

# The Triangle of Care for Child and Adolescent Mental Health Services (CAMHS)

Scotland guide



# Acknowledgements

The Triangle of Care for Child and Adolescent Mental Health Services (CAMHS) could not have happened without the involvement of many individuals, especially: NHS Tayside, NHS Dumfries & Galloway, NHS Greater Glasgow & Clyde, Healthcare Improvement Scotland (Mental Health Access Improvement Services Team) and Scottish Patient Safety Programme – Mental Health. Many thanks also to the young and young adult carers, parents, carers and CAMHS staff who inputted into the development of this guidance – your involvement has been invaluable.

## Author

Karen Martin, Mental Health Coordinator, Carers Trust Scotland

Published by  
Carers Trust Scotland  
Office 64, Spaces  
Tay House, 300 Bath Street  
Glasgow G2 4JR

Tel: 0300 772 7701  
Email: [scotland@carers.org](mailto:scotland@carers.org)  
Website: [Carers.org](http://Carers.org)



[www.facebook.com/Carers](http://www.facebook.com/Carers)



[www.twitter.com/CarersTrustScot](http://www.twitter.com/CarersTrustScot)



[www.youtube.com/user/CarersTrust](http://www.youtube.com/user/CarersTrust)

Carers Trust is a registered charity in England and Wales (1145181) and in Scotland (SC042870). Registered as a company limited by guarantee in England and Wales No. 7697170. Registered office: Carers Trust, Unit 101, 164–180 Union Street, London SE1 0LH.

© Carers Trust Scotland 2019. Names of carers and the people they care for have been changed in the interests of privacy.

# Contents

Introduction and rationale	<b>2</b>
Reflections on the six standards	<b>4</b>
Useful resources	<b>16</b>
Appendix 1: Triangle of Care CAMHS self-assessment tool	<b>17</b>

## Who are carers?

An adult carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support.

A young carer is a child or young person under the age of 18, or 18 but still at school, who provides help or care to someone who couldn't manage without this help.



# Introduction and rationale

The use of the Triangle of Care in many mental health services across Scotland has been welcomed by staff and carers alike. The Carers (Scotland) Act 2018 establishes new rights for all carers to support, information and advice; and to be listened to in decisions about the care and support of the person they are caring for. The Triangle of Care helps mental health services support carers in exercising these rights by providing the information, advice and support that carers require to continue in their roles as expert partners in care. The Act has placed new responsibilities on health boards in relation to carer involvement in discharge planning.

In respect of health boards' new duties to involve carers in decisions about hospital discharge of the person they care for the Triangle of Care is a valuable resource. It can help mental health services ensure they meet this duty, and improve outcomes for the carer and the person being discharged.

Carers Trust in Scotland is working with health boards, mental health services and health and care partnerships to engage, include and support carers in their services. The Triangle of Care approach is aimed at encouraging partnership working with carers at all levels of care from the individual to overall service planning in line with carers' rights under the Carers (Scotland) Act.

Currently, Triangle of Care has been implemented in around half of Scottish

health board mental health inpatient and community settings, including specialist services such as forensic. Many of these health boards that also provide CAMHS have asked us for more guidance about how they can work with children and young people and their families – including siblings – ensuring they are supported, valued and remain as well as possible.

Carers Trust Scotland has developed the Triangle of Care for CAMHS, as a supplementary guide to sit alongside the original Triangle of Care document<sup>1</sup> to help mental health professionals in CAMHS to be able to better identify, understand and support carers. In order to gain a better understanding of how CAMHS is currently interacting with families, we carried out consultations with parent carers, young and young adult carers, mental health professionals and other children and young people using CAMHS across Scotland.

The approach of the Triangle of Care and the six standards are equally as relevant and appropriate for CAMHS as they are for adult mental health services. However, the guidance and self-assessment require some adjustments to adequately respond to the differences in how CAMHS are delivered. It is the intention of this resource to highlight the areas where adjustments are required, to offer some reasoning as to why and offer some solutions to the challenges.

---

<sup>1</sup> Carers Trust Scotland (2019), *The Triangle of Care. Carers Included: A guide to Best Practice in Mental Health Care in Scotland, Third Edition* (Carers Trust Scotland).

There is also a new CAMHS assessment tool, heavily based upon the main self-assessment tool, which aims to be more relevant to services. This will enable CAMHS teams to get a true picture of how they engage with carers and families, and support the creation of action plans to improve further engagement.

## About Carers Trust Scotland

Carers Trust Scotland is part of Carers Trust, a major charity for, with and about carers. We work to improve support, services and recognition for anyone living with the challenges of caring, **unpaid**, for a family member or friend who is ill, frail, disabled or has mental health or addiction problems.

With locally based Network Partners we are able to support carers in the community with information, advice, emotional support, hands on practical help and access to much needed breaks. We offer specialist services for carers of people of all ages and conditions and a range of individually tailored support and group activities.

