

# **BRISTOL SPECIALIST CHILD and ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)**

## **REFERRAL GUIDELINES FOR ACCESS TO THE SPECIALIST NHS-BASED CAMHS TEAMS**

The specialist NHS-based CAMHS teams are part of a wider Bristol network of frontline statutory and non-statutory services (e.g. general practitioners, health visitors, education staff, social workers, voluntary sector workers) who regularly engage with children and young people who have emotional, behavioural or mental health difficulties.

This guidance is intended to assist those in these frontline services to know who, what and when to refer to the specialist NHS CAMHS teams. The guidance is also designed to improve access to specialist CAMHS for those children and young people who need it most, whilst at the same time making sure that other sources of help have been tried where appropriate.

We hope that you will find this guidance helpful and you will see that we have also included a weblink at the end which will enable you to explore a range of voluntary and community sector services which may help the child, young person or family about whom you are concerned without you necessarily needing to refer on to the specialist CAMHS team.

### **(1) AGE RANGE**

Specialist CAMHS will accept referrals of children and young people up until their 18<sup>th</sup> birthday.

There are joint adult mental health (AMHS)/CAMHS referral pathways for young people aged 16/17 years who have more serious psychiatric disorder. A referral into either service will be the point of access for obtaining the most appropriate service provision including possible joint AMHS/CAMHS care. CAMHS is most effective where the young person's family are involved in the assessment and recovery.

### **(2) TYPE OF PROBLEM**

Specialist CAMHS services are available to children and young people who have **severe, complex** and **enduring** emotional/behavioural/mental health difficulties.

Specialist CAMHS services are, for example, not appropriate for children / young people who are experiencing a normal reaction to a significant life event (e.g. a normal bereavement or a normal reaction to parental separation).

The following general categories describe the children and young people who will be accepted for specialist assessment and treatment :

(a) **Severe or life-threatening conditions**

Psychosis

Risk of suicide or severe self harm

Severe depressive episode

Anorexia Nervosa

(b) **Conditions leading to severe functional impairment**

Severe Obsessive-Compulsive Disorder (OCD)

Severe anxiety / phobic / panic disorders

Bulimia Nervosa

ADHD where there is significant psychiatric co-morbidity

Autistic Spectrum disorders

Tourette's syndrome

School refusal where mental health disorder plays a significant role

Conduct difficulties which co-exist with other disorders and where specific interventions may influence outcome

Severe and / or complex relationship difficulties leading to significant impairment of functioning and wellbeing

Gender identity disorders

(c) **Emotional/behavioural/mental health difficulties in children and young people with learning disabilities**

This includes children and young people with specific as well as mild learning disabilities. The mental health needs of children and young people with more moderate to severe learning disability are provided for by specialist teams. In UBHT there is a CAMHS Learning Disability Team and in NBT services are available from the Community Child Health, Child Disability Team

(d) **Emotional difficulties related to and severely complicating physical conditions where treatment will influence the outcome such as :**

Diabetes  
Asthma  
Neurological conditions  
Unexplained pain / somatising disorders

(e) **Where early intervention is likely to prevent the development of more severe disorder such as :**

Complicated bereavement  
Post-traumatic stress disorder (PTSD)  
Severe attachment difficulties

**(3) HOW TO DECIDE WHO IS AN APPROPRIATE REFERRAL**

(a) **Severity of Symptoms**

Specialist CAMHS will accept referrals of children and young people whose symptoms or distress and degree of social and/or functional impairment are severe.

(b) **Duration of Difficulties**

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.

(c) **Severe Mental Health Disorders**

Specialist CAMHS will accept referrals where there is a likelihood that the child or young person has a severe mental health disorder.

(d) **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, child protection concerns.

**Please note that any child protection concerns should already have been reported to the statutory agencies prior to referral.**

**(e) 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.

**(4) HOW TO DECIDE WHO IS NOT AN APPROPRIATE REFERRAL**

**In order to improve accessibility for children and young people, we also need to clarify which types of problem it is not appropriate to refer to specialist CAMHS.**

**(a) Child/Young Person's Response to Normal Life Events**

These are sometimes called "normal adjustment reactions". Unfortunately, we are unable to provide a service to children and young people whose difficulties are associated with a normal reaction to recent life events (e.g. bereavement, parental separation). If intervention is required, these children and young people are usually best helped by counselling, and it is not necessarily appropriate to identify the child/young person with the specialist CAMHS service.

**(b) Children/Young People Whose Difficulties Occur only at School**

Please note that specialist CAMHS does not provide a service for children and young people whose problems are solely related to specific learning or behavioural difficulties within the classroom or other difficulties which occur only at school (e.g. behaviour settled at home; unsettled in school). For these children/young people it is usually more appropriate for educational services to become involved to address the difficulties.

