



ELIGIBILITY CRITERIA FOR **SOMERSET CHILD & ADOLESCENT MENTAL HEALTH SERVICES**

Somerset NHS Foundation Trust is commissioned to deliver the CAMHS service in Somerset. The Somerset CAMHS service comprises:

- two tier 3 community multidisciplinary teams, one in [West Somerset](#) and another one [East Somerset](#)
- county wide Enhanced Outreach Team ([CAMHS EOT](#))
- Community Eating Disorder Team ([CEDs](#))
- Forensic Team that covers Somerset, Devon and Cornwall ([Forensic CAMHS](#))
- National Deaf team covering seven counties in the southwest ([ND CAMHS](#))
- CAMHS Liaison Team working in Musgrove Park Hospital (Taunton) and Yeovil District Hospital (Yeovil)
- CAMHS Single Point of Access (SPA) & Early Intervention Team [CAMHS Single Point of Access \(SPA\) - CAMHS \(somersetft.nhs.uk\)](#)
- Mental Health Support for Schools Team ([MHST](#))
- [Wessex House](#), a 12 bedded inpatient unit

Together, they offer an assessment and treatment service for young people experiencing mental health difficulties. They work closely with other professionals working with children, young people and their families and can offer them advice, consultation, treatment and training on issues to do with child and adolescent mental health.

This document aims to detail the criteria for referral to CAMHS and, in doing so, to provide some guidance about other services that are available to children young people and their families who do not meet these criteria.

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SUMMARY GUIDANCE FOR REFERRERS

1. The CAMHS SPA & Early Intervention team will triage referrals for:
 - young people (under 18) in Somerset with a variety of mental health needs
 - in addition, young people may have a learning disability and or a pervasive developmental disorder such as an Autistic Spectrum condition; however, this should not be the primary reason for referral.

Please note: Behavioural disturbance may be evident but may not necessarily constitute a mental health disorder.

2. Before referral you are required to gain the consent and agreement of the young person and their parent/carer and to complete a referral form, detailed letter or EHA *Guidance notes for making a good referral and referral form available on [What makes a good referral](#)*
3. Referrals can be made to CAMHS SPA & Early Intervention by telephoning 0300 1245 012, via e-mail to CAMHSspa@somersetft.nhs.uk or by post to:

**CAMHS Single Point of Access Team
The Horizon Centre
Swingbridge
Taunton
TA2 8BY**

4. Emergency assessments may be carried out by the Enhanced Outreach Team within 24 hours. Urgent assessments are within 7 days. This may be required if you are concerned that there is an immediate risk of harm to self or others due to:
 - symptoms of severe depression with current suicidal thoughts, intention and/or history
 - severe psychotic symptoms.

In such cases, you should also consider if an immediate call to the police or ambulance service is needed in the first instance to keep the young person or others safe.

Where there is a presentation of Anorexia Nervosa, with a physical presentation that suggests a possible risk to life, urgent admission to an acute paediatric ward should be sought as well as referral to the Community Eating Disorder Service (CEDs) via SPA. The CEDs team is able to see emergency referrals within 24 hours and these assessments can be carried out on the paediatric wards if necessary. Please see MEED guidance [New guidance on medical emergencies in eating disorders | RCPCH](#) for further information on risk indicators.

5. All SPA referrals are screened on a daily basis (Mon – Fri) for urgency. For routine referrals, referrers are informed if the referral has been accepted, if more information is required or whether an alternative service is felt to be appropriate. Routine referrals are normally offered an appointment within 6 weeks.
6. Referrals to CEDs will be triaged for urgency:

- emergency referrals – seen within 24 hours
- urgent referrals – seen within 1 week
- and routine referrals – seen within 4 weeks.

7. The detailed referral criteria below should help potential referrers assess if the threshold for referral to CAMHS is met.



REFERRAL CRITERIA

The Specialist Children and Young Peoples Mental Health Services provide mental health services to children and young people living in Somerset under the age of 18. We work with young people, their families, and other involved services – schools, GPs, social workers, among other professionals and services. We provide specialist assessment and evidence-based interventions for moderate to severe, complex and enduring mental health problems.

Young people aged 16 and 17 years old can now self-refer into CAMHS services either by phone (CAMHS SPA number – 0300 1245012) or by completing the [online Self-Referral form](#).

CONDITIONS IN SCOPE

Requests for support from Specialist CAMHS will be considered where children and young people are experiencing the following difficulties:

- Anxiety (Over and above what is normal for the young person which may also be different for neurodevelopmental children)
- Depression
- Eating disorders
- Obsessive compulsive disorder
- Psychotic symptoms
- Severe phobias
- Post-traumatic stress disorder
- Tics/Tourette's that have a moderate to severe impact on functioning (+ over 12 months in duration)
- Mood effective disorders
- Emerging emotionally unstable personality disorder

URGENT CRITERIA

- Symptoms of severe depression with or without suicidal ideation
- Moderate/severe psychotic symptoms
- Eating disorders with urgent physical risk
- Significant risk of harm to self or others
- Severe unexplained deterioration in emotional state and behaviour at home and school not thought to be due to drugs, alcohol or physical illness.