## About this resource

With the implementation of the Carers (Scotland) Act<sup>2</sup> there is now an increased emphasis on cross-sector partnership working to deliver effective local support to carers to help them to meet their personal outcomes and support them to continue their caring role if that is what they want. To help with understanding of the Carers (Scotland) Act, Carers Trust Scotland has published a resource co-developed with a number of carer organisations, called Jargon Buster for Young and Young Adult Carers<sup>3</sup>. This can be accessed at [www.carers.org/scotland](http://www.carers.org/scotland) or by getting in touch with Carers Trust Scotland

(contact details on back cover). Also see What to Expect factsheets produced by the Coalition of Carers in Scotland at [www.carersnet.org/carers-act-resources/](http://www.carersnet.org/carers-act-resources/).

The principles of the Triangle of Care translate across many different specialisms and fields in mental health. They are based upon the core principle that carers, people who use services and professionals should work in equal partnership to promote safety, support recovery, and sustain wellbeing. It seeks to provide a framework for CAMHS professionals to embed cultural change within their organisation in how they work with, and are informed by, carers and families of the children and young people they support. The guide is also a resource for adult carers and young carers who are supporting someone using CAMHS to identify what they can expect of services and how they can work in partnership with the children and young people they support to get the best outcomes for everyone.

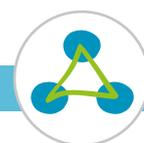
In gathering evidence to support this guide, Carers Trust Scotland spoke to a total of 120 people across Scotland. Of this total, 45 worked in CAMHS teams, 20 were young people using CAMHS, 15 were parent/carers of people who use or have used CAMHS and 40 were young and young adult carers supporting a sibling using, or who had used, CAMHS.

These consultations took place mainly through surveys, focus groups and one-to-one sessions at events such as the Scottish Young Carers Festival, meetings with Network Partners, Scottish Young Carers Services Alliance meetings and a Mental Health Access Improvement Services Team event introducing Quality Improvement Measures in CAMHS which took place in Glasgow in 2018.

Although the terminology and legislation referred to in this guide applies to Scotland, the standards and rationale are applicable across the whole of the UK.

<sup>2</sup> Carers (Scotland) Act 2016, Chapter 1 s2 (a) (b).

<sup>3</sup> Carers Trust Scotland (2018), *Carers (Scotland) Act 2016 – Jargon Buster for Young Carers* (Carers Trust Scotland et al).



# Reflections on the six standards

## Standard 1 – Carers and their essential role are identified at first contact or as soon as possible afterwards.

“We are only seen as the parents expected to care for our son. Staff don’t see the impact that has on us as a family and the effect it has on us as parents when we have to work and care for our other two kids.”

Parent

“My brother tries his best and says he is there for me.”

Young person using CAMHS  
(when asked if anyone else in the family cared for or supported them)

### Who are carers?

A carer is someone who does, or intends to, provide care for another person. A carer does not need to be providing care for a substantial amount of time or on a regular basis. However, a person is not identified as a carer if:

- This is only because of that person’s age (where they are under 18) or
- As a piece of voluntary work or in a contract to provide care.

A carer may or may not live with the person they care for, but they should be considered to be a carer and be actively engaged by the care team. This applies even if the person being cared for is unable, or even unwilling, to acknowledge the carer’s involvement.

Carers can be a mix of relatives including parents, children, siblings, but can also be partners or friends. What they have in common is wanting to help the person they care for to be safe and recover. When mental ill health masks the ‘well’ person’s personality, family and friends cherish the memory of the well person and strive for their recovery.

Recognition and respect are major issues for relatives and friends who provide care and are central to confident care giving.

The Triangle of Care requires that services identify all carers and using the above definition can make this an easier way to do so.

It is generally accepted that a parent will care for their children, but not all parents are considered carers, so what is the difference between a parent and a parent carer?

A parent carer provides support over and above what would be expected of any other parent. When a child has an additional requirement, such as a mental health need, learning disability or physical health problems, this parent will usually find themselves providing additional support, investing more of their time and spending a lot of their energy on providing their child with the additional help required. This inevitably has an effect on their other family

commitments, employment and mental and physical wellbeing.

What is often forgotten, is how much support is given to children and young people by their brothers or sisters. In feedback from our survey, sibling carers stated that, in many cases, they felt that they were one of very few people who their brother or sister could talk to. Sibling carers have unique insights into the support needs of their brother or sister but should be identified and supported to ensure they themselves remain well and have an equal opportunity to achieve what they want from life.

“I had a hard time at school and didn’t get much support. No one knew how much I had to do at home to support my sister. It would have been nice if someone understood and could have stuck up for me. But I don't regret anything. My sister had to come first.”

**Young adult carer**

In some areas of the country, waiting times for CAMHS can be long and carers have expressed that they need information, support and advice to help their child during the waiting period to ensure their child does not deteriorate and their family is not put under additional stress.

In speaking with parent carers<sup>4</sup> the biggest issue was length of time their child was waiting for a first appointment for CAMHS.

