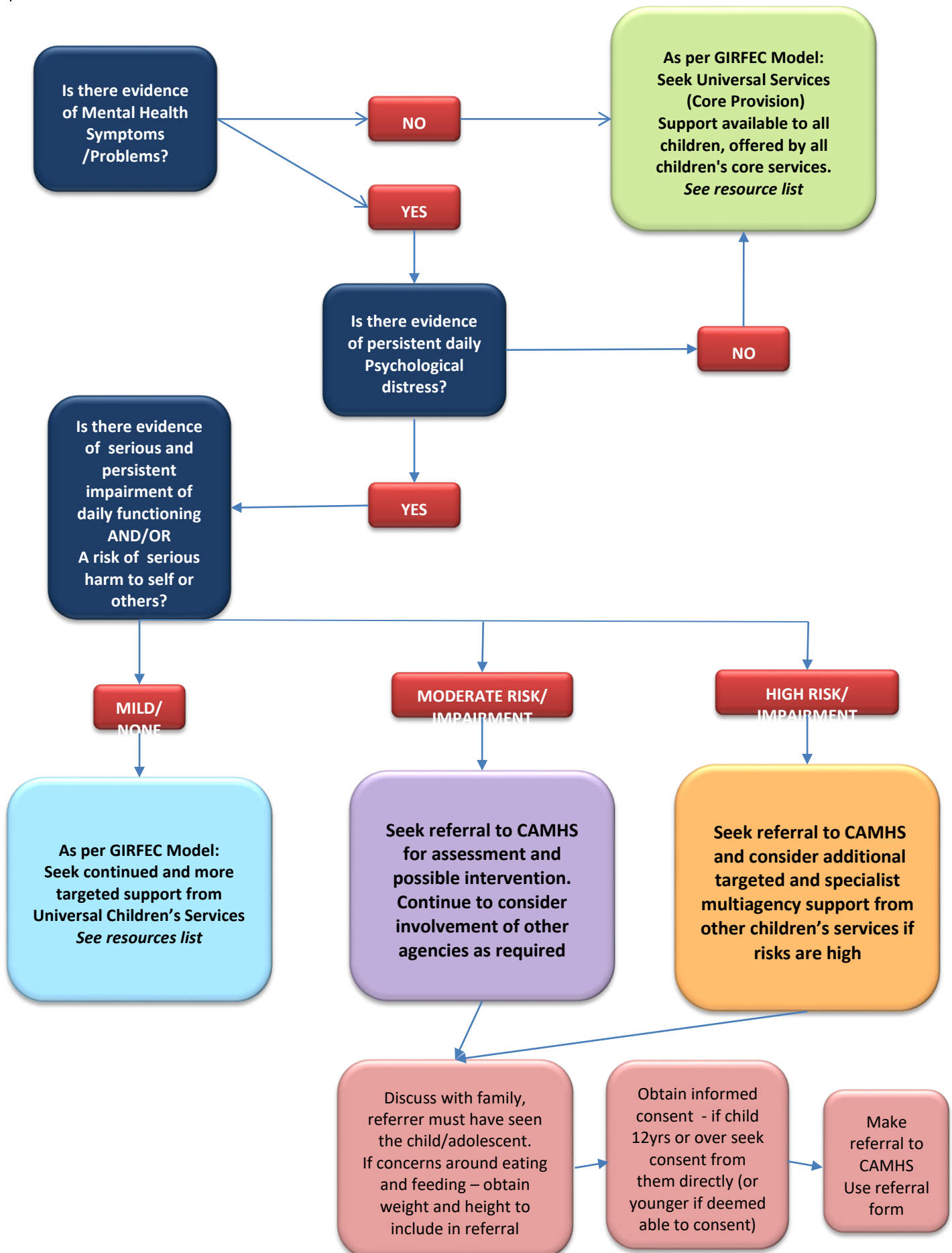
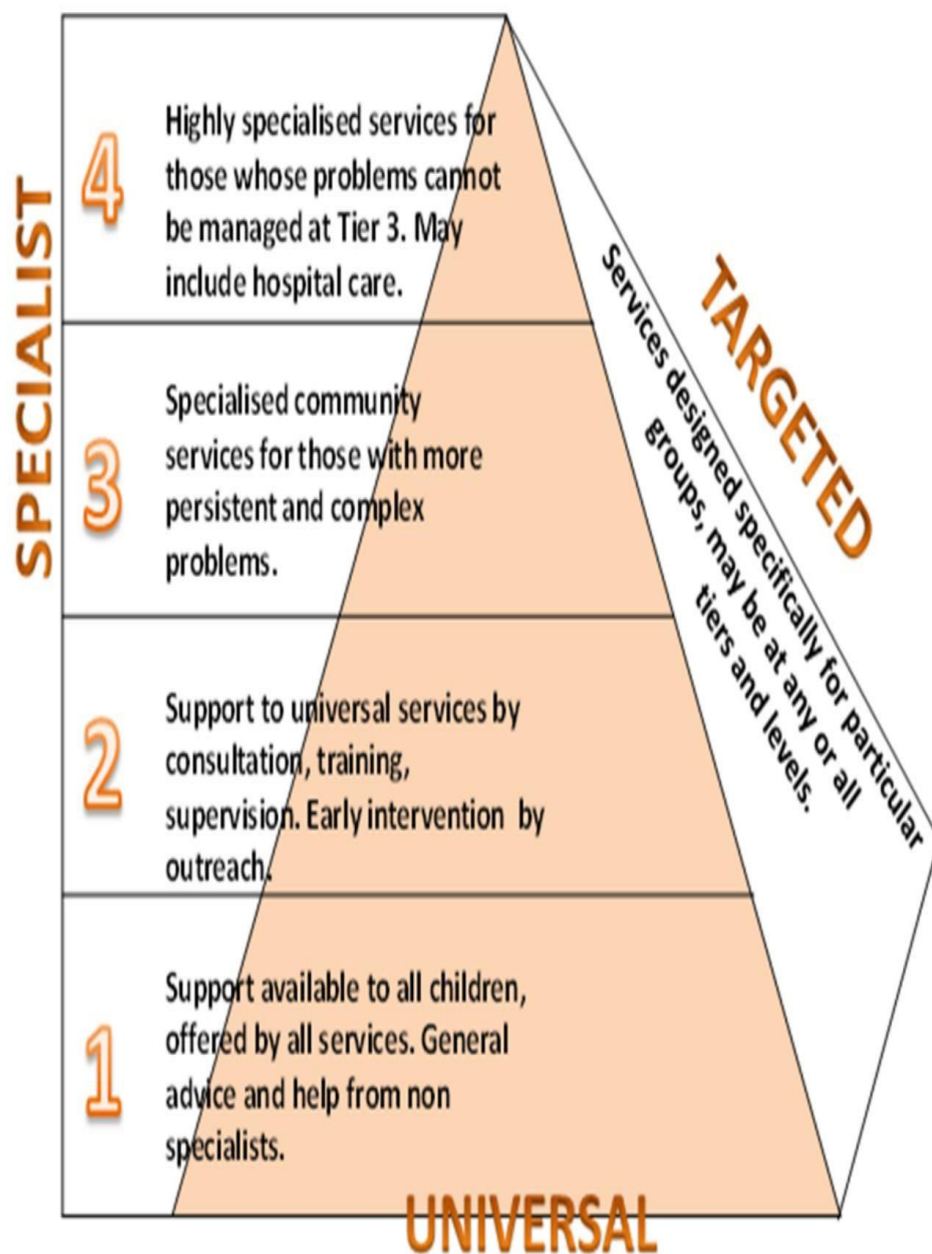
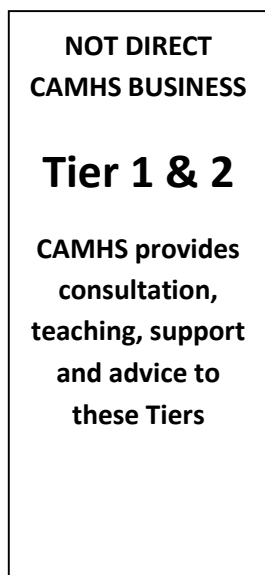
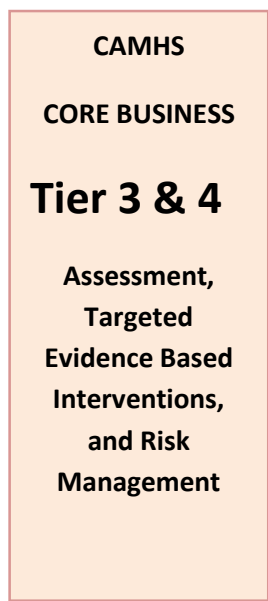