EXCLUSION CRITERIA

- Children and young people who have a 'normal' reaction to life events
e.g. bereavement / divorce
- Children and young people whose problems appear to be entirely environment related for example have a different symptomology/presentation in different settings
- Children and young people whose parents are in legal dispute about residence/contact etc except where there is a clear mental illness risk
- Attachment disorders
- Learning disability and Autism where there is no additional mental health need that meets these criteria
- Behavioural difficulties for example oppositional defiant disorder/conduct problems

GENERAL FACTORS TO CONSIDER INCLUDE

- The severity of the current difficulty.
- The level of impairment (e.g. what's changed from their normal activities)
- The complexity of the young person's history.
- Whether there have been enduring difficulties over a period of time.
- The level of commitment from the young person and their family to engage with the service.
- Whether the mental health/emotional needs of the child can be met by the professionals currently involved or whether a range of early mental health interventions have been tried and proved unsuccessful.
- When a parent is struggling with a severe mental illness.

SPECIFIC INFORMATION REQUIRED FOR CAMHS EATING DISORDERS (CEDs)

WEIGHT LOSS

- Current weight (kg)
- Current height (cm)
- Weight before difficulties (kg) OR • Weight loss trajectory (estimated loss over what period)
if known – or approximate/clothing size

NOTE: Check weight and height in light clothing and without shoes

EATING DISORDER ‘ SYMPTOMS ’

– WHAT ARE THE BEHAVIOURS OF CONCERN AROUND EATING, AND WHAT EXPLANATION IS GIVEN FOR THEM?

- Restricted food/fluid intake (give detail if possible):
- Compensatory behaviours *e.g. laxatives, self-induced vomiting, exercise*
- Any bingeing:
- Distress
- Evidence of significant eating disordered cognitions regarding weight / shape
- Does eating difficulty appear to be primary difficulty? (e.g. not loss of appetite due to low mood or restrictive eating due to social anxiety):
- Any other significant background information or contextual factors? (please describe)
- If there is a difference between e.g. child and parent, give both perspectives

MEDICAL PHYSICAL SYMPTOMS

If possible: Check pulse and blood pressure, sitting and standing, and note both on referral

Ask about the following symptoms:

Weakness / fatigue	Dizziness/faintness	Impaired concentration	Frequent sore throats
Non-focal abdo pain	Diarrhoea	Constipation	Muscle pain / cramps / weakness
Bone pain	Shortness of breath	Palpitations	Chest pain
Amenorrhoea (periods stopped)	Cold intolerance	Cold extremities	Hair loss

MENTAL HEALTH SUPPORT TEAM (MHST)

The Mental Health Support Team is a collaborative service delivered by Young Somerset and Somerset Foundation Trust.

This service is available through MHST schools for children and young people aged 5-16, providing low intensity CBT interventions and support to schools to adopt a Whole Schools Approach to mental health and wellbeing.

The Mental Health Support Team is available in some (but not all) primary, secondary and special educational needs schools across Somerset. If you are not sure the Single Point of Access service will be able to help.

The service is accessible directly from the school via a request for help through the school's Designated Mental Health Lead.

CAMHS EARLY INTERVENTION

The service is delivered alongside the single point of access and sits in between CAMHS Specialist Services (Tier 3) and Tier 2 community targeted mental health services. It seeks to support young people in developing resilience and preparing for adulthood. This will include support and signposting to any other relevant services. In most cases we still expect a lower-level mental health support service to have been tried first before coming to CAMHS. The service offers a medium-term intervention (of up to 10 sessions).

CAMHS Early Intervention service is key in seeking to ensure that children, young people and their carers, who do not meet the criteria for other mental health services, have access to a service that can assess their needs and deliver interventions, if required. This is dependant on the presenting difficulties and in some cases a mental health intervention may not be the primary need. Where this is the case, we will try to give advice and guidance.

Referrals can be made to the single point of access for children or young people who present with moderate mental health/emotional health difficulties that include:

- Self harm / suicidal ideation but not intent.
- Phobias – having a moderate impact on functioning, that can be managed at a community level but can be escalated to Specialist CAMHS if required.
- Anxiety related presentations that are over and above what is deemed usual for the young person and that require a mental health intervention (eg not a reaction to a social, environmental, sensory or other unmet need that hasn't been addressed).
- Moderate low mood that doesn't meet the threshold for a specialist CAMHS service.

CONTACT DETAILS OF CAMHS TEAMS

Once a case is open to CAMHS, then the local teams can be contacted on the numbers, e-mails and addresses below:

CAMHS Single Point of Access (SPA) & Early Intervention

The Horizon Centre

 Swingbridge, Taunton, TA2 8BY

 0300 124 5012

 CAMHSpa@somersetft.nhs.uk

CAMHS Yeovil (East)

Balidon Centre

 Preston Road

Yeovil, BA20 2BX

 01935 384140

 CAMHSBalidon@somersetft.nhs.uk

CAMHS Eating Disorders Team (CEDs)

Foundation House

 Wellsprings Road

Taunton, TA2 7PQ

 07770 571966

 CAMHSCEDS@somersetft.nhs.uk

National Deaf CAMHS (ND CAMHS)

