

CAMHS REFERRAL CRITERIA

INFORMATION FOR REFERRERS



Introduction

This guidance document is intended to assist those in front line services to know how to refer to NHS Forth Valley Child and Adolescent Mental Health Services (CAMHS) and to explain the care pathways that referrers should expect from Child and Adolescent Mental Health Services. The guidance aims to improve access to CAMHS for those children and young people who need it most and ensure that children and young people who access the service are seen in a timely manner. The guidance also aims to explore what should be expected in the event of an emergency or crisis. Additionally it is designed to offer suggestions as to other sources of help where appropriate. The Guidance attempts to reflect our work with all relevant agencies to ensure that services for children and young people with mental health problems are coordinated providing a holistic approach. In the production of the Guidance we have liaised and consulted with key groups of referrers and would like to take the opportunity to thank them for their efforts. We would also like to thank young people who have researched and made suggestions about websites and materials *they* have found helpful (Appendix 1)

NHS Forth Valley CAMHS

NHS Forth Valley CAMHS provides specialist and targeted assessment as part of a tiered system which includes both stepped care (as a problem becomes more severe in nature the type of help that is available becomes more specialised) and matched care (the idea that there should be an accurate and properly informed match of need to provision at the earliest stage of a child or young person's presentation).

The following describes in more detail the services provided at each tier of CAMH service operation.

Tier 2

Mental health practitioners working at Tier 2 level within NHS Forth Valley are called Primary Mental Health Workers who are CAMH specialists working in teams offering targetted interventions (although they may also work as part of Tier 3 services). However targetted interventions are also offered by other professionals e.g. school counsellors, educational psychologists and counsellors working in GP practices, paediatric clinics, schools and youth services. FV CAMHS PMHT offer consultation to families and other practitioners. They provide an initial assessment and identify severe or complex needs requiring more specialist intervention and or assessment (which may lead to treatment at a different tier). They also offer training to practitioners on child mental health generally and have a role to build capacity and confidence of other services to intervene with children's emotional mental health and wellbeing. As a targetted service, there is some expectation that something has been attempted at Tier 1 or by universal services.

Tier 3

At this tier, CAMHS offers specialist diagnostic assessment and the provision of specialist psychological, systemic and/or pharmacology therapy. Intervention at this stage is provided to children and young people who are experiencing moderate mental health difficulties which are having a **significant impact on daily psychological /social/ educational functioning**. We would expect children to be experiencing pervasive difficulties or that their difficulties are proving a barrier to education. In these circumstances we expect children to be on some form of staged intervention and or have their own education plan and would encourage the Team Around the Child or Named Person to make the CAMHS referral on completion of the Children's Plan Form 2A

(see Appendix 2) Referrals completed in this way also ensures that services are working in a coordinated way to ensure children receive the right help at the right time.

Tier 4

Tier 4 encompasses essential tertiary level services such as intensive community treatment services, day units and inpatient units. Within FV these are generally services for the small number of children and young people who are deemed to be at greatest risk (of rapidly declining mental health or serious self harm) and/or who require a period of intensive input for the purposes of assessment and/or treatment. NHS Forth Valley have no access to day units or have their own inpatient units therefore they aim to deliver wrap around care to those most in need which usually involves several members of the T3 team. A Consultant Child and Adolescent Psychiatrist or Clinical Psychologist is likely to have the clinical responsibility for overseeing the assessment, treatment and care for each Tier 4 patient and often these young people require a multi disciplinary team.

NHS FORTH VALLEY CAMHS Team

NHS Forth Valley CAMHS are multidisciplinary teams who offer targeted and specialist assessment and intervention for children and young people 0 – 18 years who are experiencing mental health difficulties.

Team	Location	Telephone No.	Email
North CAMHS	OPD 3, Stirling Community Hospital, Livilands, Stirling, FK8 2 AU	01786-454546	Uhb.northcamhs@nhs.net
South CAMHS	The Manor, Brown Street, Falkirk, FK1 4PX	01324-610846	Uhb.southcamhs@nhs.net
Primary Mental Health Team	OPD3, Stirling Community Hospital, Livilands, Stirling FK8 2 AU	01786-454546	Uhb.northcamhs@nhs.net

National Referral Criteria

National Guidance on defining CAMHS referral criteria thresholds have been produced by the Scottish Government CAMH Delivering Board in September 2009 and are largely unchanged. It defined referral criteria for specialist (T3) CAMHS as follows::

2009 Referral Criteria Guidance

Condition 1 (basic threshold)

- A child/young person* has or is suspected to have a mental disorder or other condition that results in persistent symptoms of psychological distress.

