

**NORTH YORKSHIRE SPECIALIST CAMHS REFERRAL PROCESS**

***To deliver community based direct and indirect services including advice, assessments, diagnostic service and intervention for children and young people experiencing mental health conditions and their carers/families***

Every child and young person in contact with the Service receives the care they need to enable them to fulfil their potential in life.

Care is:

* Designed to be effective in order to attain specified outcomes
* Centred on the child or young person & their family / carers
* Provided though a multi-disciplinary, multi-agency framework
* High quality

High quality encompasses:

* Clinical excellence – evidence based interventions
* Research informed service
* Safety of patient
* As positive a patient experience as possible
* Measuring the child / young person’s journey through specialist CAMHS by the effective use of outcome measures

**Access to service is via:**

**CAMHS Single Point of Access:**

Referral Email Address – [tewv.northyorkshirecamhsreferrals@nhs.net](mailto:tewv.northyorkshirecamhsreferrals@nhs.net)

Telephone Number – 0300 013 4778 – this is a Monday to Friday 9-5pm service (excluding Bank Holidays) – see below for CAMHS Crisis Service

**CONTACT ADDRESSES FOR SPECIALIST CAMHS BASES:**

|  |  |
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| **Scarborough / Whitby / Ryedale**  Lake House  20 Manor Court  Scarborough Business Park  Eastfield  Scarborough  YO11 3TU  **(01723) 346000** | **Harrogate & District**  Dragon Parade Clinic  2 Dragon Parade  Harrogate  HG1 5BY  **(01423) 726900** |
| **Hambleton / Richmondshire**  Brompton House  Brompton Road  Northallerton  DL6 1EA  **(01609) 718810** | **CAMHS Crisis teams can be contacted by calling:-**   * **Scarborough, Whitby, Rydale :-**   **01723 346502** (Working hours 10am -10pm 7 days per week)   * **Harrogate & Rural District:-**   **01423 544335** (Working hours 10am -10pm 7 days per week)   * **Hambleton & Richmondshire:-**   **0300 0132000(Opt 6)** (Working hours 24 hours per day, 7 days per week) |

**Our philosophy of care**

As a provider of children’s and young people mental health services our mission is to:

**We will provide a welcoming and innovative service in collaboration with wider community agencies to enable children, young people and their families /carers experiencing mental health challenges to achieve their desired goals.**

We know that by promoting good mental health and intervening early, particularly in the crucial childhood and teenage years, we can help to prevent mental illness from developing and mitigate its effects when it does’ (NHWMH, 2012).

**The core specialist CAMHS function is:**

* To provide assessment and treatment of moderate to severe mental health issues and associated risks in young people under the age of 18 (up to 18th birthday).
* Acknowledge that all young people may experience distress in reaction to life events, transition or family disharmony but those without a clear mental health component to their presentation can be supported by Universal Services and Targeted Services (see the Vulnerability Checklist produced by the Local Safeguarding Children Board)

**CAMHS Crisis Home Resolution team service**

The aim of Crisis Home Resolution Team is to:-

* Assess and treat children / young people with mental health problems / learning disability up to aged 18yrs that present in acute mental health/ emotional crisis.
* Offer advice, support and consultation for family members / carers and workers from the Police, Health, Social Care Services, Education and Voluntary Agencies
* To promote positive mental health in children and young people and ensure they are followed up, where appropriate, by the Specialist mental Health or appropriate local services
* To provide short term intensive interventions to minimize relapse or hospital admission.

**Referrals are received by telephone only – see locality contact details above.**

**The core service for looked after and vulnerable children is commissioned by NYCC from Specialist CAMHS and in the first instance is based on a consultation model**:

* Children Looked After by NYCC (Sec 20, Emergency Protection Order, Interim Care Order, and Care Order).
* Adopted children who are open to an NYCC social care /adoption support team.
* Looked after Children or children on a child protection plan with mental health issues (SDQ’s can be completed to help identify the level of need)
* Supervision and consultation to be offered to health, social care and youth justice, who are involved in the assessment and intervention of children exhibiting sexually harmful behaviours.  (A maximum of 10 children per year, 6 hours of consultation/supervision per child).
* All referrals are considered where there is agreement by the appropriate social care team manager.