Children and young people are often experiencing significant difficulties by the time they come to the attention of services who may refer them to CAMHS and long waiting lists can exacerbate an already precarious situation. The impact on the carers and whole family cannot be understated.

“Before diagnosis is one of the hardest, loneliest times for a parent. Over the GP’s head. School couldn't cope. My family were in crisis and every person I spoke to at CAMHS, although polite, were unable to help. Promises of ringing back. People leaving. I was a mum in desperate need of help and advice, sadly this didn't come.”

**Parent**



### Some ideas to give at referral

Information about your service.



A realistic expectation of how long the child or young person may be waiting to have their first appointment.

What support your service can (and can't) provide.



Information and sources of local support available for them (such as local adult and young carer services as well as community based support) and their child (such as local support groups and voluntary agencies).

Information about who they can contact if the child or young person’s mental health deteriorates or they experience a crisis.



Information about strategies which may be able to help the child or young person.

<sup>4</sup> Interviews with parent/carers carried out by Carers Trust Scotland between February 2018 and June 2018.



If the waiting list for your service is very long, this information at referral could help the family to manage the challenges they are facing and, ultimately, prevent a breakdown in the situation and a decline in the young person's mental health.

Actively pursue carer input when triaging cases. While each carer will be keen to ensure the fastest route to support for the child or young person they care for, they are best placed to give you a holistic picture of the young person's current mental state, risk, upcoming events which may have a negative impact and the young person's history.

Where possible, maintain contact with the family during the waiting period to assess if the young person's mental wellbeing has deteriorated since referral or if the family has experienced any changes which may impact on family members' ability to cope.

## Standard 2 – Staff are carer aware and trained in carer engagement strategies.

### Identifying carers and their vital role

“We were told that our daughter was as well as she could be and we were being over-anxious parents. We felt we were being shut out, ignored and, I think they saw us as challenging. We were at our wits' end. It's hard to watch your child refuse to eat and cause a scene, but no one listened!”

Parent

It is important to identify parents, siblings and other family members as carers, where they are providing additional support to the child or young person. Being a carer presents a number of challenges which require support to ensure the carer maintains their physical and mental wellbeing.

The Carers (Scotland) Act has introduced mechanisms to enable carers to proactively set out personal outcomes which will help them cope with their caring role and have a life alongside caring. These are slightly different for adult carers and young carers as explained below.

#### 1. Adult Carer Support Plan (ACSP)

The adult carer support plan must contain a range of information in relation to the caring role and the carer's own personal outcomes and needs for support. The plan is support in itself as in many cases a conversation about the carer allows them to identify universal services which could help them. The adult carer support plan can also help the carer think about things like future or emergency care planning that they may not have thought about before. This preventative approach of signposting to information and advice services is valuable in helping to maintain the wellbeing of carers and gives them a chance to live as full a life as possible while providing care.

#### 2. Young Carer Statement (YCS)

'This starts with a conversation that helps you to think about your caring role and what is important to you in your life. That would be to find out about:

- you
- the caring you do
- your goals and what is important to you.

It helps to find out what help you might need to do the things you enjoy doing when you're not caring (like playing football, or hanging out with friends). It will also look at help that other people like teachers and doctors can give to make sure that you are not doing things that you feel uncomfortable about.

Signposting young carers to universal services for help, information and support plays an enormous role in maintaining the balance between being a child and young person, and the caring role.<sup>5</sup>

It is important that staff are aware that carers are entitled to access an adult carer support plan or young carer statement.

Mental health services, as with other health and social care services, can play a role in signposting a carer to their local authority to request an adult carer support plan or young carer statement, or letting a local authority know about identified carers.

“Not sure the consultant really ‘gets it’. Much of our discussion was trial and error – which was OK as he was being honest – but would have felt better if he had been dealing with me as an expert.”

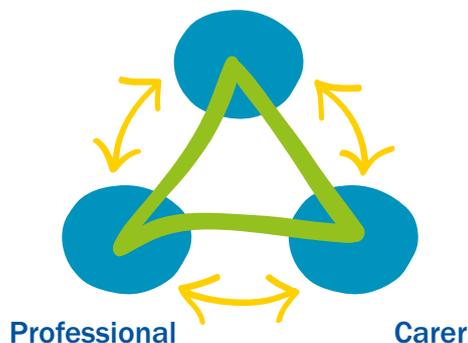
Parent

It’s equally important to recognise that carers have a wealth of knowledge and expertise, specifically about the child or young person they support. Just as professionals would appreciate and acknowledge the views, insights and opinions of another service if they referred the child or young person to their service, so carers’ views should be valued, appreciated and acted upon.

A common barrier to staff doing this is that they feel that the parent carer’s agenda may be different from that of the child or young person being supported because they are ‘emotionally involved’ and directly impacted by the needs of the child or young person. While it is important for carers to consider this when advocating for the person they

care for, it is equally important for services to recognise that they have their own competing priorities (such as increasing caseloads and reduction in budgets in some areas) and they should be objective when deciding what is in the child or young person’s best interest.

