

Hampshire CAMHS Referral Guide

Introduction

The following document is designed to assist you in appropriately signposting young people and their families to services best suited to meeting their needs and to give further clarity as to when CAMHS might be appropriate.

If viewing this document electronically please hover your mouse over the tabs to see the content of each.

Tab/Page 2 contains a **summary of our referral criteria** for direct work.

Tabs/Pages 3 and 4 contain the **appendix to our referral criteria**. In table form this provides a **list of common presenting problems, a description of these and general guidance on referral routes for each**.

Tab/Page 4 contains the **screening tool** used by CAMHS teams to **determine suitability of referrals for an initial “choice” appointment**. This is to help referrers understand how we decide which referrals to accept and to ensure the necessary information is included in referrals.

Tabs/Pages 5 to 11 provide **quick-reference flow charts** regarding specific presenting problems, **giving information on when to refer to CAMHS, and if not suitable for CAMHS giving contact details of alternative services in your locality** to refer to instead.

Tabs/Pages 14-17 contain the **eating disorders pathway** for Primary care, Paediatric inpatient and outpatient care, plus CAMHS care.

Contents

Tab/Page 2	= Referral Criteria for Direct Work
Tab/Page 3	= Appendix to Referral Criteria
Tab/Page 4	= Appendix to Referral Criteria (continued)
Tab/Page 5	= Referral Screening Tool Used by CAMHS to Determine Suitability
Tab/Page 6	= Referral Flow Chart for Low Mood/Low Self-Esteem & Self-Harm
Tab/Page 7	= Referral Flow Chart for Distress Following a Trauma
Tab/Page 8	= Referral Flow Chart for Anxieties or Worries (including Psychosis)
Tab/Page 9	= Referral Flow Chart for Eating Difficulties
Tab/Page 10	= Referral Flow Chart for Behavioural Difficulties (including ADHD)
Tab/Page 11	= Referral Flow Chart for Family/Parent Relationship Difficulties

Hampshire CAMHS Referral Criteria

Referrals for consultation and/or treatment and **ARE LIKELY** to be appropriate when:

1. There is concern that a child/young person is developing a significant psychiatric disorder, for example displaying psychotic symptoms, mania, schizophrenia or an affective disorder such as significant depressive signs, an eating disorder, obsessive-compulsive disorder, anxiety disorder etc. A young person whose primary presenting problem is substance misuse should be referred to Catch-22. Dedicated CAMHS time is allocated to working in partnership for those young people who also have an underlying mental health issue. The presence of substance misuse does not preclude a referral to CAMHS where a mental health difficulty which meets the referral criteria is also present.

2. A child/young person who is presenting with significant and/or escalating self-harming behaviour where there is also evidence of an underlying mental health issue and/or the self-harm is likely to cause lasting damage or ongoing mental health difficulties.

3. A child/young person presents with symptoms of distress that are unusually prolonged or disabling secondary to an event (e.g. physical, emotional, sexual abuse, bereavement, and divorce) or other potentially traumatising family, environmental or physical influences.

*In cases of trauma or abuse, it may be preferable that any court proceedings have been completed. Therapeutic work is best done when a child/young person has had a period of time (**up** to six months during which consultation can be provided) to recover from the experiences and is living in a safe and containing environment which will be able to bear the emotional distress that therapy may initially invoke within the child/young person. Where a child is already known to CAMHS our opinion can be used to inform court proceedings **in partnership** with the local authority. Other scenarios will be considered on a case-by-case basis.*

Where a child is unable to be contained due to the nature of their distress and there is risk of placement breakdown then consultation can be offered in the first instance.

4. There are significant family relationship difficulties, which are leading to impairing mental health symptoms within the child/young person.

5. A child/young person has a developmental delay including tourettes/tics, moderate learning difficulties, or autistic spectrum disorder and there are mental health symptoms or complex presentations. Currently we are able to accept referrals requesting Autism Assessment without comorbid mental health symptoms. This is a temporary agreement with commissioners. We require information regarding symptoms and impact on the young persons level of functioning.

6. A child/young person is exhibiting over-activity, impulsivity and a degree of distraction/inattention which is appreciably inappropriate for the child/young person's developmental age. Moreover these behaviours are observed as impeding the child/young person's capacity to engage and access the school curriculum and general social interactions with peers and adults.

Presenting Problem	Description	Referral Route
ADHD	<p>Mild to moderate symptoms of inattention, hyperactivity and impulsivity.</p> <p>Moderate to severe symptoms significantly impacting upon child's ability to engage in academic and social activities.</p> <p>Please also refer to care pathway at www3.hants.gov.uk/camhs and on map of medicine</p>	<p>Initial route to community support agencies for parenting support and school based interventions from Special Educational Needs Co-coordinator (SENCO), Emotional Literacy Support Assistant (ELSA) and Educational Psychologist as appropriate. All above interventions should be accessed through the individuals home school</p> <p>Referral to Specialist CAMHS following these interventions if no change has occurred and symptoms continue to significantly impact upon level of functioning.</p>
ASC	<p>Where arrangements, at a local level, are already in place to undertake autism assessments, these should continue. Where no arrangements are in place, Sussex Partnership NHS Foundation Trust will assess, and if required, undertake an Autism Assessment.</p>	<p>Continue to use existing referral routes, otherwise:</p> <ul style="list-style-type: none"> • Under 5 year olds or complex medical presentations, initially refer to Paediatric Services. • Other referrals should be made to CAMHS
Anxiety	<p>Many young people will experience anxiety. Levels of impairment are determinant factors as to whether Specialist CAMHS is required or whether additional support within school and from community counseling services is most appropriate.</p> <p>If anxiety is significantly impacting the school, home and social environment or if there is a dramatic and sudden deterioration then a referral to Specialist CAMHS is indicated.</p>	<p>Initially access community counseling services or school based counselors/pastoral care workers.</p> <p>If level of impairment significantly impacting upon functioning then referral to Specialist CAMHS.</p>
Bereavement	<p>Grief response following the loss of a family member or friend. Child/young person may be experiencing significant levels of distress.</p>	<p>Initial referrals to be made to local bereavement services detailed in local directories at www3.hants.gov.uk/camhs</p> <p>Referrals to Specialist CAMHS to be considered following interventions from bereavement services and if distress in child having significant impact upon level of functioning and mental health.</p>
Depression/Low Mood	<p>Low mood is persistent and symptoms are impacting upon daily living e.g. tearfulness, poor sleep and reduced appetite.</p>	<p>If mild to moderate than community counseling or school counselor services should be accessed in the first instance.</p> <p>Severe depression which is having a significant impact upon an individuals functioning should be referred to Specialist CAMHS.</p>
Eating Disorders	<p>To include bulimia and anorexia nervosa.</p>	<p>Early referral to Specialist CAMHS. Please complete physical examination prior to referring.</p> <p>Also refer to care pathway at www3.hants.gov.uk/camhs and on map of medicine.</p>