**(c) Children/Young People Whose Parents are in Dispute within Legal Proceedings**

Children of separated / divorced parents who are in legal dispute about residence and / or contact arrangements or other issues are not specifically excluded in these guidelines though the decision to refer needs to be carefully considered on a case by case basis.

If there are ongoing legal proceedings then it is usually better to consider a referral after the legal proceedings have been concluded and legal agreements or Order(s) have been made regarding the matters which are in dispute. Please note that it is for the Courts to order independent reports on the child, not the separate parties to the proceedings, and these reports cannot be obtained via a referral to the specialist child mental health services.

Please note that specialist CAMHS does not mediate residence and contact arrangements for the child/young person. The parent(s) could instead be advised to approach the Family Mediation Service or discuss with their solicitor, as appropriate.

**(5) WHAT WORK NEEDS TO BE DONE BEFORE MAKING A REFERRAL TO SPECIALIST CAMHS?**

**(a) 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.

**(b) 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.

**(c) 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.

#### **(d) 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.

#### **(e) Consent**

It is always expected that consent has been obtained from someone with legal parental responsibility for the child before the CAMHS team is approached for consultation regarding an individual child or before a referral is made.

Young people aged 16 and above are able to consent to referral in their own right. Some young people under the age of 16 who have the capacity to consent to a referral can also do so. Although it is always usual to attempt to gain parental consent for a referral, specialist CAMHS will see such young people on their own as appropriate. In such cases, the referrer should give careful consideration to any risks involved to the young person and assess the capacity of the young person to consent to the referral.

There are adult mental health/CAMHS referral pathways for young people with more serious disorder. Where a young person does not want their family involved and has capacity to consent, they are more appropriately referred to adult mental health services.

### **(6) WHAT INFORMATION IS NEEDED WHEN YOU MAKE A REFERRAL?**

You will need to complete a **Single Point of Entry Referral Form** plus, if necessary, a letter outlining :

**Current concerns / problems?**

**What are the triggers for seeking help at this moment in time?**

**How long has the problem existed, how severe is it, and how does it impact on the child/young person's family, education, work?**

**Relevant psychosocial and family issues including who is in the family or important people in the kinship system ?**

**Response to previous attempts to help ?**

**Is the child/ young person/family aware of and consenting to the referral ?**

**Which other workers are involved?**

### **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.

## **(7) REFERRALS TO THE RIVERSIDE UNIT AND LUMSDEN WALKER SERVICE**

Referrals to these highly specialised units is always via the local specialist CAMHS team, and referrals must therefore first be directed through the locality CAMHS team.

## **(8) REFERRALS OF CHILDREN IN CARE**

All CAMHS referrals of children in care should be discussed initially with the Consultation Service for Looked After Children ('Thinking Allowed') followed by completion of the 'Thinking Allowed' referral form.

**Contact person: Andrew Lister, Consultant Clinical Psychologist, Telephone number 0117 9145454).**

## **(9) THE YOUNG PEOPLE'S DRUG TREATMENT SERVICE**

Referrals of children and young people who are dependant on illicit drugs or alcohol, or who have mental health and emotional difficulties related to drug or alcohol use should be discussed with above team.

**Contact: YPDTS, Telephone 0117 9285729.**

## **(10) WHO CAN REFER?**

## **(a) Health Service Staff**

Referrals are accepted from:

**GPs**

**Health Visitors**

**Community paediatricians**

**School Health Nurses**

First level interventions by the General Practitioner, Community Paediatrician, Health Visitor or School Health Nurse need to have been attempted before a referral to specialist CAMHS is considered (for example, parental advice on behaviour management).

The referral will have been discussed with the child's parents and the young person herself/himself (depending on age and understanding) and agreement needs to have been reached about involving the specialist CAMHS team. If there is disagreement about a referral to CAMHS by either a parent or the child/young person, this needs to have been negotiated and resolved before a referral is made. It is very difficult indeed to engage children/young people and their families in the assessment process unless there is a basic acknowledgment or agreement that they should have been referred.

Some older young people may request a referral to CAMHS without parental knowledge. On these occasions, an assessment needs to be made of the severity of the young person's difficulties, their capacity to understand and any risk(s) they may pose to themselves or others when deciding whether or not to proceed to refer without parental consent.

Where staff have access to regular consultation from a member of the CAMHS team then the referral needs first to have been discussed with the CAMHS team member before an agreement is reached regarding referral.

For school-aged children, we would usually expect that a first level assessment and / or intervention has first been attempted by the school nurse.

