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

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

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<th>ISSUE</th>
<th>Symptoms / Presenting Problems</th>
<th>Refer to:</th>
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| **Anxiety Disorders**        | • Worrying about specific situations  
• Severe, persistent anxiety  
• Panic attacks  
• Attachment disorders  
• Severe and disabling phobia where it is impacting on a young person’s day to day life and ability to function (Social and specific phobias). | **School Nurse, School (learning mentor etc), Early Help, MIND**  
**RDaSH CAMHS (Routine)** |
| **Behavioural Difficulties** | • Poor behaviour at home only  
• Poor behaviour at school only  
• Severe behaviour in both home and school  
Note: The CDC will accept referrals for behaviour difficulties where they are associated with additional developmental concerns eg social communication differences, speech and language delay, gross or fine motor problems. | **Evidence Based Parenting Programme. For under 5’s please contact Health Visiting Team in the first instance.**  
**School (Learning Mentor) Early Help**  
**Discuss with Health Visitor first. Child Development Centre (CDC) for under 5 years, RDaSH CAMHS (Routine) for over 5 years** |
| **Chronic Fatigue / Somatisation Disorder** | Criteria for Routine referrals – refer to GP in first instance.  
• Excessive fatigue  
• Unexplained medical symptoms. | **RDaSH CAMHS (Routine)** |
| **Conduct Disorder**         | • 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. | **RDaSH CAMHS (Routine)** |
| **Eating Disorders**         | • Eating issues – (Low Level) – will only eat certain foods  
• Anorexia: evidence of self-induced weight loss and / or fear of fatness  
• Rapid and sustained weight loss  
• If BMI under 17  
• Bulimia: persistent binge and purge behaviour  
• BMI may be normal  
• If BMI under 14  
• Obesity | **Health Visitor if under 5 or GP if over 5**  
**RDaSH CAMHS (Routine) & also GP (for physical assessment)**  
**Rotherham Institute for Obesity (RIO)** |
| **Gender Identity Disorder** | • Initial exploration of issues  
• Strong persistent cross-gender identification  
• Persistent discomfort in gender role  
• Above causing impairment in social, family and school functioning | **LGBT Youth Worker, LGBT Youth Group & Early Help**  
**RDaSH CAMHS (Routine)** |
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<th>Mood Disorder or Depression (Refer if symptoms present for at least 2 weeks)</th>
<th>- Low mood, not impacting on daily life and no risk evident (no suicidal thoughts or self harm)</th>
<th>School (Learning Mentor, Pastoral Support), Early Help, MIND, School Nurse</th>
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|  | - 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) | RDaSH CAMHS (Routine) |
|  | - Suicidal thoughts with planned intent REFER URGENTLY  
- Suicidal thought without planned intent (discuss urgency of referral with team)  
- Previous attempts to end life | RDaSH CAMHS (Urgent) |
| Obsessive Compulsive Disorder (OCD) | - Repetitive, intrusive thoughts, images or behaviour affecting daily life and activity  
- Obsessions / compulsions causing functional impairment | RDaSH CAMHS (Routine) |
| Post Traumatic Stress Disorder (symptoms following an event very traumatic to the individual) | - 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  
- Hyper vigilance  
- Symptoms continuing longer than 3 months following event | RDaSH CAMHS (Routine) |
| Psychosis or suspected Psychosis | Criteria for Routine / Urgent referrals – Always discuss with duty team to assist decision making re urgency. If child is over 16 refer to early intervention in psychosis team  
- 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 | RDaSH CAMHS (Routine)  
RDaSH CAMHS (Urgent) |
| Relationship Difficulties | - General relationship difficulties | Early Help, School (Learning Mentors, Pastoral Support), School Nurse, Family Recovery Programme, GROW (15-19yrs), MIND |
|  | - Persistent patterns of abnormal functioning in interpersonal relationships  
- Where family dynamics are fracture and conflicts unresolved | RDaSH CAMHS, Intense Family Support |
| Self - Harm | Always discuss case with duty team to help guide urgency  
- Presenting with maladaptive coping strategies but less severe / frequent / recent | RDaSH CAMHS (Routine) |
|  | - Presenting with maladaptive coping strategies (e.g. self-cutting and where recent occurrence). | RDaSH CAMHS (Urgent) |
| Suspected Attention Deficit Hyperactivity Disorder (ADHD) | For children aged 6 years and above only  
Initially refer to parent training. Refer if symptoms persist after parenting work.  
- Poor concentration  
- Over-activity  
- Distractibility  
- Impulsivity  
All the above onset before 12 years old and persistent and evident in at least 2 settings, e.g. home, school | RDaSH CAMHS (Routine) |
| Suspected Autism Spectrum Disorder (ASD) | • Persistent and severe problems with communication & social & emotional understanding in 2 or more settings – e.g. Home, School |
| Child Development Centre (CDC) for under 5 years, RDaSH CAMHS (Routine) for over 5 years |

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

**Process to be followed for CAMHS referral:**

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 and **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.

Where appropriate, referrals may be **signposted to other services** but only where a child / young person and parent / carer contact details and consent is provided with the referral.

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

**DO NOT REFER**

Do not refer if not included in the above list. If in doubt please discuss with the RDaSH CAMHS Duty Team