Presenting Problem	Description	Referral Route
Family/Parent Difficulties	<p>Family conflict and/or cultures which arise in emotional and behavioral difficulties for the child/young person.</p> <p>Where there is evidence of family difficulties significantly impacting upon a child/young persons mental health then referrers are advised to refer for Specialist CAMHS.</p>	<p>Social Care, universal and tier 2 services should be accessed. These include parent support services, children's centre's and mediation services.</p> <p>Specialist CAMHS will not accept referrals for young people whose emotional and behavioural difficulties arise from welfare.</p>
Obsessional Compulsive Disorder	Consider an early referral	Refer to Specialist CAMHS
Overdose	Send directly to A&E	Immediate referral to hospital for medical treatment
Post Traumatic Stress Disorder	Child/young person displaying symptoms of hyper vigilance, flashbacks and/or marked levels of distress.	Contact local CAMHS team for advice and consideration of referral to Specialist CAMHS or other appropriate service.
Psychosis	Young person engaging in bizarre behavior, reporting hearing voices and/or hallucinations.	Early referral to Specialist CAMHS
School/College Refusal	<p>Young people who are persistent non-attenders at school are the prime responsibility of the local education authority.</p> <p>Where there is concern that non attendance is due to a mental health problem this may be evidenced by high levels of distress displayed by the young person at attending school and/or significant levels of anxiety demonstrated which is preventing attendance.</p>	<p>In the first instance education should access additional support from Educational Psychology Services as appropriate.</p> <p>Schools to consult with link PMHW if concerns remain and there is thought to be some relation to the child/young persons mental health.</p>
Self Harm	<p>Referrers are encouraged to contact their local Specialist CAMHS team before making a referral to discuss level of self harm and other services that may be appropriate in the first instance.</p> <p>Factors that will influence service to be accessed will include severity and duration of self harm, level of impairment and young person's mental state.</p>	Contact local CAMHS team for advice on appropriate referral route.
Substance Misuse	Drug or alcohol misuse	Refer to specialist substance misuse services. Hampshire wide this is Catch 22.

Hampshire CAMHS Screening Tool

A: Is there evidence in the referral of the mental health symptoms/problems outlined in CAMHS referral criteria? (i.e. psychosis, mania, depressive disorder, anxiety disorder, eating disorder, OCD, post-trauma, inattention/hyperactivity/impulsivity)

2	Yes clear evidence	<i>Continue to the following sections</i>
1	Some	<i>Continue to the following sections</i>
0	No	<i>Not for CAMHS, close & signpost where possible (state where)</i>

B: Is there evidence of functional impairment **related to** the mental health symptoms described? Give details...

2	Yes, significant impairment	<i>Continue to the following sections or if clearly related to the mental health symptoms accept for CAMHS</i>
1	Some	<i>Continue to the following sections</i>
0	None described	<i>Not for CAMHS, close & signpost where possible (state where)</i>

C: How severe/risky are the symptoms described? Give Details..