Foundation House

 Wellsprings Road

Taunton, TA2 7PQ

 01823 368525

 ndcamhstaunton@somersetft.nhs.uk

CAMHS West

Foundation House

 Wellsprings Road

Taunton, TA2 7PQ

 01823 368368

 CAMHSWest@somersetft.nhs.uk

CAMHS Wells (East)

Priory House

 Priory Health Park

Wells, BA5 1XL

 01749 836561

 CAMHSMendip@somersetft.nhs.uk

CAMHS Enhanced Outreach Team (EOT)

Wessex House, Broadway Health Park

 Barclay Street

Bridgwater, TA6 5LX

 0300 124 5013

 CAMHSOutreach@somersetft.nhs.uk

Mental Health Support Team (MHST)

The Horizon Centre

 Swingbridge

Taunton, TA2 8BY

 01823 368 481

 Spn-tr.mhst@somerset.nhs.net

Forensic CAMHS

The Horizon Centre

 Swingbridge

Taunton, TA2 8BY

 0300 124 5014

 camhsforencicsw@somersetft.nhs.uk

The following table is provided as a guide to services available for children and young people presenting with particular areas of difficulty. Where it refers to universal (tier 1) and targeted services (tier 2), these include the following: health visiting, school nursing, school counselling, MHST, Young Somerset, parent and family support services (available via most schools) and the family intervention (early help) services (FIS). There are also digital mental health support services available from [Tellmi](#) and [Kooth](#)

WORKING FORMULATION	BRIEF DESCRIPTION	INITIAL INTERVENTION FROM OTHER TIER 1/2 SERVICES (UNIVERSAL AND TARGETED SERVICES) PRIOR TO CAMHS INVOLVEMENT	SERVICE PROVIDED BY CHILD & ADOLESCENT MENTAL HEALTH SERVICE (TIER 3)
<p>Anxiety based disorders</p> <p>Generalised anxiety</p> <p>Social anxiety</p> <p>Panic attacks</p>	<p>Anxiety is the feeling of fear or panic. It is quite normal to feel anxiety when faced with something stressful, or a problematic situation however once the difficult situation is over you usually feel better. Anxiety becomes a problem when the worry, fear and feelings of panic do not go away once the fearful situation is gone, where it leads to feelings of depression, poor sleep and eating difficulties.</p> <p>Physical symptoms of nausea, trembling, dry mouth etc are often associated with anxiety.</p> <p>Anxiety can be linked to a family history of anxiety, a trauma or a physical or additional mental health difficulty.</p>	<p>Self help literature www.anxietyuk.org.uk/ www.youngminds.org.uk/</p> <p>Young Somerset for low intensity CBT, youth work and wellbeing support. https://www.youngsomerset.org.uk/Pages/Category/wellbeing-support</p> <p>Kooth is a safe, confidential online mental health service where young people can receive counselling, advice and support for their emotional well-being. www.kooth.com/</p> <p>Mindful online counselling https://www.mindful.org/</p> <p>Support and interventions are available through schools from PFSA, School nurse or School counsellor where one is available.</p> <p>Involvement of an Educational Psychologist.</p>	<p>Where there are moderate to severe and persistent symptoms that have not responded to intervention at tier 2 or that are having a significant impact on the life of the young person a referral may be made to CAMHS.</p>
<p>Obsessive Compulsive Disorder</p> <p>Body Dysmorphic disorder</p>	<p>Many young people will have an “obsessive” interest in something or be compulsive in their behaviours. This may not be a problem but when this urge to do things repeatedly becomes a necessity and causes significant anxiety if they do not act on the obsession or compulsion then they may be developing OCD.</p> <p>The most common obsessions focus on contamination, disasters and symmetry.</p> <p>The most common compulsions may involve rituals, washing or cleaning, checking or repetitive behaviours.</p> <p>Body Dysmorphic disorder is an anxiety disorder where a person experiences such severe concerns about their appearance that it causes significant anxiety and leads to</p>	<p>Self help literature www.anxietyuk.org.uk/ www.youngminds.org.uk/</p> <p>Young Somerset (some compulsive behaviours when carried out for less than an hour a day) https://www.youngsomerset.org.uk/Pages/Category/wellbeing-support</p> <p>Mindful online counselling https://www.mindful.org/</p> <p>Support and interventions are available through schools from PFSA, School nurse or School counsellor where one is available</p> <p>Involvement of an Educational Psychologist.</p>	<p>Where there is a moderate to severe impact on daily living, CAMHS will provide assessment and intervention as indicated.</p>

