Specialist Community Children’s Services

Referral Guidelines for the
Child and Adolescent Mental Health Services (CAMHS) and Learning Disabilities (LD)

INTRODUCTION

Specialist CAMHS/Learning Disabilities service provides evidence-based services for children and adolescents suffering from severe and complex mental health issues which have a significant impact on the child’s development and causes distress to the child and/or carers. Services are provided in clinics, schools, early years settings and in families’ homes. CAMHS staff often work as part of a multi-agency team and also provide consultation and training to staff from other agencies who work with children.

DEFINITIONS

SEVERE AND ENDURING MENTAL HEALTH PROBLEMS

Severity
Specialist CAMHS will accept referrals of children and young people whose symptoms or distress and degree of social and/or functional impairment are severe and where there is likelihood that the child or young person has a severe mental health disorder.

Duration
Usually, the duration of these difficulties should be not less than three months.

For severe/life-threatening conditions (see below) and for other conditions where there is severe impairment of functioning, the referral should be made immediately and discussed with a senior member of the CAMHS team.

Case Complexity
Specialist CAMHS will accept referrals where there is a high level of case complexity. This might include, for example, multiple risk factors, complex family problems and child protection concerns.
Please note that any child protection concerns should already have been reported to the statutory agencies prior to referral.

Timing of the Involvement of Specialist CAMHS Services
Despite the apparent intensity or severity of a problem when it is first identified, an important issue for the child/young person and family is the timing of the involvement of specialist CAMHS services. This should be discussed carefully with the parent(s) and the child/young person because they are best placed to know when they are ready to engage with services which might lead to a programme of treatment that will require their involvement.
AGE RANGE AND ACCESS

1. Children aged 0-18 years with consent from the person with parental responsibility (Children between 13 years and 16 years (if Gillick competent) can give their own consent but should be accompanied by a caregiver to the first appointment)
2. Children registered with a North Somerset GP, even if children are attending a school in another county.
3. Children ‘Looked After’ by North Somerset Council, where practically possible
4. Children ‘Looked After’ by other Local Authorities but placed in N. Somerset, where medical follow up by local CAMHS/LD is impractical. Information about the Local Authority who has responsibility for the child will need to be included in the referral, otherwise it will not be accepted. An extra-contractual referral agreement may be required.
5. For young people aged 17 years and 6 months who have more serious psychiatric disorders referral can be to either AMHS or CAMHS who will decide on the most appropriate service provision.

EXAMPLES OF PROBLEMS

- Aggression/conduct problems which significantly impacts on everyday functioning.
- Parent/carer/relationship problems with complex and severe behavioural difficulties in the child.
- Depression and mood disorders.
- Attempted suicide and deliberate self harm that poses a risk to safety which significantly restricts every day functioning.
- Anxiety and obsessive compulsive disorder which significantly impacts on everyday functioning.
- Eating disorder
- Hyperactivity and attention deficit disorders which significantly impairs daily functioning.
- Post traumatic stress disorder
- Psychoses
- Consequences of sexual, physical or emotional abuse following initial therapeutic treatment via social services
- Complicated bereavement and loss
- In children with moderate to profound LD - Complex sleeping, eating, toileting or behavioural difficulties.

The CAMHS Learning Disabilities Team (LD Team)

The LD team is part of CAMHS and as such follows the same referrals guidelines. The LD team will accept referrals for children and young people with moderate, severe and profound learning disabilities. Children with mild learning disabilities are supported within mainstream CAMHS.

The CAMHS-LD service does not routinely assess I.Q scores for children and cognitive attainment levels are mostly obtained through school reports or Educational Psychologists’ assessments.

‘Learning disability’ does not include all those who have a ‘learning difficulty’ (e.g. Dyslexia’). (Valuing People, DOH, 2001).
STATUTORY WORK

This includes medical advice for Educational Health Care Plans (EHCP).

HOW TO REFER

Complete the Single Point of Entry form and send to the address on the form and attach any supporting information which would be of help.

There is always someone available for advice if you are not sure what is appropriate.

CONSENT

It is expected that informed consent for the referral has been obtained from someone with legal parental responsibility for the child or young person. Young people aged 16 and above can consent to a referral in their own right. Some young people under 16 may consent to a referral and request that their parents are not informed. In this case it is expected that the referrer has decided that he young person has Gillick competency and has considered the risks and benefits of not informing the parents or carers of the referral.

WHO CAN REFER

Referrals to the CAMHS Service are accepted from: - Health (GP’s, paediatricians, health visitors, school nurses), social workers, educational psychologists, education welfare officers, Youth Offending Team, Head teachers of Special Schools. SENCos at secondary schools who have had attended training on referral to CAMHS

HOW TO DECIDE WHAT IS NOT AN APPROPRIATE REFERRAL

- Learning disability as the primary problem without mental health or complex behavioural issues
- Reaction to external life crises that is likely to resolve with time or with general counseling or advice from other agencies. (e.g. bereavement, divorce)
- School related problems or educational difficulties where the dynamics are primarily in the school or where the intervention is more appropriately carried out by the education service.
- Substance abuse unless there is a significant associated mental health problem

Cases that do not meet the referral criteria may be returned to the referrer.

WHAT WORK NEEDS TO BE DONE BEFORE MAKING A REFERRAL

Direct assessment
The child or young person needs to have been seen in person and assessed by the referrer prior to making a referral to the service.

Intervention by frontline staff
It is an essential requirement before a referral can be accepted into specialist CAMHS that attempts have been made by frontline staff (e.g. primary health care staff, school staff, school health nurse, CYPS staff) to resolve the child / young person’s difficulties or problems before making a referral. Many children/young people can be helped in this way and, generally, it is better if the problems can be resolved without the need to identify the child/young person with mental health services though we are always happy to consult / advise as necessary.
Likelihood of Attendance
If the referrer knows that a family has found it difficult to attend for CAMHS appointments in the past, the referrer will be asked to consider how they can help the family to engage with CAMHS this time before making the referral. We will also need to know from you, the referrer, what we can do to try to ensure the family’s engagement.

CYPS Assessments
For referrals from CYPS, a social work Initial or Core Assessment, or a Common Assessment Framework (CAF) assessment needs to have been completed before referral to CAMHS.

ETHNICITY MONITORING
Please note that we have a legal requirement to monitor ethnicity as defined by the child or young person themselves or by a parent with legal parental responsibility in the case of a young child. This means that the ethnicity section on the referral form must be completed please.

WHAT WILL HAPPEN NEXT?

- All referrals will be acknowledged to the referrer/parents/carers/GP within 7 working days
- Referrals will be reviewed by the relevant team in CAMHS who will contact the referrer if further information is required or if the referral does not fulfil the referral criteria.
- Parents/carers/young people will receive a letter giving them information on how to book an initial appointment.