

CAMHS Referral Guidance for Locality Teams

This document provides an overview of the **referral guidance** and **contact details** for the Child and Adolescent Mental Health Service (CAMHS) in West Sussex

West Sussex CAMHS

contacts:

Chichester CAMHS (Mon-Fri 9am to 5pm)	01243 813405	Consultation Line:	07765 075951	E-Fax:	0300 304 4829
North CAMHS (Mon-Fri 9am to 5pm)	01403 223200 Horsham/Crawley	Consultation Line:	07917 053468	E-Fax:	0300 304 4943
Worthing CAMHS (Mon-Fri 9am to 5pm)	01444 472673 Mid Sussex	Consultation Line:	07786 110157	E-Fax:	0300 304 4830
	01903 286754				

The Consultation Lines are staffed by CAMHS Duty Clinicians between 12:30pm and 2:00pm, Monday to Friday.

Please leave a message if the Duty Clinician is engaged and they will return your call as soon as possible.

Other team contact details:

UHS (Urgent Help Service)	01444 472 670 (<i>weekdays 5pm to 8pm</i>) 07788 564 997 (<i>weekends and bank holidays 10am to 6pm</i>)	Chalkhill (inpatient unit)	01444 472 670
CMHLS (Community Mental Health Liaison Service)	Access point (<i>weekdays from 12:00 to 5pm</i>): 0300 304 0304 spnt.cmhlserviceaccesspoint@nhs.net	CYP-FEDS (Family Eating Disorder Service)	Advice & referrals (<i>weekdays from 9am to 5pm</i>): 01444 472670 (option 4) spnt.feds@nhs.net FEDS@sussexpartnership.nhs.uk On call (<i>10am to 6pm Sat, Sun & bank holidays</i>): 07391 010452
Perinatal	Coastal West Sussex referrals: 0300 304 0214 North West Sussex referrals: 0300 304 0213 spnt.perinatalreferrals@nhs.net	MASH (Multi Agency Safeguarding Hub)	01403 229 900 http://www.westsussexscb.org.uk/2016/04/multi-agency-safeguarding-hub-mash/
EIP (Early Intervention in Psychosis)	Horsham & Central/Mid-Sussex: 01403 223 200 Worthing/Arun & Adur: 01903 843 695 Bognor Regis/Chichester & West: 01243 841 041 Out of hours: 0300 500 0101	School Nurses	http://www.sussexcommunity.nhs.uk/services/servicedetails.htm?directoryID=16336
YES (Youth Emotional Support)	www.westsussex.gov.uk/yes	IPEH (Integrated Prevention and Earliest Help)	www.westsussex.gov.uk/earlyhelp
Lifecentre	01243 786349 info@lifecentre.uk.com	Blended Counselling YMCA	community.counselling@ymcadlg.org
Find It Out	https://www.westsussex.gov.uk/education-children-and-families/your-space/life/finditout-centres/		

CORE PURPOSE

The core purpose of CAMHS is the specialist assessment and treatment of **moderate to severe mental health conditions in young people, under the age of 18**. This guidance will clarify referral pathways and increase knowledge about which young people should be referred to CAMHS, or alternative services, where indicated.

REFERRAL METHODS

Who can refer to CAMHS?

- GPs
- Paediatricians
- Community Mental Health Liaison Practitioners
- School Nurses
- School Counsellors
- Social Workers

Referrals can be made: **via submission of a Request for Service form (referral form) or a referral letter (detailing any mental health concerns).**

Please note, referrals via e-mail are not currently accepted, due to non-secure e-mail.

- If you have an urgent referral, please **clearly indicate this on the Request for Service referral form, or referral letter.**
- Please note; the CAMHS consultation line is not currently used as a referral line. However, if you would like guidance as to whether to refer to CAMHS, the duty worker will be available to advise you via this line.

INDICATORS OF MODERATE TO SEVERE MENTAL HEALTH DISORDER

- A lack of sufficient response to Universal Services and Targeted Interventions at Tiers 1 & 2. Please note, it is hoped that young people referred to CAMHS have had some initial intervention by the above services prior to referral to CAMHS, unless urgent or clearly displaying moderate to severe symptoms.
- Level of impact on functioning in two or more areas, including impairment on personal, social, academic or family functioning. There may also be evident of a significant increase in isolation and mental health well-being.

CAMHS RESPONSE TO REFERRALS

- Phone call to referrer if an urgent referral is made and the duty worker undertaking triage deems this to be in need of an urgent response. **A call will be made within 4 hours.**
- There is a daily triage of referrals by a CAMHS duty worker.
- There is a weekly centralised referral panel. This is attended by; CAMHS Service Managers, Community Mental Health Liaison Practitioners, Psychology, Social Workers, Nursing and other CAMHS clinicians. Youth Emotional Support workers also attend.
- Signposting of young people to; MASH, YES, School Nurses, School Counsellors, Child Development Centres or consultation with a Community Mental Health Liaison Practitioner.
- Acceptance of the referral to CAMHS, followed by assessment, ADHD medical review or psychiatric liaison (if indicated).
- ADHD/ASC screening, if there has been a work-up by Universal Services (including an Early Help Plan), MASH (Multi-Agency Safeguarding Hub) involvement, or a significant level of complexity indicated by other specialist services.
- Joint assessment between Community Mental Health Liaison Practitioners and Youth Emotional Support Workers, where it is unclear whether the young person is seen by CAMHS or YES.

