

REFERRAL GUIDELINES FOR CHILD AND ADOLESCENT MENTAL HEALTH SERVICES

REGIONAL THRESHOLD CRITERIA FOR SPECIALIST CAMHS

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Specialist CAMHS Service provision is part of a wider network of service provision to support children and young people who have emotional, behaviour and mental health difficulties. This guidance aims to support the standardization of referral criteria for Specialist CAMHS services across Northern Ireland. It is intended to assist those in frontline children's services to know who, what and when to refer to the specialist CAMHS teams. The guidance is also designed to improve access to specialist CAMHS for those children and young people who need it, whilst at the same time making sure that other sources of help have been tried where appropriate.

The criteria have been designed to support the implementation of the DHSSPS CAMHS Regional Service Model in response to the recommendations of the RQIA CAMHS review to reduce service variation and develop a regional care pathway. They have also been developed to meet the standards outlined in the Mental Health Services Framework identified as follows:

1. Improved timely and appropriate access for children young people and their families to specialist CAMHS;
2. Proactively provide consultation, advice and outreach support to other children services;
3. Support rapid re-entry to care when the need arises;
4. Reduced waiting times for specialist CAMHS Support;
5. Simplify the referral care pathway for children and young people's and their families;
6. Improve the consistency of referrals management through the development of a common assessment framework;
7. Match assessed need with the best service intervention;
8. Support multi agency/professional working and joint care planning;
9. Reduce 'gaps' and improve interfaces and ensure the smooth transitions across and between Adult Services;
10. Support the development of a stepped care approach and provide a 'One-stop-shop' multi-disciplinary team of staff with the most appropriate set of skills to meet all the mental health needs of the service users they will see.

Regional Service Model

The Regional Service Model for CAMHS has been defined as a stepped model which has informed both commissioning and provision. CAMHS services are provided 0-18 years. The model is defined across 5 steps:

Step 1 ***Universal health and well-being***

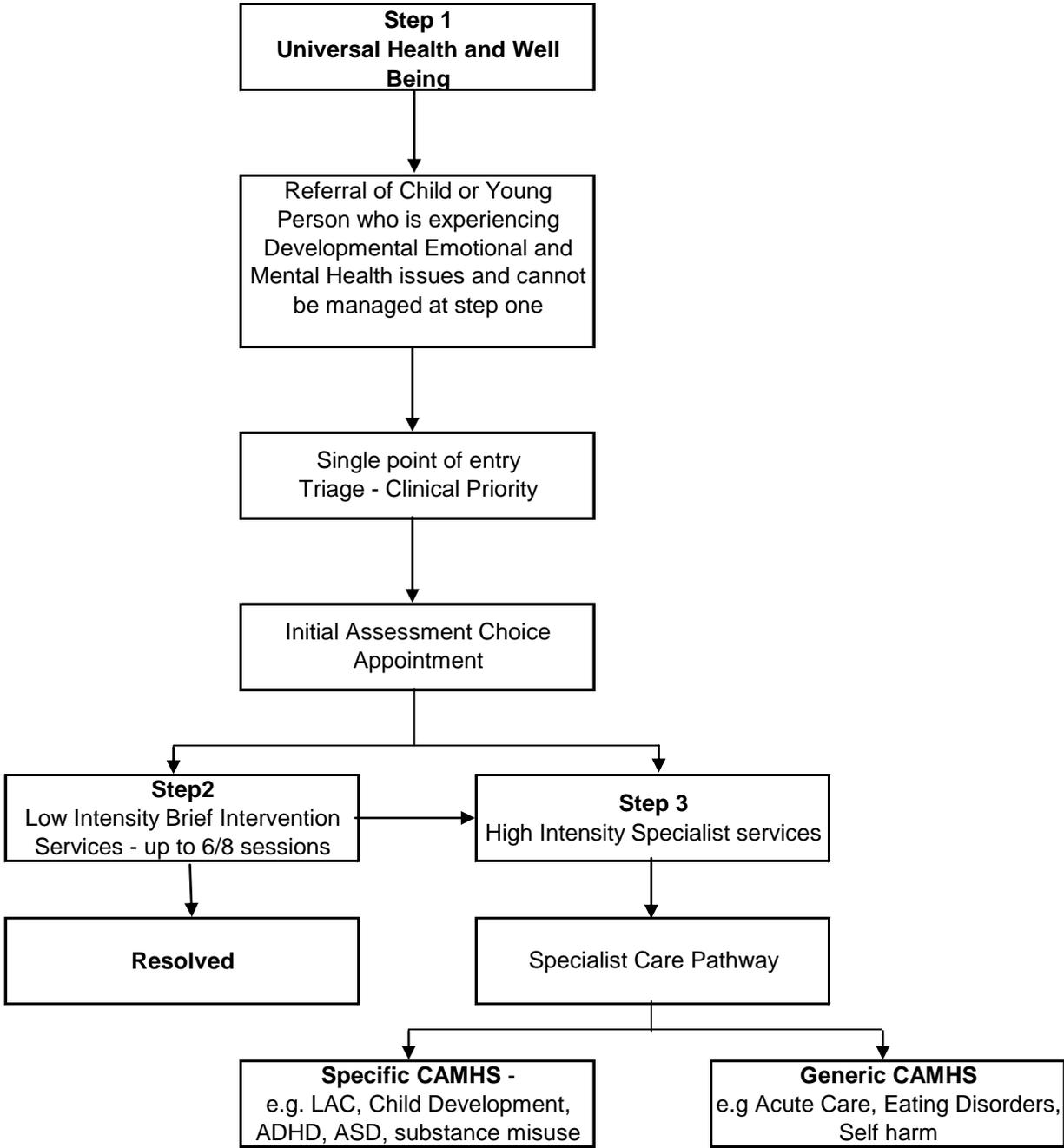
Step-2 (Tier-2) ***Targeted Intervention*** -This involves early detection and provision of preventative support to children and families in need. Intervention at this step is provided to children and young people who are experiencing early developmental/behavioural difficulties and/or mental health/emotional difficulties; or engaging in risk behaviours which are progressively impacting the child's, young person's and/or families psychological / social / educational functioning. At this step structured self-help approaches, behavioural, and/or family support are provided to reduce the impact of mental health and emotional problems and prevent their escalation to greater/more significant difficulties

