

## **Sussex Partnership NHS Trust Specialist CAMHS (East Sussex Locality)**

### **Referral Guidance**

This guidance attempts to help potential referrers to decide which of three groups a case falls into:

- A. Where referral for consultation or treatment is likely to be appropriate
- B. Where referral for consultation only is likely to be appropriate
- C. Where referral is likely to be inappropriate

**Please note** – CAMHS is commissioned to provide mental health treatment and intervention for child/young person, young people and their families in East Sussex. Child/young person and young people who reside here but are under the care of a local authority other than East Sussex County Council remain the responsibility of the placing authority. As such CAMHS is not commissioned to provide ongoing intervention to this cohort. We do, however, respond to mental health emergencies for these young people.

#### **A. Referrals can be for consultation and /or treatment and are likely to be appropriate when:**

1. There is concern that a child/young person is developing a significant psychiatric disorder, for example displaying psychotic symptoms, mania, schizophrenia or an affective disorder such as significant depressive signs, an eating disorder, obsessive-compulsive disorder, anxiety disorder etc.
2. A child/young person is presenting with significant and/or escalating self-harming behaviour.
3. A child/young person presents with symptoms of distress that are unusually prolonged or disabling secondary to an event (e.g. physical, emotional, sexual abuse, bereavement, and divorce) or other potentially traumatising family, environmental or physical influences.  
In cases of trauma or abuse, it may be preferable that any court proceedings have been completed. Therapeutic work is best done when a child/young person has had a period of time (up to six months) to recover from the experiences and is living in a safe and containing environment which will be able to bear the emotional distress that therapy may initially invoke within the child/young person. Other scenarios will be considered on a case-by-case basis.
4. There are significant family relationship difficulties, which are leading to impairing mental health symptoms within the child/young person.
5. A child/young person has a developmental delay, moderate learning difficulties, or autistic spectrum disorder, it is expected that the local Community Paediatric service will have seen the child/young person, assessed and where indicated diagnosed. This is likely to have been within a multi-agency team involving education and/or social services, as appropriate. We would only expect to see these child/young person where mental health symptoms or complex presentation require CAMHS involvement.
6. A child/young person is exhibiting over-activity, impulsivity and a degree of distraction/inattention which is appreciably inappropriate for the child/young person's developmental age. Moreover these behaviours are observed as impeding the child/young person's capacity to engage and access the school curriculum and general social interactions with peers and adults.

**B. Whilst CAMHS may be able to provide a useful consultative role, referrals for treatment are not likely to be appropriate when:**

1. The primary concerns are of a social welfare nature e.g. Care and control issues. For example where there is violence within the family, where a child/young person protection investigation is indicated or where there are long-term parenting difficulties that are not responsive to therapeutic input, but require support to minimise or prevent the negative emotional and/physical impact on the child/young person.
2. Where a detailed historical knowledge and understanding of the family indicates that there is a low probability of commitment to engage in therapeutic work.
3. Where it is clear that the child/young person's symptoms are primarily a reaction to their family environment, and engagement is unlikely until the environmental issues are addressed.
4. We will offer consultation and, in some circumstances, intervention where a child/young person has a chronic illness which is having a significant impact on their mental health or where their emotional difficulties are significantly impacting upon their physical health. We are commissioned in this current year (2010/11) to run on a project basis a service for child/young person with diabetes. The referral criteria for this project is attached.

**C. Referrals are not likely to be appropriate when:**

1. The primary concerns are school-based e.g. behavioural symptoms that are only present in school or clear learning needs for the child/young person. In such cases we would expect the child/young person to have accessed resources within education to address these needs before referral to specialist CAMHS was considered although consultation could be offered.
2. Alternative community-based agencies are able to adequately address the needs. Please refer to the CAMHS directory guide for details of these agencies. If you do not have access to a directory please contact the PMHW Administrator on 01323 444791 to request a copy.

Prior to making a referral and particularly if there is any doubt about the appropriateness of a referral, referrers may wish to discuss the case with a Primary Mental Health Worker or a CAMHS clinician.

You can access CAMHS on a daily basis (Monday – Friday) between midday and 1pm by calling the **CAMHS Consultation line on 07786 110157.**

**Referrals are assessed on a continuing basis by the Access team to ensure that those requiring a quick response are given highest priority.**