	the development of routines and obsessive and compulsive behaviours.		
Phobias	A phobia is a fear that results in substantial distress and in avoidance that impacts significantly on the young person's everyday life.	<p>Self help literature www.anxietyuk.org.uk/ www.youngminds.org.uk/</p> <p>Young Somerset (simple phobias but not blood, needle or vomit) https://www.youngsomerset.org.uk/Pages/Category/wellbeing-support</p> <p>Support and intervention from PFSA or School nurse.</p> <p>School counsellor where one is available.</p> <p>Involvement of an Educational Psychologist.</p>	Severe and persistent symptoms, which are having a significant impact on daily functioning, that are identified through consultation or following direct intervention from Tier 2 will be assessed by CAMHS and appropriate advice and treatment offered.
School Refusal	Some young people have difficulties in attending school and have frequent and regular, or prolonged, absences and/or lateness. This can be due to numerous factors including bullying, poor self-esteem, worries about school work (possibly including unidentified learning difficulties) or worries about things at home leading to anxiety (including separation anxiety), angry outbursts or low mood.	<p>Any issues around school attendance need to be discussed with the school first and any issues such as bullying or learning difficulties addressed. Support and intervention from the PFSA or Educational Psychologist can be helpful.</p> <p>The school may wish to Initiate an EHA (Early Help Assessment) to co-ordinate support around a child or family. https://professionalchoices.org.uk/eha/</p> <p>Where moderate to severe anxiety is identified as an underlying area of difficulty and the interventions offered by tier 2 professionals are not having enough impact then referral to CAMHS could be considered.</p>	Where there are severe and persistent symptoms that have not responded to intervention at tier 2 or that are having a significant impact on the life of the young person, will be assessed by CAMHS.
Depression	Most young people experience times when their mood is low due to events going on in their lives. Some young people feel sad, lonely, down, and anxious or stressed for prolonged periods of time and this can then impact on their everyday life to the extent that they develop depression. Symptoms include; not wanting to do things they previously enjoyed, avoiding friends and family, sleeping more or less than normal, eating more or less than normal, being irritable, upset and lonely, feeling hopeless, self critical, feeling tired all the time and perhaps wanting to self harm. Young children may present with regression in milestones, challenging behaviour or medically unexplained physical symptoms	<p>Self help literature www.anxietyuk.org.uk/ www.youngminds.org.uk/</p> <p>Young Somerset for mild to moderate depression. Low intensity CBT, youth work and wellbeing support. https://www.youngsomerset.org.uk/Pages/Category/wellbeing-support</p> <p>Mindful online counselling https://www.mindful.org/</p> <p>Support and intervention from PFSA, School nurse or School counsellor where one is available.</p>	<p>Where depression persists and does not respond to interventions at tier 2, or where symptoms are such that the impact on everyday life is severe or where there are concerns about extent of self harm or suicidal thinking persists then refer to CAMHS.</p> <p>CAMHS will provide assessment & intervention if indicated, including access to appropriate talking therapies Medication may be initiated by a Consultant Child Psychiatrist, in</p>

		<p>Involvement of an Educational Psychologist.</p> <p>Mild symptoms - monitoring by universal Tier 1/2 professionals.</p>	<p>consultation with young person, their family and other CAMHS practitioners who may be working with the young person. The GP will be informed.</p>
Self-harm / self injury	<p>Self-injury is a way of dealing with very difficult feelings that build up inside the child or young person and which they find hard to express or deal with in any other way. It can take a number of forms but most commonly presents as cutting or burning, bruising, taking an overdose of tablets, hair pulling or picking skin.</p>	<p>Most school nurses, PFSAs and school counsellors provide support for children and young people who self-harm as a way of coping with strong emotions and difficult experiences, where the self harm is mild to moderate, there is limited risk, and no underlying mental health difficulty (i.e. depression).</p> <p>Self help literature www.anxietyuk.org.uk/ www.youngminds.org.uk/</p> <p>Useful websites: National self harm network www.nshn.co.uk</p> <p>Young Somerset may be appropriate if linked to low mood, as long as not enduring or moderate to high risk. https://www.youngsomerset.org.uk/Pages/Category/wellbeing-support</p>	<p>Any self-harm or self injury that presents an actual or possible risk to life should be referred immediately to the Accident and Emergency Department. The jointly agreed protocol for the management of self-harm will be followed.</p> <p>Where there is significant self harm or self injury related to moderate to severe depression or anxiety, refer to CAMHS. Assessment & treatment will be offered as required</p>
Suicidal behaviour	<p>Suicide is still a relatively rare occurrence however all people are susceptible to thoughts and feelings that can place them at risk of suicide. Young people who are depressed and/ or who have strong feelings of hopelessness and anger can have thoughts of suicide.</p>	<p>Professionals at tier 2 or schools/colleges will talk with a child or young person experiencing suicidal thoughts and be able to support them if these thoughts are transient and not accompanied by an associated wish/plan/intent to die.</p> <p>Sometimes suicidal thoughts are expressed, particularly by younger children when they are angry and upset because they are not allowed to do something.</p> <p>ASIST training (Applied Suicide Intervention Skills Training) is an internationally recognised suicide prevention training program available to professionals working with young people in Somerset. For details of how to apply contact: https://www.mindinsomerset.org.uk/training/asist/</p>	<p>Where there is an expressed wish to take own life accompanied by corresponding risk taking behaviours and articulated plan and access to method this will require urgent assessment by CAMHS and may require a mental health act assessment. If there is felt to be an immediate risk to life then emergency services should be called.</p> <p>For further help or a discussion about someone you are worried about please ring CAMHS SPA 0300 124 5012 and ask to speak to a clinician.</p>
Bi-polar Affective Disorder	<p>Bi polar disorder is a serious condition associated with severe mood swings. These usually last several weeks or months and are far beyond what most people experience. It usually starts during the late teenage years or more often in adult hood. A person experiences feelings of intense depression or despair and feelings of extreme</p>	<p>GP assessment to exclude medical causes and to assess whether symptoms are severe or rather the more common experience of fluctuating mood that is noticed by many adolescents.</p>	<p>If significant numbers of indicators are present CAMHS will provide assessment & intervention as appropriate.</p>

