

Appendix 2

Guidance for Universal Workers and targeted workers on Referral of Children & Young People with Emotional Wellbeing Issues

Referrals to **Universal Services** and **Routine CAMHS** and **Urgent CAMHS** referrals.

Issue	Symptoms/presenting problems	Refer to:-
Behavioural Difficulties	<ul style="list-style-type: none"> Poor behaviour at Home only 	Evidence Based Parenting Programme. For under 5s please contact Health Visiting Team in the first instance
	<ul style="list-style-type: none"> Poor behaviour at School only 	School (Learning mentor, SENCO) Early Help Service
	<ul style="list-style-type: none"> Severe behaviour in both home & School Note – The CDC will accept referrals for behaviour difficulties where they are associated with additional development concerns, e.g. social communication differences, speech and language delay, gross or fine motor problems. 	Discuss with Health Visitor first. Child Development Centre (CDC) for under 5 years, CAMHS (Routine) for over 5 years.
Eating Disorders	<ul style="list-style-type: none"> Eating Issues (Low Level) – Will only eat certain foods 	Health Visitor if under 5 or GP if over 5
	<p>**Note: A young person may be at normal weight, but still have an eating disorder.</p> <ul style="list-style-type: none"> <u>Anorexia</u>: evidence of self-induced weight loss and/or fear of fatness Rapid and sustained weight loss <u>Bulimia</u>: Persistent binge & purge behaviour <u>Binge eating disorder</u> is when someone may feel like they have to eat more than they normally would do all in one go. Emotionally the person may feel sad, not be able to concentrate at work or school and feel hopeless and lonely 	Ring RDaSH Community Eating Disorder Service (CEDs) on 01709 304808 GP (for physical assessment) South Yorkshire Eating Disorders Association. (SYEDA) deliver education and awareness raising sessions for young people, their parents and professionals. Ring SYEDA on 0114 2728822
Anxiety Disorders	<ul style="list-style-type: none"> Worrying about specific situations 	School Nurse, School (learning mentor etc.), Early Help, MIND, MAST
	<ul style="list-style-type: none"> Severe, persistent anxiety. Panic attacks. Attachment disorders Severe and disabling phobia where it is impacting on a young person day to day life and ability to functions (Social and specific phobias). 	CAMHS (Routine)
Mood Disorder or Depression (Refer if symptoms present for at least 2 weeks)	<ul style="list-style-type: none"> Low mood, not impacting on daily life and no risk evident (no suicidal thoughts or self harm) 	School (learning mentor pastoral support), Early Help, MIND, School Nurse, MAST
	<ul style="list-style-type: none"> Persistent low mood. Physical symptoms – poor sleep (or early wakening) or loss of appetite and weight Cognitive symptoms inc. pervasive negative thoughts Loss of interest/Social isolation/withdrawal seen at home and school. Suicidal thoughts without planned intent (discuss urgency of referral with team) 	CAMHS (Routine)
	<ul style="list-style-type: none"> Suicidal thoughts with planned intent REFER URGENTLY. Suicidal thoughts without planned intent (discuss urgency of referral with team) Previous attempts to end life 	CAMHS (Urgent)
Post Traumatic Stress Disorder – Symptoms Following an	<ul style="list-style-type: none"> Avoidance of reminders of the traumatic event. Persistent anxiety. Repeated enactment of reminders of the traumatic event. Intrusive thoughts and memories – e.g. nightmares. 	CAMHS (Routine)

