Referring to Bolton CAMHS?

From the 1 June 2017 Bolton CAMHS will accept referrals by post or email. Referrals will only be accepted by email using the standard CAMHS referral form available for download from the GMMH website.

The current Bolton CAMHS service specification states that we do not see children less than five years of age and any such referrals will not be accepted.

Bolton CAMHS is not an Early Help Service; therefore CAMHS do not accept the early help form as a source of referral though we will accept an early help form as additional information to accompany a referral.

Eating Disorders – A Special Case

From the 1 April 2017 Bolton will have access to a Specialist Community Eating Disorder Service and in such cases we would suggest that you refer directly to them either via:

If urgent telephone Monday – Friday, 9am – 5pm on 01942 775400 and a response will be given within 24 hours.

If routine send an emailed referral to 5bp-tr.wiganboltonceds@nhs.net. The Community Eating Disorder Team will respond within ten days.

To aid our colleagues in the Community Eating Disorder Service we would advise that referrals must include: current weight, current height, indication of rate of weight loss (any previous information re: weight), lying and standing blood pressure and pulse.
WE WOULD ADVISE THAT YOUNG PEOPLE ARE URGENTLY REFERRED TO PAEDIATRICS IF THEIR WEIGHT IS BELOW 70% HEIGHT FOR WEIGHT OR THERE ARE URGENT CONCERNS RE: RISK OF PHYSICAL COMPLICATIONS.

Bolton CAMHS will not accept referrals for Eating Disorders from 1 April and will endeavour to direct referrals to the specialist community team in a timely manner informing the referrer and the child / young person / family and carer.

**Situational:**

The core business of CAMHS is the specialist assessment and treatment of serious mental health disturbances and associated risks in children and young people from school entry up to their eighteenth birthday.

The child or young person must be registered with a Bolton General Practitioner who is part of the Bolton Clinical Commissioning Group.

Prior to any standard assessment of a Looked After child or young person placed in Bolton from another local authority, ideally a commissioning agreement needs to be in place between the originating Clinical Commissioning Group and originating Local Authority and the current provider. Emergency referrals will be accepted without a commissioning agreement. However, a commissioning agreement will need to be in place for continuing care.

Presently for the Greater Manchester Commissioning footprint, cases referred from local / neighbouring areas of young people who are looked after and now resident in Bolton will be seen by Bolton CAMHS prior to any formal commissioning agreement though one will be sought thereafter for any continuing care.

**Intensity and impairment factors:**

The referrer needs to focus the referral on providing information that identifies the presence of a mental health problem and the level of impairment the child / young person is experiencing. The referral also needs to be clear as to the contribution expected from CAMHS, particularly in complex cases where multiple agencies are involved. Factors to consider include: severity, complexity, enduring difficulties over time, difficulties in one or more domain, impairment of function at home, school or socially.

**Who can refer directly?**

- General Practitioner
- School Nurse
- Social Worker
- Consultant Paediatrician
- Other CAMHS services incl. Community Eating Disorder Service
  - Our expectation is that a child / young person open to another CAMHS service, should they move to Bolton whilst still receiving care and register with a Bolton GP, that the previous CAMHS service retains the duty of
BOLTON Child and Adolescent Mental Health Services (CAMHS) Referral Acceptance Criteria: Completed, reviewed and updated Pathway Lead and Assistant Lead care until following a direct referral from them, they are seen by Bolton CAMHS to agree the takeover of that care.

### Who can refer with conditions?

- Learning Disability Nursing*
- Educational Psychologist*
- Behavioural Support Team* (including independent equivalents e.g. Aspire)
- Ladywood Outreach Team*
- Occupational Therapist*
- Health Visitors*
- Speech and Language Therapists*
- Dieticians*
- Allied Health Professionals*
- Schools via consultation with the CAMHS School Liaison Team*

*with accompanying
- specific entry requirements e.g. report including observation of functioning in class
- clear evidence of ineffective intervention (e.g. Triple P)
- evidence of pre-referral consultation with CAMHS consultation service

### What is required prior to referral being accepted?

All referrals require a direct assessment of the child or young person by the referrer.

Any assessment should contain information about the symptoms of mental health difficulties; including the duration, severity, impact on day to day functioning and the presence of any risk issues such as self-harming behaviour or risk to others.

We would expect that any previous intervention especially if carried out by the referrer is summarised in terms of engagement, motivation, content and outcome. We would value a statement regarding the child, young person and family’s expectation of CAMHS referral.

Where a young person is deemed to have the capacity to consent to and refuse treatment (everyone over 16 unless proven otherwise) their consent needs to have been gained and be clearly documented in the referral. If the young person is under 16 they may still be referred by a person with parental responsibility even if refusing. However, the amount of resistance must be considered.

### What happens when a referral is accepted?

All referrals are triaged on the same day of receipt by senior clinicians. Referrals that meet these inclusion criteria are accepted. Accepted referrals are contacted by either letter primarily or phone to opt in. Once opted in all referrals are offered an appointment within four weeks of receipt of referral. If a child, young person and family do not opt in within two weeks of the opt in letter, their case is reviewed by the senior allocation
BOLTON Child and Adolescent Mental Health Services (CAMHS) Referral Acceptance Criteria: Completed, reviewed and updated Pathway Lead and Assistant Lead clinicians but, unless there are significant extenuating reasons will be closed and the referrer informed.