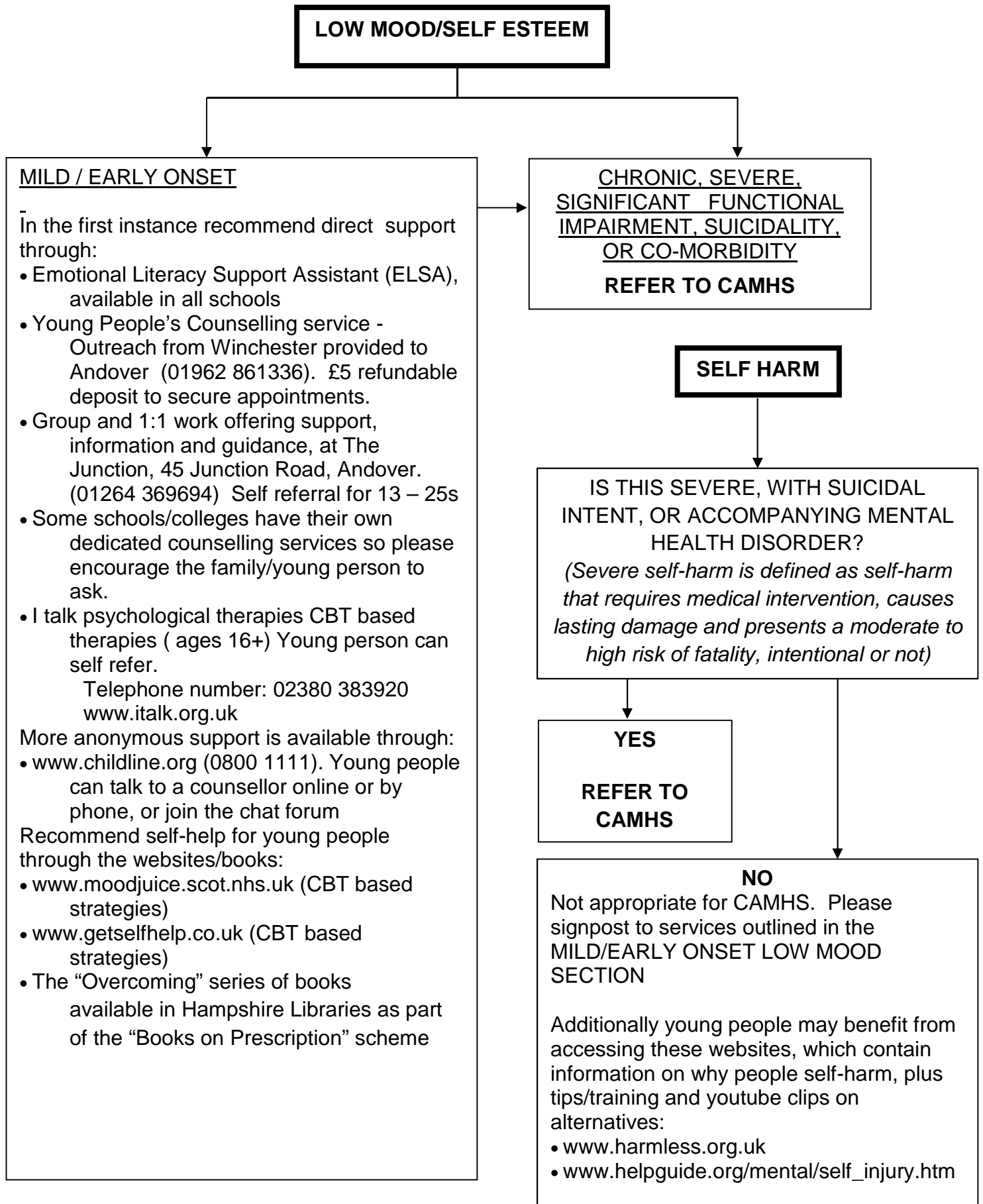
2	High severity/risk	<i>Accept for CAMHS</i>
1	Moderate	<i>Continue to the following sections</i>
0	Mild	<i>Not for CAMHS, close & signpost where possible (state where)</i>
	Unknown/Not Mentioned	<i>Enquire with referrer as to level of risk if necessary</i>

D: For scores of 1 in sections B or C, have alternative Tier 1-2 services been accessed in the first instance (e.g. counselling, ELSA, BST, educational psychology, family lives etc.)?

1	Yes	<i>Accept for CAMHS</i>
0	No	<i>Close & signpost (where to)</i>

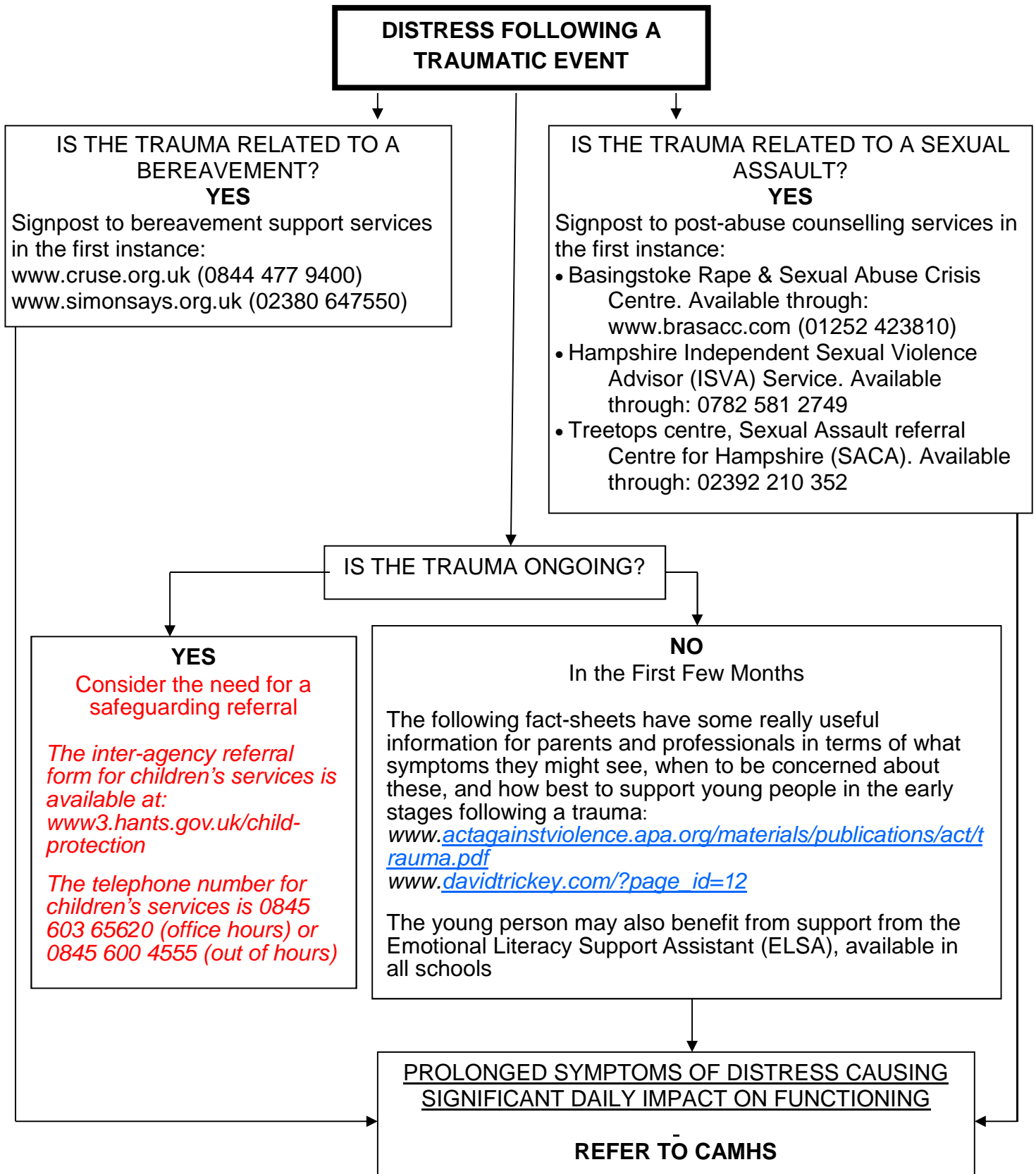
If in doubt please contact us on 01264 835356. Calls from Professionals are taken by an available clinician as they come in to the service.

