

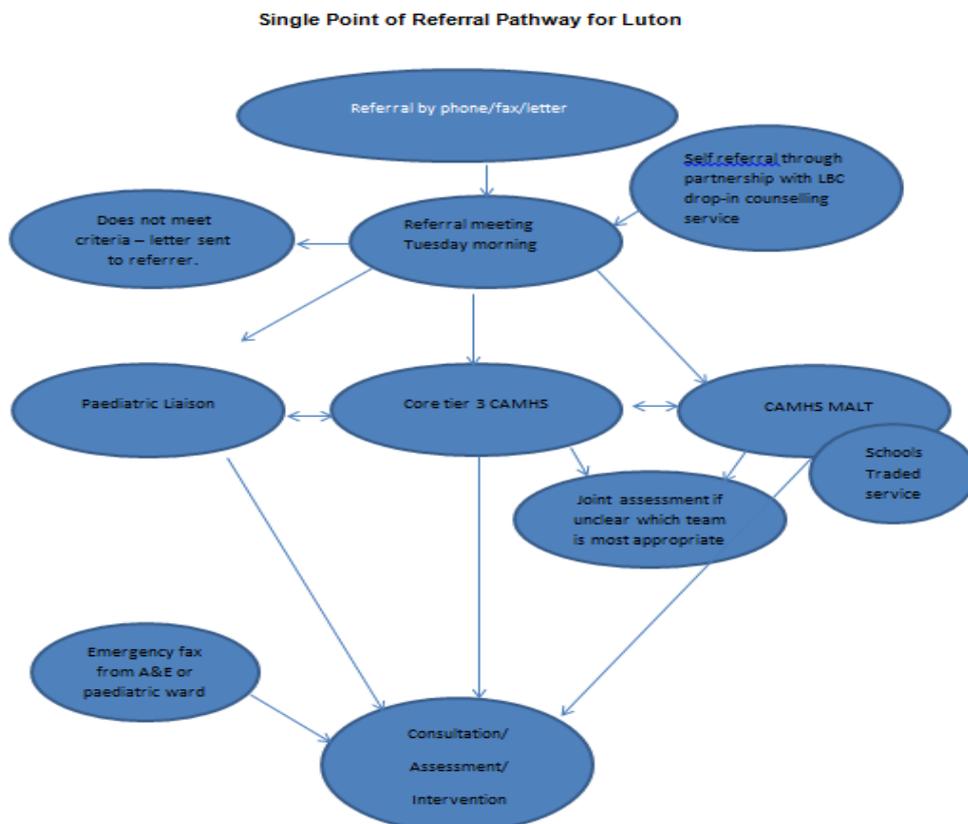
## Child and Adolescent Mental Health Service (CAMHs) in Luton

CAMHS in Luton delivers services for young people experiencing moderate to severe mental health problems and the new CAMHS MALT (Multi Agency Liaison Team). Which works in partnership with other agencies, in the care of infants, children, young people and their families, who are developing mental health problems in the context of other risk factors.

In addition to this, mental health services can be bought in from schools, through a 'Traded Services' model, which is provided through Luton Borough Council's business unit, ranging from three to ten days per year. The remainder of the schools may be buying tier 2 interventions from other sources.

We have established a process where all referrals come through a single referral pathway meeting and are allocated to the appropriate team (see Appendix 1). Where it is unclear which team may be best placed to meet the client's needs, a joint assessment may be undertaken. If the referral does not meet the criteria of the service, a letter is sent to the referrer, with alternative community resources, if available. Where young people /families request an alternate venue/time for appointments, this will be responded to on an individual basis. Any gaps in service will be highlighted to the commissioners.

Referrers can ring 01582 708140 Mon-Friday between 1-2pm to discuss the referral of cases. If they have an urgent referral, they can ring the office at any time and speak to a clinician. If the referral meets the criteria for urgent (See Appendix 2), the written referral can be faxed in (Appendix 3, referral form) and will be responded to as described in the model.



