

Coventry and Warwickshire Partnership Trust Child and Adolescent Mental Health Service (CAMHS)

Referral Guidelines

Useful Information

This guide includes contact details as well as useful information for referrers.

If you have any queries regarding referral to the service please contact the Departments on

01926 881640 for Warwick district

01789 414643 for Stratford district

024 7624 6330 for Coventry

024 7664 1799 for North Warwickshire including Rugby, Nuneaton and Bedworth

A member of staff should be available to speak to you during normal office hours or will return your call as soon as possible.

We make our clinical decisions based on the information you provide. If significant change occurs while a child or young person is waiting to be seen, it would be helpful to receive this information.

The Department considers that the GP retains medical responsibility for the referred individual unless that individual is seen by a medical member of our team in which case responsibility may be shared.

Who can REFER?

Referrals are accepted from any professionals (who will generally be involved as part of a local tiered response) such as Social Workers, Health Visitors, School nurses, Primary Mental Health Workers, Doctors, Educational Psychologists. Unless the criteria for direct and immediate referral to Specialist CAMHS are met then referrals should come through targeted services. Where a referral comes through the school the head teacher should be notified.

We will not accept referrals by email as per DOH policy except via the Intranet.

What Makes a Good Referral?

Consider the following points and questions when making a referral to CAMHS. When referring to CAMHS it would be helpful to include any copies of existing reports of the original letter to you, if you are making a secondary referral.

General Considerations

Have you met with the parent(s)/carer(s) and referred child/children?

Has the referral to our department been discussed and agreed with the parent(s)/carer(s) and referred child/children?



Basic Information

Name and date of birth of referred child/children

Address and telephone number

Who has parental responsibility?

Surname of parent if different to child's GP details

Reason for Referral

What are the specific difficulties that you want our department to address?

How long has this been a problem and why is the family seeking help now?

Is the problem situation specific or more generalised?

Your understanding of the problem/issues involved?

What has been tried already?

Further Helpful Information

Who else is living at home and details of separated parents if appropriate?

Name of the School

Who else has been or is professionally involved and in what capacity?

Has there been any previous contact with our department i.e. any sibling referral to CAMHS?

Has there been any previous contact with Social Care?

Details of any known protective factors

Ref Criteria A4 Version November 07

Any relevant history i.e. family, life events and/or health development factors

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Referral Guidelines

The Department accepts referrals for children and young people up to their 17 birthday, providing they meet the criteria below.

Anxiety:

Please refer:

- Where it is affecting the child's development or level of functioning
- Where it is out of proportion to the family circumstances
- Where there is an impact on the parent/carer/child relationship
- Where there is a sudden change or deterioration

Bereavement Response:

- It is not appropriate to refer children with 'normal' grief responses to this service. More appropriate support can be offered by other agencies - e.g., Cruse, Winston's Wish, school nursing service. Children with special needs or associated Mental Health difficulties please contact the department in the first instance.
- You may want to consider referral when the child is experiencing significant distress following a death that has occurred within traumatic circumstances (e.g. suicide). In these cases we may choose in the first instance to meet carers without the child to offer them advice and support.

Complex behavioural problems:

Please refer when children and young people have complex behavioural problems at home that have failed to respond to significant advice and support from others e.g. schools and social care children's teams.

NOT SEEN AS A MATTER OF ROUTINE:

1. Children and young people whose problems are primarily school-based and who have not received input from EDUCATIONAL SUPPORT SERVICES
2. Children and young people where the behaviour, although challenging is age appropriate
3. Behaviour problems primarily home based, who have not had input from other services

Complex developmental problems:

Difficulties may include:

- Significant delay in the acquisition of appropriate social skills
- Difficulties with the child's peer group relationships
- Unusual or very fixed interests
- Marked preference for routine and difficulties adapting to change
- Bizarre or unusual behaviours
- Hyperactivity, impulsivity, inattention

Depression: (Please refer to NICE, Clinical Guidelines 28) Role of Tier 1

Please consider a referral to CAMHS in cases of moderate to severe depression

- Where the difficulties are beyond age-appropriate mood variation, and
- Where there is an impact on daily living – e.g., sleeping, eating, etc. or suicidal ideas or plans

Eating Disorders (anorexia, bulimia):

Where there is concern in relation to eating disorders, please consider an early referral to CAMHS. These cases are usually seen as a priority.

