Unit 1.2

Introduction to CYMHS Intake, referral and assessment processes

Unit 1.2: Introduction to CYMHS – Intake, referral and assessment processes

Unit Descriptor

This Unit provides a description of the Queensland Health CYMHS service, its priorities and service processes at the intake, referral and assessment phase. It describes relevant data to collect and describes protocols for case presentations.

Objectives

1. Gain an understanding of the Queensland Health CYMHS clinical process from referral to discharge
2. Understand the flow and collection of data throughout the process
3. Have a clear understanding of criteria for 'accepted' and 'not accepted' categories
4. Describe important information to collect at this stage
5. Identify useful ways of presenting this information at team meetings
6. Describe alternative sources for referring 'not accepted' clients

Unit 1.2

Introduction to CYMHS Intake, referral and assessment processes

Additional Learning Materials

Additional Learning Materials

The overview provided on DVD 1 by Associate Professor McDermott pertains to Unit 1.1 but also enhances but the learning in this unit. If you wish, please feel free to review this DVD on Foundational Concepts for child and youth mental health practice.

Reference: RCH & HSD Intake Guidelines for CYMHS (Key Skills and Knowledge to Enhance Workforce Capability Phase 1 Training)

The model of CYMHS service provision is based on the *Future Directions for Child and Youth Mental Health Services Queensland Mental Health Policy Statement (1996).*

CYMHS Guidelines for Intake Processes

The CYMHS specialist service targets children and young people 0-18 years whose emotional and behavioural disorders are **severe and complex, or at risk of becoming so and whose needs cannot be met by other services.**

CYMHS provides services to children and young people for a range of mental health conditions which may include:

- depression
- anxiety
- suicidal or self harming behaviour
- eating disorders
- psychosis
- trauma and
- severe family relationship difficulties.
- CYMHS uses a case management and therapy model to tailor treatment plans to the needs of each client/patient.

A **clinical decision** is made **at intake** whether or not to accept a client for direct service. This decision will take into account

- The psychiatric nature of the disorder,
- The severity of disturbance,
- The complexity of the condition (including comorbidity),
- The extent of functional impairment, and
- The level of child, young person and/or family distress.

In situations of acute need, service responsiveness requires that families or individual youth can directly access the service. Suicidal, psychotic, severely disturbed and traumatised children and young people whose behaviour is causing risk of harm to themselves, others, or property will be given urgent priority.

Queensland Health Guidelines for specialist mental health services recommend that in most cases, it is preferable clients access the service through a referring agent such as a general practitioner, guidance officer, youth worker, or other health/welfare professional. The rationale is that those at risk of developing mental health problems which are of a severe, complex or life-threatening nature are identified through such services which have established ongoing links with children, young people and their families. (Not all districts apply this)

The role of CYMHS is to develop collaborative relationships with these agencies so that advice, consultation, development of expertise, facilitation of referral and access will ensure a timely and appropriate response to those potentially in need of specialist mental health assessment, intervention and ongoing case management.

The service will target children and youth known to be at higher risk of developing serious mental health problems and disorders. As recommended by Queensland Health guidelines, targeted detection and early intervention strategies will be developed with other relevant agencies for high risk groups that include:

- Children and young people living with family members who have mental illness
- Children and young people on care or in contact with the law
- Those with early onset mental disorders (e.g., conduct disorder, psychosis)
- Those suffering abuse, neglect or other traumas
- Children and youth with chronic illness or disability
- Youth engaging in substance abuse
- Those suspended or expelled from school
- Children and young people with eating problems
- Children and young people who need special consideration with regard to mental health problems include:
- Those from Aboriginal and Torres Strait Islander background
- Those who are homeless and / or experienced multiple placements
- Those with cultural and communication needs, e.g., those from a non-English speaking background.

