

Freedom of Information Act 2000 disclosure log entry

Reference

18-19056

Date sent

25/05/2018

Subject

Tier 2, 3, 4 Referrals

Details of enquiry

1. Please could you provide a copy of your threshold criteria/protocol/guidelines for access to community (Tier 2), specialist community (Tier 3) and inpatient (Tier 4) (whichever is applicable) CAMHS in your area, including any specific service thresholds for certain conditions such as eating disorders?
2. For each of the last five years since 2013/14, how many children and young people have been referred to community (Tier 2), specialist community (Tier 3) and inpatient (Tier 4) (whichever is applicable) CAMHS in your area?
3. Has there been a rise in the **rate** of referrals over the last five years since 2013/14?
4. What percentage of referrals to CAMHS services have been rejected or deemed inappropriate in the last financial year for which figures are available?
5. Please tick the reasons for refusal:
 - a. Condition not serious enough to meet threshold for access to service
 - b. Duration of condition not long enough (please state if you have a specific time limit)
 - c. Condition or situation not suitable for CAMHS service intervention (eg child does not have a diagnosable mental health condition)
 - d. Service lacks capacity to support the patient at this time
 - e. Existence of co-morbidity which excludes support from your service (eg substance misuse)
 - f. Young person above 18
 - g. Other (please state)
6. Do you wish to make any further comments on the issue of referral to children's mental health services?
7. What is your maximum waiting time in days for CAMHS from a) referral to first appointment and b) referral to start of treatment in 2017/18 or the most recent financial year available?
8. What is your median waiting time in days for CAMHS from a) referral to first appointment and b) referral to start of treatment in 2017/18 or the most recent financial year available?
9. If you collect the above information in weeks please could you state whether your measure of a week is equivalent to seven days? If you collect the information in months please could you state the number of days in each month?
10. What is your procedure regarding referrals to specialist CAMHS who are rejected or deemed inappropriate? Please select all that apply:
 - a. No action taken once referral is rejected or deemed inappropriate
 - b. Inform referrer that young person was not accepted into treatment
 - c. Signpost young person/parent/carer/young person's school/young person's GP to another service that is more appropriate
 - d. Contact signposted agency on behalf of the young person/parent/carer
 - e. Follow-up with young person/parent/carer/school/GP about whether the young person is accessing the signposted service or another service
 - f. Other (please specify)

Do you wish to make any further comments on the issue of rejected referrals to children's mental health services?

Response Sent

1. Please could you provide a copy of your threshold criteria/protocol/guidelines for access to community (Tier 2), specialist community (Tier 3) and inpatient (Tier 4) (whichever is applicable) CAMHS in your area, including any specific service thresholds for certain conditions such as eating disorders?

We provide a needs based service and do not operate to any threshold or guideline. We assess every referral in its own merit and if we do not think a CAMHS intervention is the most sensible starting point we signpost or guide to an appropriate service or intervention.

We developed the THRIVE model in our services and this takes a no tier no wrong door, population approach to CAMHS. The model and its implementation details can be found here: www.implementingthrive.org

2. For each of the last five years since 2013/14, how many children and young people have been referred to community (Tier 2), specialist community (Tier 3) and inpatient (Tier 4) (whichever is applicable) CAMHS in your area?

We do not operate a tiered system as we don't think its useful model to properly consider need. For all teams in Camden the number of referrals were as follows

- 2013/14 – 1,267
- 2014/15 – 1,379
- 2015/16 – 1,429
- 2016/17 – 1,658
- 2017/18 – 1,795

3. Has there been a rise in the **rate** of referrals over the last five years since 2013/14?

Yes

4. What percentage of referrals to CAMHS services have been rejected or deemed inappropriate in the last financial year for which figures are available?

2% in 2017/18

5. Please tick the reasons for refusal:

The list below list is not appropriate to our services, as we provide a needs based service and do not operate to any threshold or guideline.

We assess every referral in its own merit and if we do not think a CAMHS intervention is the most sensible starting point we offer advice, signpost or guide to an appropriate service or intervention.

We developed the THRIVE model in our services and this takes a no tier no wrong door, population approach to CAMHS. The model and its implementation details can be found here: www.implementingthrive.org

- ~~a) Condition not serious enough to meet threshold for access to service~~
- ~~b) Duration of condition not long enough (please state if you have a specific time limit)~~
- ~~c) Condition or situation not suitable for CAMHS service intervention (eg child does not have a diagnosable mental health condition)~~
- ~~d) Service lacks capacity to support the patient at this time~~
- ~~e) Existence of co-morbidity which excludes support from your service (eg substance misuse)~~
- ~~f) Young person above 18~~
- ~~g) Other (please state)~~

6. Do you wish to make any further comments on the issue of referral to children's mental health services?
We think roll out of Thrive is a sensible way to address resourcing issues and create some capacity in an over stretched area.

7. What is your maximum waiting time in days for CAMHS from a) referral to first appointment and b) referral to start of treatment in 2017/18 or the most recent financial year available?

Max days to first appt 173 days (this was an outlier figure and the vast majority of patient's will not wait this length of time for an appointment)

Max days to treatment 183 days (all appointments from the 2nd appointment onwards are considered as treatment)

8. What is your median waiting time in days for CAMHS from a) referral to first appointment and b) referral to start of treatment in 2017/18 or the most recent financial year available?

Median to first appointment 16 days

Median to treatment 34 days

9. What is your procedure regarding referrals to specialist CAMHS who are rejected or deemed inappropriate? Please select all that apply:

- ~~a) No action taken once referral is rejected or deemed inappropriate~~
- ~~b) Inform referrer that young person was not accepted into treatment~~
- ~~c) Signpost young person/parent/carer/young person's school/young person's GP to another service that is more appropriate~~
- ~~d) Contact signposted agency on behalf of the young person/parent/carer~~
- e) Follow-up with young person/parent/carer/school/GP about whether the young person is accessing the signposted service or another service**
This point is the most relevant to our service model