## Appendix 1

**Luton CAMHS TEL: 01582 708140 FAX: 01582 709081**

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### **Typical Children and Young Persons Difficulties that can be screened by Luton CAMHS single point of referral**

**If you are concerned that a child is at risk of harm from physical, sexual or emotional abuse or neglect, you must refer to Social Services specifying your concerns (following your own agencies' procedures). All referrals should be made in writing, or if made by telephone, should be followed up in writing.**  
**Initial Response Team Tel No: 01582 546000**

Luton CAMHS consists of a number of teams, who work with infants, children and young people experiencing a range of mental health problems. If you are unsure about whether to make a referral, please phone in and speak to a clinician to discuss the referral. When a referral is received by the service, a decision will be made by the teams as to which team is most appropriate to direct the referral.

#### **Emergency – to be seen within 24 hours (other than weekends);**

Young person has attempted suicide and is medically fit to be assessed.

Young person is acutely psychotic and a danger to him/herself or others

#### **Urgent – to be seen within 7 days**

Discharged from hospital and requiring urgent follow up

Assessed by CRHT and requiring CAMHS follow up.

Young person has a low BMI (below 15) and presenting with symptoms of eating disorder requiring urgent assessment. Has had medical examination and bloods etc. done.

Presenting with possible psychotic symptoms but not at immediate risk.

Self-harm where there is suicidal ideation and co-existing mood disturbance.

#### **Routine – to be seen within 11 weeks**

- Superficial self-harm where there is no suicidal ideation. Disorders of thinking, mood and ability to relate and function.
- Severely withdrawn or anxious behaviours, with or without panic attacks.
- Extreme unhappiness and depression.
- Enuresis/Encopresis that has not responded to physiological interventions.

- Usage of drugs, alcohol and/or other 'substances' where there are clear indications of mental health difficulties.
- Attachment Disorders.
- Eating Disorders.
- Post-Traumatic Stress Disorder.
- Obsessive-Compulsive Disorders.
- Neuro-developmental Disorders eg. ADHD, where there is a secondary mental health problem.

Below is some explanation of what might be appropriate for referral:

**1) Depression or Mood Disorder (including mood dysregulation)**

One or more of the following:

- Where the response is beyond a 'normal adjustment reaction' (e.g. bereavement, parental separation).
- Where the difficulties are beyond age-appropriate mood variation.
- Where there is an impact on daily living – e.g. sleeping, eating etc.
- Where there is positive family history of mental illness or suicidal ideation.
- At least 2 weeks duration, unless an urgent or emergency presentation.

**2) Self Harm**

- **Acute overdose cases should be sent directly to the nearest Hospital with and Accident & Emergency Department for immediate medical care, NOT referred to the Single Gate.**
- Where there is concern about self-harm, please consider discussing the case with the Single Gate or a clinician at your local Child and Adolescent Mental Health Team at the earliest opportunity to help determine the level of priority.
- If the overdose was historical, then get advice from GP (or A & E) as soon as possible and the GP should consider a referral to CAMHS via the Single Gate.

**3) Anxiety Including Post Traumatic Stress Disorder**

One or more of the following:

- Where it is affecting the child's/young person's development or level of functioning.
- Where there is an impact on the parent/carer/child relationship.
- Where there is a sudden change or deterioration.
- At least 2 weeks duration, generally 4 or more weeks.

**4) Obsessive-Compulsive Disorder**

- Please consider an early consultation with CAMHS and possible referral.

## 5) Psychosis

- Request urgent/emergency GP assessment and decide if necessary to refer immediately to the CAMHS Single Gate who may involve the Early Intervention in Psychosis team if aged between 14 and 35 years (including those secondary to substance misuse). \*\*EIP does take direct referrals.