Potential referrals can be discussed with the link **Primary Mental Health Specialist**.

**Primary Mental Health Specialists (PMHS) work within the specialist CAMHS teams, providing a link role between the specialist team, primary care and frontline children's services. This link role encompasses support and guidance around referral into specialist CAMHS and about other appropriate signposting as well as liaison, consultation, training, and, at times joint assessment and direct work with children and young people.**

**The Primary Mental Health Specialists operate within the following age ranges :**

- (i) Infant/pre-school/early years**
- (ii) Primary school age**
- (iii) Secondary school age, up until 18<sup>th</sup> birthday.**

**Primary Mental Health Specialists can be contacted via the locality specialist CAMHS teams, using the contact information given at the end of this document.**

**Because referrals are accepted from a range of professionals, it is important that referrals are always copied to the general practitioner.**

## **(b) Schools**

Referrals are accepted from :

**Community Paediatricians**

**School Health Nurses**

Unfortunately, It is at present not possible for teachers or other education staff to refer directly to CAMHS.

Initially, problems should have been addressed using resources available within education services. This might include the involvement of a SENCO, Behavioural Support Worker, Educational Psychologist or Educational Welfare Officer.

Only following an assessment or intervention at this level should referrals then be discussed with the school health nurse who can then assess and refer into the CAMHS service if appropriate.

The referral needs to have been discussed with the child/young person's parents and consent needs to have been obtained before involving the CAMHS team either for consultation or for a direct referral. If there is disagreement about any referral to CAMHS by a parent or a child or a difference of opinion as to the cause of the problems (e.g. school or home), this needs to be negotiated and resolved before the referral can be considered.

Potential referrals can be discussed with the link **Primary Mental Health Specialist** who works within your specialist locality CAMHS team.

See above for information about the role of the Primary Mental Health Specialists and their contact details.

**Please note the following information about the School Health Nursing Service.**

**School Health Nurses are trained to work with children and young people who have mental health problems. The service has an 'open' referral system which means that children and young people, parents/carers and professional staff can all access the service.**

**Referrals to this service are accepted by sending in a Single Point of Entry Form or a School Health Nursing Service Request Form. Each referral is assessed by the nurses prior to them agreeing to commence any work with a child/young Person and/or their family.**

**The School Health Nursing Service is integrated within Community Children's Health Services. It works in partnership with the specialist CAMHS teams, though is not itself part of the CAMHS team.**

### **(c) Social Workers**

Referrals are accepted from :

#### **Social Work Team Managers**

Referrals to CAMHS need to have been made by or discussed with team managers and the referral form needs to be signed off at team manager level.

With regret, we cannot accept referrals made by a recommendation from children in need reviews or child protection case conferences unless the referral has been first discussed with a member of the CAMHS team and agreement reached regarding the referral.

If there is disagreement about a referral to CAMHS by a parent and / or the child / young person concerned, this needs to be negotiated and resolved before the referral is made.

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.

Potential referrals can be discussed with the link **Primary Mental Health Specialist** who works within your specialist locality CAMHS team.

See above for information about the role of the Primary Mental Health Specialists and their contact details.

Specialist services for children with learning disability do accept referrals from Children and Young People's Service, Disabled Children Team

#### **(d) Multi-agency panels**

Following discussion at a multi-agency panel, a Primary Mental Health Specialist attending the panel may agree that a referral to CAMHS is appropriate and this would then mean that the panel Chair could refer into the locality CAMHS team.

#### **(e) Self-Referrals/Voluntary Sector Referrals**

With regret, we cannot accept self-referrals (from children and young people or parents / carers) or referrals direct from the voluntary sector at the present time.

#### **(f) Out of Hours Referrals for Psychiatric Emergencies**

General practitioners and hospital doctors can access an emergency out of hours psychiatric assessment service for children and young people with severe or life threatening conditions.

This is accessible by contacting the Bristol Royal Infirmary switchboard on **0117 - 9230000**

#### **Useful Contact Numbers**

##### **North Bristol Area CAMHS Service**

North West Bristol            0117 959 5800/02

East Bristol                    0117 330 2285

##### **South West / Central Bristol Area CAMHS Service**

Southwell House            0117 928 5466

##### **South East Bristol Area CAMHS Service**

Knowle clinic                    0117 919 0330

#### **Directory of Voluntary and Community Sector Organisations**

Children, young people and their families can often be helped by using voluntary and community sector services rather than referring to specialist CAMHS. The Care Forum has produced a very helpful **Directory of Voluntary and Community Sector Organisations** who work with children and young people with emotional, behavioural and mental health difficulties. This is available on-line at [www.thecareforum.org](http://www.thecareforum.org)