Mental Health Services

Referral to CAMHS Guideline

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- Guideline Distribution List (as held by Clinical Documentation Steering Group)
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- Others, as relevant

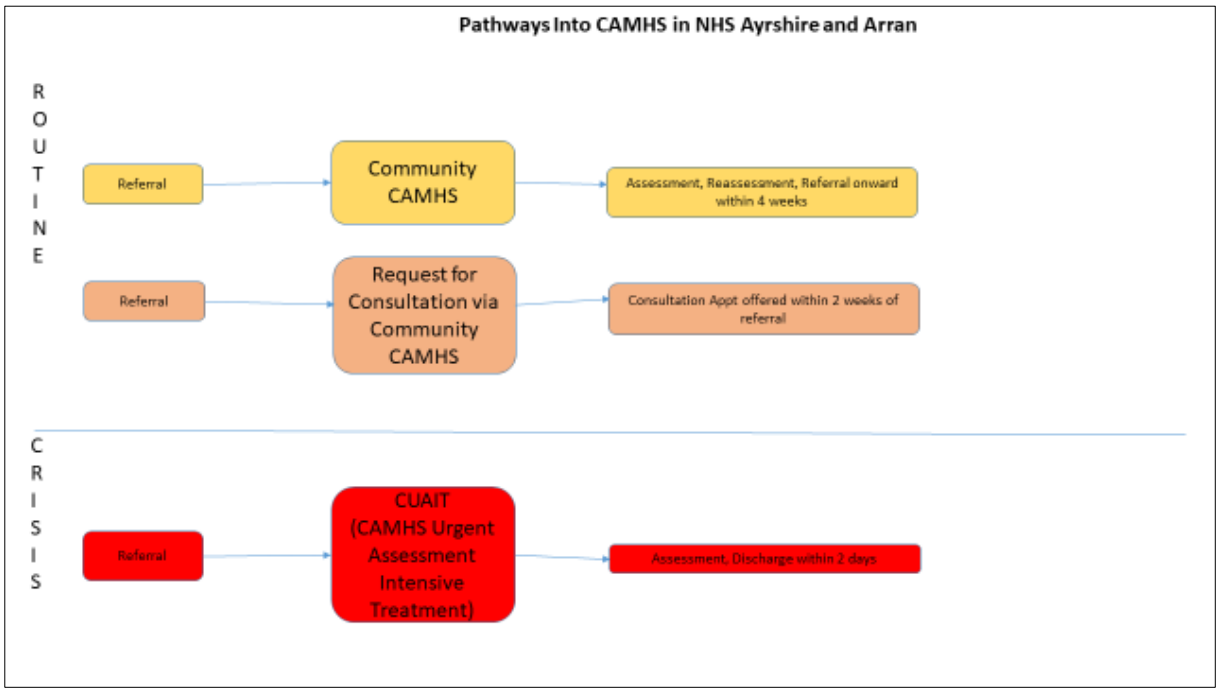
Guideline Content

1.0 Introduction

The Child and Adolescent Mental Health Service (CAMHS) provide a service for children and young people age 5-18 years with clear symptoms of mental ill health which places them or others at risk and/or have a significant and persistent impact on day-today functioning. CAMHS offer a multi-disciplinary approach to assessment, treatment and management of mental health disorders and associated risk/behaviours.

All routine referrals to CAMHS, referrals to CEDS (Community Eating Disorder Service) the Early Intervention Psychosis Team and the N-CAMHS (Neuro-diverse CAMHS) are triaged through the Community CAMHS Team.

Community CAMHS (CAMHS)
This team offers specialist assessment, care and treatment of children and young people experiencing serious mental health problems - for example, low mood, anxiety or suicidal ideation.



CAMHS Urgent Assessment & Intensive Treatment (CUAIT)
Unscheduled urgent care is provided 7 days a week between 8am and 8pm by the CUAIT (CAMHS Urgent Assessment & Intensive Treatment) Team for young people **experiencing a mental health crisis**.