Severity

Severity is a clinical judgement that takes into account the:

- Number of presenting symptoms - The number of mental health emotional and/ or behavioural symptoms evident in the presenting problems
- Intensity of the presenting symptoms – Where the symptoms would appear along a continuum from low to high intensity
- Duration of the symptoms – The onset of symptoms and their persistency
- Level of functional impairment of the symptoms – If the symptoms are associated with marked impairment of functioning either at home, and/or in school, and/or with peers, and/or other environments (eg workplace, TAFE)
- Quality of supports or coping resources available to the person – What personal, family and community resources are available

Complexity

Complexity is the manner in which the presenting problems or symptoms combine to compound the disturbance or impairment experienced by the child or young person. In some cases, this may be indicative of a number of co morbid conditions.

Severe and Complex

A diagnosable psychiatric condition (ICD10)/DSMIV) obviously implies severity as this constitutes a serious psychiatric disturbance. Such a condition is then considered complex as it adversely affects psychosocial development of children and young people which contributes to major interactional difficulties in their social environment. Some diagnostic categories clearly delineate the presence or absence of a disorder (eg. psychosis), whereas others (eg. anxiety) are more dimensional and require a clinical decision to determine severity and complexity.

In the absence of a clearly defined mental health diagnosis, severity and complexity characteristics often becomes clearer during the course of assessment and treatment with a client. However, because of the variety of possible presenting problems and mental health disorders that affect children and young people, it is difficult to provide a strict set of guidelines that defines all the possible severe and complex presentations at the point of referral. For instance, the severity of presentation in relation to one type of referral (i.e. where a depressive diagnosis is evident) would have a different range of: presenting symptoms, intensity of symptoms, duration of symptoms, level of functional impairment of the symptoms, to another type of presentation (ie a drug-induced psychosis). In the same way, what would be considered complex will also vary depending on the range of symptoms evident at referral. Consequently, there are times when it may be unclear whether a referral meets the CYMHS entry criteria. Therefore, the individual clinician needs to use their clinical reasoning and judgement in conjunction with up-to-date available evidence and knowledge base to make the triage decision in unclear presentations.

Crisis

A crisis is a serious disruption of the individual's baseline level of functioning such that coping strategies are inadequate to restore equilibrium (i.e. a loss of psychological equilibrium has occurred for that individual). It is an emotionally significant event in which there may be a turning point for the better or worse. It doesn't necessarily imply danger of serous physical harm or life threatening behaviour (as in a psychiatric emergency). It requires the need for crisis interventions until the crisis has passed and equilibrium is restored.

Acute

Acute refers to the recent onset of severe clinical symptoms of a mental health problem/disorder, with the potential for prolonged dysfunction or risk to self or others. If a referral presents with an acute need (eg. suicidal, psychotic, severely disturbed and traumatised children and young people whose behaviour is causing risk of harm to themselves, others, or property) then an urgent assessment needs to be conducted to ascertain if this is a psychiatric emergency. When there is an acute need, the treatment efforts are focussed upon symptom reduction, with an expectation of substantial improvement.

Psychiatric Emergency

A psychiatric emergency is an **acute** clinical situation (that may arise out of a crisis) in which there is an imminent risk of serous harm or death to self or others unless there is some immediate intervention. This type of referral requires an urgent assessment to be conducted. Unless an alternative intensive community support arrangement is appropriate, it *tends* to require psychiatric emergency care as an inpatient admission until the "emergency/imminent risk" has passed.

Triage

Triage is the process of gathering relevant clinical data to determine whether the referral meets the entry criteria for CYMHS. If a referral is accepted, the triage process also provides information regarding the level of clinical need required, such as the degree of urgency necessary in providing that intervention (i.e if an urgent assessment or hospital admission needs to be considered).

In-person triage assessment (CIMHA Status – Awaiting Assessment)

Where the triage process is unable to clearly identify whether the referral is appropriate for CYMHS, further information is obtained and/or a more detailed mental health assessment is conducted. A more detailed assessment may be conducted in a face-to-face (in-person) interview (in which case a consumer's chart is created) to determine the most suitable program or service within CYMHS or within the broader community.

Urgent

A consumer's chart is created and the CIMHA status is updated to Awaiting Assessment when an urgent in-person assessment is conducted.

The triage decision to classify a referral as urgent relates to the presentation as being severe and complex with an acute need (eg. suicidal, psychotic, severely disturbed and traumatised children and young people whose behaviour is causing risk of harm to themselves, others, or property). Some of these urgent referrals may present as a "walk-in" or "in crisis" and the level of acuity may be less clear. However, there may be enough risk factors and distress to warrant a triage decision of an urgent assessment.