	happiness and elation. It is not clear what causes bi polar disorder but it seems to be associated with genes.		
Emerging emotionally unstable personality disorder	Emotionally unstable personality disorder is characterised by significant instability of interpersonal relationships & mood, risky behaviours, poor self-image, and impulsive behaviours. It more commonly develops in late adolescence/adulthood	Please see sections relevant to clinical presentation such as self harm, suicidal behaviour, depression etc.	Assessment and treatment of co-morbid disorders will be undertaken by CAMHS or where there is significant risk to life or others.
Trauma and Post traumatic stress Disorder	Young people may develop PTSD if they experience something where they feel very frightened, helpless and fear they might die. Many young people who experience horrible things recover without experiencing PTSD but some go on to experience some troubling symptoms including: flashbacks or nightmares, behaviour changes such that they keep busy or preoccupied with other things to avoid having to think about the traumatic event, poor sleep, anxiety, irritability and fearfulness, hyper-vigilance, loss of appetite and depression. Young children may repetitively re-enact the trauma in play,	<p>It is normal to experience symptoms of PTSD in the first few weeks following a trauma. "Debriefing" immediately after the trauma can make things worse. However keeping things as normal as possible, maintaining the usual routines, engaging in relaxing activities, exercising and spending time with family and friends all help.</p> <p>Where symptoms are mild then professionals should "Watch and wait" offer support for 4-6 months before considering a referral.</p> <p>If symptoms increase and despite a period of time since the trauma, the problems persist, then refer to CAMHS.</p> <p>If related to domestic violence, consider involving the independent domestic violence advocate (for 16 years and over) 0800 6949 999 or refer to https://somersetsurvivors.org.uk/professional-resources/somerset-integrated-domestic-abuse-service/</p> <p>If related to sexual abuse consider referral to Somerset and Avon rape and sexual abuse support service 0808 801 0456 Or 0808 801 0464 https://www.sarsas.org.uk/</p>	Where symptoms persist and are having a significant impact on the young person's life or mental state, or the young person is felt to be depressed or having strong suicidal thoughts, then CAMHS will assess and offer treatment as indicated.
Feeding and Eating Difficulties Disordered eating Developmental or Emotional based eating Difficulties Low weight as a result of other mental health difficulty <i>e.g. low mood, anxiety,</i>	<p>Food Refusal, Restricted Eating or other developmental concerns. May be linked to neurodevelopmental difficulties.</p> <p>Explanation offered by YP/family is something other than predominantly intense weight/ shape related concerns.</p>	<p>If a child is significantly restricting their intake of food or fluids or is significantly underweight then the GP should do a physical health check including a height, weight, and check of pulse/ BP sitting and standing, and ideally bloods & ECG, in line with RCPsych guidance on medical management of people experiencing eating disorders (MEED) – Medical emergencies in eating disorders (MEED): Guidance on recognition and management (CR233) (rcpsych.ac.uk)</p> <p>Pathway dependant on level of eating related risk, and nature of thoughts/ emotions appearing to underlie eating behaviour difficulty.</p>	<p>CAMHS to provide assessment. They may consult CAMHS CEDS.</p> <p>Pathway dependant on level of eating related risk, and nature of thoughts/ emotions appearing to underlie eating behaviour difficulty</p> <p>Young person may require paediatric assessment or admission.</p>

<p>vomit phobia</p> <p>ARFID</p>			
<p>Anorexia Nervosa (AN)</p> <p>Bulimia Nervosa (BN)</p> <p>Eating Disorder Not Otherwise Specified (EDNOS)</p> <p>CEDS does not treat Obesity or binge eating disorder.</p>	<p>Restriction of energy intake relative to requirement, leading to a significantly low body weight in the context of age, sex, developmental trajectory, and physical health.</p> <p>Intense fear of gaining weight or of becoming fat or persistent behaviour that interferes with weight gain, even though at a significantly low weight.</p> <p>Disturbance in the way in which one's body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or persistent lack of recognition of the seriousness of the current low body weight.</p> <p>Bulimia nervosa is characterised by a persistent pre-occupation with eating and periods of overeating in which large amounts of food are consumed in short periods of time. This occurs along with compensatory behaviours include e.g. self-induced vomiting, purgative abuse, alternating periods of starvation, and use of drugs such as appetite suppressants. Intense weight/ shape related concerns.</p>	<p>Early intervention is key to the successful treatment of an eating disorder so, GPs, and parents play an important role in identifying an emerging eating disorder.</p> <p>If concerned about a possible eating disorder / eating difficulty the GP should do a physical health check including a height, weight and check of pulse/ BP sitting and standing, and ideally bloods & ECG, in line with RCPsych guidance on medical management of people experiences eating disorder (MEED) – Medical emergencies in eating disorders (MEED): Guidance on recognition and management (CR233) (rcpsych.ac.uk)</p> <p>Referrers should avoid watching and waiting as eating disorders can quickly deteriorate and become entrenched. Specialist early intervention is key. Referral to CAMHS CEDS is important for their review to determine what level of intervention is required.</p>	<p>CAMHS CEDS will provide a thorough initial assessment. If an eating disorder is identified that is at a severity that requires a full multi-disciplinary team a care and treatment plan will be developed and implemented. A CEDS key worker and therapeutic team will be appointed who will offer evidence based psychological therapies which include regular medical monitoring of weight and BP.</p> <p>Possible referral to local paediatric service for medical review, which may result in short term admission on to paediatric ward if required, depending on concerns and severity. CAMHS CEDS Paediatric Consultant involved for medical review of high risk cases and CAMHS CEDS Psychiatry Consultant for psychiatric review where appropriate.</p> <p>Referral to the CAMHS Outreach Service or Intensive Treatment Team if intensification is required in response to increased risk (including medical monitoring, risk assessment and management, psycho education, meal planning and liaising with other service).</p> <p>If the eating disorder is early in presentation and the young person does not have any risk indicators they will be signposted to SWEDA for support. If there is moderate risk CEDS and SWEDA will agree for the young person and family to be seen via the co-commissioned pathway - SWEDA</p>