2.0 Purpose of the Guideline

This guideline aims to support those considering making a referral to CAMHS by

- clarifying referral criteria
- explaining the referral procedure
- describing the response of CAMHS to the referrals received

3.0 Equality and Diversity Impact Assessment Statement

Staff are reminded that they may have patients who require communication in a form other than English e.g. other languages or signing. Additionally, some patients may have difficulties with written material. At all times, communication and material should be in the patients preferred format. This may also apply to patients with learning difficulties.

In some circumstances there may be religious and/or cultural issues which may impact on this guideline e.g. choice of gender of Health care professional. Consideration should be given to these issues when treating/examining patients.

Some patients may have physical disability that makes it difficult for them to be treated/examined as set out in the guideline requiring adaptations to be made.

Patients' sexuality may or may not be relevant to the implementation of this guideline, however, non-sexuality specific language should be used when asking patients about their sexual history. Where sexuality may be relevant, tailored advice and information may be given.

4.0 Scope of the Guideline

This guideline is for staff from all health professions, education and social services referring to CAMHS.

5.0 Definition of Terms

CAMHS	Child and Adolescent Mental Health Services
GIRFEC	Getting it Right for Every Child
LAAC	Looked After and Accommodated children and young people who are looked after away from home
Service User	Child or young person and family/carer
Consultation	A multi-agency meeting with the services currently involved in a young person's care to offer support and guidance.
CUAIT	CAMHS Urgent Assessment Intensive Treatment Team
CEDS	Community Eating Disorder Service
N-CAMHS	Neuro-diverse CAMHS
ASD	Autism Spectrum Disorder
ADHD	Attention Deficit Hyperactivity Disorder

6.0 Guideline Content

6.1 Service Provision

The team provide a service for children and young people in Ayrshire and Arran and their families:

- Age 5 (starting school) up to age 18

Please see **Appendix 1** for more detailed information on Getting Advice, Getting Help, Getting More Help, Crisis/Risk.

CAMHS will offer assessment and intervention, if required, for children and families/carers presenting with a range of difficulties associated with mental health. This may include;

- Moderate to severe depression and anxiety
- Moderate to severe emotional and behavioural problems *
- Psychosis
- Obsessive-compulsive disorders
- Eating disorders/Disordered Eating
- Suicidality
- Significant distress associated with interpersonal/relational difficulties
- Trauma presentations
- Learning Disabilities
- Neurodevelopmental presentations with co-morbid mental health presentations

***Further information to support referrals when considering a referral regarding emotional and behavioural concerns**

- Behaviour of such intensity, frequency or duration that the physical safety of the person or others is likely to be placed in serious jeopardy, or behaviour which is likely to seriously limit or delay access to and use of ordinary community facilities (BPS, RCP, Emerson et al. 1988, 1995)
- Moderate Challenging Behaviour can be defined by the following:
- Had at some time caused more than minor injuries to themselves or others or destroyed their immediate living or working environment; or
- Showed behaviours at least once a week that required the intervention of more than one member of staff to control, or placed them in physical danger, or caused damage which could not be rectified by care staff, or caused more than one hour's disruption; or
- Showed behaviours at least daily that caused more than a few minutes disruption
- More Severe Challenging Behaviour:
- They showed challenging behaviour at least once a day;
- Their challenging behaviour usually prevented the person from taking part in programmes or activities appropriate to their level of ability;
- Their challenging behaviour usually required physical intervention by one or more members of staff;
- Their challenging behaviour usually led to major injury (i.e. injury requiring hospital treatment) to either the person themselves, carers or other people with learning disabilities
- Examples of Behaviour that can be considered challenging:
- Violence and Aggression, destruction of property, disruption of activities, risk taking

6.2 Referral Process

Referrers are encouraged to contact CAMHS to discuss a referral and possible options prior to actioning. This should usually be made in agreement with the parents/carer and/or young person (depending on age). Referrals may be made under parental consent if it is decided that the young person does not have the ability to provide consent either due to age, stage and development, or through the principle of necessity due to their mental health presentation.