An urgent assessment needs to be conducted within 24 hours as per CYMHS policy guidelines (clear file documentation is required if the urgent assessment is not seen within this timeframe). A comprehensive risk assessment is conducted during an urgent assessment to determine if the presentation is a psychiatric emergency and may require an inpatient admission or an alternative intensive community support arrangements is appropriate. (Staff need to be aware that risk assessment tools are not fully validated and are provided as a means to assist with the clinical process and are not a substitute for clinical reasoning and judgement as the primary tools of assessment).

A risk management plan needs to be developed for the client that aims to minimise the likelihood of adverse events within the context of the overall management of that individual to achieve the best possible outcome and deliver, safe, effective and culturally appropriate care.

Accepted

The triage decision is made that the referral is appropriate according to the entry criteria. For non urgent clients an appointment will be made as soon as possible (within 15 working days according to RCH CYMHS policy).

Not Accepted (CIMHA Status – End Referral)

A triage decision of not accepted is made if the referral does not meet the entry criteria. For example, if the reason for referral does not reflect a mental health problem (eg., the child is referred for a mild behavioural issue), the case will be referred to the relevant community agency (eg., to the local Community Child Health Clinic for completion of a Triple P Program). Additionally, if the mental health problem is not severe and complex, or at immediate risk of becoming so, the case may be referred elsewhere, for example, to a general practitioner, school guidance counsellor, Community Child Health Clinic, or Non-Government Organisation (NGO).

Furthermore, a triage decision of not accepted may be made if the consumer makes a decision to access an alternative service provider (e.g. private practitioner). In this instance, the referral will be referred to the alternative service provider as requested.

Open (CIMHA Status – Service Episode Started)

A referral must have a service episode started on CIMHA when:

- At the conclusion of the consumers first face to face assessment (1st appointment) only if further face to face services for the consumer is planned by the service (within the next 90 days).

Potential Presentation

Attributed to those referrals where a referral has been received by CYMHS but the service is yet to have any contact with the consumer. Although the referral may be discussed at the intake meeting, there is no formal assessment of the consumer or review of the referral planned until after the consumer has contact with the service.

Awaiting Intake Review

Attributed to those referrals where a decision has been made to review the consumer's referral to CYMHS in the intake meeting.

Awaiting Assessment

Attributed to those referrals where it has been decided that an assessment is required prior to any decision about whether further face to face contact is required and/or a service episode commenced for the consumer.

Ongoing Consultation

Attributed to those referrals where the receiving service (who may or may not have completed a face to face assessment) is planning on providing liaison support and consultation to the consumer, the consumer's family or some external (to mental health) service provider, but there are no current plans to provide face to face contact to the consumer. Examples of this are tertiary mental health service providers who provide advice and support relevant to a particular referral over an extended period of time. This category excludes consultation provided for a consumer with an episode in another mental health network.

Districts

Queensland CYMHS services are currently located in the following districts: Metro North (Redcliffe-Caboolture), Metro South (Bayside and Logan), Cairns, Central Qld (Rockhampton), Gold Coast, Mackay, Sunshine Coast-Wide Bay, Mater and Royal Children's.

Main CYMHS Diagnoses for Health Districts in Queensland

According to the data provided by the Mental Health Information Unit using CESA data from the 1st of January, 2007 to the 31st of May, 2008, the main diagnoses entered for CYMHS clients included (not in any order):

- Adjustment disorders
- Anxiety disorders, unspecified and Generalized anxiety disorders
- Post Traumatic Stress Disorder
- Oppositional Defiant Disorder
- Depressive episodes – mild and moderate
- Paranoid Schizophrenia
- Conduct disorder
- Other specific problems relating to primary support group
- Anorexia Nervosa
- Disturbance of activity and attention
- Problems in relationships with parents and in laws
- Reactive Attachment Disorder
- Dysthymia
- Mental and behavioural disorders due to multiple drug use and use of psychoactive substances, harmful use
- Mild anxiety and depressive disorder

Intake Processes

Please see the flow chart following for a full description of the Intake Processes common to most CYMHS services.

