

NORTH TYNESIDE SPECIALIST CAMHS

INFORMATION FOR REFERRERS

North Tyneside Specialist Child & Adolescent Mental Health Service (CAMHS) provides a specialist assessment and treatment service for young people under the age of 18 with a North Tyneside GP that have significant emotional and behavioural difficulties. The referral criteria outlined in this document will enable targeting of clinical resources to those who have the greatest mental health difficulties. All referrals to the service will be considered for suitability and will be contacted by telephone directly. When a referral is not accepted we will aim to offer advice on more appropriate services/interventions to support identified needs/services.

The PMHW (Primary Mental Health Worker) team is available to offer case consultation via telephone to professionals who are unsure about the appropriateness of a potential referral. Please ring **0191 219 6700** to book a consultation.

Referrals can be made by a professional that has seen the child.

A referral form is available at the Northumbria Healthcare website:

https://www.northumbria.nhs.uk/our-services/childrens-services/child-and-adolescent-mentalhealth-service-camhs

Referral letters will only be accepted if they include the following information:-

- Name, Date of Birth, full postal address, current telephone number(s), GP details.
- Reason for referral and any concerns/risks. Mental health presentation. Current family circumstances.
- Ensure consent to refer has been obtained from the parent/carer and if appropriate the young person.
- Please include evidence of a first line intervention e.g. Early Help Assessment (EHA), family partner, school nurse, third sector involvement, mentoring/counselling via school.
- Urgent referrals MUST be discussed by telephone with duty CAMHS clinician and referral faxed. Out of office hours please contact the duty service via Northumbria switchboard on 0344 811 8111.

Please note: A young person can be referred to North Tyneside Talking Therapies Service under the following circumstances:

- If they are over 16 and living an adult lifestyle e.g. living independently
- If they are over 17 years and 9 months and require psychological therapies and there is no current risk with regards to self-harm or safeguarding

Please address all referrals to:

CAMHS, Albion Road Clinic, North Shields, Tyne & Wear, NE29 0HG Tel 0191 219 6685 Fax 0191 219 6650

PMHW consultation line: please ring to book a consultation time Tel 0191 219 6700







| Priority | Problem | Description | Referral Pathway |
|----------|----------------------|---|--------------------------------------|
| Urgent | Overdose/other self | If child has self harmed by | IMMEDIATE REFERRAL TO |
| | harm with intent to | any means and there is | NSECH A&E. Child to be |
| | commit suicide | concern that they may have | admitted and receive medical |
| | | intended to commit suicide, | treatment. Follow-up by ICTS |
| | | send directly to A&E at NTGH | the next day |
| | | for immediate medical | |
| | A ativaly, aviaidal | assessment & treatment | Talanhana ta anaali ta |
| | Actively suicidal | Child is expressing suicidal | Telephone to speak to |
| | | plans with intent to act on them | CAMHS staff to arrange |
| | | ulem | urgent assessment or referral to A&E |
| | Acute | Child is presenting as acutely | Under 14: telephone CAMHS |
| | Psychosis | psychotic and may be in | to arrange urgent assessment. |
| | 1 3 9 0 1 1 0 3 1 3 | danger of harming self or | Aged 14 or over: Discuss |
| | | others | with CAMHS as referral to |
| | | | Early Intervention in Psychosis |
| | | | Service (E.I.P) may be |
| | | | appropriate (EIP 2205784) |
| Priority | Significant | Self harming behaviour in the | Refer to CAMHS |
| | Deliberate self-harm | absence of suicidal ideation | |
| | Psychotic | Concerns about | Refer to CAMHS |
| | Symptoms | hallucinations, delusions, | |
| | | thought disorder, negative | |
| | | symptoms | |
| | Eating Disorders | Restricted eating with weight | Referral to CAMHS detailing |
| | | loss and distorted body | height, weight and details |
| | | image. Desire to lose weight | regarding weight loss |
| | | and be thin. Evidence of | |
| | | bingeing, vomiting, use of laxatives | |
| | Bipolar Disorder | Significantly elevated mood | Refer to CAMHS |
| | Dipolal Disorder | (NB irritability more common | Relef to OAWITO |
| | | than euphoria.) Social | |
| | | disinhibition, excessive | |
| | | cheerfulness, high energy | |
| | | levels | |
| | Major Depressive | Child is presenting with | Refer to CAMHS |
| | Disorder | persistent low mood, suicidal | |
| | | ideation, social withdrawal, | |
| | | changes in sleep and | |
| | | appetite, irritability, anger | 5 (|
| | Severe Anxiety | Anxiety that is causing | Refer to CAMHS |
| | | significant distress or | |
| | | disrupting functioning to a | |
| | | severe degree, e.g. not leaving the house | |
| | Obsessive | Child presents with | Refer to CAMHS |
| | Compulsive | compulsive behaviours (e.g. | TOO TO OAWII IO |
| | Disorder | handwashing, checking, | |
| | 2.00.00 | ordering) that is impacting on | |
| | | functioning | |
| | | | |



