

Information for referrals to Greenwich Specialist (Tier 3) CAMHS
Including the Eligibility Criteria

Introduction

The Greenwich Specialist Child & Adolescent Mental Health Service is part of Oxleas NHS Foundation Trust.

Referrals should be made by a professional working with the child or young person and ideally using the referrals form. Common Assessment Framework (CAF) forms will be accepted if they include the necessary information regarding concerns for the young person's mental health. (See below)

If unsure about making a referral you are welcome to call the numbers listed below to discuss the referral with a duty CAMHS clinician.

Eligibility Criteria

- Greenwich GP or Greenwich Looked After Child
- 0 – 18 years old
- Child or young person with severe, persistent and complex mental health problems; which have a significant impact on their personal functioning in a number of different settings; which may be indicative of psychological disorder. For example clear indications of moderate or severe depression, high levels of anxiety including obsessive/compulsive features, self-harming behaviour which is persistent and/ or associated with risk, and severe behaviour problems where there is an indication of mental health problems underlying the behaviour.
- Young people who display markedly unusual or changed behaviour, including social withdrawal, especially if associated with mood disturbance, or who report experiencing hallucinations which may be suggestive of a psychotic illness. Early referral is welcome.
- Children and young people with evidence of both significant mental health problems and problems of substance misuse

- Children and young people with marked or persistent disturbance of eating and body image especially when associated with low weight.
- Children and young people with persistent absence from school due to anxiety problems.
- Child or young person where there is evidence of a neuro-developmental condition such as ASD or ADHD, such as persistent and pervasive problems of attention, restlessness and impulsivity, or rigid or ritualistic behaviour and problems of social communication, **and** there is evidence of co-morbidity such as anxiety, depression, or a high level of complexity in family relationships, psychological state, or behaviour.

NB refer to eligibility criteria of Specialist Child Health when considering referral of children with possible ADHD or ASD, without co-morbidity and complicating factors (see above).

- In the case of infants and young children under 5 the severity, complexity and persistence of the problems will normally reside within the relationship between carer and child/infant.

Processing Referrals

Referrals are processed on a weekly basis. Urgent referrals are processed on the same working day. A decision regarding the referral will be made in a letter of response within two weeks, or sooner if Urgent. If further information is requested to process the referral, we will not be able to proceed until this information is received.

Where the problems are school based, we would prefer that the referral be made by the school and includes evidence where relevant, of earlier interventions such as Mentors, involvement of Educational Psychologists, Counsellors including PSP's and other educational plans.

Where a young person has a current social worker, the referral should usually be made by their social worker or the relevant social care team manager and always with their knowledge. This will apply to Looked After Children, Children with Child Protection Plans as well as Children and Young People where an initial or core assessment is

currently been undertaken. The referral will need to be specific about the current mental health concerns and be accompanied by any relevant assessments or core plans.

Parental Consent/Young Person Consent

All referrals will need consent from an adult with parental responsibility that they agree and understand the referral, and give full and informed consent and with the assent of the child or young person, **or** the consent of the young person if they are considered able to give consent on their own behalf.. The referral form gives an opportunity for the referred person and the parents to describe how they see the problems, record consent to the referral, and records whether consent is given to sharing of information between agencies.

Accepting Referrals

Referrals can only be accepted where the information in the referral indicates the child or young person meet the above criteria. Further information may be needed before the referral can be accepted.

Any queries regarding making a referral or if the referral is deemed urgent, this can be discussed over the telephone with a Duty Worker of the relevant team. The telephone numbers are:

Adolescent with Complex & Additional Needs Team (ACAN)	020 8331 4170
Multi-Systemic Team (MST)	020 8331 4171
Arsenal Team	020 8331 7100
Eltham & Meridian Team	020 3260 5200
Looked after Children Team (LAC)	020 3260 5213

Where the information in the referral indicates that the child or young person's mental health puts them at risk to themselves or others, this will be prioritised for an emergency appointment and seen within 7 days.

Greenwich CAMHS

Where the information in the referral indicates that an assessment is needed to prevent deterioration in a young person's mental health we aim to see children & young people within 4 to 6 weeks.

Other referrals will be treated as routine and seen within 13 weeks of the referral for an assessment.

Referrals for specialist team e.g. LAC, MST, YOS may have specific requirements. Team can be contacted directly for clarity.