Child/young person receiving input from CAMHS



The Triangle of Care is a model which asserts that care is best delivered when all three parties share their expertise and experiences to ensure the best outcome for all.

“The hospital team [specialist child and adolescent inpatient setting] were great, they really worked with us as a family and that made a huge difference. On discharge there was a plan in place for our son and we were very much part of that with our son. It took a lot of stress and worry away from us as a family because we felt valued and included.”

Parent

<sup>5</sup> Carers (Scotland) Act Jargon Buster for Young Carers (Carers Trust Scotland et al). Page 7.



## Spotlight on young carers

“I know my sister so well and I am the only person she can really talk to. She really relies on me at home and to do things for her when she is too anxious to go out. So, I would have thought I would have some useful things to add. Plus, what the doctors decide affects me!”

**Sibling carer**

Young carers are particularly likely to not be acknowledged by mental health services and professionals. Young carers often have a wealth of hidden insight and information into the mental wellbeing and illness of the people they care for.

“Quite often young carers aren't being identified because this information is not given to us that they are looking after someone, often they think it is 'normal'. I have recognised this and have started asking the question about 'do you look after someone?' but I just need to get better at asking. It then comes down to what do I do when a young carer has been identified? This is what I'm not too sure about.”

**CAMHS worker**

What is interesting when discussing young carers with CAMHS, is that the focus tends to be on children and young people using CAMHS and whether they are a young carer; not if any of their siblings are a young or young adult carer for them. This is a missed opportunity to identify young carers early and ensure they get support, which may prevent further young and young adult carers from needing mental health services in the first place.

## Carer engagement

“Although I do support parent carers as much as I can within my therapeutic work, I am unclear what other services are out in the community to help.”

**CAMHS worker**

Carer awareness training for staff must be comprehensive, covering not only how to identify a carer, but how to work in an effective partnership way with them and support them with their own needs, raising awareness with carers of their rights where possible. When we asked CAMHS workers we found:



### **Three-quarters**

felt confident that they could identify a parent carer.

Just a little  
**over three-quarters**  
felt confident they could identify a young or young adult carer.



However, when we asked CAMHS staff if they felt they could support parent, and young carers with their own needs:



**Less than half** felt confident they could support a parent carer or young carer with their own needs.

**Less than a quarter** felt confident that they had sufficient knowledge about carer rights within the Carers (Scotland) Act.



This highlights the need that CAMHS staff have themselves identified; that just identifying carers is not enough. As one CAMHS worker said: "It's all good identifying a carer, but what can you do for them once they're identified?"

The Triangle of Care recommends carer awareness training to help staff understand and engage with carers and families. It is important that this training also includes how to identify and support young carers.

When carers are engaged and treated as true partners in care, their experience of CAMHS can be much improved:



"During my daughter's first referral I felt I was kept in the dark, however, the second referral after a serious relapse has been much better as CAMHS work with me to help my daughter."

Parent

"I've had mixed experiences with CAMHS. The first team just didn't seem to care about me as a parent, only talked about parenting classes as if I was a bad parent. We moved to another area and so got another team and they were so wonderful. They listened to me and helped me to understand what was going on. There was always someone there to answer questions no matter how daft the question. This made me feel safe and in control."

Parent



### Best practice example

#### Essential CAMHS NHS Education for Scotland (NES) 2019.

The learning programme for all professionals new to working in CAMHS can be found at

<https://learn.nes.nhs.scot/>.

Young carers, along with parents and adult carers, were consulted during the development of this resource.



## Standard 3 – Policy and practice protocols re: confidentiality and sharing information, are in place.

‘Respecting patient confidentiality is an essential part of good care; this applies when the patient is a child or young person as well as when the patient is an adult. Without the trust that confidentiality brings, children and young people might not seek medical care and advice, or they might not tell you all the facts needed to provide good care.’<sup>6</sup>

Confidentiality is an often-cited issue when discussing the Triangle of Care. The principles of the Triangle of Care are clear that carers need to know some information to effectively, and safely, provide care and support; but this information does not necessarily breach the confidentiality of the person they care for.

If children and young people are able to give informed consent, an explanation should be given about the need to share information to parents and/or carers and ask for their consent. However, if a child or young person does not agree to disclosure there are still circumstances in which information should be disclosed, for example, to prevent immediate harm, or to protect a child or other vulnerable person.

When we surveyed CAMHS staff, a little over half of them said that they sometimes worry about sharing information with carers in case they inadvertently breach confidentiality.

We asked what they thought may happen if they accidentally breached confidentiality. Almost two thirds of respondents expressed that they worried about damaging the therapeutic relationship with the child or young person they support; while just over half were concerned about complaints or the impact it would have on them professionally.

We then asked CAMHS staff what made them feel confident when sharing information:



**A third** felt most confident when they had clear consent and information sharing arrangements in place with the young person and their family,

Similarly, **a third** felt most confident when they had policies, procedures and laws to follow which gave them guidance on when to share information and what to share.



**A quarter** identified that they felt most confident when they had received training and had experience and knowledge about sharing information and confidentiality procedures.

