Barnsley Child and Adolescent Mental Health Service (CAMHS) Information for Referrers

About CAMHS

The service is designed to meet a wide range of mental health needs in children and young people. These needs will include emotional well-being as well as more severe, complex and/or enduring mental health symptoms that are causing significant impairments in their lives.

Barnsley CAMHS is made up of a multi-disciplinary team that provides a range of evidence based interventions for children, young people and families.

Who can be referred?

All children and young people up to their 18th birthday who are registered with a GP within South Yorkshire (Rotherham, Doncaster, Sheffield, Barnsley) can be referred to the service where:

there are concerns about their mental health and/or psychological well-being

where it can be demonstrated that they have received support from professionals in universal services that has not helped to make sufficient improvement to their problems.

their problems are at a significant level that means the referrer feels they need immediate access to assessment and treatment from mental health professionals.

In addition to this, the service offers consultation, assessment and interventions for children and young people with moderate to severe learning disabilities who also have mental health, emotional and behavioural problems.

There is a dedicated pathway for Children in Care who have mental health, emotional and behavioural problems.

The service also provides a 24 hour emergency response for young people actively displaying suicidal ideation or following suicide attempts, with severe symptoms of depression (with suicidal ideation), life threatening harm to self, harm to others as a result of a mental health concern, acute psychotic symptoms or presentation of anorexia with severe physical symptoms.

How to refer

There is a single point of access (SPA) to CAMHS. Professionals are encouraged to telephone the service to discuss referrals in the first instance on 01226 644819 Monday-Friday 9-5pm.

Referrals will be accepted via telephone and a member of the SPA team will fill in the referral form with the professional, during the telephone call (NB please have the young persons information to hand).

Or via a written referral which can either be posted to this address:

Barnsley CAMHS Child & Adolescent Unit New Street Health Centre **Upper New Street** Barnsley, S70 1LP

Or by Fax: 01226 280897 if urgent

Or via secure email only (i.e.nhs.net) to barnsleycamhs.referrals@nhs.net,

PLEASE NOTE: Emailed referral forms must come from a secure address such as nhs.net.

If the national nhs.net guidance is not adhered to it will result in a breach of Information Governance; after which the necessary governance procedures will be followed and appropriate authority informed.

Barnsley CAMHS accept emailed referrals on a completed electronic referral form (not via referral letter)

Emails to the secure email address containing subject matter other than a referral form will be returned to sender

Who can refer?

- GPs, paediatricians and other health workers e.g. public health nurse (school nursing), health visitor.
- Social workers
- Educational psychologists, Special Educational Need & Disability Team, Teachers / educational staff and SENCO's
- Youth Offending Team, Substance misuse workers and Multi Systemic Therapy Team

It is essential to meet with both the young person and parents/carers to gain consent for the referral, explain the referral process and complete initial screening. This will help to identify actual need and encourage attendance for appointments as young people and their families will fully understand the reason for referral.



What makes a good referral?

The more information you can provide, the better we are able to prioritise and respond. Using the CAMHS referral form details the essential information we require, however, please provide any additional information that might be useful along with the referral form.

Referral Guidance Barnsley CAMHS

Routine CAMHS difficulties are coloured Black and will be offered an Initial Assessment within five weeks

Urgent CAMHS difficulties are coloured RED and will be triaged within 24 hours Monday – Friday Where other agencies are more appropriate these are coloured BLUE

The CAMHS Out of Hours service operates for Emergency referrals outside of 'office hours'.

Issue	Symptoms / presenting difficulties	Discuss with / refer to :
Anxiety, General and Social	Worrying about specific situations, Clingy, tearful, bodily symptoms. Panic attacks	Therapies for Anxiety, Depression & Stress (TADS) The Core County Way Barnsley S70 2JW 01226 320 122 / 07597114156 www.tadsbarnsley.co.uk and or discuss with School Nurse or CAMHS SPA CAMHS
	Severe and disabling phobias (Social and specific phobias). That have not responded to support from universal services	САІУІПЭ
Behavioural issues Poor Behaviour in one	Poor Behaviour at home only	Community Evidence Based parenting programme
setting should be dealt with in universal services in the first instance	Poor behaviour at School only	School (Learning mentor etc.) Educational Psychologist or 4:thought which is based within secondary schools
	Severe and persistent behaviour at School and home	CAMHS
Bereavement (Complex and Unresolved Grief)	Before referring to CAMHS The young person should have been given time to experience a normal grief reaction and should then be offered counselling either through school or a recognised bereavement counselling service.	Explore local Bereavement counselling services, discuss with School Nurse, and family.
	A referral to CAMHS should be made	CAMHS
	Where there is a prolonged grief response or where the child/ young person are experiencing significant distress following a death that has occurred in traumatic circumstances.	
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.	CAMHS