| Priority | Problem | Description | Referral Pathway |
|----------|-----------------------------------|---|--|
| Routine | ADHD | Pervasive hyperactivity, impulsivity, inattention in the home and at school | Refer to CAMHS |
| | Autistic Spectrum Disorder | Difficulties in social communication, reciprocal social interaction, lack of | Pre-school: refer to community paediatrics |
| | | imaginative play, restricted and repetitive activities and interests which is having significant impact on the child's functioning | School age: Refer to CAMHS |
| | Tic disorders | Motor and / or vocal tics | Refer to CAMHS |
| | Anxiety > 3 month history | Child is presenting with anxiety to a degree where it is interfering with functioning or causing high levels of distress | PMHW Consultation |
| | Specific Phobias | Fear causing either substantial distress or avoidance that interferes significantly with the child's everyday life | Refer to CAMHS |
| | Complicated bereavement | Child is experiencing significant distress several months following death and/or death in traumatic circumstances | PMHW Consultation |
| | Oppositional Defiant Disorder | Often loses tempter, argues with adults and defies instructions, deliberately annoys others, shifts blame to others which is having significant impact on the child's functioning | PMHW Consultation |
| | Post Traumatic Stress Disorder | Child demonstrates hypervigilance / flashbacks, avoidance and/or marked increase in unexplained anger/distress following trauma | Refer to CAMHS |
| | Low Mood | Child is presenting with low mood, irritability, altered sleep pattern, social withdrawal, change in appetite | Refer to CAMHS |

Alternative considerations for presentations that do not meet accessibility criteria for Specialist CAMHS



| Looked After Children | In the absence of any of the mental health conditions detailed above. If a Looked after Child does fulfil accessibility criteria above, priority will be given based on clinical need and | Consider discussion with RHELAC and/or consultation with their link worker for LAC/CAMHS (0191 6438371) |
|--|--|---|
| | consideration of their current circumstances. | |
| Sleep problems | Poor sleep routine in the absence of other mental health concerns | Consider referral to Health Visitor or public Health School nurse in the first instance. Advise to use self help guidance on the internet on sleep hygiene for older children. There is currently no local provision for sleep disorders |
| Parenting/social difficulties | In the absence of mental health issues/possible disorder in the child | Consider referral to Front Door (0345 2000 109) |
| Adjustment Reaction E.g. Bereavement | Normal grief response within months of bereavement | Consider referral to Barnardos Orchard Mosaic (0191 212 0237) or advise family to access www.winstonswish.org.uk |
| Parental divorce | Normal response to stress of parental separation/divorce/family relationship difficulties | Advise parents to seek help to resolve problems via mediation services |
| Adjustment to chronic physical illness/medical condition | If this is the primary presenting issue | Consider referral to, or consultation with, Paediatric Health Psychology (aged 11 upwards) at NTGH (Hospital switchboard 03448118111 X4193) |
| Unexplained physical complaints | Child presents with physical symptoms that may be psychological in origin with no medical cause | Consider referral to Paediatrician who can consult with Health Psychologist or direct referral to Paediatric Health Psychology (aged 11 upwards) at NTGH (Hospital switchboard 03448118111 X4193) |
| Substance/Alcohol Misuse | If substance or alcohol misuse is the primary problem | Referral to Front Door (0345 20000109) If parental alcohol/drug abuse consider PROPS (0191 296 2277) |
| Offending behaviour | If the child has been convicted of a criminal offence in the absence of mental health issues | Contact Youth Offending Service (0191 6438605) |
| School refusal | In the absence of features suggestive of anxiety/depression, ADHD or ASD | Consider referral to Front Door (0345 2000109) or education services via school |
| Learning Disability | If the child has a learning disability and attends a special school | Consider referral to Community Learning Disability Team (0191 6432487) |
| Behaviour/learning difficulties in school | Learning/behavioural difficulties seen only in school with no evidence of mental health issues | Advise school to refer to Educational Psychology or Behaviour Support Teams |
| Wetting/soiling | Initial screening and intervention via community paediatric services recommended. Only rarely would CAMHS intervention be appropriate and would be | Consider referral to Health Visitor/Public Health School Nurse/Paediatrician/Enuresis Clinic |



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|-------------------|--------------------------------|---|
| | considered on a case by | |
| | case basis | |
| | Child/young person is | Consider referral to NSPCC Turning the Page (0191 |
| Sexualised | presenting repeatedly with | 2275300) or |
| behaviour | behaviour of a sexual nature | Refer to Front Door if sexual abuse is suspected (0345 |
| | and/or has made attempts to | 2000109) |
| | engage other children in | |
| | sexual acts | |
| Child has been | Known history of child having | Consider referral to: |
| sexually abused | been sexually abused. | NSPCC Letting the Future In 0191 227 5300 |
| | Ensure Children's Services | Someone Cares (11yrs+) 0191 257 8094 |
| | have been/are currently | or |
| | involved. | Barnados Orchard Mosaic (individual funding route) |
| | | 0191 212 0237 |
| Child exposed to | Ensure social services have | Consider referral to Acorns |
| Domestic Violence | been involved | 0191 200 6302 |
| Gender Identity/ | If the child or family are | Consider specialist LGBT services and gender support |
| Gender Dysphoria | seeking support around | services for young people ; |
| | gender issues in the | MESMAC 0191 2331333 or DISC Gender support |
| | absence of mental health | service 01325 731160 or Barnados, the Base (0191 |
| | difficulties. | 2532127) |
| | | |
| | If the gender issues are | Direct referrals can also be made to the regional |
| | accompanied by any of the | Gender Identity Service (GIDS) for Children and Young |
| | conditions detailed in the | people in Leeds. Telephone 02089382030/1 or see |
| | accessibility criteria such as | website for details |
| | mood disorder, anxiety | www.tavistockandportman.nhs.uk/genderidentityissues. |
| | disorder or deliberate self | This is a national specialist service and requires |
| | harm then they would be | funding. This service does prefer referrals to come via |
| | considered appropriate | CAMHS. |
| | referalls for CAMHS | |

Please consider Early Help Assessment Referrals for children and families that do not fulfil CAMHS accessibility criteria but whom may require help and support from universal services.