(If a clinician is unavailable please leave a message indicating when we can contact you)



If in doubt please feel free to call our Professionals Telephone Consultation Line
09:00 - 17:00 Monday to Friday
01256 392 766

(If you are unavailable at these times please leave a message indicating when you are available and we will try to contact you at these times where possible)



If in doubt please feel free to call our Professionals Telephone Consultation Line
09:00 - 17:00 Monday to Friday
01256 392 766

(If you are unavailable at these times please leave a message indicating when you are available and we will try to contact you at these times where possible)

ANXIETIES OR WORRIES

PHOBIAS, SEPARATION ANXIETY,
GENERAL WORRIES, PANIC

In the first instance recommend direct support through:

- Emotional Literacy Support Assistant (ELSA), available in all schools
- Counselling (see Low Mood section for contact details)
- I-Talk www.italk.org.uk (02380 383920). CBT based input for young people 16+. Young people can self-refer.

Or self-help for young people through the websites/books:

- www.youth.anxietybc.com (CBT based strategies)
- www.moodjuice.scot.nhs.uk (CBT based strategies)
- www.getselfhelp.co.uk (CBT based strategies)
- The "Overcoming" series of books available in Hampshire Libraries as part of the "Books on Prescription" scheme

For parents recommend the book "Overcoming Your Child's Fears & Worries" (Cresswell & Willetts). This guides parents in using a CBT-based approach to managing their child's anxieties

OCD WITH SIGNIFICANT
DAILY IMPAIRMENT

REFER TO CAMHS

PARANOIA, DELUSIONS, DISTORTED
THINKING, HALLUCINATIONS, LOSS
OF REALITY

REFER TO CAMHS

or

**REFER TO EARLY INTERVENTION IN
PSYCHOSIS PRACTITIONERS IN
CMHT (FOR 14+ YEAR OLDS)**

Young People Living in Basingstoke
(01256 316326)

PROLONGED PHOBIAS, PANIC,
SEPARATION ANXIETY OR WORRIES
WITH SIGNIFICANT FUNCTIONAL
IMPAIRMENT IN SPITE OF THE ABOVE
STRATEGIES AND SUPPORT

REFER TO CAMHS

**If in doubt please feel free to call our Professionals Telephone Consultation Line
09:00 - 17:00 Monday to Friday
01256 392 766**

(If you are unavailable at these times please leave a message indicating when you are available and we will try to contact you at these times where possible)

EATING DIFFICULTIES

SIGNIFICANTLY DISTORTED BODY IMAGE, ANOREXIC COGNITIONS, BINGEING, PURGING, RESTRICTIVE EATING, RAPID WEIGHT LOSS, EXCESSIVE EXERCISE

REFER TO CAMHS

(Following ED Pathway on pages 14 - 17)

Please complete physical health check (weight, height, BMI, BP, HR, temperature, bloods if necessary) and include this information in the referral.

Recommend the following books to the family:

- Eating Disorders A Parent's Guide (Bryant-Waugh)
- The Parent's Guide to Eating Disorders (Smith)
- Skills Based Learning for Caring for a Loved One with an Eating Disorder: The New Maudsley Method (Treasure)

FOOD OR VOMIT PHOBIAS

In the first instance follow advice given in worries, phobias and panic section (tab 8)

PERSISTENT FADDY EATING WITH UNDERLYING EMOTIONAL DISORDER, OR PERSISTENT FOOD PHOBIA

REFER TO CAMHS

"FADDY EATING"

In the absence of a clear underlying anxiety disorder this would not meet criteria for CAMHS (see anxiety & worries tab 8)

Consider referral to dietician, speech and language therapy/occupational therapy or health visitors

Recommend the self-help books:

- Can't Eat Won't Eat (Legge)
- Getting Your Child to Eat (Almost) Anything: Harvard Medical School Guides (Yuan & Westen)

**If in doubt please feel free to call our Professionals Telephone Consultation Line
09:00 - 17:00 Monday to Friday
01256 392 766**

(If you are unavailable at these times please leave a message indicating when you are available and we will try to contact you at these times where possible)

BEHAVIOURAL DIFFICULTIES AT HOME, SCHOOL OR IN THE COMMUNITY

MILD DIFFICULTIES, PRIMARILY AT HOME

- Minor difficulties at school
- Minor difficulties in family

MODERATE DIFFICULTIES INCLUDING SCHOOL CONCERN

- Some indicators of potential neuro-developmental difficulties such as ADHD
- Family context of difficulty
- Anti-social behaviour, school refusal or criminality