- Where possible, we require an up-to-date record of the individual's height and weight, in order to accurately calculate their Body Mass Index (BMI=weight in kg / square of height in m). It is also helpful to have an indication of how quickly weight has been lost
- It is helpful to complete medical investigations (bloods, weight/height, BMI etc) via the GP, prior to referral

Enuresis or complex soiling:

- In the first instance the specialist enuresis/soiling clinic or paediatrician should see these children, in the North the specialist soiling clinic is accessed through CAMHS
- We recommend referrals to come from this specialist clinic

Obsessional Compulsive Disorder:

- **Obsessions** – which are intrusive repetitive thoughts
- **Compulsions** – which are repetitive, ritualistic, unwanted actions

These will be either distressing or disabling and interfere with the child's functioning.

Response to Stress and Trauma:

Referrers may contact the Department in the first instance, to discuss prior to written referral but refer when:

- A child continues to demonstrate hyper-vigilance, avoidance, flashbacks, or a marked increase in unexplained temper tantrums or episodes of other distress For example: Significant parental mental /physical health problems that impact on the child or young person's mental health.

Psychosis:

- Refer immediately to CAMHS when there are symptoms manifested as Thought Disorder (delusions, perceptual disturbances hallucinations or significant withdrawal and apathy associated with general impairment of day to day functioning, and impaired reality test). If these symptoms occur they warrant an urgent referral to CAMHS.
- If these symptoms occur in connection with substance misuse, please refer to our Department in the first instance rather than to Substance Misuse Services.

School Refusal:

Schools have their own resources e.g. the Education Social Workers, ECOS, Educational Psychologists, and Behavioural Support Services and their input will need to be accessed prior to a referral. A summary of school's involvement and action taken will also be essential prior to a referral.

CAMHS does not accept referrals for school truancy

Please refer only when the following conditions apply.

- There is severe difficulty in the child attending school, often amounting to a prolonged absence.
- The child experiences severe emotional upset on being faced with the prospect of attending school. This may be demonstrated by excessive fearfulness, anxiety, temper, misery and complaints of feeling unwell without any obvious physical cause.

A multi-agency approach is the most useful approach to take in these cases

Self-harm:

- Where there is concern about self-harm, in the context of other difficulties, referrers may telephone in the first instance, to discuss the case with a clinician at our Department to help determine the level of priority, before making a written referral.
- Overdoses and other serious self-harm cases should be sent directly to A&E in the first instance and not referred to the department.
- The ward will take responsibility to refer onto CAMHS for assessment.

It is important that all agencies realise that they have a role to play in the management of self harm.

Physical Disorder with a Psychological component

Where a child is experiencing physical symptoms, initial referral to a Paediatrician is recommended.

- Where a child is experiencing physical symptoms that may be related to psychological difficulties and / or where this is having significant impact on the child's normal functioning e.g. absence from school for long periods and an organic cause has been excluded, refer to the department.
- Where a child is experiencing psychological difficulties as a consequence of a significant physical condition i.e. life threatening conditions.

Substance misuse:

- In the absence of significant co-morbidity, for example anxiety and /or depression, refer to specialist Substance Misuse Services in first instance – as these will provide advice, support and direction to young people and /or parents and/or professionals.
- In the presence of co-morbidity contact CAMHS to speak to the duty Clinician.

CHILD PROTECTION/SAFEGUARDING CHILDREN

If you are concerned that a child is at risk of harm from physical, sexual, emotional abuse or neglect you must refer to Social Care in the first instance, specifying your concerns.