Child and Adolescent Mental Health Service Flow Chart





RESOURCES LIST

Problem Area	Notes Around Referral	Advice/self-help
ADHD	For all children the normal route to assessment would be through referral to Community Paediatrics. If the outcome is unclear or a complex presentation is described a referral to Specialist CAMHS may be considered. Families with children who display difficulties in these categories should have already received significant advice and intervention from other professionals such as paediatricians, health visitors, social workers and educational support services before referral to Specialist CAMHS is made. Specialist CAMHS would not normally assess a child for ADHD until they have completed at least one term within P1.	www.adhdtraining.co.uk/ www.boxofideas.org/ www.adhdtogether.com/adhd-resources
Anxiety (all types including generalised, separation, OCD, social, phobias etc)	Those with recently emerging, mild difficulties should be directed to tier 1 and 2 Services. Children who show persistent, moderate to severe symptoms of anxiety which interfere with the child's life should be referred to Specialist CAMHS.	www.moodjuice.scot.nhs.uk/anxiety www.shapeofmind www.youngminds.org.uk www.anxietyuk.org.uk www.stressandanxietyinteenagers.com www.youth.anxietybc.com www.anxietybc.com www.cci.health.wa.gov.au www.relaxkids.com www.ocdyouth.ipo.kcl.ac.uk www.ocduk.org
Bereavement	Grief is a normal process and the child & family need time to adjust to the loss. Referral to specialist CAMHS is only necessary when the loss has had an extreme impact on the child and their functioning; where the child is experiencing difficulties <i>after</i> bereavement	www.rd4u.org.uk www.winstonswish.org.uk www.childbereavement.org.uk

	support; or where the child is experiencing significant distress and / or difficulties following a bereavement that has occurred in extreme circumstances (e.g. trauma, illness, suicide or accident).	
Conduct and behavioural problems	Initial presentations of defiant or challenging behaviour should be addressed by Tier 1 / 2. Early intervention is preferable in such cases and often leads to better outcomes. CAMHS would consider referrals where: - The child has a mental health or developmental problem including a learning disability in addition to this behaviour - Where the child's parent has had significant support from community agencies and has co-operated well with these but the child's behaviour has not improved. We may in the first instance consult with the other professionals involved with a child/family. Referrals are best made via a Child's Plan so we can be clear on what has already been offered. Children who are out with parental control should be referred to Social Work in the first instance.	www.rcpsych.ac.uk/healthadvice/parentsandyouthinfo/parentscarers/behaviouralproblems.aspx www.youngminds.org.uk/for_parents/parent_helpline www.incredibleyears.com/ www.solihullapproachparenting.com/ www.mellowparenting.org/ www.familylives.org.uk
Depression/Low Mood	Where symptoms are mild in nature guided self-help and the support of tier 1 and 2 services is often sufficient. For persistent, moderate to severe symptoms, or if concerns exist regarding significant suicidal thoughts then referral to Specialist CAMHS would be appropriate.	www.moodjuice.scot.nhs.uk/depression.asp www.shapeofmind.scot.nhs.uk www.depressioninteenagers.com www.beatingtheblues.co.uk www.breathingspacescotland.co.uk
Eating Disorders	Where there is concern in relation to an eating disorder it is advisable to direct the child / young person / family to their GP in the first	www.b-eat.co.uk www.caredscotland.co.uk

	instance to consider medical investigations (blood tests, weight, height, weight for height etc) prior to referral. These assessments not only give us an indication of physical state but assist with prioritisation in terms of level of urgency. If there has been a recent rapid weight loss (1kg+ per week with ED cognitions present) with no physical cause, request urgent appointment.	
Early Years and Attachment Insecurities	CAMHS involvement with this age range should be secondary not primary. Consequently, families should have already received significant advice and intervention from other named professionals such as paediatricians, health visitors, social workers and educational support services including within Nursery. For more complex difficulties including selective mutism, consultation from Specialist CAMHS may be sought.	http://incredibleyears.com/ http://www.solihullapproachparenting.com/ http://www.mellowparenting.org/
Enuresis and Encopresis	Refer to Paediatrician in the first instance who will then refer to other specialist services if appropriate.	You may wish to find out more information from www.eric.org.uk which includes a free downloadable toolkit for parents and professionals
Feeding and Faltering Growth	Consult Health Visitor/Public Health Nurse in the first instance. Refer on to paediatrician and dietetics as necessary. Initial screening and treatment should be undertaken by the paediatric team who will then refer to CAMHS as appropriate.	www.childrenfirst.nhs.uk/families/features/behaviour/fussy_eaters.html
Looked After or Accommodated children and young People	Referrals to specialist CAMHS are best made by the responsible social worker (Lead Professional). If concerns exist they will have been discussed in multi agency groups. Local authority services and CAMHS aim to work together to provide a common, coordinated framework across all agencies that support the delivery of appropriate, proportionate and timely help to all children as they need it.	https://www.celcis.org/

