

Our Ref: Q3 17 61

12 December 2017

1. *How many CAMHS referrals have you had from education settings in the last three years (April 1 to March 31, 2014-15, 2015-16, 2016-17)?*
2. *Of those referrals how many were not eligible for support and how many went on to receive treatment?*
3. *Please provide a breakdown of the ages of all children and adolescents referred by education settings (11 and under; 12-15; 16 and over)*
4. *What age was the youngest child referred by an education setting?*
5. *For those who were offered treatment, what broad category did the primary diagnosis fit into:*
  - (a) *Life threatening conditions - (eg. Psychosis; risk of suicide or severe self-harm; severe depressive episode; anorexia nervosa)*
  - (b) *Conditions leading to severe functional impairments - (e.g) compulsive disorder (OCD); Anxiety/phobic/panic disorders; Bulimia nervosa; ADHD where there is significant psychiatric co-morbidity; Autistic spectrum disorders; Tourette's syndrome; School refusal where mental health disorder plays a significant role; Conduct difficulties which co-exist with other disorders; Severe and/or complex relationship difficulties*
  - (c) *Children and young people with learning disabilities experiencing emotional or behavioural or mental health difficulties*
  - (d) *Emotional difficulties relating to physical conditions (e.g Diabetes; Asthma; Neurological conditions; Unexplained pain/ somatising disorders*
  - (e) *Early intervention to prevent the development of more severe disorders (e.g. Complicated bereavement; Post-traumatic stress disorder (PTSD); Severe attachment difficulties; Self-care issues*

	2014-15	2015-16	2016-17
<b>Total referrals from education settings *</b>	311	314	294
<b>Total referrals aged 11 and under</b>	74	68	84
<b>Total referrals aged 12-15</b>	169	177	144

	2014-15	2015-16	2016-17
<b>Total referrals aged 16 and over</b>	68	69	66
<b>Age of youngest referral</b>	4	4	5
<b>Total referrals who went on to receive treatment - This is the number of referrals where the patient attended appointments</b>	219	178	178
<b>Total referrals not eligible for support - This is the number of referrals discharged as 'inappropriate'</b>	19	19	25
<b>(A) Total number treated for life threatening conditions</b>	1	0	1
<b>(B) Total number treated for conditions leading to severe functional impairments</b>	3	5	5
<b>(C) Total number treated for emotional or behavioural or mental health difficulties linked to learning disabilities</b>	0	1	1
<b>(D) Total number treated for emotional difficulties relating to physical conditions</b>	1	1	2
<b>(E) Total number treated for early intervention to prevent the development of more severe disorders</b>	1	0	1

*\* Please note that Somerset Partnership NHS Foundation Trust does not record referrals from specific schools as any referrals from an educational setting are recorded under a generic 'education service' role.*

6. *When a child or adolescent is not eligible for support in CAMHS do you signpost them to other potential sources of help? (If yes, please specify).*

When a child is referred to CAMHS Single Point of Access (SPA) Team or has a short term service while in crisis, such as through the Enhanced Outreach Team, but needs further work in the community, CAMHS ensures that the child and their family are signposted for the correct help as needed. For example, if a child has lower level depression/anxiety that is causing difficulty, is not a harm to themselves or others, CAMHS will help the child and family identify the correct support, and signpost but also liaise with that support provided there is consent to do so. SPA and other CAMHS services liaise regularly on behalf of children and families to support such as pastoral care or PFSA at schools for further counselling/support, Targeted Youth Support services, help with referrals to Social Care (sometimes involving completion of Early Help Assessments where needed), Focus 5 for children struggling with lack of education/employment in later years, Get Set if parents struggling with boundary setting, routine that impacts on behavioural/mental health needs, etc.

CAMHS encourages further support through signposting, advice/guidance, making referrals to other agencies, helping families through difficult systems with joined up meetings in the community to support the child, offering one off face to face assessment around the need and sharing with partner agencies. Discharge letters or no further help with CAMHS identified should always have advice, signposting and notification of any referrals made for the child/family given there is consent.