Intake information is commonly taken from the referrer by phone or face to face. Information may also come via fax, post or email. It is common to follow these other forms of referral up by telephone in order to get the clearest and most comprehensive referral picture.

FORMS: Please complete the Intake Form entitled 'Consumer Intake' recommended by Queensland Health. A copy of all authorized forms are found in the 'Forms' section of this package. Information to include is presented after the flow chart. 'The Consumer Intake Form supports clinicians to conduct, record and communicate the intake process. It must be remembered that the information collected at intake is for the purpose of determining if the consumer requires further assessment by CYMHS or if another service is more suited to meet the consumers needs or if in fact no further service is required.' Ref: Forms User Guide, see section 'Forms'

At this point, please also complete the 'Consumer Demographic Information' form.
In addition to the electronic copy it is intended that this form will also sit in the consumers file as a paper copy. The demographic form may be filled in over the telephone by intake officers performing intake functions. In this instance, the CYMHS staff filling in the form will need to ensure that the consumer understands what information they are being asked to provide. This form can also be given to consumers or parents to complete upon presentation to a CYMHS or a clinician can complete the form face to face as part of the interview process with the consumer/parent/carer. Accuracy of the information on this form will need to be checked with the consumer on a regular basis to ensure the information is up to date, particularly in regards to contact details.' Ref: Forms User Guide, see section 'Forms'

If an in-person triage assessment is conducted, in most cases a Consumer Assessment form will be completed.

Once the intake has been completed, the attending clinician gathers any other necessary collateral required to assist in the team's decision making process.

The clinician presents the referral to the team at the next Intake team meeting and a decision is made whether the referral will be accepted or not accepted for ongoing CYMHS care and to confirm the suggested plan of action or consider alternatives.

If the referral is an **Emergency or Urgent Referral**, the Intake Officer would consult immediately with other relevant team members such as the Team Leader, Intake Team members and Consultant Psychiatrist/ attending medical officers.

The final decision and decision date from the Intake meeting is recorded on Page 3 of the Consumer Intake Form. This is electronically saved and signed on CIMHA.

The intake information is given to the appropriate person (possibly the administration officer) to manage the construction of a consumer file if it has not already been made up; file non-accepted consumer information; send appointment letters and enter data on CIMHA. Any other information is printed and posted to the referrer at this time eg: details of parenting courses, other agency information, fact sheets.

Accepted clients are allocated to a PSP/Case Manager and a verbal handover is given where possible.

Assessment, Care Planning and Discharge Processes

FORMS: The Case Manager conducts an Initial Assessment using the Queensland Health directed forms on CIMHA. Please use the Assessment Form entitled 'CYMHS Consumer Assessment form' recommended by Queensland Health. A copy of this form is also found in the 'Forms' section of this package. For instructions on how to conduct a thorough child and youth mental health assessment, please see Competency 2. (CIMHA User Guide)

