SPECIALIST CHILD AND ADOLESCENT MENTAL HEALTH SERVICES
ACCESS AND REFERALS POLICY (Final version)

Introduction/Service remit:

Specialist Child and Adolescent Mental Health Services (CAMHS) in Northamptonshire are provided by two separate services based respectively in Northampton and Kettering. These two multi-disciplinary teams provide specialist assessment, advice and interventions for children and young people* with mental health difficulties. The teams consist of Child Psychiatric Nurse Therapists, Social Work Therapists, Counsellors, Child (Clinical) Psychologists, Occupational Therapists, Child Psychiatrists and other Medical staff, and supportive secretarial and administrative staff.

Comprehensive CAMHS consists of all services and agencies who aim to promote the emotional, behavioural, social and psychological well being of children and young people, working in association with their families/carers. The priority for Specialist CAMHS is the diagnosis and treatment of mental disorders and to work therapeutically (individually, in groups and in family contexts) with children and young people with mental health difficulties. In addition, clinicians from Specialist CAMHS may work collaboratively with other agencies offering consultation, advice and training where appropriate.

Primary Mental Health Workers working within Specialist CAMHS have a high level of local knowledge and provide liaison help-lines for easy access to advice on child mental health issues. They offer training, consultation and skill building for professionals at the primary/community level. Their roles may include some direct work undertaken with the referrer, signposting to other services, and filtering potential referrals into Specialist CAMHS where appropriate. Specialist CAMHS resources are unable to respond to all mental health concerns and it is important that appropriate resources in are considered before referrals into Specialist CAMHS are made.

This policy should be considered in conjunction with other agreed protocols and pathways, and it is intended to provide guidance to enable professionals to ensure that referrals to Specialist CAMHS are appropriate for the service.

[*The NSF proposes that CAMHS should make provision for young people under 18 years of age. The spirit of the local Transitions Policy is that young people’s problems should be addressed by the service most skilled to do so. Thus self-limiting adolescent problems are likely to be seen by CAFS and the onset of serious/enduring mental health disorders by Adult Mental Health.]
**Who can refer?**

Referrals are predominantly accepted from Primary Health Care Professionals (e.g. GPs; Community/Hospital Paediatricians; Health Visitors; School Nurses), Social Care staff (Social Workers, Education Welfare Officers etc), and professionals in Specialist Education Services and Adult Mental Health Services. Referrers are expected to have assessed the child in person before making a referral, and on the basis of this assessment, to deem that the level of the child or young person’s mental health needs will be appropriately managed (as outlined in this policy) in Specialist CAMHS.

**Making a Referral:**

Referrals of children and young people up 18 (i.e. 18th birthday) will be considered, within the spirit of the Transitions Policy. Referrals may be made on the appropriate referral form or by letter (preferably typed), and should detail full information on the difficulties, the child, the family composition and situation along with copies of relevant background documents, reports and correspondence, an indication of the referrer’s objectives and the nature of the clinical service being requested. Inclusion of the following information will help with the processing and prioritization of referrals:

1. **Basic details**
   - name, address, postcode
   - date of birth of child referred
   - parents name if different
   - care status/who has parental responsibility
   - telephone number if known
   - ethnicity

2. **GP and Practice telephone number**

3. **A brief description of the presenting problems, also including:**
   - how they developed
   - their duration
   - interventions tried to date
   - effects of those interventions

4. **A brief social history, including:**
   - family member’s names/ages
   - relevant life events (e.g divorce and separation, bereavements, birth of siblings, house move)
5. Details of any current or past child protection proceedings or child welfare concerns.

6. Names of other agencies involved with the family and any ongoing work from them.

7. Any special needs for arranging appointments e.g. access, interpreter.

8. Confirmation that the family clearly wishes to be referred to our service.

9. Additional information:
   - If transferred from another part of the country please send copies of any past assessments available to you.
   - If problems in part relate to school behaviour and performance, please ask parent/carer to obtain supporting assessment documents from the child’s school (vital for ADHD and Autistic Spectrum Disorders).

Family motivation to attend, to work on their problems and to change is considered critical and it is helpful to know that the referrer has explored these issues. Therapeutic change is dependent upon a reasonable degree of stability in the life of the referred child, and referrers should be aware of the need for a ‘holding environment’ to be in place before making a referral. The active provision of ongoing support by professionals in primary services is required, to allow for appropriate support to the child/family during the treatment episode. Referrals will not be accepted where this support is not in place.

Our preference is to involve families/carers and referrers are urged to seek parental permission to make the referral. In exceptional circumstances, where the child or young person is competent to give consent, the child may be seen without parental consent.

Once a referral is accepted parents are asked to either ring the service to choose a convenient appointment, or indicate this preference in writing.* The venue, date and time of the chosen appointment is then confirmed in writing. If no response is received within three weeks, the case is closed and the referrer is informed accordingly. Parents/carers may also be requested to complete questionnaires offering them an opportunity to provide additional background information and their perspective. This may contribute to decisions about the level of clinical priority accorded to the case.