**A quarter** told us that they felt most confident when they had the support of their team/colleagues/managers and supervision to help with complex cases.



“I've always had a clear conversation with the young person, and we are able to agree on what information can be shared. I've never been in a situation where a child or young person refuses for any information at all to be shared.”

**CAMHS staff member**

<sup>6</sup> General Medical Council (2018), *0–18 Years: Guidance for all Doctors on Consent and Sharing Information* (General Medical Council).

This underlines the importance of conversations about, and agreement on, the level of information sharing being had at the first appointment.

While we are aware of cases where the child or young person doesn't want to share any information, or sometimes, even that they're accessing CAMHS, CAMHS staff have a unique opportunity to discuss the reasons why the young person might not want some information shared with their family and can support the negotiation and agreement of what they are happy to share with both parties.

## Standard 4 – Defined post(s) responsible for carers are in place.

Carer leads are staff members in each team who help to keep their colleagues up to date with carer issues and changes in practice or legislation relating to carers and help to direct the support that CAMHS provides for carers. It is important that all staff are responsible for identifying and supporting carers, and carer leads can support their colleagues to keep carers on the agenda.

It is also important for leads to think of all carers when planning services, not just adult carers. Young carers provide emotional and practical support, which can impact on their own mental health and wellbeing.

A survey carried out by Scotland's Commissioner for Children and Young People, in partnership with Carers Trust Scotland, found that a quarter to a third of young carers surveyed felt that being a young carer had a negative impact on their health and wellbeing.<sup>7</sup>

"I also have mental health issues (anxiety and depression) and I get help from CAMHS so it would be good to know if that affects how I look after him (brother)."

Young adult carer

This also demonstrates that a number of children and young people supported by CAMHS may be young carers themselves. CAMHS staff can work with the whole family to reduce the caring role for the child or young person by ensuring appropriate support is accessed.

Best practice would be to have a young carers lead within each team.



### Best practice example

**Carer Engagement Officer, Dudhope Unit, Dundee, NHS Tayside CAMHS in-patient service.**

This role was developed in 2018 as part of a quality improvement initiative to improve involvement and engagement with parent/carers and young carers. The Officer has created pathways for information sharing, referrals and support to several local carer service providers in the localities covered by the inpatient unit. This ensures that, if required, carers of all ages get access to relevant care support throughout their caring journey.

<sup>7</sup> Watt, G, Ibe, O, Edginton, E, (Stevenson, B) and Whitehead, R (2017), *Coping is Difficult, But I Feel Proud, Perspectives on Mental Health and Wellbeing of Young Carers* (University of St Andrews).



## Standard 5 – A carer introduction to the service and staff is available, with a relevant range of information across the care pathway.

Carers often tell us that they don't understand what CAMHS can do, and don't know who to contact in the service. This can happen even when staff feel they have already given this information to carers. This disconnect can be explained by the timing and method in which carers are given information, as illustrated using the following example:



Yvonne works part time as well as caring for two of her three sons. Both the sons she cares for have involvement with CAMHS. However, Dylan, the younger one, spent time in a local child and young person's inpatient unit. Yvonne recounts how she and her husband felt about that time.

“It was awful. You know something is not right with your son, but no one seemed to listen. When we eventually got an appointment to see CAMHS I knew we were at crisis point but had no idea they would suggest admission. Taking Dylan to the unit was one of the worst journeys I've made, the worst was on the way home without him. We were told very little of what was to happen and only given a short time with him when we arrived. I was in a complete daze, I don't remember anything about what the place looked like or what the nurse told us. On the way home we nearly crashed the car we were so out of it! When my husband asked who we had to call on the ward and when we could see Dylan I couldn't remember. They give you all this information at a time when all you want to do is hold your son and not let anyone take him away!

On top of all that my other son had become anxious and worried that he too was heading for hospital and became suspicious of us, fearing we would put him in there too. We had to try and calm him down, reassure him that he wasn't going anywhere. He didn't believe us, and I ended up staying awake all night with him to settle him. No one knows you have to go through all of that and worry about the son you have left in the hands of staff you don't know. Being awake all night is when you really start to worry! Then there was work, trying to get time off to visit hospital, attend to hospital meetings (which are always during the day and usually never run to time, try explaining that to an employer) and try and have a family life ... How much can one be expected to take on board?”

In the above example, Yvonne is so tired, stressed and overwhelmed that she is unable to absorb any information from the staff and has to deal with the fear from her other son. A simple solution could have involved giving Yvonne a brief introduction leaflet or booklet, possibly with photos of inpatient setting, which explained:

- The ward visiting hours.
- What might be useful to bring in for her son.
- What she isn't allowed to bring.
- Who Dylan's psychiatrist and named nurse is and when she can speak with them.
- The telephone number of the ward or main reception.

At an initial meeting, soon after admission, staff could then discuss and provide information about:

- Details of local carer support services, in case Yvonne needs extra support or advice about her rights as a carer, particularly regarding her employment, as well as universal services which may offer information and advice.
- Details of the local young carer services for her other children, as well as universal services which may offer information and advice.