**CONFIDENTIALITY AND CONSENT**

Before discussing a child or young person with a CAMHS practitioner, we would ask that you always gain permission from their parent or guardian. We would always consider Fraser Guidelines and where a young person is aged 16 or over you can get permission from them directly. However it is usually advisable that the parent or guardian is made aware particularly where there are issues relating to risk and safety is a concern

You can discuss a child or young person with us without giving their name. However, before making a formal referral, the referrer should gain the consent of the young person and/or responsible parent/guardian.

**REFERRAL CRITERIA**

Children, young people up to their 18th birthday, (and their families) with Mental Health needs which is impacting upon their day-to-day functioning and *cannot be* resolved with appropriate intervention by Universal and Targeted Services within Health, Local Authority and the Voluntary Sector.

**Presenting problems may include**:

* Severe deliberate self-harm and/or risk of suicide
* Depression/mood disorders
* Psychosis (the Early Intervention Psychosis Team for Young People 14+ may be appropriate in conjunction with specialist CAMHS).
* Anxiety Disorders (life affected day to day) i.e. OCD, PTSD
* Eating Disorders (we have an Enhanced Eating Disorder service but at present all referrals for this part of the service needs to be directed via the Single Point of Access Team)
* Significant/complex emotional/behavioural difficulties that have not improved following Universal or Targeted Interventions i.e. conduct disorder
* Neurodevelopmental / hyperkinetic disorders i.e. ADHD (depending on local commissioning arrangements)

**Factors to consider when deciding to refer**:

* duration of problem
* level of distress to child/young person and family
* number of areas of child/young person’s life which is affected ie home, school, friendships, interests and hobbies.
* other agencies that are involved and how their work is progressing.

**Other factors to consider prior to considering CAMHS are:**

* If there is a **Safeguarding issue** then Children & Families Service – Children Social Care should be consulted.
* If the child has a learning disability is there a Learning Disability Nursing team involvement or Disabled Children Team from the Local Authority?
* If the issue is related to family separation, has the family been offered information regarding mediation services for parents in conflict?
* **Does the family want, and consent to, a referral to a mental health service?**
* **Has the referral been discussed fully with the family, child or young person?** **Do they consent to the referral? (if over 16 years the consent should be directly from the Young Person).**

| Service | Response | **Presentation** |
| --- | --- | --- |
| CAMHS Crisis | Crisis Response (seen within 4 hours) | * Presenting acutely at hospital, A&E, GP surgery or following admission to hospital after episode of self-harm & reported medically fit for discharge * Potential Suicide/other lethal risk to self and others * Suicidal ideation and repeated severe self-harm in the context of a significant mental health problem. * Suspected emerging psychosis / Acute Psychotic disorder – in conjunction with the Early Intervention Psychosis Service (EIP) (eg perceptual disturbance, delusional beliefs, withdrawal from socialising, apparent personality changes) |
| Specialist CAMHS | Urgent referrals (within 1 week) | * Suspected Anorexia Nervosa falling predominantly within RED/AMBER range of Junior Marsipan Guidelines or rapid weight loss in recent weeks. * Risk of undiagnosed emotional disorder (such as depression or actively suicidal **) which is having severe** impact on the child / young person’s functioning * Suspected emerging psychosis / Acute Psychotic disorder – in conjunction with the Early Intervention Psychosis Service (EIP) (eg perceptual disturbance, delusional beliefs, withdrawal from socialising, apparent personality changes) |
| Specialist CAMHS | Routine (appointments within 4 weeks of ‘referral’) | * Self -harm that is not currently a significant threat to health or with the intent to take their own life( See NY multiagency Self Harm Pathway) * Suspected Eating Disorder predominantly in GREEN/BLUE range of Junior Marispan Guidelines * Risk of undiagnosed emotional disorder (such as depression, severe anxiety, panic disorder, Obsessive Compulsive Disorder * Assessment for ADHD/ Behavioural / Hyperkinetic disorders (there are different Commissioned arrangements across the locality area) * Chronic Physical Illness/Somatic disorders with a co morbid mental illness * Neuro-developmental problems which have impacted on the child/young person’s mental health |

**WHO CAN REFER?**

All CAMHS teams operate an open referral system, i.e. anyone concerned about a child or young person’s mental health can access the services. This includes self-referrals from the young person themselves or their parent/carer.

We encourage all referrals to be made using the service’s referral form, with these being emailed **in Word Document format** from a secure email address to the email address on the top of the form. We are happy to discuss possible referrals by a telephone conversation with a member of the specialist CAMHS Single Point of Access Service on 0300 0134778 but if referral into our service is agreed we would expect the professional consulting to submit a full referral form.