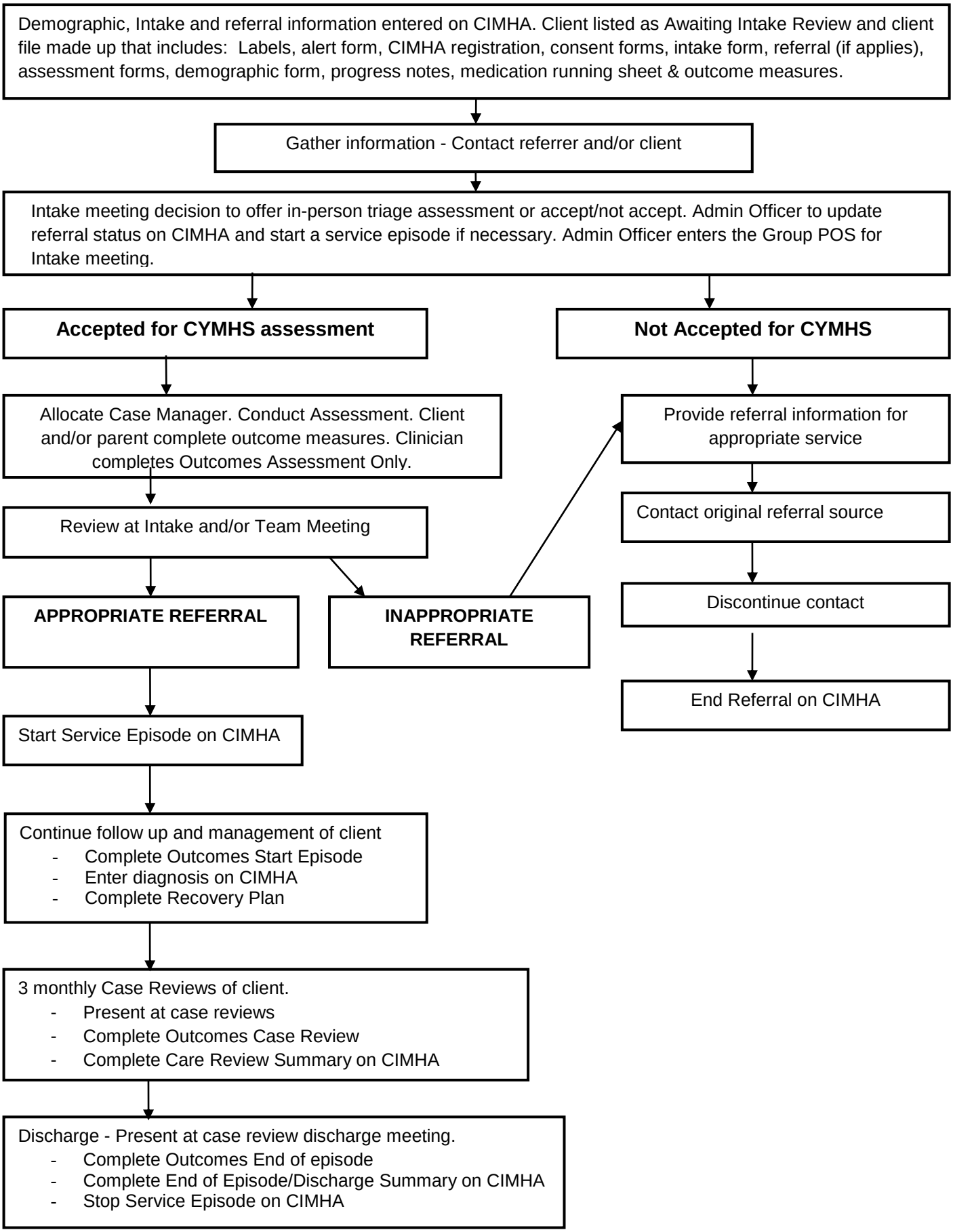
Once the assessment is complete, a CYMHS Recovery Plan is completed and copies distributed to involved parties. See the 'Forms' section of this package for the appropriate Queensland Health Approved Forms.

Once the assessment and recovery plan is completed and within 2 weeks of contact, the client is presented to the team for review. A Consumer Care Review Summary must be completed as part of the Case Review. Suggested formats for case presentations are following.

Discharge planning is part of the recovery model of practice and should begin at the outset of treatment and specifics should be included in the Recovery Plan. Please use the Queensland Health approved CYMHS Consumer End of Episode/ Discharge Summary Forms to complete this process (see the 'Forms' section of this package).

Formats for presenting clients at review and discharge also follow.

CYMHS INTAKE / REFERRAL PROCESSES



CYMHS Intake Forms – Information to include:

1. **CYMHS receiving service and receiving clinician details**

2. **Client general details –** Client label to be fixed at top right hand side of page

3. **Referral Information –** describes the source of referral, whether the parent/s and young person are aware of the referral and whether consent for release of information has been given by those parties

4. **Child Protection Orders –** details of any orders that are in place

5. **Reason for referral/presenting problems -** Describe precipitating events in chronological order, why is the person presenting now?
   Include:
   -- current medications/duration
   -- stressors
   -- neurovegetative disturbance
   -- social supports
   -- collateral if available *and*
   -- the consumer's expectation of the Mental Health Service. You may like to ask 'what do you hope this service can offer you and /or your child?'