Those receiving private psychological work would not prevent a referral for NHS psychological work, but on allocation there would be a discussion about the appropriateness of continuing both due to conflicting psychological methods.

Some young people may be referred into the service on more than one occasion or by more than one referrer, the triaging person will take into account all of the information in previous referrals when deciding the outcome and the decision will be communicated back to referrers, GP and young person, family/carers.

6.3 Referral Requirements

The referrer must review the young person within 5 working days prior to making the referral.

A full description of the presenting issues is required, including nature and duration, relevant background information, social circumstances and school information and any prior interventions attempted regarding the referral concern along with any child protection concerns e.g. LIAM, School Nursing Interventions, School Counsellor.

If the referral is in relation to an eating concern we would request that basic physical health observations are undertaken, including height, weight, blood pressure and baseline bloods.

6.4 Assessment

Routine Assessment
An assessment will be undertaken by the CAMHS Community Nursing. This will take the form of a biopsychosocial assessment of the needs of the young person/family/carers. Following this, a collaborative decision regarding treatment/intervention will be made and communicated to referrer and child family/carer. This may include internal referral to interventions and/or direction to alternative sources of support.

Urgent Assessment
When making an urgent referral, the referrer should discuss the child or young person with the duty clinician for CAMHS (between the hours Mon-Fri 9am to 5pm, evening and weekends through Crosshouse Switchboard evenings up to 8pm and weekends 8am- 8pm) in order to agree the level of urgency and response required from CAMHS clinicians. Out-with these hours NHS 24 should be contacted or attend the Emergency Department.
CAMHS operate a rota of clinicians available to respond to urgent referrals and offer next day assessment for young people admitted to hospital within working hours.

Consultation
A consultation may be offered by the CAMHS team which provides an opportunity to gather more information from all the professionals involved; to think about a young person in a therapeutic way and offer support and advice to the network already working with the young person. An information request form will be sent to the referrer to allow for the consultation time to be utilised as effectively as possible.

N.B. not all consultation cases will be accepted into the service for ongoing intervention therefore the referrer retains responsibility for the care of the child/young person until a decision has been agreed.

CAMHS do not accept self-referral.

Urgency	Timescale	Rationale
Routine	aim 18 weeks	All other referrals
Urgent (normally	within five working days	• marked and acute deterioration in mental health presentation

seen by CUAIT)		• significant risk to self or others • significant and rapid weight loss secondary to severe food restriction/refusal to eat – this would be undertaken by the CEDS Team • suspected psychosis
Consultation	2 weeks	• Therapeutic support and advice to other professionals already working with a child/young person

6.5 How to Make a Referral

Referrals will be made through:

- SCI gateway
- Letter by post to the addresses below
- Clinical mailbox
- GIRFEC paperwork (Request for Assistance)
- For urgent referrals – access via Crosshouse Hospital Switchboard

CAMHS have one phone number and offer a duty service which can be contacted via this number 01294 323 425 . CAMHS have a number of sites across Ayrshire that children and young people can be seen and these include:-

- North West Area Centre, Western Road, Kilmarnock, KA3 1NQ
- Rear of Horseshoe Building, Ayrshire Central Hospital, Kilwinning Road, Irvine, KA12 8SS
- House 1, Arrol Park, Doonfoot, Ayr, KA7 4DW
- West Road Centre, 47 West Road, Irvine, KA12 8RE

Clinical mailbox for CAMHS: aa.clinicalmentalhealthcamhs@aapct.scot.nhs.uk

7 Related NHS Ayrshire and Arran Documents

8 References

Scottish Executive, 2007, United Nations Convention on the Rights of the Child, Scottish Executive, Edinburgh.