Condition 2 (complexity and severity threshold)

There is also the existence of **at least one** of the following:

- An associated serious and persistent impairment of their day to day social functioning.
- An associated risk that the child/young person may cause serious harm to themselves or others.

Where there is evidence of an associated significantly unfavourable social context (**e.g.** a child in care, a sibling, a parent or carer with significant mental or physical health problems, a child who has been the victim of abuse or who has experienced domestic abuse) a multidisciplinary approach should be taken ensuring appropriate inclusion of relevant agencies.

Acceptance Criteria

CAMHS have a single referral point so referrers cannot refer direct to a specific tier eg T2. FV CAMHS have experienced a significant increase in referrals and we can only accept referrals into T2 if the presenting difficulties meets the basic threshold ie Condition 1 ie persistent symptoms of psychological distress.

We would expect the referrer to have met the child and to have discussed and got agreement to any referral to CAMHS being made.

For those referrals that do not meet our referral criteria, the team will endeavour to signpost to the most appropriate agency. CAMHS cannot be expected to see children/young people due to the lack of availability of other resources or support services. Other agencies have a role to play to support and sometimes assess children and young people with emotional health and wellbeing issues and families should be encouraged to seek out support from universal services in the first instance. They in turn can refer to CAMHS if this support has not achieved success or concerns exist.

It is essential that we receive good quality information to help us to assess urgency and suitability of service and need as much information as possible about the current mental health concerns and what impact these are having on the child or young person. You may want to consult with the child's Named Person if you are not sure you have enough relevant information.

Who Can Refer

We accept referrals from any agency working with children, but all non-health referrers must inform the child or young person's GP of the referral and complete Child's Plan paperwork. See appendix 2

How to make a referral

All children and young people should be seen by the referrer prior to the referral. The referral should be fully discussed with the child or young person and with their carers. Where appropriate referrers should consider the motivation of children / young people and their families to participate in therapeutic work. **For referrals of eating problems please provide current weight and height, and the speed and amount of any changes in these.**

All referrals should be addressed **to the team** rather than to any individual professional. The referral route for health professionals and other professionals are slightly different:

Health Professionals: GPs and those who have access to SCI Gateway	Non-Health Professionals e.g. Schools, Family Support Workers, Social Workers
CAMHS hope to be live on SCI Gateway by April 2016. Until then a letter referral can be accepted including the option of completing Request for Assistance Form-see Appendix 2	Complete and send Child's Plan Forms 1, 7 and 8 alongside an appropriate assessment form ie 2, 3 or 6 which will enable CAMHS to progress Requests for Assistance.
Referrals should indicate level of urgency. If you think that the problem may be urgent (e.g. self harm, suicidal ideation, hallucinations or severe eating disorder) then please telephone the relevant CAMHS team to discuss, in the first instance.	
Referrals can be made for a child or young person up to their 18 th birthday (up to 16 years for Learning Disability CAMHS).	
Before making a referral, the agreement of the family and/or the young person should always be obtained and the child should be seen.	

Urgency will be decided by the team based on the severity of the symptoms, their context and

chronicity.

Severity – the mental health difficulties presenting need to have a significant impact on a number of areas of functioning. Interventions for single symptom presentations (e.g. sleeping difficulties, minor eating problems, toileting or behaviour difficulties) should be provided at universal or targeted services (e.g. primary care, Local Service teams) in the first instance.

Context – consideration will be given to systemic or complex risk factors such as parental mental health, history of abuse. Understandable or time limited reaction to external stresses (eg bereavement, family breakdown, physical illness) should be addressed in universal or targeted services as above.

Chronicity – where symptoms have been present for less than 6 months, an intervention at universal or targeted level of service should be tried first (which may include advice or consultation from Specialist CAMHS). However, sudden unexplained change in behaviour that may be indicative of a significant mental disorder should be assessed as a priority.

