Guidance for Wakefield CAMHS

Request for Service

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.

Wakefield 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 the Wakefield area (Wakefield, Castleford, Pontefract, Hemsworth) can be referred to the service where:

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

And

- Where it can be demonstrated that they have received support from professionals in universal services / in-school ‘Future in Mind’ workers that has not helped to make sufficient improvement to their problems.

Or

- Their problems are at a significant level that means the referrer has strong evidence to indicate they need immediate access to assessment and treatment from mental health professionals.

Visit our website for a downloadable version of all of our referral documents, as well as some additional resources to help professionals make decisions about their referral into CAMHS

www.southwestyorkshire.nhs.uk/services/camhs-wakefield
What makes a good Request For Service?
The more information you can provide, the better we are able to prioritise and respond. Using the CAMHS Request For Service form details the essential information we require, however, please provide any additional information that might be useful along with the Request For Service form.

Your form may be returned to you by an administrator if you have not fully completed each section.

How to refer
There is a single point of access (SPA) to CAMHS. Professionals are encouraged to telephone the service to discuss Request For Service in the first instance on 01977 735 865 Monday-Friday 9-5pm. Your call will be answered by clinicians and they will be able to give you clinical guidance about how to support young people and to refer appropriate young people into CAMHS.

A Request For Service will only be accepted using the full and complete Request for Service form (FULL), or if you are a GP surgery using SystmOne, and you have received consent from the young person and family to share information on your system with us, you will be able to use the adapted Request for Service form (ADPATED).

A written Request For Service can either be posted to this address:

**Wakefield CAMHS SPA, Unit 2, Flemming Court, Castleford, WF10 5HW**

Or via secure email:

swy-tr.wakefieldcamhs.referrals@nhs.net

We no longer accept fax requests for service.

**PLEASE NOTE:** Emailed Request For Service 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. Emails to the secure email address containing subject matter other than a Request For Service form, or specific information requested by a CAMHS clinician (including a reference number), will be returned to sender.

Wakefield CAMHS will not accept referral letters from December 2018

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 Special Educational Needs Coordinators (SENCOs)
- Youth Offending Team, Substance misuse workers, third sector services

It is essential to meet with both the young person and parents/carers to gain consent for the Request For Service, explain the Request For Service 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 Request For Service.
### Guidance for specific symptoms

This guidance is in alphabetical order based on presenting problem

<table>
<thead>
<tr>
<th>Issue</th>
<th>Symptoms / presenting difficulties</th>
<th>Discuss with / refer to:</th>
<th>Apps / technology to try:</th>
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</thead>
<tbody>
<tr>
<td>Anxiety, General and Social (including selective mutism)</td>
<td>Worrying about specific situations, Clingy, tearful, bodily symptoms.</td>
<td>School staff (Pastoral) – with support from the ‘Future In Mind’ Primary Practitioner team for consultation on delivery methods. Or alternatively discuss with School Nurse. Additional support for parents with children up 12 years old (including volunteer home visiting support) can be accessed through <a href="http://www.homestartwakefield.org.uk">www.homestartwakefield.org.uk</a> Explore local counselling services, like Kooth and Escayp, and Well Woman for female-identifying people over 14+. For young people self-medicating with drugs or alcohol to manage their distress contact changegrowlive.org</td>
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<tr>
<td>Behavioural issues Poor Behaviour in one setting should be dealt with in universal services in the first instance</td>
<td>Poor Behaviour at home only</td>
<td>CAMHS Complete an RCADS measure to identify the type of anxiety (further information can be found on CAMHS website). Children with ASD struggling with anxiety should seek support through the CIAT team and Banardo’s Wesail before a referral is made into CAMHS</td>
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<td></td>
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<td>Community Evidence Based parenting programme offered through Children’s First Hubs <a href="http://www.wakefield.gov.uk/schools-and-children/early-help/children-first-hubs">http://www.wakefield.gov.uk/schools-and-children/early-help/children-first-hubs</a> Kidzaware also offer support groups and information. For further information see: <a href="http://www.kidzaware.co.uk">www.kidzaware.co.uk</a> Additional support for parents with children up 12 years old (including volunteer home visiting support) can be accessed through <a href="http://www.homestartwakefield.org.uk">www.homestartwakefield.org.uk</a></td>
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<tr>
<td>Poor behaviour at School only</td>
<td>School (Learning mentor etc.) Educational Psychologist which is based within secondary schools and CFIT for primary education.</td>
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| Severe and persistent behaviour at School and home | **CAMHS**  
GP, and school support must have been tried first and Community Paediatrics consulted to rule out ASD (under 14s), ADHD or Neurodevelopmental problems first before a request for CAMHS support can be made. Request for Service will be returned if there is no evidence of other interventions, including parenting support, being implemented. |