This initial information can be valuable, and the family could have sat down together to learn more about the ward, bringing them together at a difficult time.

It is important to build a good relationship with carers and family so that you can assess what information is needed at different points to best support a child or young person accessing CAMHS, whether inpatient or in community.

## Discharge planning and aftercare support

‘Hospital discharge is what happens when someone comes out of hospital after having treatment. Health boards have to try to tell you and ask for your opinion when the person you look after is going to come out of hospital.’<sup>8</sup>

Planning for discharge should be an integral part of the care pathway and carers are a valuable part of this process, with goals and, where possible, timelines in mind when the care plan is developed.

The Carers Charter states that: ‘If the person you are caring for is admitted to hospital, the health board must take appropriate steps to:-

- inform you as soon as it can about when the person you care for is to be discharged;
- invite your views about the discharge; and
- take your views into account when planning the discharge (as far as ‘reasonable and practical’).<sup>9</sup>

The exceptions to the above are when a person being cared for is being discharged from outpatients or A&E and, in terms of mental health, where there is a suspension of detention for a period of time. This is because there is a duty on any person carrying out a function of the Mental Health (Care & Treatment) (Scotland) Act 2003 to have regard to any views of carers.<sup>10</sup>

Coordination between the relevant community teams, family, carer(s) and the service user needs to be established before discharge, and the service user needs to know what support is available and how to access it.



### Best practice example

The Carers (Scotland) Act statutory guidance highlights the Triangle of Care as an example of a model of care to ensure carer involvement.<sup>11</sup>

<sup>8</sup> Carers Trust Scotland (2018), *Carers (Scotland) Act 2016 – Jargon Buster for Young Carers* (Carers Trust Scotland et al). Page 3.

<sup>9</sup> Scottish Government (2018), *Carers Charter* (Scottish Government) Chapter 6, page 11.

<sup>10</sup> Mental Health (Care & Treatment) (Scotland) Act 2003, Chapter 1 Guiding Principles.

<sup>11</sup> Carers (Scotland) Act Statutory Guidance, Part 4, Chapter 2, Para 4.2.24.



## Standard 6 – A range of carer support services is available.

“As a single parent of three who works, trying to support my 11 year old whilst keeping my own health and employment on track is difficult. I wish they could see the whole picture and support the whole family. That would make things much easier for me to deal with my 11-year-old's challenging behaviour. A whole family service is needed.”

Parent

“We feel really isolated, trying to keep our business going, our family together and supporting our 15 year old with an eating disorder is so hard. I only found out about my local carer service through a job advert I saw. Having the support from the carer service has kept me sane, and my husband has enjoyed getting support when he has needed it. Our youngest attends the young carer service. I had never even heard of such a thing before. Why did the CAMHS team not tell us about them earlier?”

Parent

Carers of any age may need different support at different times. Some of the support they may need includes:

- Information about their rights as a carer.
- Advocacy, for themselves, or the person they care for.
- An adult carer support plan or young carer statement.
- Information about the mental health needs of the person they care for.

- Information about treatments and/or medication.
- Involvement in any discharge planning.
- Family/talking therapies.
- Peer support from other carers who have had similar experiences.
- Benefits/financial advice.
- Support to maintain their own physical and mental health.
- Employment/education advice.
- Support navigating health and social care pathways.
- Support for other family members to understand/come to terms with the needs of the child or young person they care for.
- Respite or opportunities to take short breaks from caring.

It would not be expected that CAMHS would directly provide all this support for carers. A range of local services exist for carers and building strong local links between statutory and voluntary services will benefit all partners.



### Best practice example

**Dumfries and Galloway Carers Centre has close ties with the local CAMHS team at NHS Dumfries and Galloway.**

This allows for signposting to the carer service from the CAMHS team, which is aware of what support the carers centre can offer to both adult carers and young carers. Regular meetings are set up between the carers centre and CAMHS to ensure a learning exchange takes place about latest developments and any other areas of information and support are discussed.

## In conclusion

CAMHS face a number of pressures and challenges. Staff are often working hard to provide the best service that they can for the children and young person they support. Families and carers, similarly, are often facing additional pressures and challenges, doing their best to deal with the practical and emotional issues raised when a child or young person is experiencing mental ill health.

By staff and carers working together in equal partnership with the child or young person, they can utilise their individual knowledge and expertise to devise individual care and support plans for the whole family, supporting recovery for all.



A longitudinal study published in 2011 that analysed the data of 17,634 children from England, Scotland and Wales, found associations between childhood psychological problems and the ability of affected children to work and earn as adults<sup>12</sup>, further adding risk factors of poor mental health as adults.



The World Health Organisation<sup>13</sup> states that the consequences of not addressing adolescent mental health conditions extend to adulthood, impairing both physical and mental health and limiting opportunities to lead fulfilling lives as adults.

CAMHS therefore has a unique opportunity to support young people and their families. CAMHS can support families in the development of tools to build lifelong strategies to achieve the best mental health possible.

