

Referral guidance for Lincolnshire CAMHS

The service is designed to meet a wide range of mental health needs in children and young people. This includes mild to moderate emotional wellbeing and mental health problems, as well as moderate, acute and severe, complex and/or enduring mental health problems or disorders that are causing significant impairments in their lives.

Please contact CAMHS via the Professional Advice Line if you are uncertain whether to refer, or if you need help with how to refer. The Professional Advice Line is available between 9am and 4.45pm Monday to Friday and can be reached by calling 01522 309120.

Who can be referred?

All children and young people up to their 18th birthday (or those aged up to 24 for care leavers) can be referred to the Lincolnshire CAMH Service; who are resident and/or registered with a GP within Lincolnshire where:

- there are concerns about their mental health and/or psychological wellbeing,

and

- where it can be demonstrated that they have received support from professionals in universal services that has not helped to make sufficient improvement to their problems, and there has been access to Targeted Early Access to Mental Health Support (TEAMHS).

or

- their problems are at a significant level that means the referrer feels they need immediate access to assessment and treatment from mental health professionals.

Further to this:

- when a young person has moderate to severe learning disabilities along with mental health, emotional and behavioural problems.

The service also provides a 24 hour, 7 day a week Crisis & Home Treatment Service to provide crisis intervention for young people actively displaying suicidal ideation or following suicide attempts, severe symptoms of depression with suicidal ideation, life threatening harm to self, harm to others as a result of a mental health concern, acute psychotic symptoms or presentation of anorexia with severe physical symptoms.

Our exclusion criteria

Children and young people will not be accepted:

- Where an emergency response for an immediate physical or medical health emergency is required. In this case the emergency services should be contacted by the referring agent, or the individual should be taken to an Accident and Emergency Department.
- Behavioural problems where no other interventions have been tried with parents/carers and school according to the 'Collaborative Lincolnshire Behaviour Pathway'.
- For the assessment, diagnosis of, or review of medication for ADHD.
- For the diagnosis/treatment of Autism Spectrum Disorder (ASD), Tourettes Syndrome, Dyslexia, Dyspraxia and other neurodevelopmental disorders of childhood.
*(For clarity, these are not diagnosis of exclusion and a young person with a diagnosis of ADHD, ASD and other neurodevelopmental disorders of childhood who is referred to CAMHS with a clear secondary mental health need **will** be able to access a service for the period of treatment of the mental health problem).*
- For the provision of purely physical health and/or sexual health, in isolation of a mental health need.
- For treatment of a substance misuse problem. However, if there are co-existing mental health problems, these should be discussed with CAMHS through the Professional Advice Line.

Who can refer?

Referrals will be accepted from:

- GPs
- Social workers
- Paediatricians
- Health visitors
- Vulnerable children's nurses
- School nurses
- GP surgery nurse practitioners
- Educational psychologists
- Special Educational Need & Disability Team
- Teachers / educational staff
- SENCO's
- Youth Offending Team
- Barnados (Leaving care referrals)

How to refer

The young person's GP, paediatrician or social worker can refer direct to the service in writing, or using a CAMHS referral form via the Trust's single point of access. This should be addressed to:

Lincolnshire CAMHS
LPFT Single Point of Access
Sycamore Unit
Beacon Lane
Grantham
NG34 9DF

All other referrers should first speak to the CAMHS Professional Advice Line to confirm what interventions have already been tried with the young person and receive guidance on the suitability of a referral. If it is agreed to be a suitable referral, the referrer should submit this using a CAMHS referral form and quoting the date they consulted the Professional Advice Line and the name of the CAMHS clinician they consulted.

Once a referral has been confirmed as suitable it should be submitted using the CAMHS referral form to the address above.

The Professional Advice Line is available between 9am - 4.45pm, Monday to Friday and can be reached by calling 01522 309120.