Emergency criteria is defined as significant and immediate risk to self or others related to mental health/behaviour of child, young person and will be seen within 48 hours:

Urgent Referrals: referrals categorised as urgent will be responded to as appropriate, normally within 4 weeks. Children referred who are currently on the Child Protection Register will be prioritised their referrals categorised as urgent, however the team will require access to all relevant assessments completed and the current Child Protection Care Plan.

Routine Referrals are all other referrals or Requests for Assistance and will be seen within target timescales

What Happens Next

Referrals are reviewed and actioned appropriately by clinical staff who meet regularly. Priority and responsiveness are taken into account and the team may decide to expedite a referral due to the level of need or risk. A reviewed waiting list system is currently in operation. Unfortunately at the time of writing we have to prioritise those children whose mental health is at immediate risk e.g. life threatening eating disorder, psychosis, or those whose mental health is causing immediate risk to themselves and others. For those placed on a waiting list, perhaps self help material may be of use in the interim. See Appendix 1

The skills and authority of all the disciplines are routinely available, shared and deployed as appropriate. The family should be prepared for the worker to be from any of the disciplines.

If accepted the referral goes straight onto our Waiting List and the family will be contacted when their child's name comes close to the top.

Forth Valley CAMHS adhere to national and local Access Policy guidelines which aims to improve access to the service for all children referred.

The Royal College of Psychiatrists have produced a helpful brochure on what to expect from CAMHS which can be downloaded from <http://www.rcpsych.ac.uk/PDF/CAMHS%20inside%20outx.pdf>

Assessment

Following assessment, children are given a formulation, which includes a summary of the salient problems an assessment of risk and a plan of management. Information from assessment and formulation will determine the nature of the young person's difficulties and guide further intervention. Dependent on need, this may involve one or more of the following interventions.

- Individual therapy
- Multi-agency consultation
- Psychopharmacological intervention
- Group work
- Liaison with other agencies
- Referral to alternative/additional service
- Provision of information and advice regarding coping with difficulties

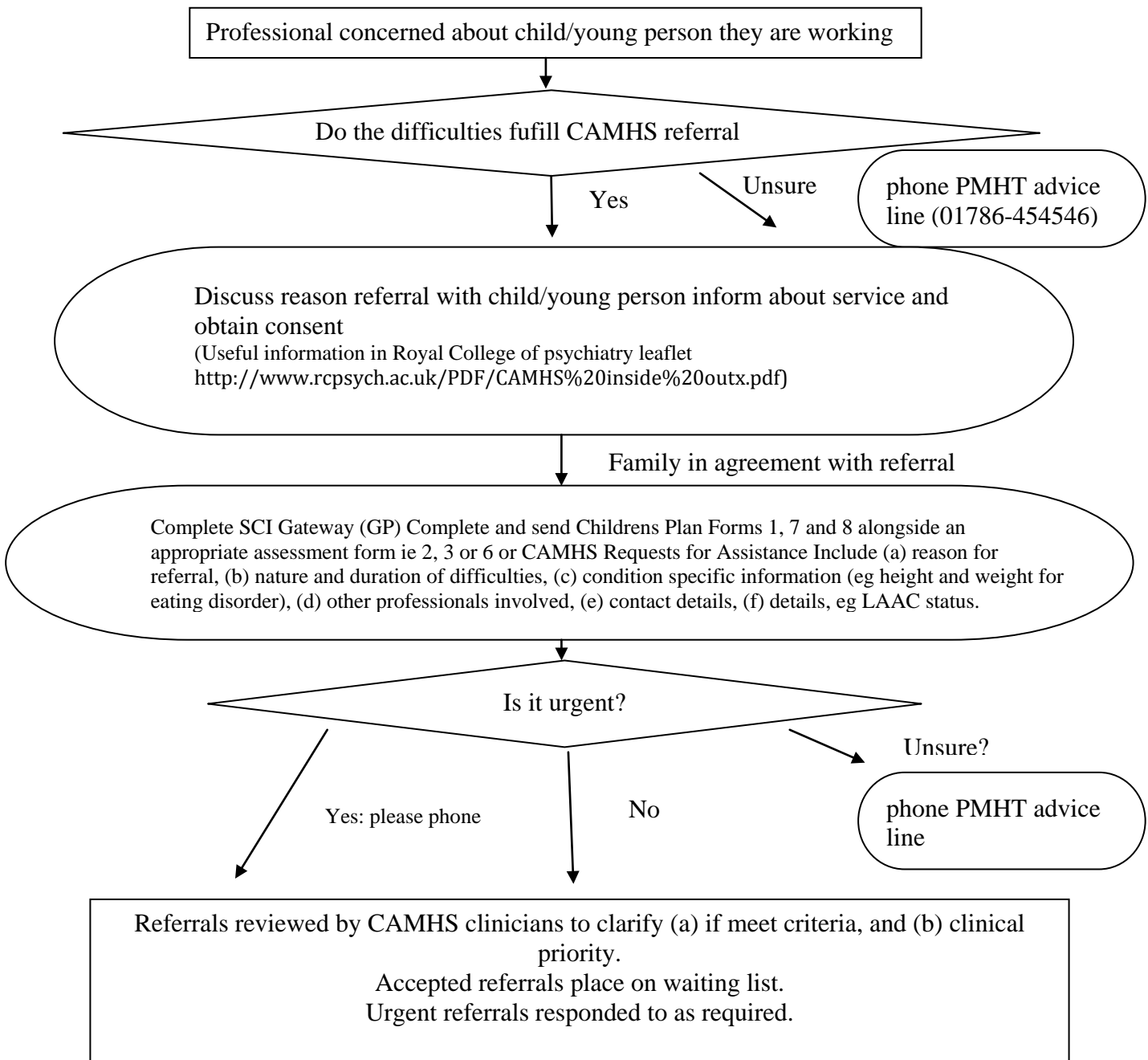
The strength of multidisciplinary CAMHS team-working is that distinct therapeutic approaches can be offered by utilising the different skills of each profession. Thus, it is not unusual for some cases to involve more than one CAMHS team member.

