Isle of Wight Community Child and Adolescent Mental Health Service (CCAMHS) Referral Criteria

Overview of Community CAMHS

The purpose of CCAMHS is to promote emotional health and wellbeing and improve the mental health of 0-18 year olds on the Island. The team is multi-disciplinary and works island-wide.

CCAMHS provides the following interventions to children, young people and their families, as well as to any professional working with them:

- Signposting to other services
- Consultation to professionals
- Joint working with other professionals
- Direct therapeutic interventions with children, young people and their families including individual, group and family work
- Training workshops for professionals

Involvement from this service could result in all or some of the above, depending on the needs of the individual referred and the wider support package already in place. When a positive outcome from short term intervention is likely we can offer Primary Mental Health input. When a longer term intervention is likely to be required Secondary Mental Health input is available. We also offer Inreach/Outreach services when an intensive intervention is required to prevent inpatient admission or reduce the person’s length of stay.

Further information about the above interventions, including a leaflet about CCAMHS consultation, is available on request. Please contact the service for
more information about how to access training workshops on mental health difficulties experienced by children and young people.

Examples of the kinds of difficulties you might seek a CCAMHS intervention for:

- Depression
- Anxiety
- Post Traumatic Stress Disorder (PTSD)
- Conduct disorder
- Obsessive Compulsive Disorder (OCD)
- Psychotic disorders
- Deliberate self harm
- Eating disorders
- Chronic attachment difficulties
- Sexually problematic behaviours

We recognise that mental health issues can often occur alongside other difficulties (e.g. substance misuse, neurodevelopmental difficulties, learning disabilities). In these circumstances, we will provide intervention for the mental health issue.

All accepted referrals receive an initial assessment, when information is gathered from the referrer, other professionals and/or the child and family as needed.

**Referral criteria**

CCAMHS will offer an intervention to any 0-18 year old that has an identified emotional-behavioural or mental health concern provided that, prior to referral, all of the following boxes can be ticked:

- First line interventions and wider family support (e.g. parenting support, school-based care plan, adult mental health intervention, appropriate physical examinations) have already been put in place to try and address the referred issue. Where there is a significant risk to health that requires early CCAMHS involvement, a comprehensive assessment by the referrer could be considered a first line intervention.

- Where safeguarding concerns about the child are present, the Children’s Services team and/or your service lead for safeguarding has been contacted for advice.

- The referrer has gained the consent of the family and, where appropriate, the child or young person for the referral to be made.

- The child or young person has been met and assessed by the referrer.

- If you are unsure of what CCAMHS can provide, you have contacted the service to discuss this.
**How to refer to Community CAMHS**

Any professional or voluntary sector employee can refer a child or young person to CCAMHS. Parents, carers and young people can contact the service to discuss how they can access our interventions. Adolescents who feel that they have mental health difficulties are able to self-refer.

**When unsure whether to make a referral**

If you are unsure as to whether to make a referral to CCAMHS, you are encouraged to telephone one of the Primary Mental Health Practitioners to discuss the case further.

**Standard written referral**

In order to make a standard referral to CCAMHS you will need to complete the CCAMHS referral form. These referrals are reviewed weekly and you will receive written confirmation of the outcome of your referral. The service aims to provide an intervention to all accepted referrals within a maximum of 14 weeks, although this is often provided sooner.

**Urgent telephone referral**

If you feel the level of risk is such that a mental health response is required within 24 hours, please telephone your referral through to the service. You may then be asked to fax the referral or further information through. Following your referral, you will be informed of the action taken. CCAMHS telephone lines are open 8:30am-5pm Monday to Thursday and 8:30am-4:30pm on Fridays. Outside of these hours, for an urgent mental health response, please contact the appropriate GP, the Beacon Centre or the Adult Crisis Resolution Team on 522214.
What to include on your referral form

We ask referrers to give as much information as possible about the following:

**The exact nature of the child’s experienced difficulties**
- **Difficulties** – What specific difficulties does the child or young person have? In how many settings do these occur?
- **Frequency** – How often do the problems occur?
- **Intensity** – How severe are the difficulties? What is the impact of these difficulties on the person’s daily functioning? Who else is affected by the difficulties and in what way?
- **Duration** – How long have these problems existed? When they occur, how long do they last?
- **What helps** – What strategies does the person or their family currently use to manage these difficulties?
- **Your view** – Why is this happening for the child or young person?

**Child’s broader functioning**
- Social functioning
- Educational functioning
- Physical health

**Family circumstances**
- Who is in the family (including the full name of parents/guardians and their contact details)
- History of family mental health problems
- Any issues relating to care proceedings
- Any other relevant information about the family history and current situation

**Interventions already tried**
- Other professionals currently involved with the child or family and the focus of their work
- Details of all previous interventions for the referred difficulty
- Why previous interventions have not been successful
- Please include a completed Common Assessment Framework with your referral form where relevant

**Confirmation of consent**