	Referrals for children in this category need to identify whether the child or young person has a mental health difficulty or other condition that results in persistent symptoms of psychological distress, as well as an associated serious and persistent impairment of their day to day social functioning OR, an associated risk that the child/young person may cause serious harm to themselves or others.	
Learning Disabilities and/or Autism Spectrum Disorder (ASD) affecting Children and Young People	Learning disability and/or ASD on its own are not grounds for referral to CAMHS. For CAMHS to become involved there have to be additional concerns about mental health or significant behavioural problems. CAMHS do not conduct initial diagnostic assessments for learning disability or ASD unless there are complex issues present. Paediatricians, Educational Psychologists, specialist teachers and Speech and Language Therapists all have a role in assessing children for learning disability and/or ASD. Specialist CAMHS can offer consultation to those professionals working with children and young people with a learning disability and/or ASD who are not referred or open cases to CAMHS.	www.cafamily.org.uk http://www.autism.org.uk/ www.chipplus.org.uk

NHS GRAMPIAN CHILD AND ADOLESCENT MENTAL HEALTH SERVICE (CAMHS)

REFERRAL GUIDANCE AND CRITERIA

NHS Grampian provides Specialist Child and Adolescent Mental Health Services (CAMHS) to children and young people living in the NHS Grampian Health Board area from birth to their 18th birthday.

Introduction to this Guidance

This guidance document is intended to assist those in front line services to know when to refer to CAMHS, as well as offering suggestions for advice or where to go to get more information. It aims to ensure that identifying and treating mental health is the business of all staff that come into contact with children and young people. The guidance is also designed to improve access to CAMHS for those children and young people who need it most whilst at the same time making sure that other sources of help can be accessed where appropriate. It also provides information on how to refer and what to expect following a referral. This guidance document was put together to reflect our work with all relevant agencies and is informed by key principles underpinning holistic care. See: www.minded.org.uk which is a free educational resource about children and young people's mental health for all professionals.

Making a Referral

Note: Referral template is located at end of document

The majority of our referrals come via General Practice, but we welcome referrals from the Guidance Teachers, Health Visitors, Head Teachers, Consultant and Specialty Paediatricians, School Nurses, Social Work and Educational Psychology (or Named Person if / or when this legislation is implemented). Professionals working within health are typically expected to submit referrals through SCI gateway. Referrers to complete the CAMHS referral template.

All completed referrals for Aberdeenshire and Aberdeen City should be sent by e-mail to: gram.camhsreferrals@nhs.scot or through **SCI Gateway**.

Referrals for CAMHS Moray should be sent to the Rowan Centre, The Glass Green Centre, IV30 6GQ
Tel: 01343 553111

All referrals must be copied to GP at time of referral.

Note: Screening Tool is located at end of document

To aid decision making regarding a referral please see CAMHS flowchart and Screening Tool. If you are unsure about whether to make a referral / meets criteria please phone **01224 550139** and **your call will be directed to the CAMH unscheduled care clinician.**

All referrals should be addressed to the CAMHS team rather than an individual professional.

A referrer must have seen the child or young person immediately before making a referral. With LD if there is a reason why this cannot be done then discussion with the LD clinical team must occur prior to referral being made.

If there are concerns about eating or weight the child or young person's height and weight must be included in the referral for it to be accepted.

It is important for any professional to provide support to the young person, to the best of their ability between referral and their first appointment. Risk needs managed as well as assessed at the point of referral, though this may require little more than giving the young person assurance that their worries are being taken seriously, that help is going to be available and solutions can be found. We do not know for sure but it is possible that this could make all the difference to the young person who is feeling hopeless.

We would ask the referrer to discuss CAMHS involvement with the child / young person and their family, and gain and evidence **informed consent** prior to any referral being made. Where a child or young person has capacity (generally aged 12 and over as per Gillick / Fraser competence), they must individually consent to the referral being made. Where appropriate, referrers should also consider the motivation of the child / young person / family to engage in therapeutic work. Currently there is a duty for referrers to consider whether information can be shared in a way that is compatible with the Data Protection Act.

Permission will always be sought from the child / young person and their family before we consult any external agencies. Standard NHS confidentiality policies will be adhered to at all times, with the exceptions of

- ☐ If a person is at risk of harm or harming someone else, ☐
- If a person is detained in hospital under the Mental Health Act,
- ☐ If there is an order under the Adults with Incapacity legislation.