**Bereavement (Complex and Unresolved Grief)**

| Less than 6-months since the grief event, or if child is under 10 years old. | Explore local Bereavement counselling services, discuss with School Nurse, and family.  
Additional support for parents with children up 12 years old (including volunteer home visiting support) can be accessed through [www.homestartwakefield.org.uk](http://www.homestartwakefield.org.uk).  
For young people self-medicating with drugs or alcohol to manage their distress contact [changegrowlive.org](http://changegrowlive.org).  
**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. We will not process referrals for grief if it has been less than 6-months since the grief event. |

| More than 6-months since grief event, and the presentation is out of character for the event that was experienced. | **CAMHS**: A Request For Service to CAMHS should be made where there is a prolonged grief response or where the child/young person are experiencing significant distress.  
Alternatively, consider Anxiety or Low mood by using an RCADS assessment (see website for RCADS resource).  
It is the expectation that parents should provide reassurance and support to manage |
the grief reaction for children under the age of 10. Therefore, parenting support could be accessed through the Children's First Hub for this age group.

| 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 Request For Service with relevant background information. | Children’s First Hubs can offer further support http://www.wakefield.gov.uk/schools-and-children/early-help/children-first-hubs

Drugs and alcohol often coincide with conduct disorders. For additional support refer to changegrowlive.org for free support.

Kidzaware also offer support groups and information. For further information see: www.kidzaware.co.uk

Additional support for parents with children up 12 years old (including volunteer home visiting support) can be accessed through www.homestartwakefield.org.uk

**CAMHS**

This would be considered for CAMHS support where the behaviour is accompanied with a clear mental health difficulty.

| Deliberate Self Harm | Presenting with maladaptive coping strategies but less severe/frequent/recent without intent | Discuss with school nurse to support harm reduction, Access SPA for advice. School and community workers to access CAMHS workforce development programme on how to understand and manage self-harm.

For young people who self-harm with drugs or alcohol you can access support from changegrowlive.org

CAMHS

Where self-harm is acute and high risk such as dangerous methods (lethality), increasing intent, and significant shift in mental health presentation | Discuss case with SPA to help guide urgency. If a young person is at immediate risk of self-harm or discloses risk please ensure that safeguarding policies are followed and a safety plan is discussed with the young person’s parent / carer. |
## Depression and low mood

*Where symptoms present for at least 2 weeks*

| Low mood, not impacting on daily life and no risk evident (no suicidal thoughts or self-harm) | Consider Drawing and Talking programmes, play therapy, and available counselling services. For young people self-medicating with drugs or alcohol to manage their distress contact changegrowlive.org Additional support for parents with children up 12 years old (including volunteer home visiting support) can be accessed through www.homestartwakefield.org.uk For secondary school students you can access self-help materials here: https://www.studentsagainstdepression.org/self-help/ |

## Persistent low mood

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 Request For Service with team).

**CAMHS** Complete an RCADS measure to identify the type of anxiety (further information can be found on CAMHS website).

*We advise that a GP completes a basic Mental State Assessment (available on our website) if there are concerns about risk but there is no direct evidence to support an urgent referral.*

## Suicidal thoughts with planned intent **REFER URGENTLY.**

Suicidal thoughts without planned intent (discuss urgency of Request For Service with SPA) Previous attempts to end life

**CAMHS:** urgent priority for SPA or discuss as possible CAMHS emergency / on call.

## Eating Issues

**Eating Issues (Low Level)** – Will only eat certain foods

Discuss with health visitor / school nurse or contact CAMHS SPA for advice If this is related to ASD then please contact community paediatrics to access the ASD clinic for support around eating.

