

## Freedom of Information Request Reference

**I would be obliged to receive the following information as to the CAMHS in your Trust area:**

1. **Threshold criteria documents for acceptance into their services**  
See attached document;Referral guidelines for child and adolescent mental health services (Sept 2013)
2. **Services provided**
  - a. Children's Early Intervention Service (CEIS) (Step 2 Primary Mental Health, Step 2 Family Support & Parenting Groups)
  - b. Specialist Step 3 CAMHS
  - c. Specialist Step 3 CAMHS Eating Disorder
  - d. Specialist Step 3 CAMHS Family Therapy
  - e. Specialist Step 3 CAMHS Drugs and Alcohol Mental Health
  - f. Specialist Step 3 CAMHS Child Psychotherapy
  - g. Specialist Step 3 CAMHS Occupational Therapy
  - h. Crisis Response Team (CRHT are commissioned to provide a response within 24hrs however they work closely with the Adult Mental Health Liaison Teams based in Trust Hospital Emergency Departments to ensure that all children with mental health presentations are seen by a mental health professional within 2hrs and are referred onto CAMHS CRHT if appropriate. A Card Before You Leave (CBYL) protocol is in place so that CYP are given an appointment with CAMHS before leaving the ED. The CRHT is available 9am – 9pm Mon – Fri, 10am – 2pm Saturdays and Bank holidays and 9am – 5pm on Sundays.
3. **Ages of minors that can be referred to CAHMS**  
All Children and Young People (CYP) under 18 can be referred to CAMHS.
4. **What is deemed a mental health diagnosis by CAHMS**

CAMHS use DSM 5 guidance to determine diagnosis, information on DSM 5 can be found at the following link.

<https://www.psychiatry.org/psychiatrists/practice/dsm/educational-resources/dsm-5-fact-sheets>

Some of the disorders included are;

- Attention-Deficit/Hyperactivity Disorder (ADHD)
- Autism Spectrum Disorder
- Conduct Disorder
- Disruptive Mood Dysregulation Disorder
- Eating Disorders
- Gender Dysphoria
- Intellectual Disability
- Major Depressive Disorder and the Bereavement Exclusion
- Mild Neurocognitive Disorder

- Obsessive-Compulsive and Related Disorders
- Personality Disorder
- Posttraumatic Stress Disorder
- Schizophrenia
- Sleep-Wake Disorders
- Specific Learning Disorder
- Social Communication Disorder
- Somatic Symptom Disorder
- Substance-Related and Addictive Disorders

**5. The number of referrals to their services over the last five financial years for which figures were available**

<b>Total Referrals</b>	
2014/15	2107
2015/16	2213
2016/17	2459
2017/18	3213
2018/19	3366

**6. The source of referrals to their services over the last five financial years for which figures were available i.e GPs, Social Services, EAs etc...**

<b>Referral Source Grouped</b>	<b>14/15</b>	<b>15/16</b>	<b>16/17</b>	<b>17/18</b>	<b>18/19</b>
General Practitioner	1535	1622	1752	1506	2342
Trust Hospital	49	71	79	145	11
AHP	8	30	20	53	91
ASD	1	1	6	51	109
CPMS	246	206	213	228	261
Other Trust	11	20	10	6	0
CAMHS Internal	26	14	12	179	142
Trust ED	7	26	65	75	2
<b>SOCIAL SERVICES</b>	<b>104</b>	<b>104</b>	<b>135</b>	<b>167</b>	<b>192</b>
Health Visit/Sch Nur	21	27	14	35	50
Court/PSNI/Youth Justice	1	0	0	6	5
Vol/Comm Sector	24	5	30	39	43
Education	37	39	54	54	114
GP OUT OF HOURS	0	0	0	2	4
Self-referral	2	0	5	9	0
School	28	42	58	28	
Not Known	7	6	6	0	0
<b>Total Referrals</b>	<b>2107</b>	<b>2213</b>	<b>2459</b>	<b>2583</b>	<b>3366</b>

**7. The proportion of referrals deemed inappropriate or rejected in the last financial year**

Percent inappropriate	
2018/19	20%

**8. The median and maximum waiting times to assessment and treatment in the last financial year**

This information is not collated by the Trust and is not readily available.

**9. Reasons for referrals to CAMHS being rejected**

Referrals that do not meet CAMHS regional threshold criteria are returned to referral agents with sign posted options of the best services available to support the referral.

**10. The proportion of referrals deemed inappropriate or rejected within the last year as the condition or situation is not suitable for CAMHS service intervention**

Percent inappropriate	
2018/19	20%

**11. Procedure for referrals not accepted into specialist treatment whether there is sign posting etc**

All inappropriate referrals are dealt with following IEAP guidelines. Inappropriate referrals are signposted to Community and Voluntary or Universal Services where appropriate. Information is sent to the referral and the referral agent. CYP and families are not re-directed without telephone contact.