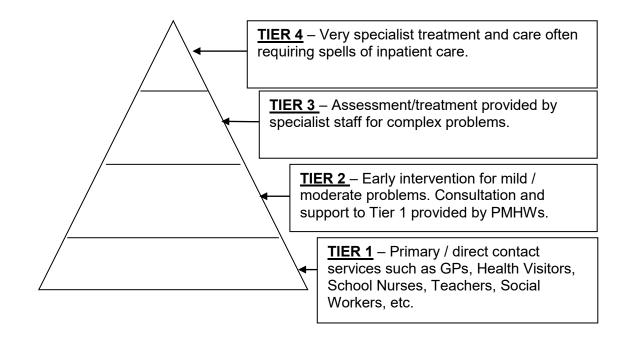
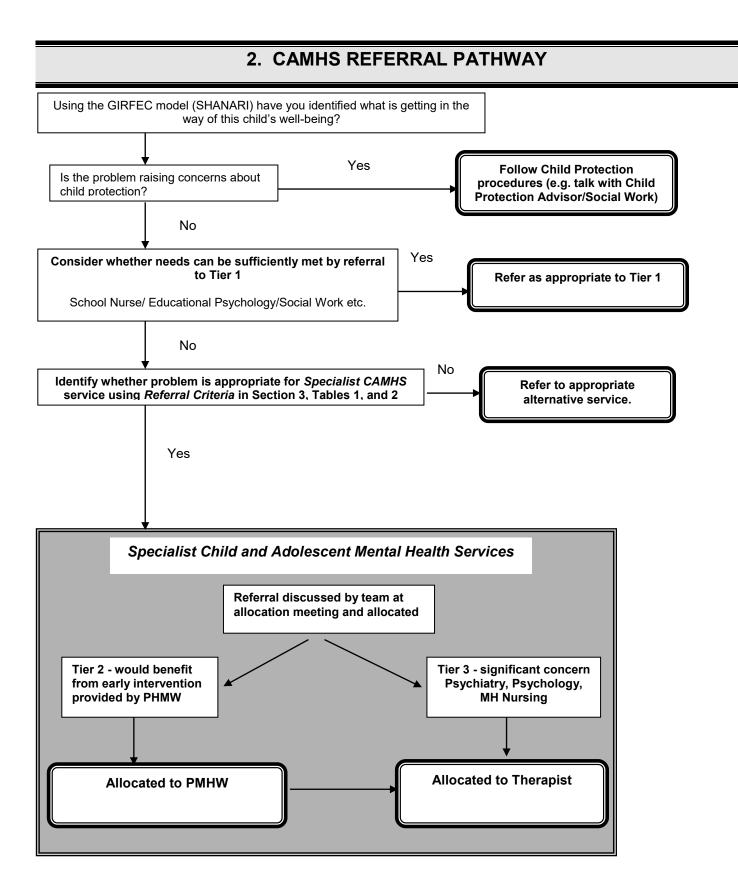
# INTRODUCTION

The attached referral process and referral criteria are designed to help you decide how to refer to the Child and Adolescent Mental Health Service. Children and young people from 0 to 16 years, or until they leave secondary education (aged 17-19), are eligible for referral.

The Health Advisory Service in their report *Together We Stand* used the following Model to describe Child and Adolescent Mental Health Services. This can act as a guide when deciding when and where children with mental health problems should be referred into CAMHS.

# **REFERRING TO CAMHS – TIERS 1, 2, 3, 4**





# 3. Argyll and Bute CAMHS REFERRAL CRITERIA

## Who Can Refer

We accept referrals from the following, but all non-health referrers must inform the child or young person's GP of the referral (e.g. copy referral letter).

- GPs (refer via SCI Gateway)
- Health Visitors
- Social Work Services
- Education Services (Educational Psychologists, Guidance Teachers)
- School Nurse
- Hospital Doctors
- Other Specialist Children's Services

## How to make a referral using the CAMHS referral form.

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, and their agreement to the referral obtained. Where appropriate, referrers should consider the motivation of children/young people and their families to participate in therapeutic work.

As it is often important for us to gather further information from other involved professionals in order to decide how best to proceed with the referral, we would ask that the referrer request the consent of the young person / carer for us to contact non-health agencies (consent required on medical confidentiality grounds) and to indicate on the referral form that this has been done.

All referral forms should be addressed to **CAMHS** rather than to any individual professional.

Outlined below is the referral criteria for specialist Child and Adolescent Mental Health Services (CAMHS) based in Lochgilphead and Helensburgh. Services provided include Psychiatry, Clinical Psychology, Mental Health Nursing, and Cognitive Behavioural Therapy. A range of therapeutic interventions are offered by appropriately trained staff. This is a training department therefore services are also provided by clinicians in training.

You are welcome to phone and discuss a referral in advance.

Please refer to Table 2 for referrals that are **NOT appropriate** for CAMHS.

#### CONSULTATION, EDUCATION AND LIAISON AVAILABLE FROM CAMHS

We offer consultation, education and liaison to assist other professionals and agencies in their management of cases that meet the criteria outlined in table 1 (assessment and intervention). This is a multi-disciplinary consultation team for complex cases or individual consultation can be offered as appropriate (professionals only).