PERSISTENT OR SEVERE DIFFICULTIES ACROSS SETTINGS IN SPITE OF FOLLOWING THE RECOMMENDATIONS ABOVE

- Includes clear features suggestive of ADHD

REFER TO CAMHS

IF THERE ARE SIGNIFICANT CONCERNS THAT THE YOUNG PERSONS BEHAVIOURS PRESENT A SIGNIFICANT RISK TO THEMSELVES OR OTHERS PLEASE MAKE A SAFEGUARDING REFERRAL 0845 603 65620 (office hours) or 0845 600 4555 (out of hours)

SPECIAL NOTE FOR YOUNG PEOPLE WITH ALCOHOL OR SUBSTANCE MISUSE PROBLEMS

We provide Consultant Psychiatry time to the locally commissioned substance misuse service "Catch-22". Please refer to this service 247Hants@catch-22.org.uk (01256 369160)

In the first instance refer to:

- Health Visitors (under 5's)
- Portage Plus (under 4's) - 02380 650034
- Emotional Literacy Support Assistant (ELSA), available in all schools
- Parent Support Advisors: Rachael Thomas for Brighton Hill Community College (rthomas@brightonhill.hants.sch.uk). Katherine Gare for Cranbourne Business & Enterprise College (k.gare@cranbourne.hants.sch.uk). Carol Robertson for Fort Hill Community School (Carol.Robertson@castlehill-inf.hants.sch.uk). Allison Powell for The Vyne Community School (Allison.powell@southview-jun.hants.sch.uk).

In the first instance advise the family to seek parenting support, training and advice through:

- Family Lives www.familylives.org.uk (0808 800 2222; 02380 557130)
- Parent Support Advisors: Rachael Thomas for Brighton Hill Community College (rthomas@brightonhill.hants.sch.uk). Katherine Gare for Cranbourne Business & Enterprise College (k.gare@cranbourne.hants.sch.uk). Carol Robertson for Fort Hill Community School (Carol.Robertson@castlehill-inf.hants.sch.uk). Allison Powell for The Vyne Community School (Allison.powell@southview-jun.hants.sch.uk).

If the problem is predominantly related to poor family relationships recommend Family Lives (as above) or Family Counselling through Relate (www.relate.org.uk)

If the difficulties are related to a diagnosed Autistic Spectrum Condition or Learning Disability advise:

- Southern Branch of National Autistic Society shants@nas.org.uk; www.shantsnas.org.uk (07767 618325). An extremely useful group for parenting support groups, training, family support workers and activities
- Family speak to school about advise/outreach from local special schools.

If school's are experiencing similar difficulties they can refer to the Educational Psychologists (01962 876239), or the Primary Behaviour Support Service (01962 876201), both of whom can also offer advice to parents/families

If there is anti-social behaviour, school refusal or criminality refer to:

- Locality Team who also have a youth crime prevention arm (02380 498137)
- Hampshire Youth Offending Team, cism.winchester@hants.gov.uk (01962 845501)

Suicide Risk Flow-Chart

1

Is the young person:

- complaining of low mood or anxiety?
- harming themselves non-lethally?
- previously harmed themselves or know people who self-harm?
- known to CAMHs?
- cooperative and communicating?

If YP has \geq 3 items from box 1



- Inform parents
- Call CAMHS Consultation Line for advice
- Create a safety plan with the young person

2

Has the young person:

- reported feeling hopeless or ambivalent?
- appeared anxious, irritable and/or agitated?
- noticed a change in their behavior or appearance?
- become withdrawn from friends and family?
- been traumatised in the past?
- recently had a 'critical life event?'
- been talking or writing about death, dying or suicide?

If YP has a total of \geq 5 items from box 1 and 2



- Implement actions from **GREEN** stage
- Urgent referral to CAMHS
- Arrange GP appointment in the next 72 hours

Has the young person:

- threatened or tried to kill themselves?
- been looking for ways to kill themselves?

If YP has \geq 1 item from this box or \geq 6 total items



- Implement actions from **AMBER** stage
- Contact out of hours GP immediately
or
- Take young person to the Emergency Department

- **Remove any possible means of suicide from their immediate environment** (medication, knives or other sharp objects, and household chemicals, such as bleach.)

Additional Notes

Critical Life Events

- Bear in mind that a critical life event could be a loss or a trauma but also a subjective event that has significant meaning to the YP (for example a relationship break-up or a traumatic social event such as a friendship breakdown).

Safety Plan

Please refer to the safety plan template provided for advice on how to create a safety plan with a young person. Remember:-

- Try to work collaboratively with the young person.
- Give the young person options– e.g. allow them to decide which calming activities they would find useful and who they would like to talk to in times of distress.
- Share information and safety plans with relevant people.
- Review the plan regularly.
- Potentially create a 'pocket sized' plan that the YP can keep on their person.
- Look out for signs that the safety plan is becoming ineffective.
 - The calming strategies are no longer working.
 - The YP is no longer engaging in calming strategies.
 - The YP is withdrawing from the designated people they can go to for support.
 - Conversations with the YP become more focused on death and/or suicide.
 - The YP is increasingly self-harming.

Helplines

- **Samaritans** 08457 909090
- **Childline** 0800 1111
- **PAPYRUS** 0800 068 41 41
- for teenagers and young adults who are feeling suicidal.
- **CALM (Campaign Against Living Miserably)**- 0800 585858
- a support group for young men who are feeling unhappy.