event very traumatic to the individual	<ul style="list-style-type: none"> • Sleep disturbance. • Hypervigilance. • Symptoms continuing longer than three months following event. 	
Self-Harm	<p>Always discuss case with duty team to help guide urgency</p> <ul style="list-style-type: none"> • Presenting with maladaptive coping strategies but less severe/frequent/recent. 	CAMHS (Routine), Early Help, MIND and MAST
	<ul style="list-style-type: none"> • Presenting with maladaptive coping strategies (e.g. self-cutting and where recent occurrence). 	CAMHS (Urgent)
Obsessive Compulsive Disorder (OCD)	<ul style="list-style-type: none"> • Repetitive, intrusive thoughts, images or behaviour affecting daily life & activity. • Obsessions/compulsions causing functional impairment. 	CAMHS (Routine)
Relationship Difficulties	<ul style="list-style-type: none"> • General relationship difficulties 	Early Help, School (Learning Mentors, pastoral support), School Nurse, Family Recovery Programme, Grow (15-19 years), MIND, MAST
	<ul style="list-style-type: none"> • Persistent patterns of abnormal functioning in interpersonal relationships. • Where family dynamics are fractured and conflicts unresolved. 	CAMHS, Intense Family Support
Suspected Autism Spectrum Disorder/ Condition (ASD/ASC)	<ul style="list-style-type: none"> • Persistent and severe problems with communication & social & emotional understanding in 2 or more settings – e.g. Home, School. <p>Consider whether referral would be better made by school and/or Educational Psychologist.</p>	Child Development Centre (CDC) for under 5 years, CAMHS (Routine) for over 5 years.
Suspected Attention Deficit Hyperactivity Disorder (ADHD)	<p>For Children aged 6 years & above only. Initially refer to parent training. Refer if symptoms persist after parenting work.</p> <ul style="list-style-type: none"> • Poor concentration • Over-activity • Distractibility • Impulsivity <p>All the above onset before 12 years old and persistent and evident in at least 2 settings, e.g. home, school.</p>	CAMHS (Routine)
Psychosis or suspected psychosis	<p><u>Criteria for Routine / Urgent referrals</u> – Always discuss with duty team to assist decision making re urgency. If child over 16 refer to early intervention in psychosis team</p> <ul style="list-style-type: none"> • Active symptoms inc.; Paranoia, delusional beliefs & abnormal perceptions, (hearing voices & other hallucinations). Fixed, unusual ideas. • Negative symptoms inc.; deterioration in self-care & social & family functioning. 	CAMHS (Routine) CAMHS (Urgent)
Conduct Disorder	<ul style="list-style-type: none"> • Very severe and persistent behavioural problems, at home, school and in the community, and unresponsive to parent training. • If school related – preferable for school/ Educational Psychologist to make referral with relevant background information. 	CAMHS (Routine)
Gender Identity Disorder	<ul style="list-style-type: none"> • Initial exploration of issues 	LGBT Youth Worker, LGBT Youth Group & Early Help,
	<ul style="list-style-type: none"> • Strong, persistent cross-gender identification. • Persistent discomfort in gender role. • Above causing impairment in social, family and school functioning. 	CAMHS (Routine)
Chronic Fatigue/Somatisation Disorder (When physical symptoms are caused by mental or emotional factors it is called	<p><u>Criteria for Routine referrals</u> – refer to GP in first instance.</p> <ul style="list-style-type: none"> • Excessive fatigue. • Unexplained medical symptoms. 	CAMHS (Routine)

somatisation)		
<p>A Directory of Services – ‘Emotional Wellbeing Services for Children & Young People Living in Rotherham’ has been produced which gives further information on the Universal Services referred to above.</p>		
<p>Process to be followed for CAMHS referral:-</p> <ol style="list-style-type: none"> 1. In order to effectively triage a referral, please provide the contact telephone number for the child/young person and parent/carer 2. Referrals will be acknowledged within 5 working days, with the aim to have an initial appointment within 15 working days of receipt of referral. Urgent referrals are seen within 24 hours. If available, a copy of the Common Assessment Framework (CAF) should also be provided and parent/carer/child/young person permission demonstrated. 3. Following Initial Assessment – Needs are identified & where appropriate a management plan communicated to the referrer. <p>Where appropriate, referrals may be signposted to other services but only where child/young person and parent/carer contact details and consent is provided with the referral.</p>		
<p>CAMHS Referrals should be sent with the child/young persons and/or family’s consent and using the agreed referral form to:- The Duty Team, Child & Adolescent Mental Health Service, Kimberworth Place, Kimberworth Road, Rotherham, S61 1HE. Tel. 01709 304808. Fax. 01709 302547.</p>		
<p>DO NOT REFER</p>	<p>Do not refer if not included in the above list. If in doubt please discuss with the CAMHS Duty Team</p>	
<p>Date Approved: January 2017</p>	<p>Review Date: January 2018</p>	