**What happens when a referral is not accepted?**

Referrals that do not meet the referral inclusion criteria are not accepted. In these cases the senior allocations clinicians will inform the referrer and GP if not referrer. In these instances the senior allocation clinicians will endeavour to outline the reasons for non-acceptance and where possible signpost the referrer, child, young person and family to the appropriate, intervention or service.

**Emergency criteria:**

Emergency criteria refer to the need to assess a young person on the same day or the next working day from the receipt of the referral.

*For young people under the age of 16 years:*

If the referrer is concerned about risk and unclear as to whether the child or young person requires an emergency appointment, please discuss with the On Call CAMHS Clinician from the Single Point of Access (SPOA) and Risk Pathway Team. An appointment for assessment will be arranged as is clinically indicated either same day or the next working day from the receipt of the referral or within 4 week key performance indicator.

- Significant risk of harm to self
- Significant risk to others in the context of a mental health problem

*For young people aged 16 and 17 years:*

All cases whether new or open to CAMHS are referred to the RAID (Rapid Assessment, Interface and Discharge) Team for initial risk assessment.

**Urgent criteria:**

At present all referrals that are accepted and opt in are seen within 4 weeks of receipt of referral. While there are presently no standard timeframes connected to the definition of urgent, cases deemed urgent are appointed into the nearest available assessment appointment and contacted directly telephone whenever possible.

- Severe psychotic symptoms in the absence of the emergency criteria.
- Severe symptoms of depression in the absence of the emergency criteria.
- Risk of placement breakdown for a child or young person with intellectual disability and challenging behaviour or a Looked after Child.
- Any child or young person who has been assessed and discharged due to risk from a Hospital or Accident and Emergency Department Setting will be seen within 7 days.
BOLTON Child and Adolescent Mental Health Services (CAMHS) Referral Acceptance Criteria: Completed, reviewed and updated Pathway Lead and Assistant Lead

- Assessment following self-harm presentation - The referrer needs to identify the level of urgency of the case. If in doubt the referrer should contact the Specialist CAMHS Duty Risk Assessment Clinician to determine the urgency of response.

Where there are urgent forensic concerns regarding a child or young person with a possible mental disorder, the Duty Allocations Clinician will discuss the case further with the referrer to determine the urgency or appropriateness of a CAMHS assessment.

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**Clinical presentations:**

**Neuro-Developmental:**

- Attention Deficit Hyperactivity Disorder
- Autistic Spectrum Disorder
- Multiple Motor and Vocal Tic Disorder (Tourette’s Syndrome)
  - Referrals for ASD assessment need to be accompanied by an assessment report from Ladywood outreach team and / or Education Psychology.
  - Referrals for ADHD assessment need to be accompanied by an assessment report from the Behaviour Support team (or independent equivalent e.g. Aspire) and / or Educational Psychology.

**Paediatric Liaison:**

- Complex illness behaviour including Somatisation, pervasive refusal syndrome
- Gender Identity Issues
- Mental Health difficulties in the context of Diabetes: referrals are only received directly via the paediatric diabetes clinic under the diabetic tariff.

**Emotional and Behavioural Disorders:**

- Anxiety Disorders (including Generalised Anxiety Disorder (GAD), Panic Disorder, Separation Anxiety impacting on day to day functioning and Phobias severely impacting on day to day functioning)
- Obsessive Compulsive Disorder
- Post-Traumatic Stress Disorder
- Depression

**With conditions:**

- Oppositional Defiant Disorder*
- Conduct Disorder*
  - *Referrals for ODD and CD will only be accepted when the following entry requirements have been met:
BOLTON Child and Adolescent Mental Health Services (CAMHS) Referral Acceptance Criteria: Completed, reviewed and updated Pathway Lead and Assistant Lead

- Evidence of completion of Triple P (or equivalent social learning theory evidence based parenting programme).
- Not solely school based behavioural disorder.
- Where the child or young person is classed as a 'Looked after Child' referral we would accept the referral on the basis that similar 1st line evidence based interventions have been conducted.

**Psychotic Disorders**

*Young People aged 14 years and upwards can be referred to the Early Intervention in Psychosis Service based at Bentley House when there is a clear suspicion of psychotic like symptoms that are suggestive of a psychotic disorder.

**Challenging Behaviour in context of Intellectual Disability**

**Clinical presentations that are likely to be signposted to other services:**

Young people aged 16 and above who present with common mental disorders e.g. depression, anxiety without significant risk will be signposted to either Think Positive or 1Point for an initial psychological therapy.

**Clinical presentations NOT suitable for CAMHS assessment / intervention:**

- Obesity
- Adjustment Disorders
- Bereavement Disorders
- Bowel Management (Encopresis) – This service is delivered via paediatrics.
- Enuresis
- Divorce
- Separation
- Mild anxiety or distress
- Mild behavioural difficulties in the context of intellectual disability
- Solely school based problems including behavioural difficulties
- Clinical presentations where Regional Specialist Services are commissioned
  - Chronic Fatigue (should be referred to the regional Chronic Fatigue service at RMCH)
  - Cleft palate
- Psychometrics in epilepsy
- Young children (preschool and primary age) where “fussy”/selective eating is main problem.
- Restrictive eating in ASD where this is the main problem.
- Sleep disorders in the absence of any mental health symptoms