Non Attendance at Appointments

CAMHS Teams follow the NHS Forth Valley Policy on Access and Non-Attendance. If offered an appointment and the child, young person or family does not attend or makes contact then the child will be discharged. We aim to offer 2 reasonable appointments within a 2 week period.

Whilst attending for intervention, if the family fail to attend 2 appointments without contacting the department, the child will be discharged. (this needs checked against the Policy)

REFERRAL PROCESS



REFERRAL GUIDANCE

PROBLEM	DESCRIPTION	REFERRAL PATHWAY	ADVICE
<p>Anxiety: anxiety disorders are the most common type of mental health disorder in children</p>	<p>Anxiety is a normal and common part of childhood. In most cases, anxiety in children is temporary, and may be triggered by a specific stressful event e.g. exams, starting school</p> <p>In some cases, anxiety in children can be persistent and intense, interfering with a child's daily routines and activities.</p> <p>Anxiety disorders include phobias, general anxiety, panic or persistent unexplained physical symptoms, e.g. headache or stomach-ache, where physical cause has been excluded.</p>	<p>Children who show persistent or severe symptoms of anxiety present for over 6-9 months should be referred to Specialist CAMHS.</p> <ul style="list-style-type: none"> Evidence of what has already been tried should be provided. There should also be evidence that child's development or level of functioning has been seriously affected or there has been a sudden deterioration 	<p>For those experiencing difficulties related to exam stress or attending school-school based supports should be attempted prior to referral. See below</p> <p>You may wish to find out more at</p> <p>www.youngminds.org.uk www.anxietyuk.org.uk www.stressandanxietyinteenagers.com www.anxietybc.com</p> <p>Mindshift is an excellent website and downloadable App for young people)</p>
<p>Separation Anxiety Disorder/School Refusal</p>	<p>It is likely that children presenting with these difficulties will be known to schools and to their support services</p> <p>Schools and education departments also have their own resources (e.g. family support workers, educational psychologists and behavioural support services) which will need to be exhausted prior to referral.</p> <p>For those refusing school we would anticipate the involvement of Educational Psychologists, the Interrupted Learners Service or Family Support Workers.</p>	<p>A summary of school / education department involvement and action will be essential before a referral can be accepted therefore we would normally expect a child to be subject to Staged Intervention or have a Childs Plan. (IAF)</p> <p>CAMHS will not accept referrals for school truancy only and referrers should consult with education in the first instance.</p> <p>You may want to discuss your concern with school first. The Educational Psychologist can refer to CAMHS if required.</p>	<p>You may wish to find out more at:</p> <p>www.handsonscotland.co.uk/topics/anxiety/school_refusal.html</p> <p>http://www.anxietybc.com/parent/separation.php</p> <p>Psycho-educational material and useful video for parents.</p> <p>Family Support Workers working within Education aim to get involved when attendance falls between 70% and 80%</p>
<p>Bereavement: Grief is the normal response to the loss of a loved one. Although painful for everyone including professionals, you may wish to give the child & family some time to experience a normal grief process</p>	<p>Children's response to grief can be varied, dependent on age and cognition.</p> <p>Quite often it can be the subsequent change in circumstances or other family members' reactions that can prove difficult for the child.</p>	<p>If the child is experiencing significant distress and / or difficulties following a bereavement / loss that has occurred in extreme circumstances (e.g. trauma, illness, suicide or accident) you may want to refer to specialist CAMHS</p>	<p>You may wish to consider referral to Cruse Bereavement Care Scotland who offer confidential counselling support to anyone who has been bereaved, this includes children and young people (0845 600 2227)</p> <p>www.crusescotland.org.uk/Support/Central.html</p> <p>Also</p> <p>www.rd4u.org.uk www.winstonswish.org.uk www.childbereavement.org.uk</p>
<p>Neuro Developmental</p>	<p>This would also include worries regarding ASD</p>	<p>Early intervention with Neuro Developmental Disorders</p>	<p>Developmental difficulties often come to light when a</p>