   For consumers under 5 years include:
   -- relationship between parents/child *and*
   -- factors affecting parenting capacity

6. **Relevant history –** Include:
   -- consumer and family psychiatric history
   -- medical history and recent treatment history
   -- current family situation and supports *and*
   -- history of domestic violence, abuse or trauma.

7. **Practical issues -** Include functioning and situational issues (eg: school performance, relationships, peer issues, housing, finances, pending charges) and consumer and carer expectations regarding these issues. Consider the impact of any cultural issues.

8. **Developmental issues -** Include any learning difficulties (eg. ASD, ADHD, speech/language, Intellectual Impairment)

9. **Other agencies and supports –** list other agencies currently and previously involved eg. education, Department of Child Safety, drug and alcohol services, non-government organisations, private psychiatrist/counsellor, disability services, extended family, friends

10. **Substance use -** Does the consumer currently drink alcohol or use any other drugs (note drug type, quantity and frequency)? Note if consumer is linked into, or wishes
    to see a drug and alcohol service.

11. **Mental state -** include sufficient information for clinical decision making, including awareness and acceptance of follow up and any relevant cultural issues. See Unit 2.2 for details on factors involved in a Mental State Examination.

12. **Medical alerts –** if yes, specify (eg. drug reaction/allergy)

13. **Mental Health Act (MHA) status –** describe if any orders are in place and the conditions of these

14. **Current Risks –** specify the level of risk as 'Low Med or High' for each area and provide a rationale/comments for your reasoning:
    Suicide risk
    Other self harm risk
    Aggression risk
    Sexual/Other abuse risk
    Domestic violence risk
    Vulnerability risk
    Absconding risk
    Dependent children/others? Yes No

15. **Intake Summary, Discussion and Follow Up -** who, where, when. Specify if there is :
    1. No need for any service (provide rationale)
    2. Need for service other than CYMHS (specify)
    3. Need for service from CYMHS (detail below)

16. **Response category:** determine triage category and accompanying response and time frame
    Emergency – appointment within 1 hour
    Urgent - appointment within 24 hrs
    Priority - appointment within 3-5 working days
    Routine - appointment within 6 weeks

17. **CYMHS appointment details:** include the clinician's details that will be seeing the client, the team (if applicable) and the appointment date and time.

18. **Follow up with other agencies:** provide details of referral to other agencies and include appointment date if known

19. **Information about consumer need and service response to be provided to:** Consumer, Carer, Referrer, GP or other service provider

20. **Information provided by** - staff name, date. Include how and when the information will be delivered eg: by telephone, email, fax, post, in person and whether there are additional forms, notes and information attached.

21. **Additional Information –** that is useful to your team can be included on the back page. Some teams may like to include a basic genogram here if there is no room under 'Relevant History'

Referrals

If a consumer is not accepted to CYMHS it will be that they don't meet the criteria spoken about earlier. Wherever the young person is being referred to, best practice would suggest that CYMHS workers have a responsibility to provide a pro-active pathway to enhance the chances for a successful referral.

This means:

- Keeping referral contact numbers up to date
- Being aware of current community programs and services available and how to access them
- Understanding community agencies Intake Criteria and following their preferred methods of communication
- Passing on the appropriate information in a legible and timely manner where consent is given. Making phone contact where possible with the agency being referred to
- Supporting parents/ young people to actively participate in the referral process and facilitating a referral meeting where necessary. For example, coordinating a meeting of the young person seen at CYMHS but not accepted/ being discharged for ongoing treatment with a worker from the Drug and Alcohol team
- Suggesting that clients/ parents could call back if they find the service being referred to is not able to meet their needs. Re-engage in problem solving for an appropriate service.
- Maintain good rapport and communication with referring agencies such as schools and GPs so they are aware of CYMHS intake criteria and can make appropriate referrals. Support these agencies in finding alternate sources of referral for the young person

On the following page is a table that lists some examples of 'not accepted' clients. Using the resources available in your region, make some suggestions on where you would refer the young person. Check your answers with your colleagues or supervisor.