Scottish Government, 2020, Child and Adolescent Mental Health Services: national service specification, Scottish Government, Edinburgh.
Child And Adolescent Mental Health Services: national service specification - gov.scot (www.gov.scot)

Scottish Government, 2021, National Neurodevelopmental Specification for Children and Young People: Principles and Standards of Care, Scottish Government, Edinburgh.
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Scottish Government, 2017, Mental Health Strategy 2017-2027, Scottish Government, Edinburgh.
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Scottish Government, 2012, Getting it Right for Every Child (GIRFEC), Scottish Government, Edinburgh.
www.scotland.gov.uk/gettingitright (2012)

HMSO, 1991, Age of Legal Capacity (Scotland) Act 1991, HMSO, London. 50(2.4).

Age of Legal Capacity (Scotland) Act 1991 (legislation.gov.uk)

Getting advice (Universal Services; GP, School Counsellors, School Nurse, 3rd Sector services e.g. Barnardos', NEST, Children's 1st etc)

Definition:

Emotional ups and downs are a very normal part of life. At times a child or young person may feel that these emotional ups and downs are a struggle and may seek support. Adults around the child may notice that the child or young person has changes in their mood in relation to particular situations that are causing upset.

What you might see; what a young person might report

- Moodiness
- Falling out with family and friends
- Scratching or hitting themselves when they are distressed
- Making statements like – I hate my life; I wish I was dead
- Irritability/argumentative
- Name calling/swearing
- Becoming distressed at times

Getting help (Universal Services; GP, School Counsellors, School Nurse, 3rd Sector services e.g. Barnardos', NEST, Children's 1st etc)

Definition:

The behaviour of a young person appears out of context or disproportionate to the situation. Episodes of concerning behaviour might be more frequent or prolonged and cause the young person and family distress or might have some mild impact on their ability to cope with everyday life such as going or coping at school and relationships with others.

What you might see; what a young person might report

- Frequent self-harm that can be treated using first aid
- Stating that life is not worth living, wondering if they would be better off dead
- Unstable friendships and family relationships
- Frequent fluctuation of emotion that appears to be out of context
- Significant disrupted sleep and eating

Getting more help (CAMHS)

Definition:

These difficulties cause significant distress to a young person and significantly disrupt daily coping such as school/college, socialising and even self-care activities (e.g., sleep, bathing, eating). Despite trying advice in the green and amber stages, the young person still exhibit behaviours suggestive of them being highly emotionally dysregulated. Such activities have persisted/developed over 6 months or more.

What you might see, what young people may report

These symptoms are seen as a cluster of 2-3 symptoms rather than one symptom on its own.

- Frequent self-harm of a nature that medical attention is required – this may mean that they are seen repeatedly at the emergency department
- Suicidal actions or planning – for example overdose, stockpiling medication, expressing intention to end their life in a specific way
- Disrupted sleep and eating
- Frequent severe fluctuating emotion e.g. severe anger outbursts, severe distress
- Significant distress resulting in the breakdown in friendships and relationships with family

Crisis/Risk NB- If there is a medical need then Accident & Emergency. Otherwise, it will be accessing CAMHS who will triage it and referral to CUAIT (CAMHS Urgent Assessment Intensice Treatment) Team if required.

Definition:

These difficulties are putting the child or young person at significant risk of behaviours that are harmful. Despite intervention at the orange stage the young person has become locked into a perpetual cycle of distress and harmful behaviour.

What you might see, what young people may report

These symptoms are seen as a cluster of 2-3 symptoms rather than one symptom on its own

- Daily self-harm of a nature that medical attention is required – this may mean that they are seen repeatedly at the emergency department
- Daily suicidal actions or planning – for example, overdose, stockpiling medication, expressing intention to end their life in a specific way
- Disrupted sleep and eating to a level that makes functioning impossible
- Daily severe fluctuating emotion e.g. severe anger outbursts, severe distress
- Breakdown in friendships and relationships with family