<p>Difficulties (NDD) These difficulties are nearly always seen within the context of a child's circumstances, and often present in the form of difficult behaviours.</p>	<p>(Autism Spectrum Disorder) or ADHD Difficulties which may impact on daily living and are criteria which could support a referral include:</p> <ul style="list-style-type: none"> • Significant delay in acquiring appropriate social skills • Significant difficulties with the child's peer relationships • Unusual or very fixed interests and bizarre or unusual behaviours • Marked preference for routine and difficulties in adapting to change 	<p>(NDD) may include monitoring/watchful waiting.</p> <p>Families with children with NDD should already have received significant advice and intervention from other named professionals therefore we will only accept referrals on Childrens Plan paperwork with supporting documentation from schools or Team Around the Child etc.</p>	<p>child gets older i.e. throughout the course of their development.</p> <p>www.incredibleyears.com www.angermgmt.com www.aspergersyndrome.org</p> <p>National Autistic Society offers information and support http://www.autism.org.uk/</p>
<p>Learning Disabilities: this is also known as Global Learning Disability normally evident from early childhood and defined as significant impairment of intellectual functioning including impaired social functioning, communication social skills and daily living skills</p>	<p>Learning disability on its own is not grounds for referral to CAMHS. For CAMHS to become involved there have to be concerns about a mental health problem in those already identified as having a Global Learning Disability and an associated behavioural or mental health problems,</p> <p>Children and young people with a learning disability can present with any of the mental health problems described in this document but their presentation may be complicated by factors such as communication difficulties and sensory sensitivities</p>	<p>CAMHS do not conduct initial diagnostic assessments for global learning disability. Paediatricians and pre school assessment teams assess children for global learning disability.</p> <p>CAMHS has a small specialist team of clinicians who will accept referrals for concerns relating to the mental health of such children up until their 16th birthday</p>	<p>www.cafamily.org.uk</p> <p>Contact a Family provides support, advice and information for families with disabled children, no matter what their condition or disability. Tele: 0808 8083555</p> <p>Children 16 and over should be referred to adult learning disability services. Given the specialist needs of these children, referrals sent to CAMHS are dealt with slightly differently.</p>
<p>Obsessive Compulsive Disorder (OCD): involves both obsessions and compulsions that take a lot of time and get in the way of activities.</p>	<p>Obsessions (intrusive repetitive thoughts) Compulsions (repetitive, ritualistic, unwanted actions) These will be either distressing or disabling and interfere with the child's functioning across settings e.g. school and home. This behaviour can also be as the result of anxiety or a change.</p>	<p>When considering specialist referral the situation has to be distressing, disabling and interfere with the child's day to day functioning ie present at home and at school.</p> <p>Phone PMHT Advice line for more information or to discuss.</p>	<p>This behaviour can often be due to a change therefore establishing normal routines may affect a positive change www.ocdyouth.ipa.kcl.ac.uk Info site run by Royal Maudsley Hospital on OCD www.ocduk.org</p>
<p>Depression: disturbances of mood, sleeping, irritability, decrease in energy, social isolation, school performance is affected and thoughts of self-harm have been expressed</p>	<p>Low mood is a normal part of childhood and in most cases is temporary and might well resolve on its own.</p> <p>In order for referral to CAMHS to be appropriate difficulties should be more than age appropriate variation of mood. There should be a significant change from previous levels of functioning</p>	<p>Discuss with PMHT via the Advice Line</p> <p>GPs may advise and review prior to referral as often difficulties can resolve without intervention</p> <p>For persistent symptoms, or if concerns exist regarding suicidal thoughts it would be appropriate to refer. A</p>	<p>For more info: www.moodjuice.scot.nhs.uk/d/epression.asp www.shapeofmind.scot.nhs.uk www.depressioninteenagers.com www.beatingtheblues.co.uk www.breathingspacescotland.co.uk</p>