Referrers must be advised that they remain the case holder or key worker until such times as CAMHS takes on the case. This is to ensure that no child or young person is left without appropriate support during the intervening period between the referral being made and the CAMH service assessment being delivered. If there are concerns about risk the child or young person should be advised to see their GP for assessment to determine if they require to be seen more urgently by the CAMHS team. If any queries about this please call **01224 550139** and your call will be directed to the CAMH **unscheduled care clinician**.

For those referrals that do not meet our referral criteria, the CAMHS team will provide written feedback and endeavour to signpost referrers to the most appropriate agency or internet based resources as soon as possible.

Post-Referral Process

Referrals are screened and processed by members of the CAMHS team on a daily basis. Once a referral has been accepted, children and young people will be sent a letter asking them to phone the service to opt in to an **initial CHOICE assessment appointment** (Eating Disorder, LAAC, and ADHD have a differing pathway so do not go through the CHOICE assessment). This is a 45 minute appointment for CAMHS clinicians to meet with the referred family, gain an understanding of their difficulties, and ascertain whether and what type of specialist CAMHS input is required. The assessment approach is collaborative and aims to inform families of all available support opportunities corresponding to their level of need. This enables families to make an informed choice on how to proceed.

Following assessment, children, young people and their families are given feedback to help them gain better understanding of their presenting difficulties. This will inform any further treatment plan. All referrers will receive a written summary of the CHOICE appointment. If further Specialist CAMHS input is deemed necessary, then individuals will be offered a **follow up PARTNERSHIP appointment** with a named clinician. Referrers will receive regular written updates from the clinicians working with the child or young person whilst they are being seen within CAMHS.

Detailed Key guiding principles for Referral to CAMHS

1. GIRFEC

CAMHS operates within the principles of Getting It Right For Every Child (GIRFEC) using a tiered model of intervention that includes the established staged approach to service delivery. This approach ensures that services are delivered via stepped care (the principle being as a problem becomes more severe in nature the type of help that is available becomes more specialised) and via matched care (the principle being there should be an accurate and properly informed match of need to provision at the earliest stage of a child or young person's presentation). See <http://www.gov.scot/Topics/People/Young-People/gettingitright/what-is-girfec> for more details.

2. THRIVE

The THRIVE framework is an integrated, person centred and needs led approach to delivering mental health services for children, young people and their families. It conceptualises need in five categories; Thriving, Getting Advice and Signposting, Getting Help, Getting More Help and Getting Risk Support. Emphasis is placed on prevention and the promotion of mental health and wellbeing. See <http://www.annafreud.org/service-improvement/service-improvementresources/thrive/> for more details.

3. CAMHS TIERED MODELS OF SERVICE DELIVERY

http://www.icptoolkit.org/child_and_adolescent_pathways/about_icps/camh_service_tiers.aspx

Tier 1: iThrive Language: Thriving through Prevention, Promotion & Advice; **GIRFEC Language:** Core provision, Universal Services.

The multiagency focus at this level is promoting and supporting emotional wellbeing. The child's needs are addressed through normal class room/nursery management/ health visitors and school nurses. Children and young people who are experiencing difficulties that could be related to their mental health are first identified within Tier 1 services. Tier 1 practitioners are able to identify and offer general advice and treatment for less severe problems. CAMHS has no direct involvement at Tier 1 but remains committed to building capacity and confidence within universal services via training and consultation.

Tier 2: iThrive Language: Signposting, Advice, Self-Management, & Limited Contact; **GIRFEC Language:** Universal Services (Support Generally Available).

The multiagency focus at this level is intervening as appropriate to ensure emotional wellbeing and assess for mental ill health. Also referred to as a single agency response when concerns continue despite universal services intervening. 'My World' Assessment undertaken, need/risk analysed and detailed within a child's plan. Staff at Tier 2 are often practitioners with additional mental health knowledge working in teams in community and primary care settings. They tend to be based in GP practices, schools and youth services. Tier 2 practitioners offer consultation to families and other practitioners in Tier 1. They identify severe or complex needs requiring more specialist intervention, assessment (which may lead to treatment at a different tier). CAMHS is committed to supervision, consultation and shared learning for Tier 2 staff, and aims to help staff at this level to identify children and young people who need more specialist interventions. Early Intervention is a focus at this level of support.

Tier 3: iThrive Language: Getting Help, Goal Focused Evidence Informed Interventions; **GIRFEC Language:** Universal Services Targeted Support.