Step-3 (Tier-3) ***Specialist Intervention*** - This involves specialist diagnostic assessment and the provision of psychological, systemic and/or pharmacology therapy. Intervention at this step is provided to children and young people who are experiencing moderate mental health and emotional difficulties which are having a significant impact on daily psychological /social/ educational functioning. Intervention at this step is normally provided through specialist / specific multidisciplinary teams.

Step-4 (Tier-3+) ***Intermediate Care*** - This involves the provision of crisis intervention and intensive home/ residential/ or day care services designed to reduce and/or manage those children and young people who are at immediate risk or who need intensive therapeutic care. The primary objective of this intervention is to prevent admissions to acute hospital care.

Step-5 (Tier-4) ***Highly Specialist Inpatient / Secure Care***. Care at this step is provided for those children and young people who are experiencing highly complex, enduring mental health and emotional difficulties which severely restrict daily psychological/social functioning. At this level the young person will require the input of several specialist agencies and/or acute inpatient or secure care services.

Early recognition of difficulties and problems combined with effective earlier intervention will lead to better outcomes for children and their families as it is generally better if problems can be resolved without having to identify a child or young person with mental health problems.



Who Can Make A Referral

- General Practitioners
- Child and Family Social Services
- Paediatric Services
- Child Health Services
- Welfare Educational Services

HOW TO DECIDE AN APPROPRIATE REFERRAL

(a) Severity of Symptoms

Specialist CAMHS will accept referrals of children and young people whose symptoms or distress and degree of social and/or functional impairment is having a significant impact in their day to day functioning

(b) Duration of Difficulties

Usually, the duration of these difficulties should be **not less than three months**.

For severe / life-threatening conditions and for other conditions where there is severe impairment of functioning, the referral should be made immediately and discussed with a senior member of the CAMHS team.

(c) Severe Mental Health Disorders

Specialist CAMHS will accept referrals where there is a likelihood that the child or young person has a diagnosable mental health disorder.

(d) Case Complexity

Specialist CAMHS will accept referrals where there is a high level of case complexity. *This might include, for example, multiple risk factors, complex family problems, child protection concerns.*

Emergency and Urgent Referrals

Emergency

This is a written/verbal referral that requires an immediate response/assessment due to the severity of presentation associated with a young person being at risk to themselves or others. This will include for example:-

- people who are actively suicidal,
- acutely psychotic,
- presentation of anorexia with severe physical signs (e.g. BMI below 15) or
- those severely depressed and/or in need of crisis assessment and intensive home treatment/acute care admission.