	and an impact on daily living. Bipolar disorder is rare in children and relatively uncommon in adolescents.	description of symptoms is helpful-avoid using depression and depressed as a descriptive term.	
Post Traumatic Stress Disorder / Acute stress disorder; due to exposure to one or more traumatic often life threatening events	PTSD is linked with an extreme traumatic stress involving direct personal experience of an event that involves actual or threatened death or serious injury. The event is re-experienced in one or more of the following ways: flashbacks, nightmares related to the event, re-enactment through play, intense emotional arousal, numbness around memories and physical symptoms such as tummy aches and headaches.	It is important to know whether there are legal proceedings pending and to establish who wishes to establish the severity of the symptoms. For example is someone asking for help or is the main concern a wish to support some legal case	Where children and young people are currently experiencing trauma such as domestic violence a referral to other agencies such as Social Work. Psychological intervention is unlikely to be possible where the child's living situation continues to be insecure and traumatic e.g experiencing domestic violence.
Psychosis: Rare in children and adolescents but may involve transient states or short episodes of delusions, hallucinations, disorganised speech or behaviour	As manifested in thought disorder, delusions, perceptual disturbances, hallucinations	Referral to specialist CAMHS is indicated. If urgent, contact CAMHS within normal working hours. Outside this time contact out of hours mental health services if emergency assessment is required.	www.rcpsych.ac.uk/mentalhealthinfo/mentalhealthandgrowingup/psychoticillnessyoungpeople.aspx
Self Harm (without suicidal intent): overdoses & other serious self harm. This is rare in children under 12 years of age.	Deliberate self harm without suicidal intent takes many forms and can be seen as a way of dealing with difficult feelings that build up.	If you feel concerned that the self harming behaviour is indicative of a disturbance of emotional and psychological well-being then you should refer to CAMHS.	Self harm can be very anxiety provoking for professionals. Additional information/resources can be found www.selfharm.uk.org www.harmless.org.uk/downloads NHS FV also offer free training e.g. ASSIST & MH First Aid (contact NHS Health Promotions)
Self Harm with Suicidal Intent: Suicide Ideation	Deliberate self harm with suicidal intent should always be taken seriously. However the decision to attempt suicide is often a hasty one – following arguments with family, friends and partner..	Overdoses and other serious self-harm should be sent directly to A&E in the first instance. The ward or hospital will then refer on to CAMHS Referrals from hospital will be prioritised & referral protocols are already in place.	It is important to establish if the intent was to end one's life Please let us know if there are any difficulties in getting the young person to attend follow up appointments
Eating Disorders Anorexia: is characterised by a refusal to maintain a minimally normal body weight or an intense fear of gaining weight. Bulimia: is	Where there is concern in relation to an eating disorder it is advisable to discuss with GP in the first instance to think about medical investigations (blood, weight, height BMI etc) prior to referral . Sometimes the school nurse is a good source	CAMHS are likely to offer a sooner appointment if the young person has a BMI below 18 or recent rapid weight loss with no physical cause, If there is some concern that a young person has some distorted thinking or body	This is an example of the sort of screening questions that can be helpful however any decision on referral will be based on relevant history and clinical presentation <ul style="list-style-type: none"> Do you make yourself sick because you feel uncomfortably full?