The multiagency focus at this level is assessing and treating mental ill health, assessing risk and promoting recovery. Also referred to as a single agency response where concerns continue and targeted support is requested. Tier 3 services are usually multidisciplinary teams in a community mental health setting or a child and adolescent mental health outpatient service, providing a service for children and young people with more severe, complex and persistent disorders that cannot be helped by Tier 1 or 2 level interventions and support. Staff at this level are trained to assess and treat mental health disorders. This is core CAMHS business.

Tier 4: iThrive Language: Getting More Help, Extensive Treatment & Risk Management; **GIRFEC Language:** Targeted and Specialist Services.

The multiagency focus at this level is treating mental ill health and managing complex risks. Also referred to as a multi-agency plan or stage 4 interventions. Significant support from one or more agencies is required and the child may require a co-ordinated support plan (CSP). These are generally services for the small number of children and young people who are deemed to be at greatest risk (of rapidly declining mental health or serious self-harm) and/or who require a period of intensive input for the purposes of assessment and/or treatment. They may receive inpatient care and will require a multi-agency response. Team members will come from the same professional groups as listed for Tier 3. Specialist CAMHS are always involved at this stage.

4. NATIONAL CAMHS REFERRAL CRITERIA

NHS Grampian CAMHS follow national guidance on defining CAMHS referral criteria, produced by the Scottish Government in September 2009. This guidance states that a referral is deemed appropriate for specialist CAMHS involvement where **both** of the following two conditions are met-

- Condition One describes the basic threshold a referral needs to reach in order to be considered by CAMHS: A child has or is suspected to have a mental health condition resulting in persistent psychological distress.
- Condition Two describes the threshold with regard to the complexity and severity of clinical presentations: A child has an associated serious and persistent impairment of their daily functioning; **OR** there is an associated risk that the child may cause serious harm to themselves or others.

Tier 1 / 2 supports

As per the four guiding principles above, universal or tier 1 services are usually sufficient to support the majority of children and young people with their emotional well-being and mental health. Where an additional mild to moderate mental health need is identified 'universal services with support' can often successfully address these via existing resources such as additional classroom support and education plans, home school link workers, school nurses, voluntary organisations, guided self-help and by CAMHS continuing to provide consultation, advice and training to other staff to support their work around children and young people's mental health. Using the GIRFEC child's plan, parts 1 & 2 is helpful in co-ordinating and

addressing an identified mental health need and is a useful precursor to referral to CAMHS to ensure that the appropriate tier 2 supports are already in place.

Specialist CAMHS Referral

Referral to Specialist CAMHS is appropriate when a child or young person is experiencing moderate to severe complex mental health and / or LD difficulties. These are likely to have been present for some time, and / or to be having a significant impact on their daily functioning and wellbeing.

Specialist CAMHS services offer general and diagnostic assessment and provide specialist evidence based interventions where required. CAMHS can also provide intensive outpatient and community-based treatment for those with severe difficulties, where appropriate.

A CAMHS consultation service is also available for professionals where a child or young person has multi-agency involvement and there are complex mental health needs.

LAAC Consultations are available at the request of social work where there are serious and significant concerns about a child's placement being at risk of break down and all other high level strategies have been exhausted, or where the emotional needs of the child are not clearly understood throughout the professional network and multi-agency partners need assistance to communicate the detail.

We are able to offer assessment and intervention for a wide range of difficulties for children and young people. CAMHS also have staff with a specific skills set for children and young people who have learning difficulties and associated mental health difficulties. Further condition specific notes around referral can be found in [Further Resources](#). Broadly, difficulties addressed within CAMHS include:

- Major Mental Illness (e.g. Psychosis)
- Anxiety (e.g. separation anxiety, generalised anxiety, OCD)
- Depression
- Trauma
- Eating Disorders
- Psychosomatic Problems
- Neuro-developmental conditions (e.g. ASD, ADHD, Tourette's) where there are complex presentations or co-existing mental health issues.
- Unexplained neuro-developmental difficulties with a significant and persistent functional impairment
- Complex feeding difficulties with probable co existing mental health issues
- Children and young people with a Learning Disability where there are complex presentations or co-existing mental health issues.
- Children and young people who are Looked After or Accommodated (LAAC) where there are complex presentations or co-existing mental health issues.

Waiting times

Routine:

We aim to offer an initial screening appointment (CHOICE appointment) within 6-8 weeks, and within 18 weeks from referral to starting treatment if required.

Urgent:

Appointment to be offered within 7 days.

