

HERTFORDSHIRE PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

Referral Criteria for Specialist Tier 3 CAMHS

Specialist CAMHS provides mental health support, advice and guidance and treatment for Children and Young People with moderate or severe mental health difficulties, where symptoms are having a significant impact on activities of daily living.

Symptoms will usually have been occurring over a period of three months or more, and will not have responded to interventions from Universal or Tier 2 services. Children and young people with symptoms of shorter duration will also be considered when there is a high level of risk or severity of impairment.

Referrals will be accepted from all health, education and social care agencies and should be made to the Single Point of Access (SPA). We do also accept self-referrals.

In those cases when severe or life –threatening conditions occur; the referrer may also contact their local CAMHS clinic for advice on how to access urgent care.

All referrals will be assessed by telephone contact to ensure that CAMHS are the appropriate service for the child or young person and to evaluate the seriousness of the symptoms and immediacy of risk.

Referrals are prioritised as either:

- P1 – Urgent referral which requires face to face initial choice appointment within 7 days
- Routine – where an initial choice appointment should be undertaken within 28 days

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Mood disorder: Depression

Symptoms of depression in children and young people can vary, and may be masked by other difficulties. Common characteristics can include

- Depressed or irritable mood.
- Marked loss of interest in or ability to enjoy activities that were previously pleasurable.
- Loss of confidence, self-esteem and feelings of inferiority.
- Recurrent Suicidal thoughts or intention
- Persistent sleep problems or alterations in sleep pattern
- Changes of appetite (decrease or increase), with the corresponding weight change.

For all children and young people it is important to consider the extent to which symptoms interfere with daily functioning - i.e. family relationships, school performance, peer relationships, risk taking behaviour and self-harm.

- For moderate to severe depression, refer to CAMHS. These are cases in which there is low mood, loss of interest and enjoyment and reduced energy levels but with the addition of three or more of the following:
- Reduced concentration and attention
- Reduced self- esteem and confidence
- Ideas of guilt and low self- worth
- Negative view of the future
- Suicidal ideation or acts of self- harm
- Disturbed sleep
- Diminished appetite

Bipolar disorder or manic episode

This is extremely uncommon in childhood and adolescence

All suspected cases of bipolar disorder or manic episode to be referred to CAMHS

Mood dysregulation (SPA to use RCADS parent form to carry out phone triage)

This is extremely common in adolescence.

Only cases in which there is functional impairment and/or risk behaviour should be referred to CAMHS

Eating Disorders

- These are conditions which are characterised by body image distortion, a fear of weight gain and a fear of fatness. They can be characterised by extreme restriction of food and weight loss, anorexia nervosa, or by purging and remaining in the normal weight

- Refer to CAMHS. GP will be asked to carry out baseline physical investigations prior to case being seen by the eating disorder team

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(SPA use the 4 ED questions re body image distortion, ED letter to GP)

- range, bulimia nervosa. In addition, they can present as normal weight but with cycles of restriction and bingeing, binge eating disorder
- Faddy eating is not an appropriate referral for CAMHS

Self-Harm and threats to life

Self-harm can take many different forms i.e.:

- Cutting
- Scratching
- Overdose
- Alcoholic poisoning
- Substance misuse
- Ligatures (e.g. tying a rope round one's neck)

The self- harm may be an attempt to regulate emotion or distress but can also be an attempt to end one's life

- Overdoses and serious self-harm requiring medical attention should be referred directly to the Emergency Department.

Patients attending A+E following self-harm will receive an assessment from CAMHs prior to discharge.

- Self- harm without suicidal intent and with a low level of risk can be referred to step 2 or wellbeing service, dependant on age.
- Self-harm with risk of significant harm or with suicidal intent should be referred to CAMHS

Psychosis

Manifested as episodes with the following symptoms:

- Positive symptoms – Paranoia, delusional beliefs.
- Perceptual disturbances (i.e. hallucinations, hearing voices).
- Negative symptoms – deterioration in self-care, school performance, social and family relationships
- Disinhibited behaviour, over activity, risk taking.