[*The current NHS target is that an initial appointment should be offered within 13 weeks of receipt of the referral.]

Requests to Primary Mental Health Workers for consultation and training can be made by phoning the relevant service in either the north or south of the county.
Referrals should be sent to the appropriate service base

In the **North** of the county they should be addressed to:
Child Adolescent and Family Service  
Clarendon House  
8-12 Station Road  
Kettering  
Northants NN15 7HH  
Tel No: 01536 313850

In the **South** of the county they should be addressed to:
Child Adolescent and Family Service  
8 Notre Dame Mews  
Northampton NN1 2BG  
Tel No: 01604 604608  
E mail: caf@ngh.nhs.uk

**Prioritization of referrals:**

- Access to specialist CAMHS is based on treatment needs.
- Balancing the huge demand on Specialist CAMHS with its relatively limited resources makes it necessary to consider clinical need and the likely effectiveness of interventions, and whether or not client needs could more appropriately be met elsewhere.
- Referrals are prioritized according to the following criteria:

1. **Emergencies:** Referrals of children and young people with severe and disabling psychological/emotional problems where the patient is a danger to themselves (e.g. psychosis, delirium, high risk of self harm, starvation, dehydration) or an acute danger to others as a result of a mental disorder, or in urgent need of a diagnosis (e.g. visual hallucinations) will be accorded top priority. The service aims to offer an assessment within 24 hours or by the next working day for these children and young people. It is imperative that the child/young person has been assessed in person by the referrer, and that consultation and liaison is part of the referral request.

However, CAMHS Consultants in the North of the county provide a 24 hour on call telephone consultation for medical professionals and the Mental Health Assessment Teams. There is no 24 hour child psychiatry provision in the south of the county within current resources and their organization.

Referrals of children aged 14 and above can be made by professionals on a 24 hour a day basis to the Rapid Resolution Team in emergencies.
2. **Priority**: Psychological/emotional problems which **severely impair the normal functioning of the child or young person (but which do not pose a significant immediate threat)** will be considered as priorities and the services aim to offer an assessment appointment as soon as is possible, but certainly within 4 weeks. Referrals may include the following conditions:

   Major depressive disorder; Eating Disorder with rapid weight loss; Psychotic disorders with less florid symptoms and a reduced risk to self and others; serious threats of self harm; severe Post Traumatic Stress Disorder with flashbacks and other intrusive symptoms.

3. **Some Priority**: Children and young people presenting with symptoms which have a significant or marked impact on psycho-social functioning will be given some increased priority in the service. Serious distress associated with OCD and anxiety disorders, depression without risk of self harm, cutting (without suicidal ideation and pervasive depression)

4. **Routine**: All other referrals of significant child and adolescent mental health problems will be screened in order of receipt of the referral.

5. Children who are **Looked After** by the Local Authority will be given additional priority if they may have a mental health disorder. The specialist CAMHS service is not normally responsible for screening for such disorders. In the south of the county the mental health needs of children and young people are provided through the referral pathway as well as specialist psychology and psychiatry consultation and specific nursing input to the residential sector.

6. Children with Mild and Moderate Learning Disabilities may require the services of the Learning Disabilities Service, or Specialist CAMHS, or a mixture of the two. The decision about the most appropriate service is likely to be made after a discussion with parents and professionals, or following a preliminary assessment. However, there is no comprehensive CAMH service available for most children and young people with mental health problems and mild, moderate, severe and profound learning disabilities. However, children with borderline intellectual ability are seen within the services.

(A full list of the priority accorded to different disorders is available on request)

**Referrals that are not accepted:**

1. School non-attendance in the absence of significant mental health problems.
2. Where it is likely that a young person’s difficulties are secondary to issues of need, neglect or Child Protection issues that remain un-assessed or inadequately provided for. In these cases consultation or joint assessment may be offered in the first instance. The service is also not a primary resource for post-abuse work.
3. Children in the midst of ongoing contact or residency proceedings. A referral is usually more appropriate if concerns persist after these issues are resolved.

4. Forensic cases including the provision of Court Reports, though some work is undertaken with the Youth Offending Service.

5. Behaviour problems that are restricted to the school environment

6. Cases where the reason for referral is not primarily a significant child mental health issue.

7. Children and Young people placed in Northamptonshire from outside the county boundary pose resource difficulties. Their placement should depend on appropriate resources being agreed before any placement is made, and Specialist CAMHS cannot necessarily provide specialist assessments and therapy without additional funding. Emergency assessments may however be carried out if they are needed.

8. The two services do not accept referrals from schools. However, the agreed pathway for referral (where schools have significant concerns about the mental health of a child or young person) is through the professional groups identified under the section ‘Who can refer?’ Schools may consider accessing their Link Educational Psychologist or other Specialist Education Services who, following appropriate consultation and assessment, may collaborate with them in making the referral. It is also helpful for schools to provide educational assessments or information where referrals are made via the GP and the school is aware that the GP is referring to Specialist CAMHS. This will assist in facilitating a more prompt response to referrals.

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