**Multi-agency referral form for Specialist CAMHS referral & consultation.**

Please e-mail completed form securely to Single Point of Access at:-

[tewv.northyorkshirecamhsreferrals@nhs.net](mailto:tewv.northyorkshirecamhsreferrals@nhs.net)

Or contact the service to discuss referral on:- **0300 0134778**

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| --- |
| Date of referral: – Date received in service: - |

**Child/Young Person & Family Details:-**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name of Child:** |  | | **Date of Birth:** |
| **Preferred Name:** |  | | **Age** |
| **Male/Female:** |  | |  |
| **Address including postcode:** | | **Preferred agreed Primary contact and Daytime Telephone number:**  **Parent/Carer**  **Name:**  **OR**  **Young Person (where appropriate)** | |
| **Agreed Secondary Contact and Telephone number (to be used if problems with number above):**  **Parent /Carer**  **Name:**  **OR**  **Young Person’s (where appropriate)** | |
| **Has consent for referral been given? YES  NO :**  **By whom (name):** | | **Parent/Carer aware of referral** | **YES  NO** |
| **GP Name & Address:**    **Postcode:**  **GP Phone No:** |  | | **NHS No:** |

**Parent/Carer/Sibling Details (if relevant):-**

|  |
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| **Parent / Carer Name (s) and DOB: (including title, surname and relationship to child/YP)**  **Who has Parental Responsibility?(name/s)** |
| **Who does the child / Young Person live with? (name, DOB & relationship to child/YP)** |
| **Siblings under 16yrs living in the family home (Name, DOB & School):** |

**Details about the difficulty/issue:-**

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| **What is the reason for the referral?** |
| **How long has the issue been going on?** |
| **How often is it happening & how is it impacting?** |
| **What is it like in different settings e.g school, activity groups, public places?** |
| **Risk**  Historical risk factors. Current risk factors, vulnerabilities (balanced with protective / resilience factors – what has worked or not worked, what is going well.  Change in mood – what are they and when did they start, poor or increased sleep, poor concentration or indecisiveness, Low self confidence  Poor or increased appetite  Suicidal thoughts, self harm  Aggressive behaviour towards others |
| **Resilience**  **Protective factors (e.g friendships, good family relationship’s)**, **what has / has not worked (e.g. taking time out when feels anxiety rising, school supporting workload, what is going well** |
| **What do you and the young person/carer hope the service can provide?** |
| **Have other services been involved to meet the needs of the child, young person or family?**  ie: Healthy Child Programme, COMPASS Reach, Local Authority Prevention Service or Voluntary Sector Services, Education Services. |

**Additional Information:-**

|  |  |
| --- | --- |
| **Health issues, significant past medical history, previous CAMHS involvement.** |  |
| **Medication:** |  |
| **Allergies:** |  |
| **Language Difficulties (to assist with telephone assessment).**  **Interpreter Required:** | **YES  NO :** |
| **School/College attended (Please include telephone number where possible)** |  |
| **Education Health and Care Plan in place?** | **YES  NO  Don’t know** |
| **Learning Disability/Difficulties known?** | **YES  NO :** |
| **Child Protection Plan in place?** | **YES  NO :** |
| **Child in Need Plan/CAF in place?** | **YES  NO :** |

**Other professionals involved in care of child/ young person:- (please complete where this information is known.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Yes / No** | **Name if Known** | **Consent to contact Yes/No** | **Contact number** |
| **General Practitioner** |  |  |  |  |
| **Children Social Care** |  |  |  |  |
| **Support in Education** |  |  |  |  |
| **Prevention Service/Family Outreach Worker** |  |  |  |  |
| **Healthy Child Practitioner** |  |  |  |  |
| **Voluntary Services** |  |  |  |  |
| **Youth Justice Service** |  |  |  |  |
| **Other** |  |  |  |  |

**Referral Source:-**

|  |  |
| --- | --- |
| **Referral from Professional/Agency:-**  **Status of referral request** | **Name:**  **Address:**  **Tel. number:**  **Routine YES**  **Urgent YES** |

**LOCAL AUTHORITY REQUESTS FOR Assessment / Consultation:-**

**This section must be completed fully for request to proceed**

|  |  |
| --- | --- |
| **Name of Social Worker** | **Consultation request : Assessment request  :** |
| **Name of Social Worker Manager**  **Agreement to proceed to CAMHS** | **YES  NO :** |
| **Strengths & Difficulties Questionnaire attached** | **YES  NO :** |