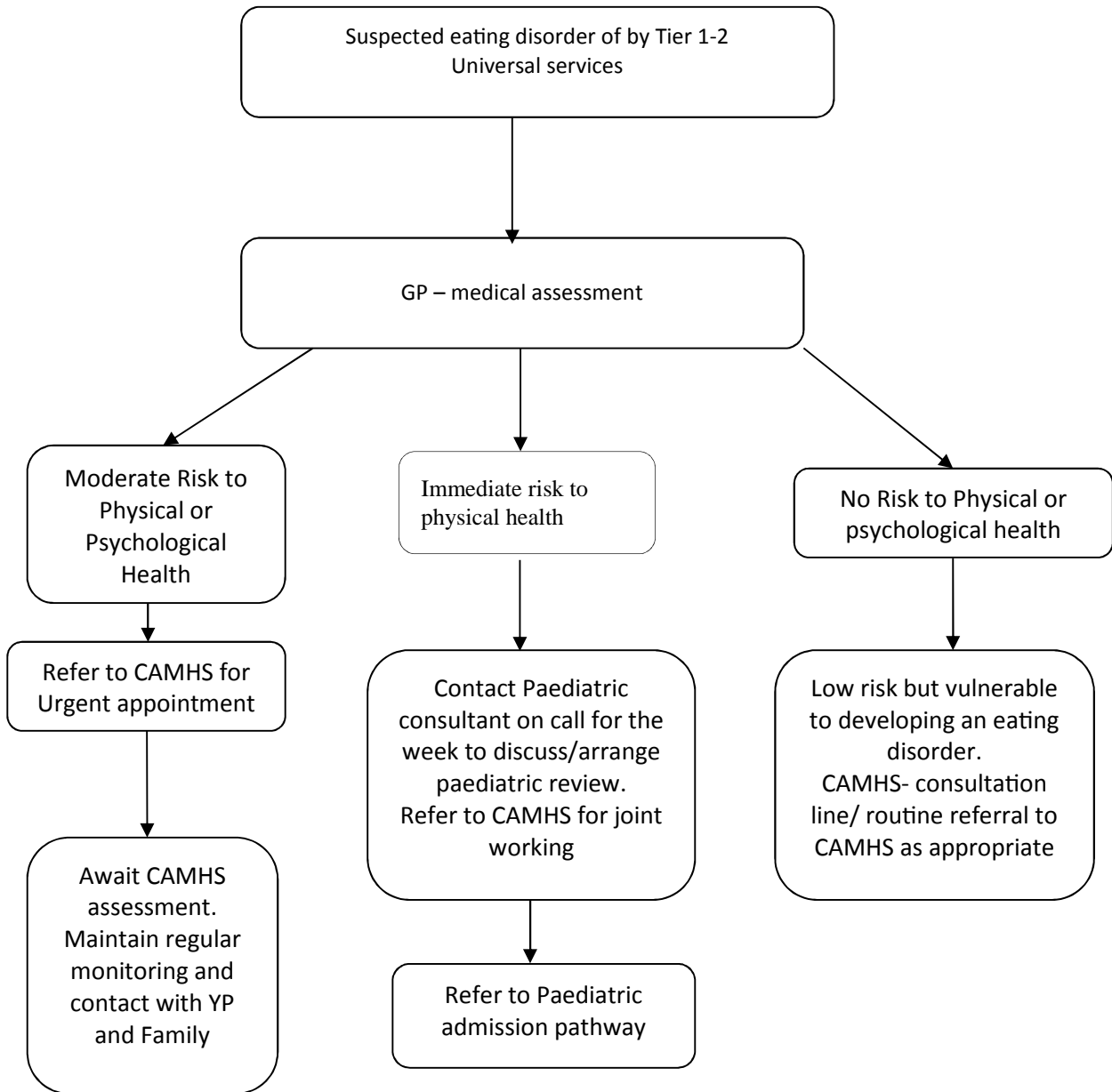
CAMHS Consultation Lines

- Fareham & Gosport 01329 822220
- Winchester 01962 828355
- Eastleigh 02380673984
- New Forest 02380 743030
- Andover 01264 835356
- Aldershot 01252 335600
- Basingstoke 01256 392766
- Havant 02392 224560

Hampshire Eating Disorder Care Pathway

Guidance for General Practitioners

(1) Primary Health Care – Eating Disorders Care Pathway



References: - See attached sheet for detailed guidance of management of suspected eating disorder in general practice.

Suspected Eating Disorder - Guide for General Practitioners

Due to the complex medical and mental health presentation of eating disorders the young person does require an assessment by a GP as part of the initial referral pathway to CAMHS. This will ensure:

- That the young person is referred following the appropriate pathway
- That there is liaison with the appropriate paediatrician and CAMHS team

It is recommended that for a fuller assessment the Junior MARSIPAN Risk Assessment tool is referred to as in Appendix 2 page 14 of the full eating disorder care pathway document.

<http://www.rcpsych.ac.uk/files/pdfversion/CR168.pdf>

Prior to a referral to CAMHS the information listed below should be obtained to aid prioritisation of the referral and to assess whether a more immediate paediatric referral is necessary:

- Weight and height (no shoes)
- Information of history of weight loss – amount lost, rapidity and intention
- Blood pressure and pulse sitting and standing
- Temperature
- ECG if clinically indicated
- History of excessive exercising, vomiting, abuse of laxatives or other diet pills
- Menstruation history in females
- Bloods to include blood glucose, FBC, U+E, LFT, TFT, magnesium, calcium, albumin, creatine kinase, ESR and phosphate

When to be concerned:

- Heart rate- less than 50bpm, symptomatic postural tachycardia - ECG indicated
- ECG-prolonged QT, heart rate < 50bpm, arrhythmia associated with malnutrition and/or electrolyte disturbance
- Blood pressure-systolic, diastolic or mean arterial pressure below the 0.4th centile for age/gender and/or postural drop of more than 15mmHg
- Signs of significant dehydration and malnutrition
- Temperature < 36 degrees
- Evidence of Purging –hypokalaemia, uncontrolled vomiting with risk of oesophageal and other visceral tears
- Hypokalaemia - <3mmol/l –admit under paediatrics
- Hyponatraemia or Hypernatremia- related to dehydration or water loading- <130mmol/l admit under paediatrics
- Rapidity of weight loss, even when seemingly a healthy weight range
- Mental health risk- suicidality, evidence of self-harm, family not coping

Following receipt of referral the young person will follow either the paediatric or CAMHS aspects of the care pathway depending on their presentation.