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Deliberate Self Harm	Presenting with maladaptive coping strategies	Discuss with school nurse to
	but less severe/frequent/recent.	support harm reduction, Access
		SPA for advice.
	Presenting with maladaptive coping strategies	CAMHS
	(e.g. self-cutting and where recent	Discuss case with duty team to
	occurrence).	help guide urgency
		garat angerra,
Depression and low	Low mood, not impacting on daily life and no risk	TADS as above in Anxiety
mood	evident (no suicidal thoughts or self-harm)	,
(Where symptoms	evident (ne saiddat thoughts of son harm)	
present for at least 2	Persistent low mood.	CAMHS
weeks)		CAIVITIS
Weeks)	Physical symptoms – poor sleep (or early	
	wakening) or loss of appetite and weight	
	Cognitive symptoms including pervasive	
	negative thoughts	
	Loss of interest/Social isolation/withdrawal at	
	home and school.	
	Suicidal thoughts without planned intent	
	(discuss urgency of referral with team)	
	Suicidal thoughts with planned intent REFER	CAMHS : urgent priority in
	URGENTLY.	hours or discuss as possible
	Suicidal thoughts without planned intent	CAMHS emergency Out of
	(discuss urgency of referral with team)	hours
	Previous attempts to end life	
	'	
Eating Issues	Eating Issues (Low Level) – Will only eat	Discuss with health visitor /
	certain foods	school nurse or contact
		CAMHS SPA for advice
	Anorexia: evidence of self-induced weight loss	CAMHS will classify urgency on
	and/or fear of fatness. Rapid and sustained	same day
	weight loss	came day
	Bulimia: Persistent binge & purge behaviour.	
	BMI / height to weight ratio may be normal	
	Bivit / Height to weight ratio may be normal	*Where case is not high risk
	*Tests to be taken prior to referral – Blood	and has not been seen by GP
	tests, full blood counts, urea & electrolytes,	in previous 2 weeks CAMHS
	liver function, thyroid function & random	•
		will notify GP to request
	glucose, Cholesterol, Mg, Ca, Phosphates,	consultation with child in 2
	ECG.	days.
	Weight to Height ratio will be one indication	CAMHS: urgent priority or
	used by the service regarding the level of	CAMHS and paediatric
	priority therefore referrers must include the	emergency.
	height and weight information on referral	*CAMHS may request
	forms.	consultation with GP same day.
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Gender Identity	Initial discussion / exploration required	LGBT Barnsley
Disorder	Strong, persistent cross-gender identification.	CAMHS
	Persistent discomfort in gender role.	*CAMHS can refer on to
	Above causing impairment in social, family and	Tavistock if necessary after
	school functioning	thorough assessment.
Learning Disability	Mental Health, emotional and behavioural	CAMHS
	problems alongside moderate to severe	
	Learning Disability.	
Obsessive	Repetitive intrusive thoughts, images or	CAMHS
Compulsive Disorder	behaviour affecting daily life and activity, and	
(OCD)	disrupting family life. Obsessions/compulsions	
-	causing functional impairment.	

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		NHS Foundation Trust
Psychosis or suspected psychosis If child over 14 years and first episode refer to early intervention in psychosis team	Active symptoms include: Paranoia, delusional beliefs & abnormal perceptions, (hearing voices & other hallucinations). Fixed, unusual ideas. Negative symptoms include deterioration in self-care & social & family functioning.	Requires consultation may be CAMHS or CAMHS (Urgent) or Early Intervention in Psychosis Team
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. Hypervigilance. Symptoms continuing longer than three months following event.	CAMHS
Suspected Autism Spectrum Disorder / condition (ASD/ASC)	Persistent and severe problems with communication & social & emotional understanding in 2 or more settings – e.g. Home, School. If the young person isn't known to CAMHS then GP or school will be advised to fill in the referral. If the young person is known to CAMHS, then there will be a discussion between professionals as to who is best placed to complete the referral	ASDAT
Suspected Attention Deficit Hyperactivity Disorder (ADHD)	Refer if symptoms persist after parenting work. Poor concentration, Over-activity, Distractibility Impulsivity All the above of early onset before 6 years old and persistent and evident in at least 2 settings, e.g. home, school.	Initially refer to evidence based parenting programme and Early help CAMHS

If in doubt please contact CAMHS on Barnsley 01226 644819 to discuss a referral