			offer funded work with equivalent wait times to CEDS. Weekly meetings between SWEDA and CEDS allow for step up and step down according to risk.
Psychosis	<p>Psychosis is a symptom of a serious mental illness. A person experiencing psychosis loses touch with what is accepted as reality, they may feel paranoid, hallucinate, hear voices or have delusions. It is associated with severe stress or depression, with a family history of serious mental illness and can be triggered by drug and/or alcohol use.</p> <p>People who develop psychosis usually have their first episode in their teens or early 20s.</p>	<p>Professionals concerned that a young person may be experiencing psychosis can contact the Somerset Team for early intervention in Psychosis on 01823 368555.</p> <p>Young people with a first presentation of sustained psychotic symptoms, or symptoms causing severe distress, impacting on risk or associated with depression or manic symptoms can be referred to STEP or CAMHS and a joint assessment will be undertaken.</p>	CAMHS will assess jointly with STEP and involve the CAMHS Psychiatrist. They will formulate a care and treatment plan as a result.
Attention Deficit Hyperactivity Disorder (ADD / ADHD)	<p>ADHD is a condition in which children find it very difficult to focus their attention or control their behaviour. They often act on impulse without thinking. All children behave in this way sometimes but with ADHD this behaviour is persistent, happens in every setting the child is in and starts usually when the child is a toddler and always before the age of seven. There may be other reasons a child acts in this way. The child may be anxious or there may be problems at home or school. ADHD is a distinct condition, part of the make up of the child.</p>	<p>NICE guidelines recommend implementing ADHD strategies before diagnosis.</p> <p>Children and Young Persons Neurodevelopmental Partnership (CYPNP) Responsible for considering all requests for Autism assessments for school age children (aged 4-17) and Attention Deficit / Hyperactivity Disorder (ADHD). The CYPNP also offers therapeutically informed, and formulation driven multidisciplinary autism assessments to those who meet the services criteria. Referral Query and Advice line: open to parents / carers, young people or practitioners from health, education or social care - 0303 033 3002, open 9-12 every Wednesday and Thursday morning. E-mail: ChildNDSReferrals@SomersetFT.nhs.uk</p> <p>Mild emotional and behavioural difficulties Schools may wish to consult with the Educational Psychology Service.</p> <p>Moderate to severe disturbance Schools may wish to consult with the Educational Psychology Service.</p> <p>In addition to the above NICE suggest a parenting intervention or support/psychoeducation may be helpful. This is not a criticism of parenting but children with ADHD often need</p>	<p>Referrers for Children age 6-17 with query ADHD should first be directed to the Neurodevelopment CYPNP pathway to review the pre-assessment pathway information.</p> <p>If compelling evidence is gathered that indicates a child or young person may have ADHD a 'Next Steps –form should be completed to request an assessment.</p> <p>For children age 6-11 (in primary school) the next steps form can be sent to: Email: ChildNDSReferrals@Somersetft.nhs.uk</p>

