



# NHSGGC CHILD AND ADOLESCENT MENTAL HEALTH SERVICES REFERRAL CRITERIA

## INFORMATION FOR REFERRERS

<b>Approved by:</b>	
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## **NHSGGC CHILD and ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)**

### **REFERRAL CRITERIA - INFORMATION FOR REFERRERS**

#### **NHSGGC Child and Adolescent Mental Health Teams**

NHSGGC Child and Adolescent Mental Health Services (CAMHS) aims to promote the mental health of children and young people and their families in the NHSGGC area. Child and Adolescent Mental Health services are multidisciplinary teams who offer assessment and intervention for children and young people 0 – 18 years who are experiencing moderate to severe mental health difficulties.

Referrals are accepted for all children and young people in NHSGGC who meet the referral criteria for assessment, including children and young people with learning difficulties.

##### **North CAMHS**

Callander Street Clinic  
11 Callander Street, Glasgow G20 7JZ

**Tel: 0141 232 9010**

##### **South CAMHS**

New Gorbals Health & Care Centre  
2 Sandiefield Road, Glasgow, G5 9AB

**Tel: 0141 201 5031**

##### **North East CAMHS**

Templeton on the Green  
1<sup>st</sup> Floor, 62 Templeton Street, Glasgow

**Tel: 0141 227 7515**

##### **West CAMHS**

West Centre,  
60 Kinfauns Drive, Glasgow G15 7TS

**Tel: 0141 207 7100**

##### **East Renfrewshire CAMHS**

Barrhead Health Centre  
213 Main Street, Barrhead, Glasgow G78 1SL

**Tel: 0141 800 7886**

##### **West Dunbartonshire CAMHS**

Acorn Centre,  
Vale of Leven Hospital, Main Street, Alexandria G83 OUA

**Tel: 01389 817324**

##### **Renfrewshire CAMHS**

Aranthruie Centre,  
103 Paisley Rd, Renfrew, PA4 8LH

**Tel: 0141 886 5921**

##### **Inverclyde CAMHS**

Larkfield Child and Family Centre,  
Larkfield Road, Greenock, PA16 OXN

**Tel: 01475 504447**

## Referral Criteria

Referral criteria thresholds (as defined by 2009 CAMHS referral criteria guidance) are defined as follows:

### **N.B. Current referral criteria as per ISD CAMH Waiting Times Definitions document – CAMHS Heat Targets Feb 2012**

#### **2009 Referral Criteria Guidance**

##### **Condition 1 (basic threshold)**

- A child/young person\* has or is suspected to have a mental disorder or other condition that results in persistent symptoms of psychological distress.(not all young people with Learning Disabilities referred because of complex behavioural disturbances who require intervention, have obvious other symptoms of psychological distress)

##### **Condition 2 (complexity and severity threshold)**

There is also the existence of **at least one** of the following:

- An associated serious and persistent impairment of their day to day social functioning. With children and young people who have a learning disability, particular attention should be paid to changes in presentation or usual functioning.
- An associated risk that the child/young person may cause serious harm to themselves or others.

Where there is evidence of an associated significantly unfavourable social context (**e.g.** a child in care, a sibling, a parent or carer with significant mental or physical health problems, a child who has been the victim of abuse or who has experienced domestic abuse) a multidisciplinary approach should be taken ensuring appropriate inclusion of relevant agencies.

**NB: NHSGGC CAMH Services work across the 0-18 age range.**

The model of care is a formulation of needs and risks in a child/young person and the development of a mental health care plan. CAMHS provides the following services:-

- The assessment and treatment of psychiatric disorders and moderate-severe psychological difficulties in childhood and adolescence which may be evidenced in challenging behaviour. This may be delivered directly to children and young people with the support of parents/carers or staff working directly with the young person.
- Consultation and liaison with health professionals and with other agencies working with young people and their families.
- The provision of teaching and training for medical undergraduates, psychiatric trainees, and other professionals involved in working with children and young people.
- The provision of a medico-legal and forensic service such as providing reports to the children's panel and to the courts whilst children and young people are part of the CAMH service.
- Participation in audit, service review, and research activities.

## Who to refer

Referrals are accepted from agencies and departments providing a service for children and young people. Referrals can be made for a child or young person up to their 18th birthday who you think may have a **moderate or severe mental health problem**. These are defined as emotional, behavioural, or psychological difficulties of the child or young person which affect several areas of their life (e.g. home and school). Patients referred should live within the catchment area of the team they are referred to.

Before making a referral, the agreement of the family and/or the young person should be obtained. Other referring agencies should inform the GP of the referral.

Referrals should be made in writing to the Child and Adolescent Mental Health team. It is helpful if referrals are categorised as either: **Emergency or Routine**. Emergency referrals can be discussed with a member of the team during office hours.

## Concerns which may prompt referral include

- ADHD or hyperkinetic disorder
- Autistic Spectrum Disorders including Asperger's syndrome alongside other mental health-related difficulties
- Avoidant/regressive behaviour
- Bizarre/unusual thought processes/hallucinations
- Significant changes in sleep/eating/activity/mood
- Complex neurodevelopmental/neuropsychiatric disorders
- Complex Tic Disorder
- Complex trauma
- Conduct disturbance with evidence of mental health difficulties (in children with learning disabilities, conduct disturbance may be evidence of significant mental health difficulty and should be assessed)
- Desire to end life/self harming behaviours
- Deteriorating school performance and/or concentration (if the presenting problems are predominantly school based, refer to Educational Psychology in the first instance)
- Difficulty in regulating emotions
- Distorted body image
- Eating disorders
- Enduring sleep, feeding and toileting problems
- Impulsive/hyperactive behaviour
- Inappropriate sexual behaviour
- Mood disturbance (e.g. anxiety, depression, mania)
- Obsessional behaviours that restrict daily living
- Obsessive compulsive disorders
- Phobias (including school refusal although this should be dealt with in school initially)
- Physical disorder with psychological cause/effects
- Physical symptoms with no apparent medical cause
- Psychiatric disorder and emotional and behavioural problems in young people with learning disabilities
- Psychosis
- Psychotic Disorder
- Reaction to severe stress (adjustment disorders; PTSD)
- Reduced self care
- Risk taking behaviours
- Self Harm/Depression (moderate or severe)
- Self-injurious behaviour in young people with learning disabilities
- Severe Anxiety states
- Social withdrawal
- Trauma

