

# Referral criteria for Wiltshire CAMHS community services

## Summary

This document provides an overview of the referral criteria for the child and adolescent mental service that will be screened through the single point of access in Wiltshire.

- These include:
- **Healthy Minds**
  - **Specialist CAMHS Community Service**
  - **Outreach Service for Children and Adolescents (OSCA)**
  - **CAMHS Learning Disability Service**

## Referral criteria for: Healthy Minds

**These teams will offer an intervention to any child that has an identified emotional, mental health or behavioural concern and:**

- there is evidence that first line early interventions (ie parenting program) have been put in place
- and there is not the experience/relevant expertise or skills to pick this up by those services who currently know the child
- and it is not appropriate to signpost on the case to other local services
- and the team considers it can make a positive impact with a short term intervention

**Consultation will be provided by Healthy Minds to:**

- Help support cases that do not meet the criteria within universal services
- Advise referrers on the most appropriate service for the child/young person

# Referral criteria for: Specialist CAMHS

## The core business of Specialist CAMHS is:

The specialist assessment and treatment of serious mental health disturbances and associated risks in young people under the age of 18 years.

## Access

Access to this service will require completion of a comprehensive CAMHS referral form to Healthy Minds.

Emergency referrals will need to be immediately routed through to this Specialist CAMHS team via a phone consultation in the first instance.

## Emergency criteria

To be discussed with the Duty Clinician for the Specialist CAMHS team and assessment arranged as is clinically indicated and as a maximum within 24 hours.

- Presentation of symptoms of severe depression with suicidal ideation
- Presentation of severe psychotic symptoms
- Presentation of anorexia with severe physical signs (e.g. BMI below 15)
- Significant risk of harm to self or others

## Urgent criteria

To be discussed with the Duty Clinician for the Specialist CAMHS team and assessment arranged as is clinically indicated and as a maximum within 7 days.

- Severe symptoms of depression with or without suicidal ideation
- Symptoms of anorexia with a BMI of 18 or below and /or low physical observations
- Severe unexplained deterioration in emotional state and behaviour at home and school not thought to be due to drugs, alcohol or physical illness.
- Assessment following deliberate self harm and presentation at accident and emergency services

The referrer needs to identify the level of urgency of the case. If in doubt the referrer should contact the Specialist CAMHS Duty Clinician.

## Standard criteria

There will be an emphasis on the need for assessment to ascertain presence or not of severe mental ill health and Specialist CAMHS contribution to management of complex cases. Factors to consider include: severity, complexity, enduring difficulties over time, difficulties in one or more domain, impairment of function at home, school or socially.

## Attention Deficit Hyperactivity Disorder & Autistic Spectrum Disorder

- For initial assessment and diagnosis, follow the local multi-agency protocol
- Complex ADHD cases with co-morbidity should be referred to Specialist CAMHS

## Eating Disorders

- Anorexia – At least 10-15% deficit from ideal weight
- Bulimia – Engaging in binge and purge behaviour
- Eating Disorders Not Otherwise Specified (EDNOS)

## Psychotic Illness

- Positive symptoms – Paranoia, delusional beliefs, abnormal perceptions (hallucinations on all sensory modalities)
- Negative, symptoms – deterioration in self care and daily personal, social and family functioning
- Disinhibited behaviour, overactivity, risk taking, with pressure of speech and agitation
- Severe depression with psychomotor retardation, social withdrawal, suicidal ideation

## Anxiety Disorders

- Anxiety panic attacks
- Separation anxiety
- Phobias including phobic anxiety related to school

## Depression

- Physical symptoms – poor sleep/appetite/ libido
- Cognitive symptoms – negative thoughts about self/others/world
- Suicidal ideation – level of intent, current thought, etc
- Co-morbidity – depression often occurs concurrently with other presenting mental health problems

## Post Traumatic Stress Disorder

- Symptoms occurring more than 3 months after a recognised traumatic event
- Intrusion and avoidance of thoughts and memories about the trauma
- Hyper-vigilance, hyper-arousal and emotional numbing

## Obsessive Compulsive Disorder & Tourettes

- Obsessions and/or compulsions with functional impairment
- Tourettes Syndrome with complex motor and vocal tics, particularly with co-morbidity with OCD and rage

## Deliberate Self Harm

- If accompanied by significant suicidal ideation
- If presenting with a pattern of emotional dysregulation, interpersonal difficulty and maladaptive coping strategies

## Attachment Disorders

- If presenting with a persistent pattern of abnormal functioning in interpersonal relationships

## Specialist CAMHS will also see individuals with the following presentations if there is evidence of co-morbidity with a serious mental health condition