We recommend that whilst awaiting referral to CAMHS the referring GP continues to monitor the young person regularly taking into account the above information.

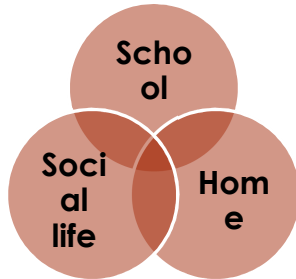
Appendix 7 Helpline and Resources

Books	Further Help
<p>Anorexia Nervosa; A Survival Guide For Families, Friends and Sufferers by Janet Treasure ISBN 0-86377-760-0</p> <p>Eating Disorders a Parents' Guide, from the Great Ormond Street Hospital Eating Disorders Clinic by Rachel Bryant-Waugh and Bryan Lask, ISBN 0-14-026371-3</p> <p>Eating with your Anorexic – How my child recovered through family-based treatment and yours can too by Laura Collins ISBN 0071445587</p> <p>Boys Get Anorexia Too – Coping with male eating disorders in the family by Jenny Langley ISBN 1412920221</p> <p>Anorexia and Bulimia in the Family by Grainne Smith ISBN 0-470-86161-4</p> <p>The Body Image Workbook: An 8-Step Program for Learning to Like Your Looks by Thomas F. Cash ISBN 1-57224-062-8</p> <p>Biting the Hand that Starves You: inspiring resistance to anorexia/bulimia By Richard Maisel, David Epston and Alisa Borden ISBN 0393703371</p> <p>Skills-based learning for caring for a loved one with an eating disorder: The new Maudsley method by Janet Treasure, Grainne Smith, Anna Crane ISBN 0415431583</p> <p>NICE (National Institute for Health and Clinical Excellence): Eating Disorders treatment guidelines for England and Wales. Available online at www.NICE.org.uk</p>	<p></p> <p>Website: www.b-eat.co.uk Helpline: 0845 634 1414 open Monday to Friday 10.30am–8.30pm; Saturdays 1.00–4.30pm Email: help@b-eat.co.uk</p> <p>For young people aged 25 and under B-eat Youthline: 0845 634 7650 open Monday to Friday: 4.30–8.30pm Saturdays: 1.00–4.30pm Email: fyp@b-eat.co.uk TXT 07786 201820</p> <p>Mental Health Matters Helpline – 0800 1070160. Offering confidential emotional support for service users and carers 5pm to 9am Monday to Friday and 24 hours at weekends and Bank Holidays.</p> <p>Overcoming Anorexia for Carers www.overcominganorexiaonline.com</p> <p>Anorexia and Bulimia Care www.anorexiabulimiacare.org.uk</p> <p>F.E.A.S.T Families Empowered and Supporting Treatment of Eating Disorders www.feast-ed.org</p> <p>Around the Dinner Table www.aroundthedinnertable.org</p> <p>Young Minds www.youngminds.org.uk/</p> <p>Royal College of Psychiatrists – website contains links to leaflets and further information www.rcpsych.ac.uk/expertadvice/problems/eatingdisorders.aspx</p> <p>Self Help for Parents with Children who have an Eating Disorder www.parented.co.uk</p>

School/GP screening pathway for suspected ADHD

ADHD could be suspected when

1. There are symptoms of Inattention, hyperactivity and/or Impulsivity are pervasive i.e. **across different environments**



and across time (i.e. not a response to challenging circumstances and usually noticeable from early childhood or on starting school)

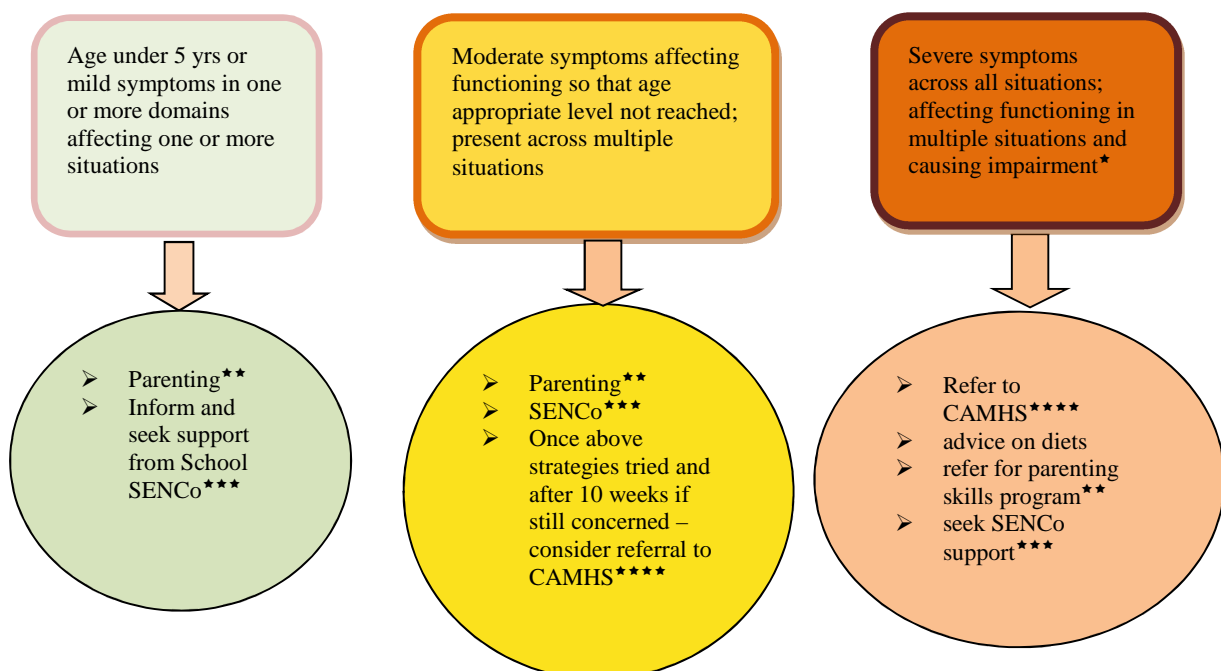
Definitions:

