

Referring a child to CAMHS

- 🚌 What is CAMHS?
- 🚌 What does CAMHS offer?
- 🚌 Who qualifies for CAMHS?
- 🚌 When should I make a referral, and how?
- 🚌 What happens once a referral has been made?

What is CAMHS?

CAMHS is an acronym for Child and Adolescent Mental Health Services, and is the NHS' provision for any child or young person struggling with an aspect of their mental health.

What does CAMHS offer?

It varies from region to region (more on this later), but professionals, such as mental health nurses, psychiatrists, psychologists and occupational therapists, can be found within any given CAMHS service. Some may also employ family workers or specialist therapists who use drama, art or music to engage with service users. CAMHS may also work closely with social services and primary care resources such as GP surgeries.

CAMHS is usually an outpatient service, with clinics running at various locations within each region, but some services may also offer inpatient treatment, although beds are in short supply.

Who qualifies for CAMHS?

CAMHS exists for children and young people who are experiencing difficulties with their mental health, but, because demand far exceeds availability, it tends to be only the most severely unwell who enter the system, and it is fast becoming seen as a 'last resort' option for schools. Children within the CAMHS service may have a diagnosis or be undergoing a needs assessment – issues include eating disorders, self-harm, depression, anxiety or psychotic illnesses where there may be reports of auditory or visual hallucinations. It's important to note that not every child who has experienced anxiety will automatically need a CAMHS referral – CAMHS is a service for those whose everyday lives are being negatively impacted by mental health difficulties.

When should I make a referral, and how?

If you think a child or young person needs a CAMHS assessment, then your school should have guidelines on how to go about this. If your school does not have an established process, speak to your designated safeguarding lead (DSL) to request more information. It will vary from region to region – some schools can make direct referrals, whereas some CAMHS services will want the referral to come via a GP. If the child is known to social services, a

referral may also be made along that route, but all referrals should ideally be made in collaboration with both the child and their parents. Accessing mental health services can be a frightening prospect for children and young people, but they will cope better with the process if they feel fully informed about what's happening. There will always be exceptions, and some pupils may say they don't want a referral to be made at all, but it's generally better to be honest about what's happening rather than spring a surprise appointment on them.

Decisions as to when a referral needs to be made will depend on the nature of the concern; certainly, any child responding to auditory or visual hallucinations should be assessed as soon as possible. No individual member of staff should be left to make decisions as to when referrals are made; discuss as a team in line with your school policy, but always go with your gut instinct. If you are concerned enough to question whether a child needs CAMHS intervention, seek further advice – you can always contact your local CAMHS service for guidance.

What happens once a referral has been made?

The child may be given an appointment to visit an outpatient clinic, or a visit to school may be made. Some children may be accepted into treatment, such as talking or even drug therapy, and this will be offered as soon as a practitioner is available, but others may be declined – and this can be a tough blow to deal with. Children with eating disorders may be prioritised according to lowest weight, and while we know that weight doesn't tell us how unwell a child's mental health is (bearing in mind that some eating disorder sufferers remain either average weight or overweight), the limitations on funding mean that CAMHS is severely restricted on what it can provide. When children are declined treatment, it's crucial that they are not left feeling that they need to 'get worse' in order to receive help – CAMHS may be able to recommend other service options.

A note from our expert: It should be noted that CAMHS is staffed by dedicated professionals who want to help every child possible, but are unfortunately at the mercy of intense underfunding. If you are in an area that is particularly affected, then please don't see 'not referring' as an option; all data is collected, so it's important that the true measure of demand is accurately gauged. As a school, you may also want to consider writing to your local MP or the Health Secretary highlighting unmet need.