



# **Audit of rejected referrals to Child and Adolescent Mental Health Services in Scotland**

## **Executive Summary**

Evidence from Barnardo's Scotland staff  
working in children's services June 2018

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# Executive Summary

In 2017, Barnardo's Scotland highlighted the issue of referrals to CAMHS being rejected, and called for an inquiry into this. We were therefore delighted when the Scottish Government announced an audit of rejected referrals to CAMHS as part of their 10 year Mental Health Strategy. Early in 2018, we gathered evidence from around 40 practitioners working across 10 Barnardo's services in Scotland of their experiences of working with children and young people who have been unable to access specialist CAMHS following a referral.

Our services highlighted five key reasons why a referral to CAMHS may be rejected:

- 1 Lack of stability**  
Children and young people who do not present as stable or who are not in a stable placement are likely to be rejected by CAMHS for treatment
- 2 Lack of engagement**  
Children and young people who do not engage with CAMHS or fail to attend appointments can be rejected for treatment
- 3 Symptoms not severe enough**  
Referrals are often rejected because young people are not presenting with severe enough clinical problems; behavioural and emotional problems tend to be outwith the remit of CAMHS
- 4 Lack of clarity around referral criteria**  
A lack of clarity around the criteria and thresholds for those referring into CAMHS results in inappropriate referrals and rejections for young people
- 5 Service already being provided by another organisation**  
Young people can be rejected for treatment with CAMHS because they are already receiving a service or support of some kind from another organisation, in this case Barnardo's Scotland

Given the findings of this report, Barnardo's Scotland is calling for some fundamental changes to the support available for children and young people's mental health. The current system is failing many of our most vulnerable young people and prevents the extremely dedicated staff within CAMHS from being able to help those most in need.

Access to specialist CAMHS must be improved for those children and young people who really need it. But for this to happen, pressure on the service must be relieved further upstream.

A national conversation about the funding structures for the kinds of issues not best suited to CAMHS is needed. Until there is parity of esteem as far as funding is concerned, the NHS and particularly specialist CAMHS will continue to bear the brunt of referrals for children and young people's mental health. The third sector is currently picking up the pieces but with unstable and uncertain funding this is not a long term solution.

Better referral pathways for young people experiencing distress and difficulties with their mental health are essential; these pathways should be accompanied by appropriate funding streams and support services. The current system creates a bottleneck for specialist CAMHS and sets up young people for more and more rejection at a critical time when they are most in need of support.





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# Recommendations

Recommendations 1 and 2 are necessary within the current CAMHS system. Recommendation 3 is for a new model of provision but should be implemented in conjunction with recommendations 1 and 2 to ensure that CAMHS are able to complement this new model.

- 1** Clearly understood, consistent referral criteria AND assessment processes for referrals to CAMHS should be established nationally.
- 2** Clarification is needed as a matter of urgency for all professionals and families about what the role, scope and remit of specialist CAMHS is.
- 3** Consideration should be given to the development of an alternative service to CAMHS for children experiencing distress. This service should be rooted in children's experiences and environment and take a trauma-informed approach.



**The full report can be found on our website.**

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