## Who Can Refer

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

- GP's
- Health Visitors
- Social Work Services
- Education Services (Educational Psychologists, school nurse, school counsellor, teachers)
- Hospital Doctors, specialist nurses
- Other Specialist Children's Services (school health services, community paediatrics)
- Voluntary Agencies

## How to make a referral

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

All referrals should be addressed **to the team** rather than to any individual professional

Referrals should be made in writing or by electronic referral form indicating level of urgency. If you think that the problem may be urgent (e.g. self harm, suicidal ideation, hallucinations or severe eating disorder) then please telephone the relevant Child and Adolescent Mental Health team in the first instance. If you are unsure if a referral for the child or young person is appropriate please telephone the relevant Child and Adolescent Mental Health team to discuss the referral.

**N.B. If there is Child Protection concerns a referral to Social Work should be made in the first instance.**

## Essential Information to include in the Referral Letter

(all referral information should be included, lack of information may cause delays in the referral being taken forward)

- Child's Name
- Date of birth
- Details of Referrer (if not GP)
- Indication of the degree of urgency of your referral (Emergency/Routine)
- CHI number
- Current Address and telephone number
- The name of their GP and, if possible, Care First number
- Outline of family composition and background (including who has parental responsibility for them if under 16years)
- If they, or the person who has parental responsibility: have consented to a referral to CAMHS, whether an interpreter is required, access requirements for any member of the family, literacy difficulties with parents
- What school they attend or work they do
- Details of any other agencies (past or present) involved with any family member and relevant family
- Details of social or medical background, any risk factors within family/home environment
- Description of the difficulties that make you think they may have a moderate to severe mental health problem, including: Onset and duration, relevant family, medical or educational difficulties, relevant recent events, interventions already tried, other services referred to, any disability, including sensory impairment and nature/extent of that disability
- Please indicate if you wish to be copied into letters regarding appointment details.

**For referrals of eating problems please provide current weight and height, and the speed and amount of any changes in the young person's physical and mental state.**

## **What Happens Next**

Referrals are reviewed and actioned appropriately by clinical staff. Priority is assessed and patient is allocated to one staff member and placed on the waiting list. A responsive, reviewed waiting list system is in operation in each NHSGGC Child and Adolescent Mental Health team.

The skills of all the disciplines are routinely available, shared and deployed as appropriate. The family should be prepared for the worker to be from any of the disciplines in CAMHS.

If the patient is accepted:

- A letter asking the family if they wish to attend the service will be sent asking the family to make contact with the team. In urgent cases, telephone contact will be made with the family.
- Once contact has been made with the team an appointment date will be agreed between the team and the family and then issued.

If the patient is not accepted, or referred on to a service that will more appropriately meet the child or young person's needs, the family, referrer and the GP will be notified accordingly.

## **Assessment**

Information from our assessment and formulation will determine the nature of the young person's difficulties and guide further intervention. Dependent on need, this may involve one or more of the following interventions.

- Individual therapy
- Family work
- Multi-agency consultation
- Psychopharmacological intervention
- Group work
- Staged interventions around specific difficulties i.e. risk taking behaviours
- Liaison with other agencies
- Referral to alternative/additional service
- Provision of information and advice regarding coping with difficulties

Following assessment, most cases are given a formulation, which includes a summary of the salient problems (the diagnosis) and a plan of management. The strength of multidisciplinary Child and Adolescent Mental Health team working is that distinct therapeutic approaches can be offered by utilising the different skills of each profession. Thus, it is not unusual for some cases to involve more than one Child and Adolescent Mental Health team member.

## **Non Attendance at Appointments**

Child and Adolescent Mental Health Teams follow the NHSGGC Policy on non attendance. If families are struggling to engage Child and Adolescent Mental Health teams will contact families to arrange home visits where necessary.

## Non-First Line Referrals – for information

- Abuse of others (*refer to Social Work*)
- Transient emotional, behavioural or relationship disturbances (*refer to GP, Health Visitor, Community Paediatrics, Social Work*)
- Alcohol and drug abuse (*refer to Social Work*)
- Child abuse: sexual, physical, emotional (*refer to Social Work*)
- Conduct disturbance with no evidence of mental health difficulties (*refer to Social Work, Children's Authority Reporter*)
- Developmental delay (*refer to Community Paediatrics*)
- Faltering growth (*refer to Community Paediatrics, Paediatrics*)
- Factitious illness (*refer to Community Paediatrics, Paediatrics*)
- Organic psychoses (*refer to Paediatrics / Community Paediatrics, GP*)
- Pre-school behaviour, feeding or sleeping problems (*refer to Health Visitor*)
- School-based problems (*refer to Educational Psychology*)
- School refusal and truancy (*refer to Educational Psychology, Social Work*)
- Soiling and wetting (*refer to Health Visitor, Community Paediatrics/Paediatrics*)
- Non complex Tics (*refer to Paediatrics / Community Paediatrics*)