

## Referral Criteria

### Psychosis (NB Consider referral to EIP team in presence of positive symptoms for 14 plus )

- Positive symptoms – Paranoia, delusional beliefs, abnormal perceptions (hallucinations on all sensory modalities)
- Negative symptoms – deterioration in self-care and daily personal, social and family functioning
- Disinhibited behaviour, over activity, risk taking, with pressure of speech and agitation
- Severe depression with psychomotor retardation, social withdrawal, suicidal ideation

### Mood Disorders

- We provide a service to young people whose primary presenting problem is a mood disorder. This includes those presenting with moderate to severe depression as well as those young people who present with complex diagnostic issues involving mood and bipolar disorders

### Eating Disorders

- An early discussion around any possible eating disorder difficulties is strongly encouraged , we have a member of our ED team available on a daily basis for a consultation .
- Anorexia Nervosa – an eating disorder characterised by excessive food restriction and an irrational fear of weight gain and distorted body image. It typically involves excessive weight loss
- Bulimia – engaging in binge and purge behaviour
- Eating Disorders – Other difficulties around food and eating.

### Significantly impairing Anxiety Disorders of a diagnosable level (e.g. OCD, PTSD)

- Severe or debilitating Anxiety panic attacks
- Separation anxiety which severely impacts on the child's functioning
- Phobias including phobic anxiety

### Depression

- Physical symptoms – poor sleep / appetite / libido
- Cognitive symptoms – negative thoughts about self / others / world
- Social Symptoms , significant withdrawal from social activities, school, activities previously enjoyed. These symptoms should have been present for a period of 2 weeks.
- Suicidal ideation – level on intent, current thought etc.
- Co-morbidity – depression often occurs concurrently with other presenting mental health problems

### Post Traumatic Stress Disorder

- Symptoms occurring more than 3 months after a recognised traumatic event
- Intrusion and avoidance of thoughts and memories about the trauma.
- Revisiting site of trauma.
- Hyper-vigilance, hyper-around and emotional numbing

### Obsessive Compulsive Disorder

- Obsessions and / or compulsions with functional impairment

### Attention Deficit Hyperactivity Disorder (ADHD)

- Significant difficulties in concentration and attention occurring in more than one environment eg home and school . Overactive , poorly modulated behaviour.

### Deliberate Self Harm

- Most commonly skin-cutting but might include burning, scratching, banging or hitting body parts, interfering with wound healing, hair-pulling (trichotillomania) and the ingestion of toxic substances or objects
- May be associated with suicidal ideation and intent and/or a pattern of emotional dysregulation, interpersonal difficulty and maladaptive coping strategies

### Complex Trauma

Complex trauma occurs when an individual is exposed to multiple traumatic events with an impact on immediate and long-term outcomes.

- Symptoms are chronic and prolonged and may present as any from the list above, likely to occur within the context of sexual or physical abuse .
- It impacts on development

To discuss a referral to CAMHS or a young person who hasn't yet been seen for their Choice appointment in CAMHS please ring 0300 304 0050 or email SPNT.HANTSSPA@NHS.NET