



## CAMHS threshold guidance

This guidance has been included to help structure your thinking about whether CAMHS is the most appropriate agency to provide support / intervention to the families referred to us. Not every presenting concern is covered, and the thresholds are not strict. Presenting concerns often overlap with each other and so try to focus upon the primary need / concern to help make a decision. If you are unsure whether CAMHS is the most appropriate agency, please do link in with the team, a senior lead or the consultant to discuss further.

Presenting concern	When should agencies outside of CAMHS be involved?	When should Community CAMHS and other Tier 2 CAMHS teams be involved?	When should Specialist CAMHS be involved?
<b>Anger Problems</b>	Difficulties around experiencing anger and displaying aggression behaviour	Not as sole reason for referral but will be considered if previous behavioural intervention e.g. behaviour support in school, family support, parenting have not been successful and evidence of mental health difficulties.	Not as sole reason for referral
<b>Anxiety Disorders</b>	Early onset of anxiety disorders including phobias, mild Obsessive-Compulsive Disorder (OCD) symptoms	Early onset of anxiety disorders including phobias, mild Obsessive – Compulsive Disorder (OCD) symptoms.	Significant anxiety impacting upon the young person's ability to lead their lives
<b>Attention Deficit Hyperactivity Disorder (ADHD)</b>	Concern about attention / concentration, hyperactivity and / or behaviour First-line interventions for ADHD e.g. Parenting, school-based support etc.	Not as sole reason for referral	Assessment / intervention for ADHD, once interventions have been tried in the community
<b>Autism Spectrum Disorder (ASD)</b>	Assessment of ASD, psychoeducation and support around behavioural concerns, etc.	Children with ASD who present with a mental health concern within the remit of CCAMHS	Assessment and intervention for ASD and mental health concerns, as with Neurotypical young people
<b>Behaviour Problems</b>	Behaviour management problems	Not as sole reason for referral but will be considered if previous behaviour intervention e.g. behaviour support in school, family support, parenting have not been successful and evidence of impact on the mental health of the young person.	Not as sole reason for referral

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<b>Bereavement, Loss and Trauma</b>	Early sequelae from loss, bereavement, transition and abuse after a few months	Mild, single-trauma presentations where symptoms have been present for over 6 months and are impacting on functioning. Where there is complex developmental trauma, a brief intervention is unlikely to be effective.	PTSD and complicated grief reactions
<b>Depression / Low Mood</b>	Early evidence of mood disorders e.g. occasional disturbed sleep, appetite, low energy etc.	Evidence of mood disorders- onset within 1- 2 years of referral- some impact on functioning but not significant.	Longstanding and consistent low mood, disturbed sleep, poor appetite, reduced energy and motivation etc.
<b>Divorce and Separation</b>	Low impact mental health difficulties e.g. reaction to separation / divorce	Not as sole reason for referral	Not as sole reason for referral
<b>Eating Disorders</b>	Emotional problems related to eating (e.g. fussy eating)	Disordered eating related to a mental health difficulty.	If the young person is experiencing thoughts around their body, weight or shape and intentionally losing weight, regularly bingeing and / or purging, etc. in an attempt to change this. Note: CEDS-CYP should be involved rather than CAMHS if physical risk is high
<b>Enuresis and Encopresis</b>	Uncontrolled soiling and wetting	Not as sole reason for referral	Not as sole reason for referral
<b>Learning Difficulties or Learning / Intellectual Disabilities</b>	Concerns about learning / academic achievement	If there are concerns about mental health problems within CCAMHS remit	Not as sole reason for referral. Assessment and intervention for mental health concerns, as with Neurotypical young people. Note: LD-CAMHS would become involved if the young person attends a specialist LD (Learning Disability) school, has a IQ of 69 or lower and is presenting with mental health and / or behavioural concerns

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<b>Low Self-Esteem</b>	Self-esteem issues	Self-esteem issues with evidence of impact on mental health.	Not as sole reason for referral
<b>Psychosis</b>	Assessment and treatment occur within Early Intervention in Psychosis Services (EIS)	Not appropriate for CCAMHS intervention.	Initial referral screening and risk assessment if Psychosis unclear and / or if there are additional mental health concerns
<b>School Refusal</b>	School refusal without any mental health concerns requiring specialist CAMHS	School refusal where evidence of a mental health issue has been identified and education support service have been or are involved.	Not as sole reason for referral
<b>School-Based Problems</b>	School-focused concerns about emotional wellbeing and / or behaviour	School focused concerns about mental health issues related to a child after other relevant support agencies have been involved / assessed e.g. Learning Support.	Not as sole reason for referral
<b>Self-Harm</b>	Early evidence of deliberate self-harming behaviour, including suicidal ideas that are not intended to be acted on	Early evidence of deliberate self-harming behaviour- e.g. superficial cuts, burns, skin-picking up to 1 year. Thoughts of: not wanting to be here, life being too much, feeling overwhelmed. Thoughts that are not continuously present, not intended to be acted upon and not life threatening.	Suicide attempt, suicidal ideation, repeated self-harm
<b>Sleep Problems</b>	Difficulties falling and / or staying asleep	Sleep problems related to a mental health difficulty.	Not as sole reason for referral
<b>Substance Misuse</b>	Substance use / misuse of alcohol, legal and illegal drugs etc.	Young person experiencing problematic drug / alcohol misuse related issues should be referred to local specialist services. Use of drugs/alcohol does not preclude CAMHS involvement for mental health issues.	Not as sole reason for referral