

Children & Young Person's Mental Health Service Information Passport

Illustrative example: Child



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Prepared by: NHS England in collaboration with national participation partners GIFT for children and young people, and YoungMinds for parents and carers

Classification: OFFICIAL

The National Health Service Commissioning Board was established on 1 October 2012 as an executive non-departmental public body. Since 1 April 2013, the National Health Service Commissioning Board has used the name NHS England for operational purposes.

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Private and Confidential

The aim of this passport is to help Joe to own and communicate his story when moving between different services. The passport provides a summary of Joe's time with Anne Smith in the Psychology service, for the information to be owned by Joe, and for it to be shared with any future services if Joe wishes. This passport has been created by Joe and his parent, with support from Anne Smith. Anne Smith has briefed Joe and his parent on interim support available when issuing this passport. Joe and Anne have ensured that any clinical information is also within the patient record, and that any extra details on personal preferences will be clearly shown.

Client Name: Joe Bloggs

Client NHS number: 123456667

Address: 3, Downing Street, Leeds

Other Address (for example university address with term dates) N/A

Date discharged from Service: 4.2.2015

Name of therapist: Anne Smith, Clinical psychologist

Name of Service: Paediatric Clinical Psychology, CAMHS

Contact information: Dr Anne Smith, Redroof Centre, Brace Road, Leeds

Tel: 0550768924

| Title | Guidance |
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| About Joe | Joe really likes animals and football. Talking about his pets, reptiles or the Premiership is a good way to distract him if he is anxious. His future goal is to become a zookeeper. |
| Main statement | <p>Main issues:</p> <p>Joe was referred to CAMHS in November 2013 by his GP because of high anxiety which was preventing him from leaving the house and attending school. Joe was obsessed by things which might make him or someone else sick. He was using avoidance behaviours and refused to take part in any activity which he had linked to feeling sick e.g. he would not wear black clothes or go through certain doorways.</p> <p>There was some evidence of Joe taking part in Obsessive Compulsive ritualistic behaviours, such as excessive hand washing, to prevent himself from being sick.</p> <p>What has been achieved:</p> <p>Joe was able to work with a psychology student, under supervision, to make an anxiety toolkit which gave him techniques to help relieve generalised anxiety.</p> <p>Joe completed 6 weeks of Cognitive Behaviour Therapy.</p> <p>Joe's school have implemented a red card system which allows him to leave the classroom and seek help from named staff whenever</p> |

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| | <p>necessary.</p> <p>Joe is now able to attend school regularly. He is able to rationalise his thoughts with support / reassurance from adults.</p> <p>What still needs to be worked on:</p> <ul style="list-style-type: none"> • Joe would like psychotherapy to further explore and understand where his fear of sick stems from and practise using CBT techniques without adult intervention. |
| History | <p>Key events</p> <p>Diagnosis: Joe has been diagnosed with an Acquired Brain Injury, ASD, OCD and a Generalised Anxiety Disorder. The diagnosis has been agreed with Joe. Date of diagnosis: March 2009</p> <p>Presentation:</p> <ul style="list-style-type: none"> • Symptoms /difficulties: Joe has presented with extreme anxiety, panic attacks, lack of appetite and sleep issues. He is suffering with ongoing stomach pain. There is evidence of self harm by picking at parts of his arms and stomach. Joe has had issues with angry outbursts which resolve within a few minutes. • Joe comes from a single parent household and has a younger brother who also has a diagnosis of ASD. • There has been no risk of harm to others. <p>Current medication: 20mg Fluoxetine</p> <p>Other services Joe has had contact with whilst seeing Anne Smith: Dr Abbas , paediatric psychiatrist Autism Outreach Team for support at school BIBIC charity for support with Acquired Brain Injury Dr Large, Community Paediatrician for treatment of continued stomach pain.</p> <p>Reason for discharge from psychology service: Completed set course of CBT treatment</p> |
| Clinical Involvement History | <p>Anne Smith has led 6 CBT sessions with Joe. Joe responded well to challenging negative thoughts and distraction techniques. Joe is more successful when he has adult support. Joe feels unable to use any self help techniques once his anxiety is high.</p> <p>Joe felt that whilst CBT improved his generalised anxiety, it was not targeted enough to improve his phobia of sick.</p> <p>Joe has previously had play therapy sessions. He found these particularly unhelpful because he found them an uncomfortable experience.</p> |
| Specific Needs | <p>Appointments:</p> <ul style="list-style-type: none"> • Preferred appointment times: within school hours so that Joe can attend with his mum while his younger brother is at school. • Preferred venues: at the same clinic. Swapping venues causes anxiety. |

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| | <p>Clinician preferences: a regular clinician is vital, ASD means that meeting new people causes anxiety.</p> <p>Engagement barriers: Joe tends to say what he thinks would make the clinician happy. It is important that the clinician checks all responses. Joe is less likely to engage if he is missing something that he feels is important at school. He particularly dislikes missing science lessons.</p> |
| Proposed / suggested support | <p>Joe needs continued contact with paediatric psychiatrist and explore the possibility of targeted psychotherapy around his fear of sickness. Joe would benefit from a referral to Occupational Therapy for a sensory assessment.</p> <p>Joe would like clinicians to share all information with his mum.</p> |

Signed: Joe Bloggs
Signed: Anne Smith

Date Passport Issued: 01.01.2015