Clinical guidance

| PROBLEM | BRIEF DESCRIPTION |
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| <p>Depression</p> | <p>Before referring to CAMHS</p> <ul style="list-style-type: none"> ➔ There is an expectation that the GP has seen the child and carried out a period of 'watchful waiting'. ➔ There should also be evidence the young person has received support from professionals within universal services with regards to self-help strategies e.g. advice offered about benefits of regular exercise, sleep hygiene, anxiety management and nutrition, and these have not helped to make an improvement. ➔ Consultation can be accessed via the CAMHS Professional Advice Line to support the above strategies. <ul style="list-style-type: none"> • Severity is often indicated by the degree to which the child can no longer achieve as well at school and mix with friends. • Thoughts and feelings may be linked to past significant traumas and events. <p>A referral to CAMHS should be made:</p> <ul style="list-style-type: none"> ➔ If the difficulties are not related to age appropriate mood variation and are a substantial change from previous behaviour. ➔ Where there is a significant impact on daily living e.g. sleeping, appetite, decrease in energy, poorer concentration and decreased interest or pleasure in daily activities. Somatic symptoms may also be present. <p>And/or</p> <ul style="list-style-type: none"> ➔ A change in the child's behaviour indicating sustained sadness, irritability and anxiety, with subjective feelings of negativity, low self-worth and hopelessness. |
| <p>Anxiety (General and Social)</p> | <p>Before referring to CAMHS</p> <ul style="list-style-type: none"> ➔ There is an expectation that the referrer has seen the child and there is evidence they have received support from professionals within universal services and this has not helped to make an improvement. This will include mental health promotion and advice. ➔ Consultation can be accessed via the CAMHS Professional Advice Line. <ul style="list-style-type: none"> • Bodily symptoms are common. • Younger children may not clearly voice subjective feelings of worry and dread but may be clingy, tearful and show regressed behaviour. <p>A referral to CAMHS should be made:</p> <ul style="list-style-type: none"> • Where the anxiety is inappropriate for, and/ or affecting, the child's stage of development or level of functioning or resulting in substantial distress. • If persistent anxiety has been present for more than 4 weeks and has not responded to appropriate support and intervention from universal service. • Where the levels of anxiety experienced cause avoidance or isolation that interferes significantly with the child's everyday life. • Where there is a sudden change or deterioration in the child's wellbeing. • Where there is a damaging impact on family and other relationships. • If there is generalised anxiety symptoms, anxiety linked to significant past traumas, life-restricting phobias, panic disorder, social phobia, separation anxiety disorder (sometimes presenting as a particular pattern of non-school attendance). |

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| <p>Anxiety (OCD and BDD)</p> | <p>Before referring to CAMHS</p> <ul style="list-style-type: none"> ➔ There is an expectation that the referrer has seen the child and there is evidence they have received support from professionals within universal services and this has not helped to make an improvement. This will include mental health promotion and advice. ➔ Consultation can be accessed via the CAMHS Professional Advice Line. <p>A referral to CAMHS should be made if the young person has been experiencing:</p> <ul style="list-style-type: none"> ➔ Intrusive repetitive thoughts (obsessions), And/or ➔ Repetitive, ritualistic, unwanted actions (compulsions). <p>These will be sufficiently distressing and impairing for the child to change their behaviour and cause disruption in the family.</p> |
| <p>PTSD and Trauma</p> | <p>Before referring to CAMHS</p> <p>For PTSD sufferers presenting in primary care, GPs should take responsibility for the initial assessment and the initial coordination of care. This includes the determination of the need for emergency medical or psychiatric assessment.</p> <p>Children, particularly those aged under 8 years, may not complain directly of PTSD symptoms, such as re-experiencing or avoidance. Instead children may complain of sleeping problems. It is therefore vital that all opportunities for identifying PTSD in children should be taken.</p> <p>When assessing a child or young person for PTSD, healthcare professionals should ensure that they separately and directly question the child or young person about the presence of PTSD symptoms. They should not rely solely on information from the parent or guardian in any assessment.</p> <ul style="list-style-type: none"> ➔ When symptoms are mild and have been present for less than four weeks after the trauma; watchful waiting, as a way of managing the difficulties presented by individual sufferers should be considered by primary healthcare professionals. Expected reaction to the event could include nightmares, bedwetting, clinginess and tearfulness etc. ➔ A follow up contact should be arranged within 1 month. <p>Or if symptoms are already severe within a month refer straight to CAMHS</p> <p>A referral to CAMHS should be made</p> <ul style="list-style-type: none"> ➔ When symptoms have been severe after one month. ➔ Where symptoms have been present for more than 3 months after a trauma and could include hyper-vigilance, avoidance, flashbacks, or a marked increase in unexplained temper tantrums or episodes of other distress. |