Not Accepted Clients – Where do you refer them to?

Issue	Appropriate Agencies	Contact details
Person is over 18 yrs and has an identified mental health issue		
Mother says she doesn't have enough money to buy food		
Parent/ child conflict. No mental health concerns.		
Child has speech language and co-ordination problems. No mental health concerns		
Young person has identified mental health concerns but is living in a different district		
School are concerned about welfare of child at home		
Child worries a lot but is still functioning well in all life roles		
Child just disclosed sexual assault		
Court case is pending regarding custody of child and parents want an assessment for court		
Parent wants an IQ assessment completed for child		
Family are experiencing Domestic Violence		

Community Agencies:

Each district will have specific government and NGO agencies that you can refer clients to. Make yourself familiar with them, their programs, costs (if any) and referral criteria. The Lifeline Directory for your area will be an invaluable resource.

Following are some suggestions taken from *CYMHS Inpatient Training Program - Introduction to Mental State Assessment and Interviewing the Child and Adolescent . Developed by Matthew Cartwright, Senior Project Officer, CYMHS*

Note: this is a brief outline of broad services it is suggested you consider more specific services in your local area.

Abuse (Child Services)

- Child Abuse Unit Qld Police
- Department of Families
- Marsden Families program
- University of Queensland, Child Abuse study
- Zig Zag (For sexually abused young women, resource centre)

Adolescent Services

Centacare
Kinnections
Teen challenge
Kids Helpline
Canteen
Ala- Teen

Counselling Services

BR & TC (UQ, RBH, Behaviour Research and Training Centre)
Centacare (individual, couples & families, marital, problems)
Griffith University / Nathan campus Childhood Anxiety Study
Family Therapy and Counselling Clinic (QUT Carseldine Campus)
Griffith University Psychology Clinic
Kinnections (Anglicare)(Child & family marital relationships)
Lifeline (Child & family, individual financial counselling and D.V. programs)
Relationships Australia (Marital, separation and parenting plans)
University of Queensland Psychology Department (Behavioural problems)
QUT Carseldine (Individual & family therapy)

Crisis Counselling

Crisis Care
Kids Helpline
Parentline
Lifeline
Survivor of Suicide Support Association

Developmental Services

Education Department and Playcare listing)
Community Health Centre
Maters Children's Hospital
R.C.H. Developmental Assessment Clinic
University of Queensland
Dept. of Speech and Hearing

Drug and Alcohol Services

Hot House, Youth Community Team, Q Health
Alcohol and Drug Foundation Queensland
Qld Health, Bail, HADS
Drug Arm
ADAWS (Adolescent Drug and Alcohol Withdrawal Service, Wooloongabba)
ATODS (Alcohol, Tobacco and Other Drugs Service)

Legal

Family Court
Family Helpline
Women's Legal Service
Legal Aid Service

Leisure

Playground & Recreation Association
Neighbourhood centres
Relaxation Centre
PCYC
Parenting groups

Parenting Resources / Parenting Courses

Triple P
Survival of Suicide Support Association
Child Health Centres
Mater Children's Hospital
Pathway's PPP
MYCP (Management of Young Children Program)
Parent Education Centre
Parent Effectiveness Training

St Vincent's Centre
Young Parents Program

Parent Aide Services

St Vincent's Centre
Check your hospital or Community Health

Family Support Services

Domestic Violence resource Centre
St Vincent's Centre
Lifeline
Parentline
Salvation Army

Respite Care

Aunties and Uncles

Indigenous Support Services

Indigenous Youth Health

Transcultural Mental Health Services

Ethnic Mental Health Program
Transcultural Mental Health unit, Q Health

Support Groups and Associations

ADDIS, ADD
Asperger's Syndrome Support Network
Brain Injury Association
Children of parents with a mental illness
Epilepsy Support Lines
Fragile X Association
Men's Information and Support Service
Men's Support Group
Panic Anxiety Disorder Association
Post Natal Disorders Support Group

Formats for Case Presentations

Initial Assessment Presentation

1. Brief Introduction outlining:

    - Name
    - Age in years and months
    - Source and reason for referral
    - Presenting Problems

2. Genogram with:

    - Brief key features
    - Other relevant history

3. Mental Status Examination

4. Draft formulation in '7 P' format in grid or narrative form. Demonstrating interrelationships. Use the following format.