#### ASSESSMENT AND INTERVENTION AVAILABLE FROM CAMHS

Assessments and interventions are offered for the problems detailed below in Table 1.

- Primary referrals are those that should be referred directly to CAMHS.
- Secondary Referrals are those that should be referred to other specialist services first (Table 2).

TABLE 1				
1.1. Primary Referrals: CAMHS	1.2. Secondary Referrals: Other Services			
Affective Disorders/Low Mood/Depression	Chronic Fatigue Syndrome			
Attention Deficit Hyperactive Disorder once seen by Community Paediatrics and possible Indication of Mental Illness is present (ADHD)	Conduct Disorder			
Behavioural and Emotional Problems that are pervasive across settings <b>and have</b> <b>not responded to early intervention</b> (Tier 1)	Encopresis (soiling)			
Complicated bereavement	Enuresis (wetting)			
Coping with Chronic Physical Health Problems/Illness	Issues Arising from Abuse or Neglect			
Eating Disorders	Pain Management			
Obsessive-Compulsive Difficulties/Disorder that have not responded to early intervention (Tier 1)	Pre-school Behaviour Problems			
Phobias <b>that have not responded to</b> early intervention (Tier 1)	Psychosomatic Illness			
Post Traumatic Stress Disorder	School Refusal/Non-attendance			
Psychosis	Substance Abuse			
Severe Anxiety / Panic Attacks and Related Problems <b>that have not</b> <b>responded to early intervention (Tier 1)</b>	N/A			
Suicidal Ideation once seen by GP and concern that possible mental Illness is present	Tourette's Syndrome and other Tic Disorders Community Paediatrics in first instance			

## TABLE 2 1

## ALTERNATIVE OPTIONS FOR REFERRALS <u>NOT</u> ACCEPTED BY CAMHS

### **GIRFEC**

Pre-school children will have the Health visitor as a named person and children at school will have the Head teacher as the named person. The named person is always the Lead Professional until another professional is named via a Child's Plan meeting.

Assessments and interventions are **NOT** offered for the problems detailed below.

- Alternative options for referrals are indicated where available.
- Exceptions are identified.

The following will NOT be accepted by CAMHS	Requests for assistance should be discussed with:	Exceptions
Academic difficulties in school	Discussion and liaison with Educational Psychology (locally based).	
	To ensure a staged approach, please arrange a solution focused meeting via the Head Teacher.	
Assessment for a diagnosis of Autistic Spectrum Disorder	Autism Assessment team or Community Paediatrics.	Children with ASD are not excluded from CAMHS if they meet referral criteria. However, diagnosis of Autistic Spectrum Disorder is NOT made within CAMHS but via the local Autism Assessment Team.
Behavioural difficulties seen in school, but not reported at home	Direct discussion with Educational Psychology (locally based).	Referral will not be accepted to CAMHS unless there is a clear history suggestive of serious mental health problem.
Children and young people outwith parental control	If the child is at serious risk of immediate harm discuss with the duty Social Worker or Child Protection co-ordinator.	CAMHS may be involved after multi- agency interventions. This will only be if there is a mental health problem with which CAMHS is best placed to offer treatment. In some cases consultation may be offered to support front-line professionals.
	If the child is not at serious risk of immediate harm, please liaise with the child's named person as per GIRFEC (above).	

TABLE 2.1 (continued)			
Inclusion/ Peer relationships	Through either discussion or liaison with Educational Psychology (locally based)		
	To ensure a staged approach, please arrange a solution focused meeting via the Head Teacher.		
Legal Assessments (e.g. custody or contact disputes, insurance claims)	Not available on the NHS. Psychologists offering private assessments can be found on <u>www.bps.org.uk</u>	when the child or young person is	
Assessment for a diagnosis of learning Disabilities	Community Paediatrics (locally based).	Children with learning disability are not excluded from CAMHS if they meet referral criteria	

### **TABLE 2 .2**

### ALTERNATIVE OPTIONS FOR REFERRALS NOT ACCEPTED BY CAMHS

#### <u>GIRFEC</u>

Pre-school children will have the Health visitor as a named person and children at school will have the Head teacher as the named person. The named person is always the Lead Professional until another professional is named via a Child's Plan meeting.

Assessments and interventions are **NOT** offered for the problems detailed below.

- Alternative options for referrals are indicated where available.
- Exceptions are identified.

Parenting Assessments (regarding parents' ability to care for their children)	If the child is at serious risk of immediate harm discuss with the duty Social Worker or Child Protection co-ordinator.	
	If the child is not at serious risk of immediate harm, please liaise with the child's named person as per GIRFEC (above).	
Risk assessment and treatment of children who	Social Work Service Youth Action teams:	Specialist forensic services are not available locally.
offend (including children who sexually abuse)	Argyll and Bute Children's services 01546 605517.	
Problems with school attendance issues	Discussion and liaison with Educational Psychology (locally based). To ensure a staged approach, please arrange a solution focused meeting via the Head Teacher.	
MAKI & LORN	MAKI & LORN	
Young people aged between 16 and 18 who are no longer in secondary education	Adult Mental Health Services or Adult Learning Disability Services	
HELENSBURGH All young people up to 19 years are seen by CAMHS.	e.g. locally based Community Mental Health Teams, Psychological Therapies at Argyll and Bute Hospital.	