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| | <p>As a result of a single trauma or familial or extra familial abuse, the child may display repetitive, intrusive memories, thoughts, images and emotions during wakefulness and trauma-related nightmares during sleep.</p> <p>Complex presentations as a result of multiple or historical abuse may involve early life disruption and an unstable environment and the young person may exhibit re-experiencing, avoidance /numbing and/or increased arousal symptoms.</p> |
| <p>Bereavement (Complex and Unresolved Grief)</p> | <p>Before referring to CAMHS The young person should have been given time to experience a normal grief reaction and should then be offered counselling either through school or a recognised bereavement counselling service.</p> <p>A referral to CAMHS should be made: Where there is a prolonged grief response or where the child/ young person are experiencing significant distress following a death that has occurred in traumatic circumstances.</p> |
| <p>Self-Harm</p> | <p>Before referring to CAMHS</p> <ul style="list-style-type: none"> ➔ Children and young people who present to primary care with recent untreated/ current or imminent self-harm should be taken to A&E. ➔ Universal Services should work with the young person to develop harm reduction strategies and reinforce existing coping strategies. ➔ Universal services can access the Professional Advice Line for support. <p>A referral to CAMHS should be made</p> <ul style="list-style-type: none"> ➔ Where there is no need for urgent care but evidence of persistent or severe self-harming behaviour, or persistent suicidal ideation. |
| <p>Eating Disorders</p> | <p>Before referring to CAMHS</p> <ul style="list-style-type: none"> ➔ For young people with eating disorders presenting in primary care, GPs should take responsibility for the initial assessment and the initial coordination of care. This includes the determination of the need for emergency medical or psychiatric assessment. ➔ The GP should carry out baseline physical tests including height, weight, FBC, U&Es, LFTs etc. to be provided with the CAMHS referral. <p>A referral to CAMHS should be made if there is:</p> <ul style="list-style-type: none"> ➔ Significant weight loss or low weight. ➔ Eating habit problems. ➔ Body image problems. |

| PROBLEM | BRIEF DESCRIPTION |
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| | <p>That are leading to deterioration or issues with either or both</p> <ul style="list-style-type: none"> ➔ Physical health. ➔ Daily functioning. <p>CAMHS will provide support to young people with anorexia nervosa, bulimia nervosa, binge eating disorder and atypical eating disorders.</p> |
| Attachment Disorders | <p>Before referring to CAMHS: Young People with low level attachment difficulties that do not impact significantly on their life including, home, education and peer relationships should be addressed within Universal Services. CAMHS support will be via the Professional Advice Line, consultation and training.</p> <p>A referral to CAMHS should be made:</p> <ul style="list-style-type: none"> ➔ When significant attachment difficulties are identified that are in the borderline/clinical range of concern; these will be impacting significantly on all aspects of a child/young person's life including home, peer relationships and education. These may present with coexisting mental health problems. <p>These referrals are most likely to be Looked After Children, young people adopted from care or at high risk of going into care.</p> |
| Harmful sexualised behaviour | <p>Before referring to CAMHS: CAMHS would not take on referrals for low level sexualised behaviours and concerns present in children and young people or for behaviours that could be expected for the child's age and stage of development. Referrers are advised to use the CAMHS Professional Advice Line to help make the decision whether to refer.</p> <p>Universal services must ensure that appropriate safeguarding processes are followed prior to referral.</p> <p>A referral to CAMHS should be made:</p> <ul style="list-style-type: none"> ➔ When there is evidence that a child/young person's sexualised behaviours are outside safe and healthy behaviour, they may be excessive, secretive, compulsive, degrading or threatening and involve significant age, development or power differences and are of potential concern due to activity type, frequency, duration or the context in which they occur. |
| Behaviour Problems | <p>Before referring to CAMHS:</p> <ul style="list-style-type: none"> ➔ There should be clear intervention from universal services following part 1 and 2 of the Collaborative Lincolnshire Behaviour Pathway. ➔ For young people with low level and sporadic need, at level one of the pathway, CAMHS will provide support to universal services via the Professional Advice Line, consultation and training. ➔ For young people with low level to moderate ongoing need at level two of the pathway, CAMHS will provide consultation and contribute to MDT discussions. |

