Improving the Transition Pathway

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Ministry of Health

Guidelines published in 2014
Transition plans reported quarterly
Quantity and quality audited

Key Aims

- Service provision is matched as closely as possible to the needs of the young person and delivered by the most appropriate service /s to meet those needs
- The young person and their family/whanau are key decision makers regarding the services they receive
- Care is delivered across a dynamic continuum of specialist and primary level services with decisions based on the needs and wishes of the young person and their whanau and not service boundaries
- Processes are in place to identify and respond early should the young person experience a re-emergence of any mental health or AOD concern
- ICAMHAS resources are used efficiently, with regular reviews of the flow of young people through the services

Pro Equity

- All transition planning should be done in the context of cultural competence and awareness of the needs of Maori and Pacific people as well as people for other ethnicities
- Supporting whanau ora where Maori take ownership and responsibility for their own health and wellbeing
- Strength-based approach
- Include supports from whanau , primary services
- Self-management
- Setting and achieving goals when and where they exit the service

Hear our Voice

- Make sure transitions do not come as a surprise to us "talk to us early on and during our time with the service about transitioning out "
- The thought of leaving a service and coping on our own can be really scary.
- If we left before therapy/treatment has finished find out why
- Help us link in with what other support is out there
- Knowing how to look after our wellness and that our support people have knowledge really helps
- Help us with a just in case plan and teach us relaxation and problem solving skills
- Give us and our support people written copies

Where to start

- Whole of service approach
- Team philosophy
- Young person/whanau driven therapy/treatment/transition
- Starts from referral
- Stepped Care
- Letting Go

Fundamental principles

- Collaboration
- In their words/voice
- Choice
- Written form and given to support peopleReal time

Support

• Policies, processes and guidelines

- Care Bundles
- Audits
- Regular reviews

• Links to primary services

Transition/Risk Assessment Plan



Title and Full Name:				
NHI:		DOB:		
Address:		<u> </u> 말: (H)	Cell:	
Date of Plan:	Person completing t	he Plan:		

What's happening for you right now?

Risk to self/others?

What have we agreed to work on?

What are we going to do about it?

Medication, what's it for?

Who can I ask for help?

1.	Name	Phone	
2.	Name	Phone	
3.	Name	Phone	
ICAMAN	AS or SUDD office he	urs number 06 348 1901	
ICAMH	AS OF SUPP office ho	urs number 06 348 1901	
Keywo	rkers name	Phone	
Needto	o Talk? Call/Text : 17	737	
мнант	(out of hours urger	t mental health support) 0800 653 358	

Case study

- 16 year old female
- Referred by GP
- Low mood for past 8 months
- Mood affecting her academic performance
- Poor appetite, nausea
- Self harm by picking at her hands , scarring evident
- Loss of enjoyment
- Difficult relationship with mother
- No AOD use
- Family Hx of depression (mother)

Assessment

- My self harming relieves tension
- I have suicidal thoughts
- I have "internal unhappiness"
- My sleep is horrible
- I Hate school
- I don't enjoy the things I used to
- My Mum hurts me
- I have a boyfriend and friends
- My best relationship in my family is with my younger sister



1		
Title and Full Name:		7
NHI:	DoB:	1
Address:	Ph: (H) Cell:	1
Date of Plan: Perso	on completing the Plan:	
What's happening for you right now?		-
Self-harm		
Not sleeping		
I have been feeling sad for a long time		
My mum is hurting me		
I hate school		
Risk to self/others?		_
I will scratch my hands with my nails wh		
I have suicidal thoughts but I do not have	e a plan or want to kill myself	
My mum is hitting me]
What have we agreed to work on?		-
Improving how I cope with things	t Lean de te hele murelf	
Finding out why I feel this way and what	ci can do co heip myseir	
Stop feeling like "shit" all the time Improving my sleep pattern		
Stopping my mum from hurting me		
What are we going to do about it?		1
	AMHAS and to engage in therapy (Cognitive Behavioural Therapy)	1
to help explore why I feel this way and y		
I will try to go to bed at a set time		
	fore I go to bed and keep it off overnight	
	arrange an appointment with the Psychiatrist to look at	
medication for my sleep and mood		
	ol counsellor so I can be supported at school	
	ovfriend and my friends so they can support me by spending time	
with me		
	about my mum hurting me and how this can be resolved	
	rt for my mum through Mental Health Wellbeing and Support	
	will help me with supports in the community for when I no longer	
need to come to ICAMHAS		
Medication, what's it for?		1
Nil at present		1
Who can I ask for help?		1
1. Name: my boyfriend	Phone:	1
2. Name my friend	Phone	
3. Name my school counsellor	Phone	
-		
ICAMHAS or SUPP office hours number 0		
Keyworkers name : Liz	Phone	
Need to Talk? Call/Text : 1737		
MHAHT (out of hours urgent mental hea	alth support) 0800 653 358	
Police/Ambulance 111 (If unsafe)		

Acknowledgements

• The ICAMHAS team(for embracing the quality improvement process)