. Luke is also at risk of vulnerability, due to previous neglect, and a lack of support structure to manage his oppositional and antisocial behaviours.

Overview/impression	Y	N	UK
Person's level of risk appears to be highly changeable	☒	☐	☐
There are factors that contribute to uncertainty regarding risk screen	☒	☐	
A more comprehensive risk assessment is required	☐	☒	

Clinically significant items from standard measures (such as the HoNOS/CA/65+)

At admission/episode start:	At transfer/discharge:

Formulation/overall clinical impression (include presenting, predisposing, precipitating, perpetuating and protective factors)

Luke presented with poor emotional regulation and social skills. He has experienced longstanding difficulties in getting along with others in the context of exposure to domestic violence and emotional neglect. There are some indications of paranoid thinking and a hostile attribution bias fuelling some of his aggressive and violent behaviour towards others. It was also hypothesised that high levels of anxiety were leading to his need to control his environment and the use of coercive aggression was motivated by the desire to achieve this. Many of Luke's behaviour problems could also be explained by ASD, however a full investigation of this differential diagnosis was unable to take place prior to the end of Luke's episode of care. Luke's family experience financial issues and his sister has an intellectual impairment which makes her vulnerable to being the victim of ongoing physical abuse and aggression by Luke.

Transfer of care and follow up plan/recommendations (include actions to manage risks, relapse plans, recommended interventions, referrals and appointments made (specify who with, location, date, time) and suggestions for future referrals)

Notification of Concern to the Department of Child Safety. Letter confirming end of episode of care with invitation to return to CYMHS if the family desires sent to Jenny.

Support persons/agencies and contact details (significant other, social supports and professionals/agencies)

Mother - Jenny Skywalker

Information provided to consumer/support persons (describe information you have provide to the consumer/support person as part of this transition plan, including obligations under the Mental Health Act. Note the consumer's/support person's understanding of that information, agreed outcomes, and expectations of future care)_

Discharge letter sent to Jenny Skywalker.

Distribution list (external to Queensland Health)

A copy of this form has been provided to:
☐ Consumer
☐ Family/Carer
☐ GP
☐ Private Practitioner
☐ Other (specify):

Clinician's name (please print): Bernhard Worker	Designation: Social Worker	Signature:	Team: CYMHS	Date: 30/05/2015	Time: