

Guidance for GPs on Referral of Children & Young People with Emotional Wellbeing Issues

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

Issue	Symptoms/presenting problems	Refer to:-
Behavioural Difficulties	<ul style="list-style-type: none"> Challenging behaviour at Home only 	Consider request for support to Early Help Service
	<ul style="list-style-type: none"> Challenging behaviour at School only 	School (Learning mentor etc.)
	<ul style="list-style-type: none"> Very Challenging 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. For CAMHS; Excessive levels of bullying/fighting; cruelty to animals or other people. Severe repeated acts of the following; destruction to property; fire-setting; theft; lying; truancy from school; running from home; severe tantrums; defiant provocative behaviour; persistence disobedience. Note – these behaviours must have been evidenced for a duration greater than 6months (ICD-10, WHO, 1992). 	<p>Child Development Centre (CDC) for under 5 yrs., (discuss with CDC Clinical Lead)</p> <p>CAMHS (Routine) for 5 yrs. & over. Note – The referral must include evidence of completed parental training from an early intervention service.</p>
<p>Eating Disorders</p> <p>** Note – Tests to be taken for all referrals:-</p> <p>Bloods FBC, U & E, LFT, TFT, Bone, Magnesium, Random Glucose, Folate, Vitamin B12, Vitamin D, Amylase. (CK if excessive exercising)</p> <p>Physical Examination Peripheral circulation, cardiac abnormality, hydration status, ECG, weight, height.</p>	<p>**Note: A patient may be within normal weight range, but still have an eating disorder. Continued and sustained weight loss is a trigger for early assessment & clinical investigation (tests are outlined to the left).</p> <p>**Urgent referrals should not be delayed due to pending test results.</p>	
	<p>All CAMHS Community Eating Disorders Service (CEDS) referrals should include:</p> <ul style="list-style-type: none"> Physical examination findings and blood results Weight history and height Current and historical eating behaviours and preferences Patient’s perception of self/body and eating/food issues Co-morbid concerns Compensatory behaviours (exercise, purging etc.) Patient/parent consent to CEDS referral 	
	<p>Eating Issues (Routine) - Starting to impair social, emotional or family functioning:</p> <ul style="list-style-type: none"> Limiting certain food types / strong food preferences Obsessive / uncontrolled exercise Self-critical and inaccurate view of body Purging behaviour; vomiting, use of diet pills Binge eating episodes Emotional distress associated with food / eating 	<p>Consider referral to Community Dietetics and monitoring of %medianBMI by School Nurse/GP.</p> <p>CAMHS Community Eating Disorders Service - CEDS (Routine) Send referral to rdash.ceds@nhs.net</p>
	<p>Eating Issues (Urgent) – As above, with significant impairment on functioning and additional risk factors:</p> <ul style="list-style-type: none"> Percentage Median BMI <70% [Approximates to below 0.4th BMI centile] Recent loss of weight of 1kg or more/week for two consecutive weeks Heart rate (awake) <40 bpm Marked orthostatic changes QTc > 450 ms with evidence of bradyarrhythmia or tachyarrhythmia Acute food refusal or estimated calorie intake 400-600kcal per day 	<p>CAMHS Community Eating Disorders Service - CEDS (Urgent) Send referral to rdash.ceds@nhs.net</p> <p>If not medically stable – simultaneous Paediatric referral (Urgent)</p>
	<ul style="list-style-type: none"> Obesity – If BMI is above the 91st centile 	<p>‘More Life’ Rotherham Children’s Club 0113 812 5233 www.more-life.co.uk</p>
Anxiety Disorders	<ul style="list-style-type: none"> Excessive worrying & anxiety about specific situations 	School Nurse, School (learning mentor etc), MIND, MAST, Early Help Service
	<ul style="list-style-type: none"> Severe, persistent anxiety. Panic attacks. Attachment disorders Severe and disabling phobias (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 Nurse, School (learning mentor etc), MIND, MAST, Early Help Service
	<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) 	CAMHS (Urgent)

	<ul style="list-style-type: none"> • Previous attempts to end life 	
Post Traumatic Stress Disorder – Symptoms Following an event very traumatic to the individual	<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. • Sleep disturbance. • Hypervigilance. • Symptoms continuing longer than three months following event. 	CAMHS (Routine)
Deliberate Self Harm	<ul style="list-style-type: none"> • Presenting with maladaptive coping strategies but less severe/frequent/recent. 	CAMHS (Routine), MAST
	<p>Always discuss case with duty team to help guide urgency</p> <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 	Social Care, School Nurses, Early Help Service, 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, Social Care, Early Help Services, MST, Intense Family Support, Anti-bullying Officer (School based)
Suspected Autism Spectrum Condition (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. Note – The CDC will accept referrals where there are problems in 2 or more areas, in association with other developmental issues, e.g. Social Communication.</p>	<p>Child Development Centre (CDC) for under 5 years.</p> <p>CAMHS for 5 years and over. Note – this is a diagnosis service only.</p>
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). Note – The referral must include evidence of completed parental training from an early intervention service.
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 14 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. <p>Note – these behaviours must have been evidenced for a duration greater than 6months (ICD-10, WHO, 1992).</p>	CAMHS (Routine)
Gender Identity Disorder	<ul style="list-style-type: none"> • Initial exploration of issues 	Early Help Service
	<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	<p><u>Criteria for Routine referrals</u> – usually to refer to Paediatrician in first instance.</p> <ul style="list-style-type: none"> • Excessive fatigue. • Unexplained medical symptoms. 	CAMHS (Routine)

A Directory of Services – ‘**Emotional Wellbeing Services for Children & Young People Living in Rotherham**’ has been produced which gives further information on the **Services** referred to above. The 0 -19 Pathway of Services also provides an overview of Universal and Targeted support for children, young people and families in Rotherham

Process to be followed for CAMHS referral:-

1. In order to effectively triage a referral, please provide the contact telephone number for the patient.
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/patient permission demonstrated.

3. Following **Initial Assessment** – Needs are identified & where appropriate a management plan communicated to the referrer. Where appropriate, referrals may be **signposted to other services** but only where patient contact details and consent is provided with the referral.

CAMHS Referrals should be sent with the patient and/or family's consent and using the agreed **referral form**, or provide the required referral information in your letter (see 'CAMHS Referral Checklist') to:- **CAMHS SPA, Child & Adolescent Mental Health Service, Kimberworth Place, Kimberworth Road, Rotherham, S61 1HE. Tel. 01709 304808.** Fax. 01709 302547.

DO NOT REFER - Do not refer if not included in the above list. If in doubt please discuss with the CAMHS SPA Team

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Lead GP; Dr Jason Page, Rotherham CCG

Date Approved: October 2018

Review Date: March 2019

All Locality Workers can be contacted through the general CAMHS telephone number – (01709) 304808

ROTHERHAM CAMHS LOCALITY PRACTITIONER DETAILS by GP

<u>Rotherham Central North</u>	
Practice Name	Locality Practitioner
Woodstock Bower Group Practice	Diane Spencer
Broom Lane Medical Practice	Michael Shanley
Greasbrough Medical Centre	Jo French
Greenside Surgery	Jo French/Diane Spencer
Broom Valley Medical Centre	Michael Shanley
<u>Wentworth 1</u>	
Practice Name	Locality Practitioner
Magna Group Practice	Wendy Shaw and Diane Spencer
Shakespeare Road Surgery	Jo French/Diane Spencer
High Street Surgery	Wendy Shaw
York Rd Surgery	Jo French
Parkgate Medical Centre	Wendy Shaw
Rawmarsh HC	Wendy Shaw
<u>Health Village-Dearne Valley</u>	
Practice Name	Locality Practitioner
Clifton Medical Centre	Jo French
St Ann's Medical Centre	Jo French/Diane and Wendy Shaw
Market Surgery	Diane Spencer
Crown St Surgery	Diane Spencer

<u>Maltby-Wickersley</u>	
Practice Name	Locality Practitioner
Manor Field Surgery	Jess Taylor
Blyth Rd Medical Centre	Jess Taylor
Queens Medical Centre	Jess Taylor
Braithwell Road Surgery	Jess Taylor
Morthen Rd Group Practice	Jess Taylor
Wickersley Health Centre	Jess Taylor
<u>Raven</u>	
Practice Name	Locality Practitioner
Brinsworth Medical Centre	Michael Shanley
Treeton Medical Centre	Michael Shanley
Stag Medical Centre	Jo French/Michael Shanley
Gate Surgery	Jo French / Michael Shanley / Wendy Shaw
Thorpe Hesley Surgery	Diane Spencer
<u>Rother Valley South</u>	
Practice Name	Locality Practitioner
Dinnington Group Practice	Kelly Sanderson*
Kiveton Park Medical Practice	Kelly Sanderson /Anne Moayhi
Swallownest HC	Kelly Sanderson /Anne Moayhi
Village Surgery	Kelly Sanderson /Anne Moayhi

*Kelly Sanderson currently on maternity leave, agency cover in place