Chichester CAMHS Referral Guidance

This document provides an overview of the referral guidance and contact details for Chichester Child and Adolescent Mental Health Service (CAMHS). Our service supports children, young people and their families in Chichester, Bognor Regis and environs.

CHICHESTER CAMHS CONTACT DETAILS:
(Weekdays from 9am to 5pm)

Team 01243 813 405 (Telephone)
01243 813 406 (Fax)

Consultation Line* 07765 075 951

*The Consultation Line is staffed by the CAMHS Duty Clinician between 9am and 5pm, Monday to Friday. Please leave a message if the Duty Clinician is engaged with another clinical matter and they will return your call as soon as possible.

OUT OF HOURS CONSULTATION can be obtained from:

The Urgent Help Team based at the Chalkhill Adolescent Inpatient Unit, Haywards Heath

Team 01444 472 670
Mobile 07788 564 997
Availability Weekdays 5pm to 8pm
Weekends and bank holidays 10am to 6pm

The on-call Duty Consultant Child Psychiatrist

Telephone 01444 441 881 via the Princess Royal Hospital
Availability Weekdays 5pm to 9am
Weekends and bank holidays 24 hours a day

Primary Mental Health Workers

- Primary Mental Health Workers (PMHWs) are experienced CAMHS workers who offer primary care staff consultation about children with mild to moderate mental health difficulties. To access a consultation with a PMHW please call 01243 813405 or 01403 223298.
- PMHWs can advise on the management of mental health difficulties, indicate whether a referral is appropriate for CAMHS and, if appropriate, signpost referrers to other relevant mental healthcare providers.
- PMHWs also offer a direct service to children and young people with mild to moderate mental health difficulties; referrals for direct work can be made via the CAMHS referrals process (see below) or via consultation through The Children and Young People’s Planning Forum (CYPFF).

Child Protection
If you have child protection concerns please contact Children’s Social Services at the Children’s Access Point (telephone 01403 229 900)

Who can make a referral?

- General Practitioners
- Other health professionals (e.g. paediatricians, school nurses and health workers)
- Social workers
- Schools
- Other experts who have consulted with CAMHS and there is an agreement that a referral should be made

How do I make a referral?
CAMHS can be accessed via:-
- The Children and Young Peoples Planning Forum (CYPFF)
- Completion of a request for service form

To make an Emergency Referral please call the CAMHS Duty Clinician (see “Chichester CAMHS Contact Details” above) in the first instance. Following this, please send in a typed or written fax summarising the relevant information.

What information do I need to include in a referral?
When deciding whether to make a referral, please meet with the child or young person in question to consider if they have an emotional wellbeing or mental health disorder. Please include the following information:
1. The interventions that have already been tried in supporting the child or young person
2. Details of other services involved
3. The length of time for which the difficulties been present

CAMHS and Your Space websites
www.turnyourfrownupsidewdown.org.uk
www.yourspacewestsussex.co.uk

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CORE PURPOSE
The core purpose of CAMHS is the specialist assessment and treatment of moderate to severe mental health disorders and associated risks in all young people under the age of 18 years. The following list of disorders seen by CAMHS is not exhaustive; if you have concerns that are not considered in this guidance please contact the CAMHS Consultation Line (see overleaf).

If you are concerned about the immediate safety of a child or young person (e.g. they pose an immediate risk to themselves or others or may be the actual or imminent victim of abuse or neglect) please telephone the relevant Emergency Service on 999.

SEVERITY OF MENTAL HEALTH DISORDERS
Severity is indexed by:
- The seriousness of functional impairment (personal, family, academic or social functioning)
- The number of symptoms
- Co-existing disorders or problems complicating the presentation
- The length of time the disorder is present prior to treatment

EMERGENCY GUIDANCE (CAMHS response within 24 hours)
The following presentations may indicate a mental health emergency:
- Symptoms of severe depression with active suicidal ideation (see opposite)
- Severe psychotic symptoms (see opposite)
- Anorexia with a BMI below 14 and a pattern of rapid weight loss (> 1 kg per week for at least two consecutive weeks) – please see Eating Disorders section opposite

If you believe a child or young person needs to be seen by our service as an emergency, contact the Duty Clinician (contact details overleaf). If the emergency occurs outside of office hours contact the out of hours service (see overleaf). An assessment will be undertaken, if deemed clinically indicated, within 24 hours.