- Drug and alcohol problems
- Conduct disorder
- Children with learning disabilities
- Obesity
- Enuresis/Encopresis
- Chronic fatigue /somatisation syndrome

# Referral criteria for: Outreach Service for Children and Adolescents (OSCA)

## Overview

The primary role of OSCA is to work intensively with children and young people experiencing a complex range of behavioural, emotional and mental health needs to prevent escalation of at risk behaviours, and to work towards recovery. **The key objectives are to:**

- Support children/young people in stable placements, either at home or in care
- Reduce the numbers of children requiring to be accommodated by the local authority
- Reduce the need for out of county placements

OSCA will deliver a number of therapeutic interventions ranging from high intensity DBT, family work, CBT, solution focused therapy, parenting support, engagement work etc., to the following groups of children:

### Specialist CAMHS: children and young people with a clear mental health diagnosis

OSCA will offer care to children and young people who have already met specialist CAMHS criteria, (i.e. have been diagnosed with a serious mental health disorder) where;

- The child/ young person is at risk of placement breakdown and failed to engage with or disengaged from specialist CAMHS services
- Where the intensity of an intervention required to support a child in placement is greater than the resources available within specialist CAMHS, and there is a history of the child and young person failing to engage with these services

### Where a mental health diagnosis is less clear

OSCA will care coordinate complex cases that meets at least one of the following criteria:

- The child/ young person is looked after, adopted or under a child protection plan
- The young person is significantly involved in the criminal justice system/ or has major substance misuse issues
- The young person is statemented, and educated within specialist educational provision

### And where:

- Significant emotional, behavioural, or mental health concerns that have been identified through the CAF, YOT Asset assessment, school statement, or DOH Framework for Assessment

### And where a minimum of two of the following criteria apply:

- The child or young person is at risk of placement breakdown (either home or a care placement)
- The child and young person's needs cannot be met by the range of professionals currently involved with the case
- A standard primary mental health intervention is **CLEARLY** not sufficient to meet the child's needs
- A range of other primary mental health interventions have already been tried and have proved unsuccessful/ or there is a history of failure to engage

## Inappropriate referrals

Referrals for the following presentations are not usually appropriate for OSCA where there is a primary diagnosis of:

- Significant learning disabilities and an absence of mental illness
- Primary social/housing needs
- Uncontainable risks/risk management in the community

## Consultation and support to frontline professionals

OSCA will provide named workers to support the following agencies:

- Looked after children's services
- Youth offending and substance misuse services
- Special schools for children with emotional difficulties

OSCA will provide support, advice and consultation to frontline children services to ensure that children and young people are:

- Appropriately supported at the right level of care
- Ensure timely access into additional services when required

## How to access OSCA

### Direct through consultation (LAC and other specialist teams)

- Specialist teams including looked after teams, YOT and substance misuse will be able to access services delivered by OSCA directly through consultation

### Healthy Minds

- Referrals through the Comprehensive CAMHS Referral form and via the single referral point
- Expectation that all cases have had a prior assessment, either a CAF, Asset, Substance Misuse, Initial or Core Assessment, or Looked after Children's Plan

### Specialist CAMHS access to OSCA

- Cases will be negotiated directly between team managers/clinical team leaders. Specialist CAMHS will need to provide a clear rationale for OSCA involvement

# Referral criteria for: CAMHS Learning Disability Service

## Access into the CAMHS Learning Disability Service

Access to the service is via the single point of entry or existing cases transferred across from specialist CAMHS or OSCA.

### Referral criteria

We will offer a service to children and young people who fulfil the following criteria:

- Have an identified emotional, mental health or behavioural difficulty
- Have a diagnosed learning disability or significant impairment of intellectual & social/adaptive functioning, using C-GAS or other outcome measures
- Assessment indicates that other services involved with the child are unable to meet their current need if there are not the skills or competence available

Children with Learning Disabilities (LD) often present mental health differently from that of children without LD. Therefore, in addition to the criteria for mental health listed this service will also address:

- Challenging behaviours of sufficient severity to destabilize placements, including physical and verbal aggression & self injurious behaviours
- Severe disturbances in eating, self-care, toileting, relationships
- The capacity of families and schools to contain and manage such behaviours

## Strengthening the care pathway

The CAMHS Learning Disability Team will offer the following types of support to other agencies:

- telephone consultation
- supervision and joint working
- delivering joint assessments
- group supervision
- single and multi-agency training

Our aim is to ensure that children are supported at the correct point of the pathway by the most appropriate resource available.

## How do I refer?

Complete a Comprehensive CAMHS Referral (CCR) or a Brief CAMHS Referral (BCR) if accompanied by a CAF