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| | <p>A referral to CAMHS should be made:</p> <ul style="list-style-type: none"> ➔ When the young person has multiple, complex and consistent needs and a specialist and multidisciplinary package of support is required. ➔ When the young person has highly complex needs with extreme behaviours and a highly specialist and clinically led package of support is required. |
| <p>Psychosis</p> | <p>Before referring to CAMHS GPs should consider if the presentation is a drug induced state.</p> <p>N.B. Auditory and visual hallucinations in children are much more commonly associated with anxiety, conduct problems and trauma than psychosis.</p> <p>An immediate referral to CAMHS should be made when:</p> <ul style="list-style-type: none"> ➔ Young people are presenting with a progressive change in behaviour and loss of social functioning, with active odd or strange behaviour and social withdrawal that could include: <ul style="list-style-type: none"> ➔ Perceptual disturbances, ➔ Hallucinations, ➔ Delusions. <p>Plus any of the following</p> <ul style="list-style-type: none"> ➔ Disinhibited behaviour, over activity, risk taking with pressure of speech and agitation. ➔ Deterioration in self-care and daily personal, social and family function that is not related to age and stage of development. |
| <p>Learning Disability</p> | <p>CAMHS provides a learning disability assessment and treatment service.</p> <p>A referral to CAMHS should be made if</p> <ul style="list-style-type: none"> ➔ The young person has mental health, emotional and behavioural problems along with moderate to severe learning disabilities. <p>And</p> <ul style="list-style-type: none"> ➔ A known IQ of less than 50. ➔ Attends a school for children with severe learning disabilities. (If the young person attends a school for children with moderate learning disabilities and the team feels a specialist LD clinician may be appropriate, please discuss with the CAMHS Professional Advice Line). |
| <p>Substance Misuse</p> | <p>Referrals for purely addressing substance misuse problems should be directly referred to ADDACTION.</p> <p>However</p> <ul style="list-style-type: none"> ➔ If there are mental health concerns alongside the substance misuse issues, please consult with CAMHS using the Professional Advice Line. |

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| <p>Crisis Referrals</p> | <p>CAMHS operates a Crisis and Home Treatment Service; 24 hours a day, 7 days a week</p> <p>Before referring to CAMHS</p> <ul style="list-style-type: none"> ➔ Where an emergency response for an immediate physical or medical health emergency is required; emergency services should be contacted by the referring agent or the individual should be taken to an Accident & Emergency Department. <p>An immediate referral to CAMHS should be made when young people are:</p> <ul style="list-style-type: none"> ➔ Actively displaying suicidal ideation or following suicide attempts that have received immediate physical health intervention. ➔ Showing severe symptoms of depression with suicidal ideation. ➔ Expressing/demonstrating life threatening harm to self, harm to others as a result of a mental health concern <p>Or</p> <ul style="list-style-type: none"> ➔ Presenting with acute psychotic symptoms |