

November 2011

Specialist CAMHS in Hampshire Referral Criteria and Guidance

CAMHS is commissioned to provide mental health treatment and intervention for children, young people and their families across Hampshire, excluding the unitary authority areas. Children and young people who reside here but are under the care of a local authority other than Hampshire County Council remain the responsibility of the placing authority. As such CAMHS is not commissioned to provide ongoing intervention to this cohort. We do, however, respond to mental health emergencies for these young people.

During the life of the CAMHS contract, waiting times will be reduced to 4 weeks for a routine referral across the county. At present, emergency cases will be seen within a maximum of 48 hours and urgent referrals within 4 weeks (where the routine wait is longer than this).

For young people who are in the care of Hampshire County Council please see the attached flowchart for priority access as a recognised vulnerable group. This will remain in place until the waiting time for routine referrals is reduced to 4 weeks.

Assessment routes for Autistic Spectrum Disorder vary across the county and whilst we will be working in partnership with colleagues in partner organisations to clarify appropriate assessment routes, primary school age children should be referred for assessment to alternative agencies unless there is evidence of significant mental health difficulties. Young people of secondary school age should be referred to CAMHS for assessment.

Guiding Principles

1. CAMHS is commissioned to provide services for all young people with mental health difficulties up to the age of 18 (19 if the young person has learning disabilities) including vulnerable targeted groups such as children in care.
2. All areas currently operate a rota of clinicians available to respond to emergency referrals in working hours.
3. The referral criteria will be amended in light of work done with partner organisations.
4. Referrals will be accepted from all health, education and children's services professionals and from young people/families themselves.

Criteria

These criteria (which will be reviewed in 12 months time) are a guide for potential referrers to decide which of the three categories a case could fall into, whether a referral is appropriate and takes into account the work towards creating equity of access across Hampshire:

Categories:

- A. Where referral for consultation or treatment is likely to be appropriate;
- B. Where referral for consultation only is likely to be appropriate;
- C. Where referral is likely to be inappropriate.

Prior to making a referral and particularly if there is any doubt about the appropriateness, referrers may wish to discuss the case with a Primary Mental Health Worker or a CAMHS clinician. In the coming year CAMHS will be establishing local professional consultation lines.

Referrals are assessed on a continuing basis to ensure that those requiring a quick response are given highest priority.

Referrals should be sent by post or fax to the appropriate number on the list attached and will be allocated according to clinical need.

Category A

Referrals for consultation and/or treatment and **ARE LIKELY** to be appropriate when:

1. There is concern that a child/young person is developing a significant psychiatric disorder, for example displaying psychotic symptoms, mania, schizophrenia or an affective disorder such as significant depressive signs, an eating disorder, obsessive-compulsive disorder, anxiety disorder etc. A young person whose primary presenting problem is substance misuse should be referred to Catch-22. Dedicated CAMHS time is allocated to working in partnership for those young people who also have an underlying mental health issue. The presence of substance misuse does not preclude a referral to CAMHS where a mental health difficulty which meets the referral criteria is also present.
2. A child/young person who is presenting with significant and/or escalating self-harming behaviour where there is also evidence of an underlying mental health issue and/or the self-harm is likely to cause lasting damage or ongoing mental health difficulties.
3. A child/young person presents with symptoms of distress that are unusually prolonged or disabling secondary to an event (e.g. physical, emotional, sexual abuse, bereavement, and divorce) or other potentially traumatising family, environmental or physical influences.

*In cases of trauma or abuse, it may be preferable that any court proceedings have been completed. Therapeutic work is best done when a child/young person has had a period of time (**up** to six months during which consultation can be provided) to recover from the experiences and is living in a safe and containing environment which will be able to bear the emotional distress that therapy may initially invoke within the child/young person. Where a child is already known to CAMHS our opinion can be used to inform court proceedings **in partnership** with the local authority. Other scenarios will be considered on a case-by-case basis.*

Where a child is unable to be contained due to the nature of their distress and there is risk of placement breakdown then consultation can be offered in the first instance.

4. There are significant family relationship difficulties, which are leading to impairing mental health symptoms within the child/young person.
5. A child/young person has a developmental delay including tourettes/tics, moderate learning difficulties, or autistic spectrum disorder and there are mental health symptoms or complex presentations.
6. A child/young person is exhibiting over-activity, impulsivity and a degree of distraction/inattention which is appreciably inappropriate for the child/young person's developmental age. Moreover these behaviours are observed as impeding the child/young person's capacity to engage and access the school curriculum and general social interactions with peers and adults.

Category B

Whilst specialist CAMHS may be able to provide a useful consultative role, referrals for ongoing treatment ARE NOT LIKELY to be appropriate when:

1. The primary concerns are of a social welfare nature e.g. care and control issues. For example where there is violence within the family, where a child/young person protection investigation is indicated or where there are long-term parenting difficulties that are not responsive to therapeutic input.
2. Where it is clear that the child/young person's symptoms are primarily a reaction to their family environment, and engagement is unlikely until the environmental issues are addressed.
3. We will offer consultation and, in some circumstances, intervention where a child/young person has a chronic illness which is having a significant impact on their mental health or where their emotional difficulties are significantly impacting upon their physical health.

Category C

Referrals ARE NOT LIKELY to be appropriate for assessment or treatment when:

1. The primary concerns are school-based e.g. behavioural symptoms that are only present in school. In such cases we would expect the child/young person to have accessed other resources to address these needs before referral to specialist CAMHS is considered.
2. Other community-based agencies are able to adequately address the needs.

Guidance

Completing a routine referral

To enable an appropriate decision to be made, information will be required on the child's:

1. Behaviours across the home, school and social contexts and the impact on their emotional wellbeing, family relationships and learning;
2. Presenting risks to themselves or others (including substance misuse);
3. Previous interventions and outcomes.

Appendix

Specialist CAMHS in Hampshire

FOR LOOKED AFTER CHILDREN

Flowchart for non urgent referrals for Children in the care of Hampshire County Council

Please be advised this is only for children/young people placed in Hampshire by Hampshire County Council. Services for children placed by HCC outside of Hampshire will be consulted on, on a case by case basis and those placed in Hampshire by other authorities will be subject to the usual commissioning guidance.

All teams have a clinician particularly tasked with working with looked after children. However there will be occasions where young people require an intervention which is more appropriately provided by a CAMHS clinician within the wider team. This will enable children and young people to have access to the full range of interventions offered by the Service and all CAMHS clinicians are skilled to work with this group. In these cases, case co-ordination will remain with the CAMHS Social Worker to ensure appropriate adherence to the legal processes surrounding children in care. Urgent cases will follow the accepted referral/assessment routes through generic teams.

It is recognised that children in care are particularly vulnerable and therefore require timely and responsive assessment and where appropriate intervention.

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Flowchart for non urgent referrals of Looked After Children