- Urgent referral to CAMHS
- CAMHS will assess both patients with psychotic symptoms and those with possible psychotic symptoms (known as an at risk mental state)

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Anxiety

(SPA to use RCADS for telephone triage to parents)

- Generalised anxiety disorder (GAD) - excessive and pervasive anxiety which is not specific to a particular thing or situation a Common symptoms may include restlessness, nervousness, difficulties with concentration, sleep disturbances and fatigue.
 - Separation anxiety disorder - worrying out of proportion to the situation of temporarily leaving home or otherwise separating from loved ones.
 - Panic attacks / panic disorder.
 - Specific phobias –extreme or irrational fear of an object, place or situation.
 - Social anxiety disorder (social phobia) is a persistent fear about social situations (talking in groups or starting conversations, speaking on the telephone, eating or drinking with company).
 - Chronic anxiety related to previous experience of developmental trauma
- Any anxiety disorder which causes persistent and significant impairment: refer to CAMHS
 - If anxiety levels are present but not causing significant impairment, refer to Step 2

Complex neuro-developmental disorder – ASD

(Autistic Spectrum Disorder)

Only for T3 CAMHS if there are associated mental health symptoms

- Complexities with social interaction and communication – including difficulties understanding and being aware of other people's emotions and feelings, delayed language development and an inability to start conversations or take part in them appropriately.
 - Restricted and repetitive patterns of thought, interests and physical behaviour and distress if routines broken
- It is essential that behavioural interventions involving education and other statutory services and parenting programmes have been tried.
 - If ASD is suspected, refer to CAMHS, ensuring that there is comprehensive early years & school information giving evidence of the presence and complexity of the difficulties which require CAMHS (ASD Pathway) assessment

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Complex neuro-developmental disorder – ADHD

The symptoms of attention deficit hyperactivity disorder (ADHD)

- Inattentiveness – having a short attention span, being easily distracted, and making careless mistakes in schoolwork. Appearing forgetful or losing things. Being unable to stick at tasks that are tedious or time-consuming, constantly changing activities. Appearing to be unable to listen to or carry out instructions. Having difficulty organising tasks.
- Hyperactivity and impulsiveness – constant moving and fidgeting, interrupting others. Acts without thinking of consequences, little or no sense of danger.

- It is essential that behavioural interventions involving education and other statutory services have been tried and that parents have undertaken an appropriate, evidence-based parenting programme before referring to specialist services.
- Refer to paediatrics if uncomplicated ADHD
- Refer to CAMHS if ADHD is suspected and if there are other co-morbid mental health conditions. GP will be asked to request that parents obtain a report from the child's school. On receipt of this report, the referral will be triaged.

Obsessive Compulsive Disorder

- Obsessions and/or compulsions with functional impairment.

- OCD rituals that are having a serious impact on the child/ young person's life, refer to CAMHS .

Gender Dysphoria

- The young person feels a persistent and intense distress about assigned gender.

- Refer to CAMHS for an initial assessment for co-morbid conditions and then refer on to specialist gender clinic

Bereavement/loss

- Sadness/grief and anger are normal responses to death or loss. These do not in themselves need a referral to CAMHS.

- Refer to counselling services.

School / College refusal

- School refusal in itself does not need input from CAMHS. Schools and education departments have their own resources which will need to be involved prior to referral to CAMHS. The CAMHS team does not accept referrals for school truancy.

- Refer to education services in the first instance
- If associated with either significant mood/anxiety disorder or other significant mental health problems, contact CAMHS for advice.

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Challenging behaviour, ODD, conduct

ODD and conduct disorder present with persistent disregard for normal societal rules.

Refer to Step 2 for parenting
Intervention
Refer to CAMHS if high risk behaviour

Enuresis/ soiling

Refer to paediatrics

Somatoform disorder (Psychosomatic disorders)

- Includes chronic fatigue
- Chronic physical illness.

- Child is experiencing persistent physical symptoms (stomach pains, vomiting)
- If this is having a significant impact on the child's normal functioning for long periods of time and other causes have been excluded, a referral to CAMHS could be considered.
- Chronic physical illness would not be a reason for a referral to CAMHS on its own but along with significant psychological distress, a referral may be appropriate.

- The care of these young people will rest primarily with Paediatrics. CAMHS will provide psychological input (i.e. individual therapy and family therapy) if there are associated significant relevant mental health needs.

Family Relationship Difficulties

- Children and young people may present with emotional and behavioural difficulties in response to family stress e.g. parental discord, divorce or separation

- Not appropriate for CAMHS
- Specialist CAMHS will consider referrals where there is a high level of complexity or if there is an associated mental health problem