

Question 1. What percentage of referrals to CAMHS services have been rejected or deemed inappropriate in the last financial year for which figures are available? Please tick the reasons for refusal:

8.4% of referrals to CAMHS services have been rejected or deemed inappropriate in the last financial year 2018/19. Please see reasons in table below.

<p>a. Condition not serious enough to meet threshold for access to service</p>	<p>8%</p>	<p>Services adopt the principles of Ithrive which enable families to access the right support at the right time. This will include direction towards self-help apps and partnership with our tier 2 colleagues.</p> <p>e.g. To local therapy or counselling services, early help teams, school based supports, family support projects within social care, relate etc.</p>
<p>b. Duration of condition not long enough (please state if you have a specific time limit)</p>	<p>0</p>	<p>We do not have a specific time limit.</p>
<p>c. Condition or situation not suitable for CAMHS service intervention (eg child does not have a diagnosable mental health condition)</p>	<p>0</p>	<p>We thoroughly screen all referrals into the service to ensure they receive the most appropriate treatment pathway based upon their presenting clinical need. Referrals may be signposted to alternative services such as acute psychical care, local child development centres or substance misuse teams, however we have joint pathways in place where there is co-morbid mental health issues which allow us to join jointly with specialist services.</p>
<p>d. Service lacks capacity to support the patient at this time</p>	<p>0</p>	<p>Working in partnership with our local systems we try to ensure all referrals are managed appropriately within the system.</p>
<p>e. Existence of co-morbidity which excludes support from your service (eg substance misuse)</p>	<p>0</p>	<p>For young people with substance misuse as the primary problem, we would redirect/signpost to the substance misuse services for young people in the area. However, a comorbid substance misuse problem does not lead to exclusion from the service and we would follow our joint substance misuse protocol.</p>
<p>f. Young person above 18</p>	<p>0</p>	<p>We work with young people aged 0 – 18, we start transition of our young people at</p>

		17.6 months and have clear pathways for transition. We have strong relationships with local adult services to ensure care is handed over where appropriate.
g. Other (please state)	0.2%	Inappropriate Referral
Other (please state)	0.2%	Incomplete Information

Question 2. 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?

Please see below table for the financial year 2018/19.

a) referral to first appointment	121 (calendar days) The longest waiter (referral) came into the CAMHS as consultation; the CYP was arrested shortly after the referral was made. The CAMHS service kept the referral open and provided support to the external agency via consultation until it was appropriate for the CAMHS to assess the CYP. Our average waiting time for first appointment is 20 calendar days and 99% of accepted referrals were offered the first appointment within the CCG's waiting time targets.
b) referral to start of treatment	271 (calendar days) This longest treatment waiter was assessed six weeks after being referred, and treatment appointment was offered two weeks straight after the assessment but CYP repeatedly declined the appointments that CAMHS offered. Our clinician had to work with school to try to engage the CYP. Our average waiting time for treatment is 90 calendar days and 99% of accepted referrals started treatment within four weeks of completion of assessment.

Question 3. 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?

Please see below table for the financial year 2018/19.

a) referral to first appointment	20 (calendar days)/3 weeks
b) referral to start of treatment	90 (calendar days)/8 weeks