When it works well, referral to CAMHS can be a positive event in the life of children, young people and their families.

“I had a great experience with CAMHS. They listened, helped and when a mistake was made, helped rectify it immediately and calls were made. This helped us feel safe and in control with care for my son where, with some organisations, you don't get that.”

Parent

---

<sup>12</sup> Goodman, A, Joyce, R and Smith, JP (2011), ‘The Long Shadow Cast by Childhood Physical and Mental Health Problems on Adult Life’, *Proceedings of the National Academy of Science*, 108(15), pp. 6032–6037.

<sup>13</sup> The World Health Organisation (2018), *News Room Fact Sheets*. [www.who.int/news-room/fact-sheets/detail/adolescent-mental-health](http://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health).



# Useful resources

We hope this guide will be a useful tool for CAMHS to implement the Triangle of Care within their services. Further information and resources can be found at [www.carers.org/scotland](http://www.carers.org/scotland).

- If you are a young carer you can find out how the Carers (Scotland) Act affects you at <https://young.scot/information/rights/carers-act/>.
- If you are an adult carer you can find out more about the Carers (Scotland) Act from the What to Expect factsheets produced by the Coalition of Carers in Scotland at [www.carersnet.org/carers-act-resources/](http://www.carersnet.org/carers-act-resources/).

Mental Welfare Commission for Scotland (2018) *Carers and Confidentiality: a Best Practice Guidance* (Mental Welfare Commission for Scotland). See [www.mwcscot.org.uk](http://www.mwcscot.org.uk).

# Appendix 1: Triangle of Care CAMHS Self-Assessment Tool

This tool is suitable for all services however there may be words and phrases that are not used in your specific service. If so, you will need to adapt the tool to meet your organisation's needs.

Name of service: \_\_\_\_\_ Date self-assessment commenced: \_\_\_\_\_

Date self-assessment completed: \_\_\_\_\_ Name of staff member completing: \_\_\_\_\_

This tool uses the Red Amber Green system to assess the current situation for each point.

## Standard 1 – Carers and their essential role are identified at first contact or as soon as possible afterwards

	R	A	G	Where are we now?	Action plan	Evidence of achievement	By whom?	By when?
1.1								
1.2								

(continued)



**Standard 1** – (continued)

	<b>Criteria</b>	<b>R</b>	<b>A</b>	<b>G</b>	<b>Where are we now?</b>	<b>Action plan</b>	<b>Evidence of achievement</b>	<b>By whom?</b>	<b>By when?</b>
1.3	Carer views and knowledge are sought throughout the assessment and treatment process								
1.4	Consent of child/young person is routinely obtained and recorded re: carer involvement								
1.5	Carer(s) are regularly updated and involved re: care plans and treatment								
1.6	Treatments and strategies for medication management are explained to the carer(s) and their views are given equal consideration								
1.7	Carer(s) have access to advice re: advocacy, welfare rights, other sources of support for themselves, their family and the child/young person using CAMHS								

(continued)

**Standard 1** – (continued)

	<b>Criteria</b>	<b>R</b>	<b>A</b>	<b>G</b>	<b>Where are we now?</b>	<b>Action plan</b>	<b>Evidence of achievement</b>	<b>By whom?</b>	<b>By when?</b>
1.8	<p>The initial assessment asks if the child or young person using CAMHS provides care for someone else.</p> <p>Please note: the young person may not have identified themselves as a carer</p>								



**Standard 2 – Staff are carer aware and trained in carer engagement strategies**

	Criteria	R	A	G	Where are we now?	Action plan	Evidence of achievement	By whom?	By when?
2.1	All staff have received carer awareness training								
2.2	The training includes: <ul style="list-style-type: none"> <li>• How to identify carers</li> <li>• Awareness of carer(s)' own needs</li> <li>• Supporting young and young adult carers</li> <li>• Carer expectations re: assessment, treatment and support</li> <li>• Dealing with carer queries and concerns</li> <li>• Advising on sources of help</li> <li>• Advising on treatments, strategies and medicine management</li> <li>• How to involve and engage with carers and young/young adult carers</li> </ul>								
2.3	Training is delivered by carer trainers or carers are part of the training delivery team								

**Standard 3 – Policy and practice protocols re: confidentiality and sharing information, are in place**

	Criteria	R	A	G	Where are we now?	Action plan	Evidence of achievement	By whom?	By when?
3.1	Consent is sought to share confidential information with the carer where the child or young person has provided consent in line with Legal Age for Capacity (Scotland) legislation								
3.2	Agreement is reached with child or young person about the level of information which can be shared with the carer								
3.3	If a child or young person who is deemed to have capacity wishes no disclosure, staff regularly revisit this decision with them								
3.4	Carer is offered support and general information when the child or young person wishes no disclosure								

(continued)