Anorexia: evidence of self-induced weight loss and/or fear of fatness. Rapid and sustained

**CAMHS** will classify urgency within SPA within 1 working day (within 24 hours Monday – Friday)

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**Aug 18 / Wakefield CAMHS**

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<thead>
<tr>
<th><strong>weight loss</strong></th>
<th><strong>Bulimia: Persistent binge &amp; purge behaviour. BMI / height to weight ratio may be normal</strong></th>
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<td></td>
<td><em>Tests to be taken prior to Request For Service – Blood tests, full blood counts, urea &amp; electrolytes, liver function, thyroid function &amp; random glucose, Cholesterol, Mg, Ca, Phosphates, ECG.</em></td>
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<td></td>
<td><em>Where case is not high risk and has not been seen by GP in previous 2 weeks CAMHS will notify GP to request consultation with child in 2 days.</em></td>
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| **Weight to Height ratio will be one indication used by the service regarding the level of priority therefore referrers must include the height and weight information on Request For Service forms.** |
| **CAMHS: urgent priority or CAMHS and paediatric emergency.** |
| **CAMHS may request consultation with GP same day.** |

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<tr>
<th><strong>Forensic / Harmful behaviours</strong></th>
<th>Help for young people who are displaying behaviours that may be putting others at risk and/or are involved in the criminal justice system.</th>
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<tr>
<td></td>
<td>Refer to FCAMHS – a separate CAMHS service. Their Single Point of Access team is available on 01924 316 071 from Monday to Friday, 9am – 5pm.</td>
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<td></td>
<td>Examples of presentations which may prompt you to refer to their service include: violent behaviours, arson/fire-setting, harmful sexual behaviour which occurs in conjunction with other risk related behaviour, animal cruelty or other complex high risk behaviours which place the young person or others at risk of significant harm.</td>
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<tr>
<th><strong>Gender Identity Disorder</strong></th>
<th>Initial discussion / exploration required</th>
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<tr>
<td><strong>CAMHS</strong></td>
<td><em>CAMHS and the GP can refer on to Tavistock if necessary after thorough assessment.</em></td>
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<tr>
<td><strong>LGBT Wakefield support services</strong></td>
<td><a href="http://www.wdco.org/site/The-Fruitbowl-LGBT-Youth-Project/">http://www.wdco.org/site/The-Fruitbowl-LGBT-Youth-Project/</a></td>
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<tr>
<td><strong>Strong, persistent cross-gender identification. Persistent discomfort in gender role. Above causing impairment in social, family and school functioning</strong></td>
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<tr>
<th><strong>Learning Disability</strong></th>
<th>Mental Health, emotional and behavioural problems alongside</th>
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<tr>
<td><strong>CAMHS LD Service</strong></td>
<td>However if he issues are purely behavioural</td>
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</table>
### Long Term Physical Health Conditions

For mental health difficulties as a result/running alongside a physical health condition (i.e. diabetes, cancer, chronic pain etc.)

Families can ask for additional support from the Health Psychology teams, from their Clinical Nurse Specialists in Mid-Yorkshire Trust.

Kidzaware also offer support groups and information. For further information see: [www.kidzaware.co.uk](http://www.kidzaware.co.uk)

Additional support for parents with children up 12 years old (including volunteer home visiting support) can be accessed through [www.homestartwakefield.org.uk](http://www.homestartwakefield.org.uk)

### Obsessive Compulsive Disorder (OCD)

Repetitive intrusive thoughts, images or behaviour affecting daily life and activity, and disrupting family life. Obsessions/compulsions causing functional impairment.

Complete an RCADS to identify whether the behaviour indicates OCD. Consider whether repetitive behaviours ASD related or sensory.