		adjustments made to the normal parenting techniques. Further support for professionals, young people and their families can be found at http://www.addiss.co.uk/	
Tic Disorders including Tourette's Syndrome	Tics are commonly experienced by young children and most tics subside as the child grows older. Some may persist (over 12 months in duration) and a young person may develop Tourettes syndrome. This is a physical condition characterised by chronic motor and vocal tics	Where the tics are mild and of short duration which are not having a significant impact on the child or young person take a watch and wait approach. Tourettes Action (tourettes-action.org.uk) Tourette and managing tics C0030 A4 bw FINAL Oct16 1.pdf (gosh.nhs.uk) Where tics are mild but having some impact the child or young person may benefit from intervention from a tier 2 worker able to offer advice around stress/anxiety management and relaxation. Consultation with CAMHS SPA. For diagnosis of Tourette's (over a year in duration) discuss with your GP who may refer to a paediatrician to ensure there is no other underlying physical cause and would give a diagnosis if appropriate.	Where the tics are severe and symptoms are having a severe impact on the young person's life then referral to CAMHS may be appropriate for consideration of cognitive behavioural therapy (CBT) to help the young person control thoughts and emotions that may make the tics worse. Severe tic disorders may need medication which may be prescribed by a CAMHS Consultant. Complex Tourettes with a co-morbidity will be assessed and treated by CAMHS.
Mild to Moderate Emotional and Behavioural difficulties	Generalised emotional and behavioural difficulties that are causing concern or distress or are impacting on health, development and welfare.	Universal and Targeted Services to offer assessment and support through a parent and family support worker (PFSA), Family Intervention Service Worker (FIS) or health visitor if under 5	
Moderate to Severe disturbance of mental health and/or significantly challenging behaviour associated with intellectual impairment, genetic conditions or acquired brain injury	Learning disability is a significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence); with a reduced ability to cope independently (impaired social functioning); which started before adulthood, with a lasting effect on development. Challenging behaviour (including self-injurious behaviour) - culturally abnormal behaviours of such intensity, frequency or duration that the physical safety of the person or others is likely to be placed in serious jeopardy, or behaviour which is likely to seriously limit use of, or result in the person being denied access to, ordinary community facilities.	Assessment and intervention by specialist/allocated school nurses	Where there are concerns that there is a significant mental health difficulty as well as the learning disability and/or challenging behaviour then a referral to CAMHS should be made.
Sexually harmful Behaviour (SHB)	Sexually harmful behaviour can be described as persistent sexual behaviour that infringes the rights of others.	Where the police have taken action in response to SHB YOT will lead on assessment and intervention planning and provision. Where safeguarding concerns regarding SHB are present, and there is no police involved, children's social care will lead on assessment and intervention, in liaison with YOT.	For significant SHB a referral can be made to Forensic CAMHS for advice and consultation. FCAMHS works with young people up to the age of 18 who have complex mental health problems and one of the following: <ul style="list-style-type: none"> • Are presenting with a high

		<p>Advice can be sought from the YOT regarding plan for assessment and intervention via universal and targeted services.</p>	<p>level of risk towards themselves and others</p> <ul style="list-style-type: none"> • Are currently accommodated within secure services • Either have a forensic history or are at risk of involvement with criminal justice services • Have complex multi-agency involvement <p>Forensic CAMHS have a separate referral form which can be found at: https://www.somersetft.nhs.uk/forensic-camhs/forensic-camhs/information-for-professionals/</p> <p>All referrals should still be emailed to: camhsspa@somersetft.nhs.uk</p>
<p>Autistic Spectrum Condition (ASC) or other social Communication Difficulty</p>	<p>Autistic spectrum disorders are characterised by:</p> <p>Social impairment which includes; qualitative impairments in reciprocal social interaction, inadequate appreciation of socio-emotional cues, lack of responses to other peoples emotions, lack of modulation of behaviour according to social context, poor use of social signals and lack of social emotional reciprocity.</p> <p>Communication impairment which includes; lack of social usage of language skills, impairment in make-belief and social imitative play, lack of reciprocity in conversational interchange, poor flexibility in language expression, lack of creativity and fantasy and thought processes.</p> <p>Restricted and repetitive activities and interests, which include: resistance to change, insistence on routines and rituals, hand flapping and other stereotypy's, ordering play, attachment to unusual objects, fascination with unusual aspects of the world and consuming preoccupations with restricted subjects.</p>	<p>Advice can be sought from the Autism, Speech, language and Communication Team advisory teachers.</p> <p>Autism and Communication Service Support Services for Education</p> <p>Young people who are Autistic may also benefit from a Speech and language assessment or support from Occupational Therapy. More information can be found via: https://www.somersetft.nhs.uk/children-and-young-peoples-therapy-service/</p>	<p>Referrers for Children age 5-17 with query Autism should first be directed to the Neurodevelopment CYPNP pathway to review the pre-assessment pathway information.</p> <p>If compelling evidence is gathered that indicates a child or young person may have Autism a 'Next Steps –form should be completed to request an assessment.</p> <p>Th next steps form can be sent to: Email: ChildNDSReferrals@Somersetft.nhs.uk</p>

Where the conditions below have been identified there would also need to be a coexisting mental health problem as listed above for a referral to CAMHS to be appropriate.