**Standard 3** – (continued)

	<b>Criteria</b>	<b>R</b>	<b>A</b>	<b>G</b>	<b>Where are we now?</b>	<b>Action plan</b>	<b>Evidence of achievement</b>	<b>By whom?</b>	<b>By when?</b>
3.5	Carer is encouraged to share information re: the child or young person to inform the assessment process and treatment plan								
3.6	Carer's notes and letters are kept in a separate section of the service user's notes/on IT systems								
3.7	The child or young person using the service is involved in directing their own treatment and support								
3.8a	A recovery plan is in place and is shared with the carer, where consent given								
3.8b	A crisis plan is in place, co-produced with the young person and their carers and family, including risk assessment								
3.9	Practice guidelines re: information sharing with carers are in use								

**Standard 4 – Defined post(s) responsible for carers are in place**

	Criteria	R	A	G	Where are we now?	Action plan	Evidence of achievement	By whom?	By when?
4.1	A carer lead or champion is identified within the team or on the ward								
4.2	All members of staff are responsible for identifying, involving and supporting carers (including young/young adult carers)								
4.3	A carer champion/lead network or peer support forum is in place locally to provide support to carer leads in implementing the Triangle of Care in their service								



**Standard 5 – A carer introduction to the service and staff is available, with a relevant range of information across the care pathway**

	Criteria	R	A	G	Where are we now?	Action plan	Evidence of achievement	By whom?	By when?
5.1	<p>Upon first contact/referral, the service provides the carer(s) with an introductory letter which explains:</p> <ul style="list-style-type: none"> <li>• What the service can (and cannot) provide</li> <li>• Points of contact (for example, psychiatrist, named nurse and care coordinator's name)</li> <li>• How long the wait for first appointment is likely to be</li> <li>• Information and sources of local support for themselves and the child/young person they care for</li> <li>• Information about strategies to support the child/young person</li> <li>• Any out of hours/crisis provisions</li> </ul>								
5.2	An early formal one-to-one appointment is offered to the carer(s) to hear their story, history and address carer concerns								

	<b>Criteria</b>	<b>R</b>	<b>A</b>	<b>G</b>	<b>Where are we now?</b>	<b>Action plan</b>	<b>Evidence of achievement</b>	<b>By whom?</b>	<b>By when?</b>
5.3	Upon first contact, the service has meeting and greeting protocols in place to reduce carer distress and address concerns								
5.4	Locally developed carer information packs are provided to new carers at first meeting								
5.5	The cultural, language and accessibility needs of carers have been addressed in the preparation of the information pack								
5.6	The format of the information pack is flexible and regularly updated								
5.7	A member of staff is made responsible for commissioning, storing and issuing the packs								
5.8	Staff from the service offer carers the opportunity to have a conversation and provide support								

(continued)



**Standard 5** – (continued)

	<b>Criteria</b>	<b>R</b>	<b>A</b>	<b>G</b>	<b>Where are we now?</b>	<b>Action plan</b>	<b>Evidence of achievement</b>	<b>By whom?</b>	<b>By when?</b>
5.9	The carer is involved in discussions and discharge planning (either from the ward or community services) process and is clear about what to do if ...								
5.10	The carer is asked for feedback regarding the service provided as part of service monitoring and improvement								

**Standard 6 – A range of carer support is available**

	<b>Criteria</b>	<b>R</b>	<b>A</b>	<b>G</b>	<b>Where are we now?</b>	<b>Action plan</b>	<b>Evidence of achievement</b>	<b>By whom?</b>	<b>By when?</b>
6.1	A carer support service is in place locally with dedicated carer support staff in post								
6.2	Carer has access to local carer advocacy services								
6.3	Carer has access to one-to-one support when needed								

**Standard 6** – (continued)

	<b>R</b>	<b>A</b>	<b>G</b>	Where are we now?	Action plan	Evidence of achievement	By whom?	By when?
6.4	All carers are automatically offered:	<ul style="list-style-type: none"> <li>Information about adult carer support plans and/or young carer statements and where to go to obtain these</li> <li>A referral to their local carer service, including young/young adult carer services if relevant</li> </ul>						
6.5	The carer's needs and plans are regularly re-assessed							
6.6	Family therapy or talking therapies are offered to all carers (including sibling, young and young adult carers) and family if required (may require external referral)							









Published by  
Carers Trust Scotland  
Office 64, Spaces  
Tay House, 300 Bath Street  
Glasgow G2 4JR

Tel: 0300 772 7701  
Email: [scotland@carers.org](mailto:scotland@carers.org)  
Website: [Carers.org](http://Carers.org)



[www.facebook.com/Carers](http://www.facebook.com/Carers)



[www.twitter.com/CarersTrustScot](http://www.twitter.com/CarersTrustScot)



[www.youtube.com/user/CarersTrust](http://www.youtube.com/user/CarersTrust)

Carers Trust is a registered charity in England and Wales (1145181) and in Scotland (SC042870). Registered as a company limited by guarantee in England and Wales No. 7697170. Registered office: Carers Trust, Unit 101, 164–180 Union Street, London SE1 0LH.

© Carers Trust Scotland 2019. Names of carers and the people they care for have been changed in the interests of privacy.