<p>characterised by binge-eating and purging and maintaining adequate body weight.</p>	<p>of support in helping to weigh a child you suspect may be of low weight.</p> <p>It is important that a young person has a physical check with their GP or School Nurse. This not only gives us some ideas re BMI but assists with prioritisation as we would want to prioritise those children with low BMI.</p>	<p>image then you may still refer</p>	<ul style="list-style-type: none"> • Do you worry you have lost control over how much you eat? • Have you recently lost more than 1 stone in a 3 month period? • Do you believe yourself to be Fat when others say you are too thin? • Would you say food dominates your life? <p>If the young person answers yes to 2 of these questions consider referral.</p> <p>www.b-eat.co.uk</p>
<p>Children / young people Looked After or Looked After Away from Home: those known to social services, LAC, LAAH, or families with longstanding problems and a poor history of engagement</p>	<p>Children are looked after and looked after away from home for many varied reasons. Their legal situations are also very varied and complex.</p> <p>Referrals for children in this category need to identify whether a child or young person has a mental disorder or other condition that results in persistent symptoms of psychological distress, as well as an associated serious and persistent impairment of their day to day social functioning. OR, an associated risk that the child/young person may cause serious harm to themselves or others</p> <p>Difficult or complex behaviour is not always a sign of mental health disorder.</p>	<p>CAMHS national priority criteria indicates that those referring children who are looked after should first consult with CAMHS teams. Our usual first step on receiving a referral for a looked after and/or accommodated young person is to discuss the situation with the Social Worker in order to ensure a co-ordinated approach as well as not subject the child to unnecessary further assessment. We would need to know how the child is affected by their symptoms i.e. how is their day to day functioning affected.</p>	<p>If concerns exist they will have been discussed in multi agency groups. Local authority and CAMHS aim to work together to provide a common, coordinated framework across all agencies that support the delivery of appropriate, proportionate and timely help to all children as they need it. This includes not subjecting children to multiple assessments or to repeat information that other agencies hold. It is therefore important that professionals utilise their existing referral protocols into our Service rather than suggest to the family that they attend their GP.</p>
<p>Early Years: Significant emotional or behavioural difficulties 0 – 5 years</p>	<p>With this age group it is unusual for CAMHS to offer direct intervention. The normal referral route being from CEAT, Prefcat etc which are community pre school assessment teams. This route is coordinated and multi disciplinary.</p>	<p>Refer to health visitor or to Paediatrician. CAMHS involvement with this age range should be secondary not primary. Concerns about development and/or behavioural problems should have already received significant advice and intervention from other named professionals such as paediatricians, health visitors, social workers and educational support services including within Nursery.</p>	<p>Often with these types of difficulties the relationship between the parent and child is the actual patient; therefore it is useful to know what has already been attempted.</p> <p>Parent training programmes are available across Forth Valley.</p>

RESOURCES

There are lots of Self-help publications that you can access on line and via Internet searches. It is also considered good practice for charities and organisations, including the NHS, to provide accessible information to people about their condition and treatment.

Self-help materials and interventions have been thought helpful as a psychological intervention in their own right as well as a good starting point to therapist-delivered care. Such interventions have been referred to as 'psychoeducation' which is a general approach involving the provision of therapeutic information, written/video or web based materials as well as support and advice from professionals. Many self help materials use a cognitive, behavioural or problem-solving approach which many young people have found have helped them, and they don't feel the need to attend CAMHS- whilst for others it has provided information and is a good starting point.

Therefore we have a Self Help Resources Leaflet that can be printed off and given to families. See Appendix 1

All information and resources has either been recommended to us by young people or parents who have used the material, or is from a reliable source.

While all attempts have been made to verify information provided, CAMHS cannot accept responsibility for errors, omissions or contrary interpretation of the self help subject matter therein.