## 6) Eating Disorder (anorexia, bulimia, food avoidant emotional disorder, fear of choking or vomiting and highly selective eating)

- Where there is concern in relation to eating disorders, ***please consider an early referral*** to the service.
- If considered urgent, please ask the GP to review and refer as necessary.
- It is helpful to complete medical investigations (bloods, weight, height etc.) via the GP, prior to referral.
- Note: for less severe cases of selective eating and fears about food, ask for support from Community Paediatrics Health Visitor for young children.

## 7) Complex Neurodevelopmental Problems e.g. Asperger's Syndrome, ADHD

Early presentations without co-morbidity should be referred to Paediatrics for assessment and treatment. Only those with co-morbid mental health problems or complex behavioural difficulties should be referred to CAMHS.

The following difficulties are those that may present without co-morbid mental health problems:

- Significant delay in the acquisition of appropriate social skills.
- Difficulties with the child's peer group relationships.
- Unusual or very fixed interests.
- Marked preference for routine and difficulties adapting to change.
- Bizarre or unusual behaviours.
- If **Asperger's/ASD** is suspected, please ask Paediatrics to assess first; CAMHS to be involved in complex cases where there are co-morbid mental health difficulties.
- If **ADHD** is suspected, the following needs to be shown: Hyperactivity, impulsivity, inattention in children over five years of age that is unresponsive to behavioural intervention in the home and school. Difficulties should be persistent in two or more settings, e.g. school and home.

## 8) Tourette's and Complex Tic Disorders

- In the first instance refer to Paediatric services for assessment and management.
- Refer to CAMHS if there are co-existing problems such as co-morbid OCD, ADHD or depression etc.
- In cases of severe Tourettes refer to CAMHS.

## 9) Somatisation Disorders, Hypochondriacal/Dissociative/Conversion Disorders, Pain Syndromes & Chronic Fatigue Syndromes, Medical Conditions and Physical Disabilities with Mental Health Complications

- Refer to Paediatrics (L&D/ELC) first and then to CAMHS if necessary.
- Paediatricians can liaise with paediatric psychology in the first instance.
- Following this, if appropriate tier 2 intervention has been completed, referral may be made to CAMHS.

#### 10) **Attachment Disorders and Under 5 Year Olds**

- Significant parent infant relationship concerns (including difficulties with feeding).
- Should involve community nursing/health visitor first.
- If there are co-existing risk factors (see list for MALT).

#### **It is not appropriate to refer:**

- Children and young people where the behaviour, although challenging, is age-appropriate.

#### 11) **Family Difficulties**

- Children and young people may present with emotional and behavioural difficulties in response to family stress – e.g. parental discord, divorce or separation. If referrers are aware of these issues, please be aware that parents should be encouraged to make efforts to resolve problems prior to referring the child.
- Please note that specialist CAMHS does not mediate residence and contact arrangements for the child/young person. The parent(s) could instead be advised to approach the Family Mediation Service or discuss with their solicitor, as appropriate.
- The service will not be involved in any legal issues in relation to parental separation. Solicitors should commission reports for court from professionals who work on a private basis.

#### 12) **Response to Bereavement**

- It is not appropriate to refer children/young people with 'normal' grief responses to this service. More appropriate support can be offered by other agencies – e.g. Cruse: (0844 477 9400) [helpline@cruse.org.uk](mailto:helpline@cruse.org.uk) and Winston's Wish: (helpline: 08452 03 04 05).
- Local bereavement services are available through Chums, **Child Bereavement and Trauma Service**, Wrest Park Enterprise Centre, Wrest Park, Silsoe, Bedfordshire MK45 4HS.
- You may want to consider referral to CAMHS when the child/young person is experiencing significant distress following a death that has occurred within traumatic circumstances (e.g. suicide). Or an abnormal grief reaction. In these cases we may choose to meet carers without the child to offer them advice and support.