    - Presentation
    - Predisposition
    - Precipitation
    - Pattern
    - Perpetuation
    - Prognosis
    - Potentials

5. Diagnosis in ICD-10 Format

6. Draft Recovery/ Treatment Plan

    - Goals
    - Objectives
    - Interventions
    - Further Assessments
    - Target Dates
    - Responsibility for implementation

Note: Documentation:

- ✓ Ensure Initial Diagnostic Interview form is completed
- ✓ Stamp 'Initial Case Review' stamp in progress notes, ticking relevant boxes for Outcomes, Diagnosis and Treatment Plan to indicate that these have been completed

Presentation of a Review or Discharge

1. Brief introduction outlining
   - Name
   - Age in years and months
   - Date, source of and reason for referral

2. ICD-10 diagnosis

3. Summary of reports/assessments from
   - School
   - Other team members
   - Other professional or agencies involved

4. Summary of progress made against goals and strategies identified in the previous Recovery/ Treatment Plan

5. Any new problems identified?

6. Present Outcomes reports/data if relevant

7. Revised Draft Recovery/ Treatment Plan:
   - Goals
   - Strategies
   - Time Frames
   - Person responsible for implementation

8. For working toward closure, describe plans, time frame, relapse prevention strategies considered and sources of referral if client is continuing to be supported by other agencies including GP

Note: Documentation:

- ✓ Ensure Case Review form is completed
- ✓ Complete Discharge Summary and any additional documentation
- ✓ Document additional notes from the case discussions in progress notes
- ✓ Prepare draft Consumer Recovery/ Treatment plan for discussion with the client

Reflection Questions

Unit 1.2

1. Describe your CYMHS service in terms of target population and services provided.

   _____
   _____
   _____

2. List 5 of the most commonly seen diagnoses in 2007-2008 at CYMHS statewide

   _____
   _____

3. Describe a referral that would not be accepted at CYMHS and suggest 3 other services that may accept that referral.

   _____
   _____

4. Describe a typical referral that would be accepted at CYMHS.

   _____
   _____
   _____
   _____

5. Review the flowchart for Intake and referral procedures. Do you experience problems in following the system at any point on this chart?

   _____
   _____
   _____
   _____

6. Do you currently use the recommended format for case presentations on your team? Would this format be useful? Explain your answer.

   _____
   _____

Unit 1.2

Introduction to CYMHS Intake, referral and assessment processes

Record of Learning and Resource List

Record of Learning

Unit 1.2 Introduction to CYMHS – Intake, referral and assessment processes

The following activities are suggestions for assessing your learning from this unit. They may be used as a self assessment tool or be reviewed with your team leader or supervisor.

1. Study the Additional Learning Materials and complete the Reflection Questions.
2. Review the answers and discuss issues that may arise with your supervisor or team leader.
3. Determine if there are areas for self improvement in intake systems, procedures or practices and implement them where possible.
4. Complete the following Record of Learning on the following page:

Record of Learning

Unit 1.2 – Introduction to CYMHS intake, referral and assessment procedures

Clinician's Name: _____

Record of Learning	Date Achieved	Signed
Demonstrates knowledge of CYMHS acceptance criteria when completing intake and referral processes		
Identifies the main population seen at CYMHS services by diagnosis		
Carries out processes including outcome collections as directed in the CYMHS intake/ referral flow chart		
Has an awareness of and contact details for other local services to refer 'not accepted' clients to		
Applies team triage principles, responding to clients in a timely manner		
Presents clients at case presentations concisely using the formats provided		

Additional Supervisor/ Team Leader feedback and comments:

_____

_____

_____

_____

_____

_____

_____

_____

Signed _____

Congratulations and well done for completing this unit of learning. We hope it has been useful and interesting.

Please now complete and return the evaluation/ feedback forms. There is a form for you as the clinician and one for your supervisor to complete. Both of these forms are found in the section 'Evaluation/ Feedback Forms at end of this package.

Thank you