Hyperactivity: always on the go, as if driven by a motor; fidgety/squirmy; difficulty remaining in seat (NB compared to same aged peers)

Impulsivity: inability to wait for turn/in queues, dangerous acts because of lack of thought (not recklessness); interrupts/intrudes excessively (NB compared to same aged peers)

Inattention: difficulty with work requiring attention, fails to complete activities, frequently distracted, forgetful/loses things

2. **Consider** physical problems, bullying or change of family/social circumstances. There are many reasons why a child may present with symptoms of inattention, hyperactivity or impulsivity, such as – Significant Anxiety (including bullying), ASD, ODD/Conduct disorder, change of family or social circumstances or other complex social issues, Trauma and attachment difficulties, Sensory difficulties, Sleep difficulties, Specific or Global learning difficulties, Epilepsy, Tourette Syndrome, Mood disorder, Substance misuse, Brain injury etc.
3. **Diagnosis should only be made by specialist Tier 3 services** (CAMHS or Child Health)



- *the key to severe symptomatology is that it causes significant impairment in functioning, e.g failing at school or leading to problems in relationships at home to the detriment of development
- **see Resource list below
- ***Referral to school SENCO for any appropriate screening for specific learning difficulty and/or behaviour support from school
- ****see Hampshire CAMHS website for team information www.hants.gov.uk/camhs
- Referrals from schools are usually more helpful as they have more information about the child and what has been tried already

Resource List

Useful Links for National and Countywide Resources

www.hants.gov.uk/camhs directories of services, including information regarding CAMHS and Hampshire Family Services

www.addiss.co.uk/ registered charity providing information and resources about ADHD for parents, young people, teachers and health professionals; includes details of their resources, conferences and training

<http://www3.hants.gov.uk/parentpartnership> service providing support to parents with any special educational needs/ requirements in school

<http://www3.hants.gov.uk/childrens-services/families/parentdevelopment/triplep.htm> - Triple P (Positive Parenting Programme); triplep@hants.gov.uk 0845 6035620

<http://adhdpartnershipsupportpack.ie/> programme has been developed to cover the key steps needed to support children with ADHD both at home and in the school environment

http://www.parentvoice.info/en/Home_Page Parent Voice - all enquiries go through to 023 8072 1206 and the local participation workers are as follows:

Basingstoke: Vacancy 07852422089 email: angelaconduct@roseroad.org.uk

East Hants: Gail Bedding 07852421286 email: gailbedding@roseroad.org.uk

Eastleigh & Winchester: Richard Uren 07500 334767 email: richarduren@roseroad.org.uk

Fareham & Gosport: Sarah Goddard 07852422198 email: sarahgoddard@roseroad.org.uk

Hart & Rushmoor: Claire Symington 07508979405 email: clairesymington@roseroad.org.uk

Havant: Kris Mayer 07931156185 email: krismayer@roseroad.org.uk

New Forest : Katrina Spridgeon 07500 334709 email: katrinaspridgeon@roseroad.org.uk

Test Valley: Joanne Nash 07852421379 email: joannenash@roseroad.org.uk

www.youngminds.org.uk/adhd essential information for parents

www.wellatschool.org/ advice on supporting pupils with ADHD at school; ADHD partnership support pack

www.youth2youth.co.uk/ a counselling service for young people run by young people 24/7 who can also provide electronic counselling

<http://www.cafamily.org.uk/> Contact a Family - for families of disabled children

<http://www3.hants.gov.uk/youthtube> providing youth groups, counselling, career pathway advice, CV writing

<http://familylives.org.uk/> offers support for parents for a range of difficulties and access to Triple P Parenting Programme online; self referral and referral from professionals; helpline 0808 800 2222

<http://adhdandjustice.co.uk> information for professionals, parents and young people

Useful local contacts to signpost for further support

Southampton area

www.southamptonADHD.com/ aim to inform, educate and support parents or carers of young people and adults with ADHD, and those studying or working in the professional field

New Forest area

www.families-matter.org.uk Families Matter - support groups for parents and families of children and young people in the Waterside area; self referral and referrals from professionals.

Families Matter, Cornerstone, Hythe Reformed Church, New Road, Hythe, Southampton, SO45 6BR; tel 023 8020 7623; email familiesmatter@cornerstonehytheurc.org.uk

Youth & Families Matter – run a variety of parenting courses for parents of children aged 0-16 years; self referral and referral from professionals

Youth & Families Matter, c/o Testwood Baptist Church, 283a Salisbury Road, Totton, SO40 3LZ; 023 8086 0320; info@youthandfamiliesmatter.org.uk

Aldershot area

www.thesourceforyou.co.uk/ a resource for young people providing mentorship and relationship networking