Referrals to CAMHS are considered urgent if:

- A child / young person is experiencing significant suicidal ideation, or has made a suicide attempt
- A child / young person has a suspected psychotic illness / symptoms ○ A child / young person has a suspected significant eating disorder (Anorexia Nervosa).
- A child / young person is considered to be an immediate risk to themselves or others associated with mental health and / or LD issues.

Emergency:

Very rarely emergency appointments are required. Appointment to be offered within 24 hours.

We only accept emergency and urgent referrals from GPs and hospital doctors. Other professionals should make referrals through normal NHS routes for getting urgent healthcare. These are: - By arranging an emergency appointment with the child or young person's General Practitioner.

- Through NHS 24 (telephone 08454 242424)
- By taking the child to an Accident and Emergency Department
- By calling an ambulance
- By calling the Police
- Behavioural problems, aggression or violence in children or adolescents which constitutes an *immediate* and *serious* risk to the life or limb of someone else should be handled by the police in the first instance. The first priority is to establish safety before any assessment or treatment can be considered.

Inappropriate Referrals to CAMHS

In order to improve accessibility for children and young people, we also need to clarify which presenting difficulties are not appropriate to refer to specialist CAMHS.

(a) Children / Young People with behavioural difficulties as a response to normal life events.

These are sometimes called "normal adjustment reactions". Unfortunately, we are unable to provide a service to children and young people whose behaviours are associated with a normal reaction to recent life events (e.g. bereavement, parental separation). Although challenging, these are often within developmental and cultural norms. Some indication of mental health disorder needs to be evident in the behaviour for a referral to be appropriate.

(b) Children / Young People whose difficulties occur only at school

Please note that specialist CAMHS does not provide a service for children and young people whose problems are solely related to specific learning or behavioural difficulties within the classroom. Schools have their own referral route and protocols for supporting such children. For these

children/young people it is usually more appropriate for educational services to become involved to address the difficulties. If a referral to CAMHS is appropriate it is best made through the child's plan.

- (c) Children / Young People whose primary difficulty is Substance Misuse (in the absence of comorbid mental health difficulties).**
- (d) Children / Young People whose difficulty is described as offending behaviour (in the absence of co-morbid mental health difficulties).**
- (e) Children /Young People where the main trigger for a mental health presentation is a physical health condition. These referrals should be directed to Paediatric Psychology in the first instance.**

Unscheduled Care System

CAMHS offers an unscheduled care rota which is staffed by CAMHS clinicians from Monday-Friday 9am-5pm. This is a point of contact for referrers should they wish to discuss a new referral or any concerns they have about an open case. This is also a resource for families whose child is currently being seen by the CAMHS service who may have an urgent query or where risks may have increased. Based on the information provided CAMHS aims to respond to the need identified. If there is seen to be an increase in risk then appropriate steps will be taken for the child or young person to be seen sooner.

CAMHS Non-Attendance Policy

CAMHS will make every effort to offer flexible opt in appointments to support and engage with families / young people. If a family / young person fails to attend the initial assessment appointment without making contact they will be contacted and asked to get in touch with the department within 3 weeks if they still wish to be seen. If we do not hear from families at this point, or if they do not attend two offered appointments the case will be closed. If a family / young person still wishes to be seen once their case has been closed then a new referral to CAMHS will be required.

If a family / young person fails to attend two consecutive appointments whilst participating in treatment without contacting the service, CAMHS will send out an opt-in letter. If the family / young person do not respond within the three-week opt-in period, they will be discharged from the service. If families wish to re-engage with CAMHS following discharge, a new referral will need to be submitted.

Occasionally there may be an exception to the automatic closure of cases as previously described. This variance may arise due to other information which is held at the time. The decision will be made by a clinician at time of screening new referrals, or by the clinician who holds an ongoing case.

Child and Adolescent Mental Health Service Flow Chart



REFERRAL TO CHILD AND ADOLESCENT MENTAL HEALTH SERVICES

PATIENT / CLIENT DETAILS	
NAME:	
DATE OF BIRTH:	
CHI:	
GENDER:	Male ☐ Female ☐
CURRENT ADDRESS AND POSTCODE	
TELEPHONE NUMBER	
MOBILE NUMBER	
FAMILY ADDRESS AND POSTCODE <i>(if different)</i>	
GENERAL PRACTITIONER: <i>(Name, Address and Telephone number)</i>	
NEXT OF KIN / GUARDIAN	
NAME:	
RELATIONSHIP:	
ADDRESS:	
REFERRER DETAILS	
NAME:	
DESIGNATION:	
ADDRESS AND POSTCODE:	

