CORE (PICU) PATHWAY through inpatient admission - MDT roles and CPA processes **Transfer to Appropriate CPA** 4-6 weeks Setting Care planning Review Risk and Referral from EoE (CAMHS alternative MH hospital/post 18 **Working Phase** Progress **MDT** meeting hospital/specialist placement) GAU or following Formulation /Care pathway. Plan step down community crisis Shared Goals to work towards to GAU or step **Assessment** step down. up to LSU Low secure referral if required. Develop Care Plans; link in to areas of need identified in formulation. Incorporate PBS into care plan such as coping skills & intervention/responses. Allocate key worker/key team. Discuss past coping skills that can be implemented on ward. Nursing Attend Debrief after traumatic incidents on ward. Discuss ABC with MDT. Start initial risk assessment. Transfer preparation. CPM Work with young person in using & incorporating their skills on the ward & on leave Start care plans. (DBT prescription card, facilitating the use of skills when necessary). Attend Liaise with receiving service. Work with young person to build routine on the ward that encourages recovery CPA Transport. following least restrictive practice & promoting independent coping/ADL skills. Attend weekly MDT case/ward reviews and CPA meetings. Initial OT assessment Co-produce PBS Plan with the individual Discuss PBS with MDT regularly. As Sectioned under MHA - read rights; arrange referral to advocate for appeals. parents/ carers & MDT. Co-produce recommendations & support for Liaise with families/carers/community teams Begin group work &/ or 1:1 sessions to assess maintaining wellbeing in the community with **Occupational** function by using the VdT Model of Creative individual parent/ carers, schools & community Ability. Therapy Continue group work as in assessment phase. Provide mental health provision as appropriate. opportunities for access to meaningful occupations. Support transition. Provide support with Attend Develop OT specific formulation & contribute to Attend Provide 1:1 interventions informed by OT formulation & goals. signposting/ access to meaningful occupation/ CPM MDT formulation & risk assessment. CPA formulation of crisis or relapse prevention with self-DBT prescription card to be reviewed. Collaborative goal setting with young person. management strategies. Where appropriate Support to develop ADL/ independent living skills. DBT personalise card to be developed. handover further OT needs to occupational therapist if OT provision is available or identify funding opportunities through S117. Continue to collect outcome measures & consent forms completed. Therapy assessment to take place within 1st Young person to continue attending ward group therapeutic programme Share DBT prescription cards. **Psychological** two weeks of admission. Assessment should including DBT & Art Therapy Group. include assessing therapist liaising with Assessment & formulation of difficulties to continue throughout admission **Therapies** community/GAU therapist (if applicable) to to inform clear recommendations about care & treatment for young person Allocated individual & family therapists to provide gather information regarding previous therapy. recommendations for how therapeutic needs can post admission. Individual therapist/psychologist allocated be met in the community/transfer setting. Attend Attend based on outcome of initial assessment. Specialist psychological assessments/interventions to be conducted as СРМ CPA required, & indicated from the formulation. Contribute to service specification for placements If appropriate, allocated family therapist to carry when required. out initial assessment with family/carers with 1st Therapeutic input (both family, individual, & specialist groups) to be two weeks of admission. informed by formulation, NICE guidelines, & client preference, with focus Assessment & formulation reports to be shared Young person to begin attending the ward on stabilisation of risks & mental state. with next therapist (if young person consents). therapeutic group programme. Allocated therapist/psychologist & family therapist to attend MDT case/ward Liaise with receiving services as appropriate. Collect initial outcome measures. reviews & CPA meetings. Psychologist to co-produce PBS. PBS to be reviewed & amended weekly. Liaise with receiving service as appropriate. Medical Assess mental state and risks. Monitor mental state and risk, review physical health, review medication and MHA Attend Attend Write discharge summary report / paperwork as Physical examination. CPA CPM appropriate. Review medication. Attend weekly MDT case/ward reviews and CPA meetings. Prescribe S17 leave as part of treatment. Liaise with families/carers, Local Authority Children and Gather information on historic/ongoing social care **Social Work** Assess and support re: historic / current safeguarding concerns / police involvement, historic/new safeguarding families Teams and other community organisations for investigations. information/concerns, assess social circumstances support with mental health and other unmet needs Assess and support with placement and other well-being needs if young person is a Attend and identify those with parental responsibility for Attend Looked After Child (LAC) Complete referrals for ss. 17 and 47 CA 1989 CPA collaborative partnership working. Consideration of cultural and social needs, experiences of discrimination, and CPM assessments, including s. 117 Aftercare support after resources for protected characteristics. discharge from hospital Attend weekly MDT reviews, CPAs and Social care meetings. **Education** Allocate key teacher. Contact family/carers & Write & review individual timetable & IEPs. Provide education including Liaise with next new education setting including trips & activities as appropriate. Consider alternative patterns of education home school for information. Carry out Attend sharing documentation on educational progress, Attend if too unwell to attend classroom (e.g. ward, quiet lounge). Liaise with home education assessment. Contact SEND & CPM CPA plans & strategies. virtual school where appropriate. Regular contact with family/carers. Attend MDT case/ward reviews & CPAs. Admin Book MDT assessment & Care Planning Send out CPA reports and transfer paperwork. To ensure the patient has a CPA booked and attendees are invited. meeting. Upload reports onto patient record sent from other services.