Referral Criteria for Berkshire Specialist CAMHs

Berkshire CAMHs is a specialist child and adolescent mental health service that provides support, advice, guidance and treatment for children and young people with moderate or severe mental health difficulties, whose symptoms are having a significant impact in their day to day lives. Usually these symptoms will have been occurring over several months and will not have responded to interventions from early intervention and children’s services.

The referral criteria below are designed to help make the decision about whether a child or young person would be best helped by a referral to Berkshire CAMHS. Referrals are accepted from all health, education, and children’s services colleagues and should be made on the Berkshire CAMHS referral form (link) and sent to CAMHs CPE (link).

All referrals will be assessed by telephone contact or face to face appointment to ensure that CAMHs is the right service for the child or young person and to evaluate the seriousness of the symptoms and immediacy of risk.

Referrals are prioritised as either:
- Urgent
- Soon
- Routine

An Urgent referral requires an immediate response/assessment due to the severity of the symptoms/risk. This includes referrals for:
- People who are actively suicidal.
- Acutely psychotic.
- Presentation of anorexia with severe physical signs (e.g. BMI below 15). Note that this may require an urgent medical response first.
- Severe Depression

Referrals prioritised as Urgent will be assessed within 24hrs.

A Soon referral requires a quick response due to presenting symptoms and/or associated risks that if left unaddressed may lead result in an emergency referral.
- Severe symptoms of depression with or without suicidal thoughts.
- Suicide attempt and persistent suicidal thoughts or evidence of a plan
- Symptoms of anorexia (rapid, intentional weight loss), with a BMI of 15 or below.
- Severe unexplained deterioration in emotional state and behaviour at home and school not thought to be due to drugs, alcohol or physical illness.

Referrals marked as Soon receive a telephone assessment within one working day. If required, a face to face assessment is arranged appropriate to the assessed risk.

All other referrals would be classified as Routine. We aim to assess all routine referrals within a maximum 6 week waiting time.
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<tr>
<th>Problem</th>
<th>Brief Description</th>
<th>Action</th>
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<td>Depression</td>
<td>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.</td>
<td>For moderate to severe depression, refer to CAMHS.</td>
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<td>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.</td>
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| Eating Disorders | • Anorexia (at least 10-15% deficit from ideal weight)  
• Bulimia (engaging in binge and purge behaviour).  
• Severely restricting food intake.                                                                                                                      | GP to monitor weight and physical health  
Refer directly to CAMHs.  
The young person may be eligible for the eating disorder day programme (BAU).                                                                                 |
| Self-Harm    | 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)  
• Threat to 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 as part of an established deliberate self-harm care pathway.  
Concerns about significant self-harm, in the context of other mental health / psychological difficulties, telephone CAMHS CPE for advice.  
School counselling to monitor and support young person.                                                                                                           |
| 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                                                                                                           | Urgent referral to CAMHs to assess co-morbidity with other presentations.                                                                                      |
### Performance, Social and Family Relationships
- Disinhibited behaviour, over activity, risk taking.

### Post-traumatic Stress Disorder (PTSD)
PTSD is a delayed or protracted response to a traumatic event. The child or young person experiences symptoms of “reliving” the trauma through nightmares and or flashbacks. Other symptoms include, emotional numbness, hypervigilance, avoiding triggers of memories of the trauma, extreme agitation and insomnia. It may present in less characteristic ways in young children and advice should be sought from CAMHS in this age group. It can start weeks or months after the traumatic event.
- If presenting with symptoms of PTSD and other associated mental health difficulties such as persistent low mood and self-harm refer to CAMHS.
- For Post abuse work without accompanying symptoms of PSTD, referral should be made to community counselling services or agencies specialising in this area. People who experience trauma may not develop PTSD. However they may find counselling useful (link).

### Anxiety
- Generalised anxiety disorder (GAD) - excessive and pervasive anxiety which is not specific to a particular thing or situation. 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).
- Any anxiety disorder which causes persistent and significant impairment: refer to CAMHS.

### Complex Neuro-developmental Disorder – ASD (Autistic Spectrum Disorder)
- 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 behaviours – including making repetitive physical movements, such as hand tapping or twisting, and becoming upset if these set routines are disrupted.
- 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.
| 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 - being unable to sit still, constantly fidgeting. Being unable to concentrate on tasks. Excessive talking, interrupting conversations. Act without thinking, 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.  
- Refer to CAMHS if ADHD is suspected, the core difficulties in hyperactivity, inattention and impulsivity are evident and persistent in two or more domains of the child’s life (e.g. school and home) and have been unresponsive to behavioural intervention in the home and school.  
- Ideally school SENCo should make direct referral to the CAMHS (ADHD Pathway) via CAMHS CPE. |
| Obsessive Compulsive Disorder & Tourette’s |  
- Obsessions and/or compulsions with functional impairment.  
- Tourette’s syndrome with complex motor and vocal tics, particularly with co-morbidity with OCD and rage.  
- Children and young people with Tourette’s syndrome may also have other behavioural problems, such as behaving inappropriately or anti-socially with other children.  
- OCD rituals that are having a serious impact on the child/ young person’s life direct referral to CAMHS CPE. |
| Gender Identity disorders |  
- There is usually a long standing history (from childhood) of the young person’s distress regarding their physical gender.  
- Significant emotional and psychological distress.  
- This is not about the young person's sexual orientation.  
- Refer to CAMHS. |
| Bereavement/loss |  
- Sadness/grief and anger are normal/usual responses to death or loss. These do not in themselves need a referral to CAMHs.  
- Refer to counselling services.  
- If there is a significant concern about the young person's symptoms or if the bereavement is complicated by a traumatic event, contact CAMHS CPE to discuss whether referral may be appropriate. |
| 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 CPE for advice. |
| Substance misuse |  
- Substance misuse in itself does not indicate that a referral to CAMHS is necessary.  
- In the absence of significant co-morbidity (e.g. anxiety/depression) refer to specialist substance misuse services.  
- Tier 3 Specialist CAMHs will see individuals who present with co-morbidity relating to drug and alcohol problems. |
Not seen as a matter of routine

Children and young people presenting with emotional and behavioural difficulties with no associated mental illness such as those described below, are not usually appropriate for Tier 3 Specialist CAMH services. CAMHS CPE are available for consultation and discussion prior to making a referral to consider appropriateness.

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<th>Enuresis / complex soiling</th>
<th>• It is important to rule out any physical cause which may be associated with this condition prior to considering psychological involvement.</th>
<th>• In the first instance refer to the continence clinic. • If there are associated significant relevant mental health needs, contact CAMHs CPE for discussion and consultation to consider if referral is appropriate.</th>
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| 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. • Contact CAMHs CPE for discussion and consultation to consider if referral is appropriate. |
| 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 | • CAMHs teams will not be involved in legal issues in relation to parental separation. • If referrers are aware of families’ difficulties, please encourage parents to make efforts to resolve these matters through access to appropriate relationship counselling services such as Relate or Relateen. • Specialist CAMHs will consider referrals where there is a high level of complexity. This might include a combination of multiple risk factors, complex family problems and child protection concerns. |