URGENT GUIDANCE (to be assessed within 7 days)
The following may indicate the need for an urgent review by CAMHS:-
- Severe depression (see opposite)
- Psychotic symptoms (see opposite)
- Eating disorder with BMI below 15 and a pattern of rapid weight loss (> 1 kg per week for at least two consecutive weeks) – please see Eating Disorders section opposite

If you believe a child or young person needs to be seen by our service as a matter of urgency please contact the CAMHS Duty Clinician (contact details overleaf). An assessment will be undertaken, if deemed clinically indicated, within 7 days.

ROUTINE GUIDANCE (to be assessed within 4 weeks)
Anxiety Disorders
- Excessive anxiety and worry
- Recurrent unexpected panic attacks
- Phobias (fear and avoidance of a specific situation lasting for more than six months)
- The above problems affect daily functioning or school attendance

Attention Deficit Hyperactivity Disorder
Referrals are considered for children over 6 years old whose education appears compromised by symptoms of inattention to focus or abnormally high activity levels. There is an expectation that learning difficulties and social adversity (particularly parenting issues) will have already been assessed and addressed before referral.

Autism Spectrum Disorders
Referrals for diagnostic assessment are considered for children aged 9 years and above who present with a history of impaired social communication, social interaction and inflexible social imaginative play. Difficulties need to be present across all environments, including home and school. There is an expectation that learning difficulties and social adversity will have already been assessed and addressed prior to referral.

Depression
- Core symptoms – depressed mood, loss of interest and enjoyment, increased fatigability, atypical irritability
- Physical symptoms – poor sleep, altered appetite or weight
- Cognitive symptoms – reduced self-esteem and self-confidence, guilt and worthlessness, bleak and pessimistic views of the future
- Suicidal ideation – please see Suicidal Ideation section below

Eating Disorders
- Anorexia – at least 10 to 15% deficit from ideal weight, self-induced weight loss, body image distortion, fear of fatness, absence of three consecutive menstrual cycles, high risk physical signs and symptoms (see adjacent Emergency Guidance)
- Bulimia – engaging in binge and purge behaviour, preoccupation with eating; fear of fatness, craving for food

Gender Identity
- Gender dysphoria and trans-sexuality

Obsessive Compulsive Disorder and Tics
- Obsessions and/or compulsions
- Complex motor and vocal tics
- Trichotillomania (compulsive hair pulling)

Post Traumatic Stress Disorder
- Symptoms occurring more than three months after a recognised traumatic event
- Flashbacks; intrusive memories; avoidance of trauma reminders
- Problems sleeping; irritability; anger outbursts; poor concentration; easily startled; emotional "numbness"

Psychotic Illness
- Positive symptoms – paranoia, odd beliefs, abnormal perceptions (i.e. hallucinations in all sensory modalities)
- Negative symptoms – deterioration in self care and daily personal, social and family functioning
- Disinhibited behaviour, over activity, pressure of speech, agitation

Self Harm
- Self harm with co-existing mental health symptoms and serious physical risk to self

Suicidal Ideation
- Strong wish to kill self or die; persistent thoughts of suicide; detailed plan; previous attempts; suicide note; few or no protective factors

CAMHS IS UNABLE TO ACCEPT REFERRALS FOR CERTAIN DIFFICULTIES
- CAMHS does not see individuals with the following difficulties unless there is evidence of co-existing moderate or severe mental health disorder:
  - Behaviour problems (including problems secondary to the impact of an Autism Spectrum Disorder)
  - Bereavement
  - Bullying
  - Drug and alcohol misuse (please contact the West Sussex Young Persons Substance Misuse Service on 01903 230600)
  - Enuresis, encopresis and faecal incontinence
  - Fussy eating
  - Learning Disability in the absence of a significant mental health problem
  - Parental divorce and separation
  - Peer relationship problems
  - Phobias which do not significantly impair day to day life

Primary Mental Health Workers are available to provide consultation and signposting on the above issues (see overleaf). Please note that CAMHS does not provide general counselling.

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