For young people self-medicating with drugs or alcohol to manage their distress contact [changegrowlive.org](http://changegrowlive.org)

Refer to CAMHS if obsessions / compulsions causing functional impairment

### Perinatal Mental Health Care Pathways

If a young person is pregnant or has a child under the age of 1 year old and is experiencing any mental health difficulties referral to CAMHS is advised

CAMHS to offer assessment depending on severity of mental health this may require urgent support

Families can also be supported through the local Children’s First Hubs around groups for new parents [http://www.wakefield.gov.uk/schools-and-children/early-help/children-first-hubs](http://www.wakefield.gov.uk/schools-and-children/early-help/children-first-hubs)

Young people under the age of 19 who are under 16 weeks pregnant or 24 weeks at the latest who are experiencing their first pregnancy (to birth) are eligible for the Family Nurse Practitioner programme [http://fnp.nhs.uk/](http://fnp.nhs.uk/) practitioners can refer or the young person can self-refer. More information can also be obtained through

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[www.southwestyorkshire.nhs.uk](http://www.southwestyorkshire.nhs.uk)
### Psychosis or suspected psychosis

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<thead>
<tr>
<th>If child over 14 years and first episode refer to early intervention in psychosis team</th>
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<tr>
<td>Active symptoms include: Paranoia, delusional beliefs &amp; abnormal perceptions, (hearing voices &amp; other hallucinations). Fixed, unusual ideas. Negative symptoms include deterioration in self-care &amp; social &amp; family functioning.</td>
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Requires consultation. May be CAMHS or Early Intervention in Psychosis Team - called ‘Insight team’. Insight team can offer consultation if you’re unclear whether their presentation meets criteria.

GPs / Schools / other professionals can refer directly to the Insight Team on 01924 316936

For young people self-medicating with drugs or alcohol to manage their distress contact changegrowlive.org

### Post-Traumatic Stress Disorder – Symptoms following an event very traumatic to the individual

| Avoidance of reminders of the traumatic event, persistent anxiety and 1 or more of the following symptoms: 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

The symptoms need to have lasted at least 1 month and result in considerable stress or difficulty in relationships or behaviour

For young people self-medicating with drugs or alcohol to manage their distress contact changegrowlive.org. They can provide additional support that can complement the CAMHS work.

Additional support for parents with children up 12 years old (including volunteer home visiting support) can be accessed through www.homestartwakefield.org.uk

07712506274 or 07949900134.
| 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 school will be advised to fill in the CAMHS specific ASD 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 CAMHS specific ASD referral. The exception being GP surgeries where we will accept the CAMHS request for service form and CAMHS SPA will then contact the family to complete the ASD referral form. | Age 0 – 14 – Request support from Community Paediatrics

CAMHS
Age 14-18 CAMHS contact the SPA on 01977 735865 / website to request a copy of the CAMHS specific ASD referral. For children and young people who have a diagnosis of ASD without an identifiable mental health condition who are struggling support can be offered through Educational Psychology within school, SENDIAS, Learning mentor and SENCO support, CIAT, Banardo's Wesail, Community Paediatrics ASD clinic and National Autistic society [https://www.autism.org.uk/](https://www.autism.org.uk/)

Kidzaware also offer support groups and information. For further information see: [www.kidzaware.co.uk](http://www.kidzaware.co.uk) |
|---|---|---|
| **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. | Refer firstly to evidence based parenting programme and Early help. Evidence suggests this is the most successful treatment approach. Kidzaware also offer support groups and information about what you can access in Wakefield. For further information see: [www.kidzaware.co.uk](http://www.kidzaware.co.uk)

If behaviour deteriorates following parenting support, refer to Community Paediatrics for all ADHD services. CAMHS: Referral would be considered if the child / young person has a diagnosis of ADHD with an additional clear mental health difficulty running alongside this. |
| **Tics** | Persistent (over 3 months) and severe problems with speech or physical tics, causing functional impairment. | Contact firstly the Community Paediatric team, Mid-Yorkshire Acute Hospital Trust to rule out physical causes (i.e. epilepsy). Once ruled out the Paediatric team can support you to make a referral to CAMHS if they believe it to be appropriate. |

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**If in doubt please contact CAMHS SPA 01977 735 865 to discuss a Request for Service**

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