#### 13) **School Refusal**

**This is normally the responsibility of the school, college or Education Welfare Service.**

**Refer to education support services first; it would be appropriate to refer to this service when the following conditions apply:**

- Where there is severe difficulty in the child/young person attending school/college, often amounting to a prolonged absence and
- Where the child/young person is experiencing severe emotional upset on being face with the prospect of attending school. This may be demonstrated by excessive fearfulness, anxiety, temper, misery and complaints of feeling unwell without obvious cause.

**14) Complex Enuresis or Soiling**

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- In the first instance, the Specialist Community Enuresis or Constipation Clinic or Paediatrician should see these children.
- We recommend referrals to come from these Specialist Paediatricians/Child Health Clinics.

**15) Young People's Alcohol & Drug Service**

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Referrals should be directed to:

**53-55 Cardiff Road, Luton  
Tel: 01582 657558**

**Child Protection**

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**Appendix 3**

**REFERRAL FORM**

**Luton CAMHS**

Luton CAMHS consists of a number of teams, who work with infants, children and young people experiencing a range of mental health problems. If you are unsure about whether to make a referral, please phone in and speak to a clinician to discuss the referral. When a referral is received by the service, a decision will be made by the teams as to which team is most appropriate to direct the referral. If you know which part of the service you which to refer to please indicate below;

<b>Core CAMHS (Tier 3)</b>	<b>CAMHS MALT (multi agency liaison team)</b>	<b>Paediatric Psychology</b>	<b>CAMHS Traded Service for schools</b>

<b>Name of Child/YP:</b>	<b>Name of Carer(s)</b>	<b>Child's Address:</b>	<b>Phone:</b>
<b>Gender:</b> Male/female	<b>Ethnic origin:</b>	<b>Interpreter required + language:</b>	<b>Child's School + Contact details:</b>
<b>DOB:</b>			
<b>Responsible Parent/Carer Consent:</b>  YES/NO	<b>Name of Referrer:</b>  <b>Title of referrer:</b>	<b>Referrer's Address + Contact number:</b>	<b>GP Name + Contact details:</b>

**Reason for current referral and duration of presenting problems:**

**What would you like to achieve from attending CAMHS?**

**Carer's views about issues discussed:**

**Child/Young person view of issues discussed:**

**FAMILY HISTORY**

**Marital History:**

<b>Traumatic Events that still impact:</b>	
<b>Previous Professional Involvement:</b>	
<b>What services are currently involved:</b>	
<b>SOCIAL HISTORY</b>	
<b>Home risk assessment undertaken?</b> YES <input type="checkbox"/> NO <input type="checkbox"/> Specify:	
<b>Environmental Stressors Present?</b> YES <input type="checkbox"/> NO <input type="checkbox"/> Specify: (eg. overcrowded housing , poor living conditions, household unemployment/worklessness)	
<b>At risk behaviour?</b> YES <input type="checkbox"/> NO <input type="checkbox"/> Specify:	
<b>Vulnerable young/teenage mother</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>Legal status within UK (please specify):</b>	
<b>Child currently under:</b> Child Protection <input type="checkbox"/> LAC <input type="checkbox"/> Child in Need <input type="checkbox"/> TAF/TAC/SFams <input type="checkbox"/>	
CP category: .....	
<b>Parent risk factors?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	
Domestic Abuse: <input type="checkbox"/> Substance Misuse: <input type="checkbox"/> Carer's Mental Health: <input type="checkbox"/> Family breakdown: <input type="checkbox"/>	

<b>Other relevant details regarding family members or risk factors:</b>	
<b>DEVELOPMENTAL &amp; EDUCATIONAL HISTORY</b>	
<b>Physical or mental disabilities?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/> Specify:
<b>Developmental difficulties?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/> Specify:
<b>Current School Attendance Concerns?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/> Specify:
<b>Referrer's Signature:</b> .....	
<b>Date:</b> .....	

**ADDRESS:** CAMHS (Child and Adolescent Mental Health Service)  
 Floor 4, Charter House  
 Alma Street  
 Luton LU1 2PJ  
 Phone: 01582 708140; Fax: 01582 709081