TELEPHONE NUMBER:	
EDUCATION	
SCHOOL ATTENDED	
CURRENT YEAR	
YEAR STARTED SCHOOL	
NAME OF HEAD TEACHER, GUIDANCE TEACHER or HEALTH VISITOR	
Are any other agencies involved? <i>(Please give details and names of relevant workers eg IT, Barnardos, Educational Psychology)</i>	Yes ☐ No ☐
FAMILY COMPOSITION	
REASON FOR REFERRAL / PRESENTING PROBLEM	
<i>Please give as much information as you can eg current circumstances, brief profile of referred child, height and weight if referral to Dietitian and what you hope the CAMHS service will provide to the individual</i>	
MEDICATION	
KNOWN ALLERGIES	
Consent to Referral: Verbal ☐ patient / client ☐ ☐ guardian Written ☐ patient / client ☐ ☐ guardian <i>In the absence of capacity to consent to this referral is there a valid section 47 certificate in place?</i> Yes ☐ No ☐	
Was the child assessed face to face? Yes ☐ No ☐ <i>If Yes, please detail:</i>	

Is there any identified risk? <i>If Yes, please identify risk:</i>	Yes <input style="width: 20px; height: 20px;" type="checkbox"/>	No <input style="width: 20px; height: 20px;" type="checkbox"/>	
Are there Child Protection issues? <i>If Yes, please detail:</i>	Yes <input style="width: 20px; height: 20px;" type="checkbox"/>	No <input style="width: 20px; height: 20px;" type="checkbox"/>	
Legal Status – is the child subject to any Supervision Orders / AWI / Mental Health Act orders?			
Yes <input style="width: 20px; height: 20px;" type="checkbox"/> No <input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/> <i>If Yes, please detail:</i>			

Children's Panel Involvement? <i>If Yes, please detail:</i>	Yes <input style="width: 20px; height: 20px;" type="checkbox"/>	No <input style="width: 20px; height: 20px;" type="checkbox"/>	
Is the child a Looked After Child (LAAC)? <i>If Yes, please detail:</i>	Yes <input style="width: 20px; height: 20px;" type="checkbox"/>	No <input style="width: 20px; height: 20px;" type="checkbox"/>	
Copy of referral sent to General Practitioner?	Yes <input style="width: 20px; height: 20px;" type="checkbox"/>		
Have you attached the screening tool?	Yes <input style="width: 20px; height: 20px;" type="checkbox"/>		

Signature:

Date:

Print Name in Block Capitals:

Designation :

Contact Phone Number:

On completion please send this referral to:- gram.camhsreferrals@nhs.scot

ADMIN USE ONLY

Referral received by:	
Date received:	

Information entered on to referral spreadsheet	Yes ☐
Date response letter sent to referrer:	

PREVIOUS INVOLVEMENT WITH OUR SERVICE

Multi-Disciplinary Team Member	New Referral(s) to:	Already on caseload of:	Discharged Disciplines
Young People's Department			
Child and Family Mental Health			
Learning Disabilities			
Rowan Centre			

Child and Adolescent Mental Health Service Flow Chart



GRAMPIAN CAMHS SCREENING TOOL

A: Is there evidence in the referral of the mental health symptoms/problems outlined in CAMHS referral criteria?

2	Yes clear evidence	Continue to B
1	Some	Continue to B
0	no	Not for CAMHS, close & signpost where possible See CAMHS referral document

Continue to the following sections if A = 1 or 2

B) A child or young person is suspected to have a mental health problem resulting in persistent psychological distress

2	Yes clear evidence	Continue to C
1	Some	Continue to C
0	No	Not for CAMHS, close & signpost where possible. See CAMHS referral document

Continue to the following sections if B = 1 or 2

C) A child has an associated serious and persistent impairment of their daily functioning; OR there is an associated risk that the child may cause serious harm to themselves or others.

2	Yes high risks or impairment	Continue to D
1	Mild risk or impairment	Continue to D
0	None	Not for CAMHS, close & signpost where possible. See CAMHS referral document

D: How severe/risky are the symptoms described? Give Details.

E) For scores of 1 in sections A, B, or C have alternative Tier 1-2 services been accessed in the first instance (e.g. educational psychology, health visitor, additional support for learning, Intervention and prevention teacher, social work.)?

YES	Refer to CAMHS
NO	Not for CAMHS, signpost and seek supports from Tier 1 & 2 first. See CAMHS referral document for guidance

F) For scores of 2 in sections A, B and C Refer to CAMHS. Please indicate risks to self and/or others.