WORKING FORMULATION	BRIEF DESCRIPTION	INTERVENTIONS AVAILABLE FROM TIER 1/2/3	CHILD & ADOLESCENT MENTAL HEALTH SERVICE (TIER 3)
<p>Oppositional Defiant Disorder (ODD)</p> <p>Conduct Disorder & Challenging behaviour</p>	<p>ODD is characterised by behaviours such as: a child or young person often loses their temper, argues with adults, defies adult requests, and deliberately annoys others, shifts blame to others, touchy, easily annoyed, angry, resentful, spiteful or vindictive.</p> <p>Conduct disorder and Challenging behaviour in this context can include: self-injurious behaviour, culturally abnormal behaviours of such intensity, frequency or duration that the physical safety of the person or others is likely to be placed in serious jeopardy, or behaviour which is likely to seriously limit use of, or result in the person being denied access to, ordinary community facilities.</p>	<p>Refer for a family intervention via the PFSA or Family Intervention Service</p> <p>For younger children Paediatric assessment may be indicated or advice can be sought via the Health Visitors for children under 5.</p> <p>In complex cases, including those where the challenging behavior is linked to cognitive impairment, consultation for children and young people aged 11 – 18 via CAMHS SPA can be sought to determine whether the client meets the referral to CAMHS due to the presence of a co-morbid mental health difficulty or because the behaviour is believed to be the way in which the client demonstrates mental distress. GPs and social workers can seek advice via the advice line. Behaviours believed to be primarily the result of a learning disability, or a social communication difficulty will not warrant a referral in themselves.</p>	
<p>Enuresis and Faecal soiling</p>	<p>Enuresis: A disorder characterised by uncontrolled urinating, by day and/or by night, which is abnormal in relation to the child or young person's developmental stage and which is not a consequence of a neurological disorder, epileptic attacks or to structural abnormality of the urinary tract. In primary enuresis children have never acquired normal bladder control, whereas a child who acquires bladder control for at least 6 months and then loses it again is said to have secondary enuresis.</p> <p>Faecal soiling: Repeated voluntary or involuntary passage of faeces, in places not appropriate for that purpose in the child's own social cultural setting. Soiling more than once a month after the age of 4 is generally regarded as an elimination disorder.</p>	<p>Initial physical screen by GP. Early stage of presentation should be signposted to Health Visitor or School Nurse for intervention.</p> <p>Referral to paediatrics and via them to the continence Nurse team.</p>	
<p>Chronic Fatigue Syndrome (or ME)</p>	<p>An onset of unexplained, persistent fatigue unrelated to exertion and not substantially relieved by rest that causes a significant reduction in previous activity levels.</p>	<p>All suspected cases of CFS initially to be referred to General Paediatrics for medical physical assessment. This may result in referral on to the specialist CFS service and the involvement of the specialist OT.</p> <p>Issues related to sleep and diet to be addressed by specialist OT.</p>	<p>For treatment of a coexisting mental health difficulty a baseline minimum of 4 hours needs to have been achieved for young person to be able to access treatment.</p>

Substance Misuse	Problematic drug and alcohol use.	Young people presenting with drug or alcohol intoxication refer to substance misuse service SDAS https://www.turning-point.co.uk/services/sdas	CAMHS will provide assessment and intervention as appropriate and co-work with specialist substance worker. Refer to camhsspa@somersetft.nhs.uk
Palliative care	Emotional or psychological disturbance in response to a life limiting/life threatening condition in a child/young person.	Children with a diagnosis of diabetes across Somerset, cancer and cystic fibrosis who receive their care from Musgrove Park Hospital and children with diagnosed chronic conditions who receive their care from Yeovil District Hospital and are experiencing psychological distress into any aspect of their condition will be seen by the Paediatric psychologist. The Psychologist will refer onto CAMHS where the distress/ mental health issue is not related to their condition.	
Emotional Distress around parental separation & Divorce	Emotional and behavioural disturbance around parental disharmony, separation and divorce – over several years.	Tier 2 professionals to advice and support.	
Bereavement	Abnormal or prolonged grief that has not responded to targeted interventions (severe and complex presentations).	Targeted Services to provide support and intervention. Eg CRUSE, Josephine's Star. Somerset Suicide Bereavement Support Service https://www.mindinsomerset.org.uk/our-services/somerset-suicide-bereavement-support-service/ Educational Psychology Services provide support for schools through Critical Incident support if needed and also provide training on this (ie planning for) and on bereavement. Consider referral to PFSA and school counsellor.	If difficulties persist after a reasonable period of readjustment, refer to Tier 3 for assessment and treatment of co-morbid mental health problem.
Somatoform Disorder	Where there is a suspicion of actual or potential safeguarding concern (around neglect or emotional, physical or sexual abuse).	Refer immediately to Somerset Direct: 0300 123 2224 . childrens@somerset.gov.uk Text phone: 07781482858	
Attachment Difficulties	Is characterised by persistent abnormalities in the child's pattern of social relationships, which are associated with emotional disturbance and reactive to changes in environmental circumstances. Fearfulness and hyper-vigilance that do not respond to comforting are characteristic, poor social interaction with peers is typical. Aggression towards to self and others is very frequent, misery is usual. The disorder occurs as a direct result of severe parental neglect, abuse, or serious mishandling. These children show strong contradictory	0-8yrs Health Visiting service to work with the family using the Solihull approach. Support and intervention from EP, including training from Educational Psychology Service on Attachment and Resilience. Also Nurture Group training. Consider initiating a EHA.	

	<p>or ambivalent responses that may be most evident at times of partings and reunions. In disinhibited attachment disorder children show an unusual spread of selective attachments during the first five years and this is associated with generally clinging behaviour in infancy and/or indiscriminately friendly, attention seeking behaviour in early or middle childhood.</p>	<p>For adopted children referral to Somerset adoption support service and consider referral to Somerset consultation service: 0800 587 9900.</p>	
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Other useful links

Somerset Local Offer <https://www.somerset.gov.uk/education-and-families/somersets-local-offer/>

Somerset Education Support Services <https://www.somerset.gov.uk/education-and-families/support-services-for-education-sse/>

Somerset Mental Health Tool Kit https://www.cypsomersethealth.org/mental_health_toolkit