CAMHS should provide **as a minimum** a next day assessment service seven days a week. Outside of these operating hours, Trusts should ensure robust care arrangements have been put in place to address the needs of children and young people at risk.

Urgent

This is a referral that requires a response within a maximum of five working days due to presenting complexities and/or associated risks, and if left unaddressed may result in a mental health emergency referral.

This will include people with

- severe symptoms of depression with or without suicidal ideation
- Symptoms of anorexia, with a BMI of 15 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

Consultation / Routine Referrals

Consultation

A professional consultation is the process of organising a dedicated professional/multi-agency meeting **post triage** to identify the most effective way of addressing the needs of the patient/client referred. The primary outcome of a consultation is to maximise care outcomes and/or determine the most appropriate form of care intervention/pathway particularly where there has been a range of agencies/professional involved in the care of the patient/client prior to referral.

Routine

These are all other referrals which require an appointment within the maximum waiting time guarantee of nine weeks.

Profile of Need

In general terms Specialist CAMHS (Step 3 +) provides care for children and young people who are experiencing moderate to severe mental health and emotional difficulties, which is significantly impacting the young person's daily psychological /social / educational functioning. Typically CAMHS will provide care for children and young people with the following range of needs:

- Deliberate Self Harm and/or Suicidal
- Depression (Moderate to Severe)
- Anxiety Disorders including panic/phobias
- Post Traumatic Stress Disorders
- Obsessive Compulsive Disorders
- Attachment Disorders
- Autism with co-occurring mental health problems
- ADHD with co-occurring Mental Health Problem
- Eating Disorders
- Early onset psychosis
- Substance misuse problems where there is a co-occurring mental health problem.

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

Eating Disorders

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

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

Deliberate Self Harm

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

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

Attention Deficit Hyperactivity Disorder & Autistic Spectrum Disorder

- For initial assessment and diagnosis, follow the local CAMHS ASD protocol
- Complex ADHD cases with co-morbidity

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

Attachment Disorders

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

Looked after Children

- Where there is concern about mental health/ill health that may lead to breakdown of placement, all children referred will be screened by CAMHS and the LAC worker and discussed with the Social Services key worker.

Transitional Arrangements to Adult Mental Health Services (AMHS)

Following intervention by Specialist CAMHS Services at partnership pathways level, all young people will have a transition plan to support joint working in preparation for discharge to a partnership agency or transition to Adult Mental Health Service post 18 years.

The following guidelines outline the practice that should be in place to ensure a seamless transition across from CAMHS to adult services:

- 1. Fully involve the young person, family and carers where appropriate and with the young person's consent.** Be transparent in planning and making decisions. Remember that mental health service transitions are a 'process', rather than simply a 'transfer'.
- 2. Begin planning as early as you can** and at least six months before the discharge from CAMHS, as well as managing realistic expectations for the input from adult services.
- 3. Refer young people to age-appropriate, accessible services** where they exist; tell commissioners and providers where they don't exist. **Do not assume that young people in CAMHS need transfer to AMHS.** For example, some young people may not meet the criteria for severe and enduring mental illness, and thus may not be eligible for AMHS. Offer young people **additional and alternative support to AMHS** including support from non-health settings, voluntary sector services, primary health care (including GPs) and other universal services.
- 4. Take account of the wider context of young people's lives:** there is a growing evidence base that helping young people with broader life issues leads to improvements in their mental health.
- 5. Work collaboratively** with other professionals and agencies: staff should know how each other's services operate in order to provide co-ordinated and joined-up care.
- 6. Make service transition a flexible, managed process,** with planning and assessments, continuity of care and follow-up. A period of shared or parallel care is good practice.
- 7. Work at the young person's pace** and acknowledge that change takes time.

8. Follow up and monitor outcomes following the discharge from CAMHS, including those young people who don't transfer to AMHS.

9. Audit, review and evaluate your practice and service models, and include young people, families and carers in the process.

10. Use processes and corresponding paperwork that 'join up' and are consistent across agencies; formally agreed cross-sector **transition protocols** have many benefits.

This guidance will be subject to ongoing review and refinement in line with research and best practice and services may be developed. Feedback on implementation of the guidance is welcome from clinicians and other practitioners and should be directed to Trusts' CAMHS Managers and HSCB CAMHS Commissioners.