TIMESCALES FOR YOUNG PEOPLE BEING SEEN WHEN ACCEPTED BY CAMHS

- Young people & families will be **seen or contacted within 4 weeks** of acceptance into CAMHS.
- Assessments will be offered **within 4 weeks of acceptance**, unless cancelled by the young person or family.

HOW ARE YOUNG PEOPLE/FAMILIES & REFERRERS INFORMED OF A CAMHS PANEL DECISION?

- Referrers and young people/families are copied into letters with the decision regarding acceptance into CAMHS, or signposting to another agency. If the referral is sent back to the referrer, there will be an explanation as to why this has taken place, with any relevant advice where possible.

URGENT GUIDANCE

The following may indicate the need for an urgent assessment by CAMHS, **to be seen within 7 days**:

- Psychotic symptoms (see below).
- Eating Disorders (including anorexia nervosa, rapid weight loss with anorexic cognitions and no associated medical indication).
- Planned suicide (not ideation) and significant depressive condition.

If you are concerned about any of the above, please contact the local CAMHS duty worker, as indicated on the reverse of this guidance under locality CAMHS consultation lines. The consultation line is in operation between 12:30-14:00, Monday to Friday.

If you are concerned about the above, or any aspect of safety relating to a child or young person, risk to themselves or others, please telephone the emergency services on 999 (for an ambulance and/or the police or 101, or an appropriate service such as MASH (see over for contact details).

WHO DOES CAMHS WORK WITH?

Young people, under the age of 18, who may be experiencing the following:

- Moderate to severe depression:
 - Poor sleep, altered appetite or weight

- Negative automatic thoughts, guilt, worthlessness, limited hopes for the future, reduced self-esteem and confidence
- Suicidal ideation and moderate to severe self-harm. Consider the level of intent and current thoughts
- Co-morbid symptoms (anxiety or eating disorders)
- Eating Disorders (**It is advisable to ring for consultation early if you have any concerns about a young person's weight**):
 - Anorexia – at least 10-15% deficit from ideal weight, self-induced weight loss, body image distortion, fear of fatness, absence of three consecutive menstrual cycles. Health concerns associated with starvation & poor nutrition/hydration. Rate of weight loss >1kg per week over 2-3 consecutive weeks.
 - Bulimia – engaging in binge and purge behaviour, preoccupation with eating, fear of fatness, craving for food.
- Anxiety:
 - Excessive anxiety, impacting on daily and social functioning
- Post-traumatic stress disorder:
 - Symptoms occurring more than 3 months after the initial incident
 - Flashbacks, intrusive thoughts and/or avoidance of trauma reminders
 - Associated concerns, such as; sleep problems, irritability, emotional 'numbness' and mood disturbance
- Psychosis:
 - Positive symptoms such as; paranoia, unusual beliefs, abnormal perceptions (hallucinations in all sensory modalities)
 - Negative symptoms such as; deterioration in self-care and daily personal, social and family functioning. Disinhibited behaviour, over activity, pressure of speech and agitation. May need consideration of referral to Early Intervention for Psychosis. Ages 14 and up
- Gender identity
 - Gender dysphoria and trans-sexuality
- Obsessive Compulsive Disorder & TICS
 - Obsessions and/or compulsions, complex motor and vocal TICS, trichotillomania (compulsive hair pulling)
- Attention Deficit Hyperactivity Disorder
 - Referrals are considered for children over 6 years old, where there education appears compromised by symptoms of inability to focus, or where there are abnormally high activity levels. There is an expectation that learning difficulties and social adversity (particularly parenting issues) will have already been assessed and addressed before a referral via an Early Help Plan
- Autism Spectrum Disorders
 - Referrals for diagnostic assessment are considered for children aged 9 years and upward in Chichester and of secondary school age in other areas.

CAMHS IS UNABLE TO DEAL WITH CERTAIN DIFFICULTIES

CAMHS does not work with the following difficulties, unless there is an associated moderate to severe mental health condition:

- Behaviour problems (including problems secondary to the impact of ADHD/ASC)
- Bereavement
- Bullying
- Drug & alcohol misuse
- Enuresis, encopresis and faecal incontinence
- Sleep problems alone
- Fussy eating
- Learning disabilities
- Parental divorce/separation
- Peer relationship problems
- Phobias which to not significantly impair daily functioning

The above list is not exhaustive, if you have any concerns please contact the CAMHS Consultation Line (see over) for a further discussion about your concern.