



An Audit Assessing the Quality of Referrals to Child and Adolescent Mental Health Services (CAMHS) Requiring Multidisciplinary Team Assessment During 2023

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Aim

- Evaluate the quality of referrals.
- Ensure referrals are comprehensive and accurate.

Inclusion Criteria

- Referrals still requiring MDT Discussion spanning from Feb 2023- December 2023.
- Referrals from one caring consultant were included.
- Routine referrals were included.

- Retrospective Audit
- Gold standard: NICE guidelines and CAMHS referral guidelines in the UK. (Gloucestershire Health and Care- NHS Foundation)

- Referrals were systematically assessed against the following parameters:
 - Demographics
 - Clarity of Presenting complaint
 - Past Psychiatric History and Past Medical History
 - Mental state examination
 - Risk assessment
 - Treatment history
 - Investigations- Organic Screening



Reasons for referral: History of presenting complaint

11 yrs $\overrightarrow{A A}$

hr review

rx anxiety?
ADHD?

inconsistent.

Past History

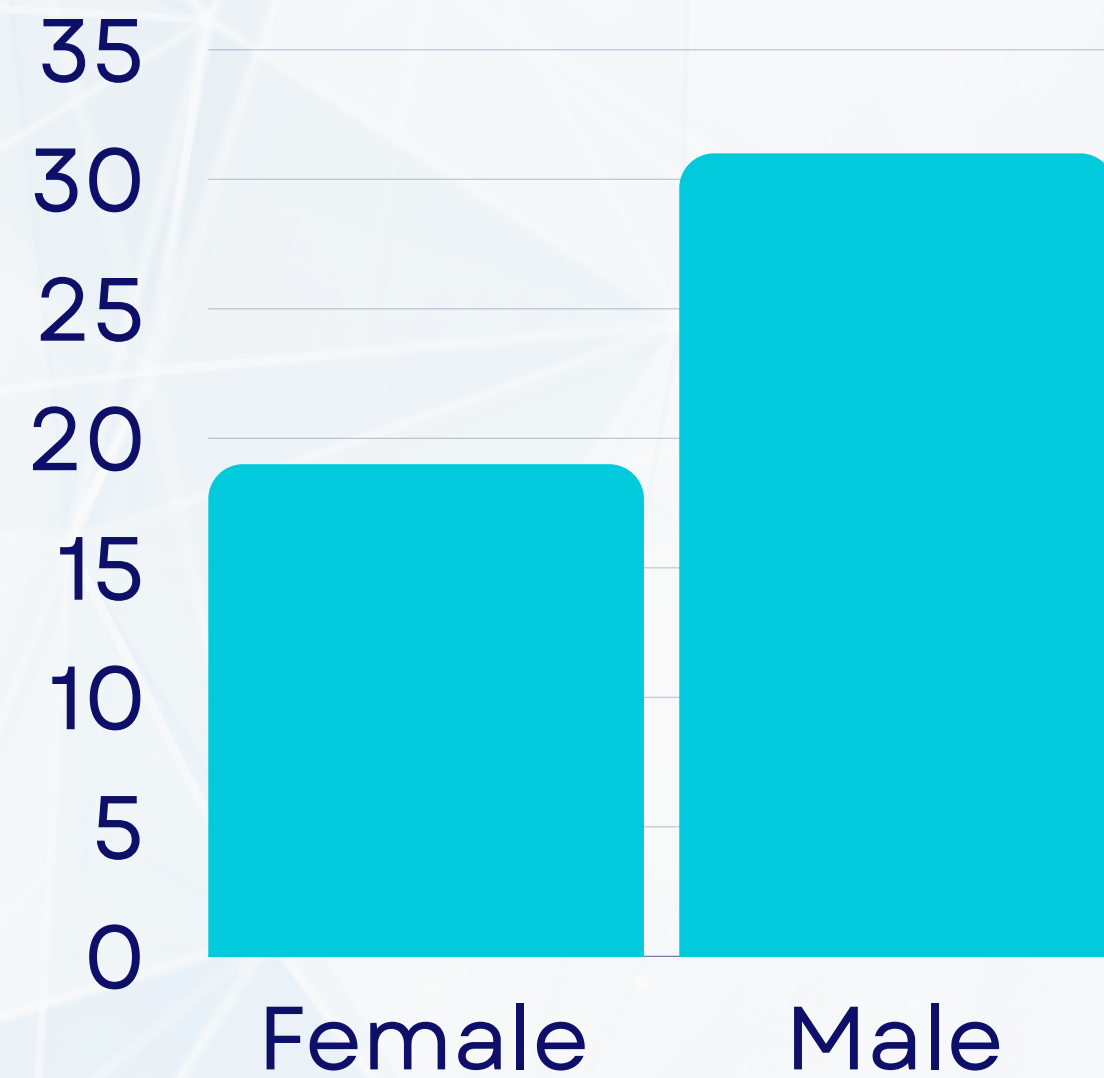
IE Rx.

needs 1/2

family

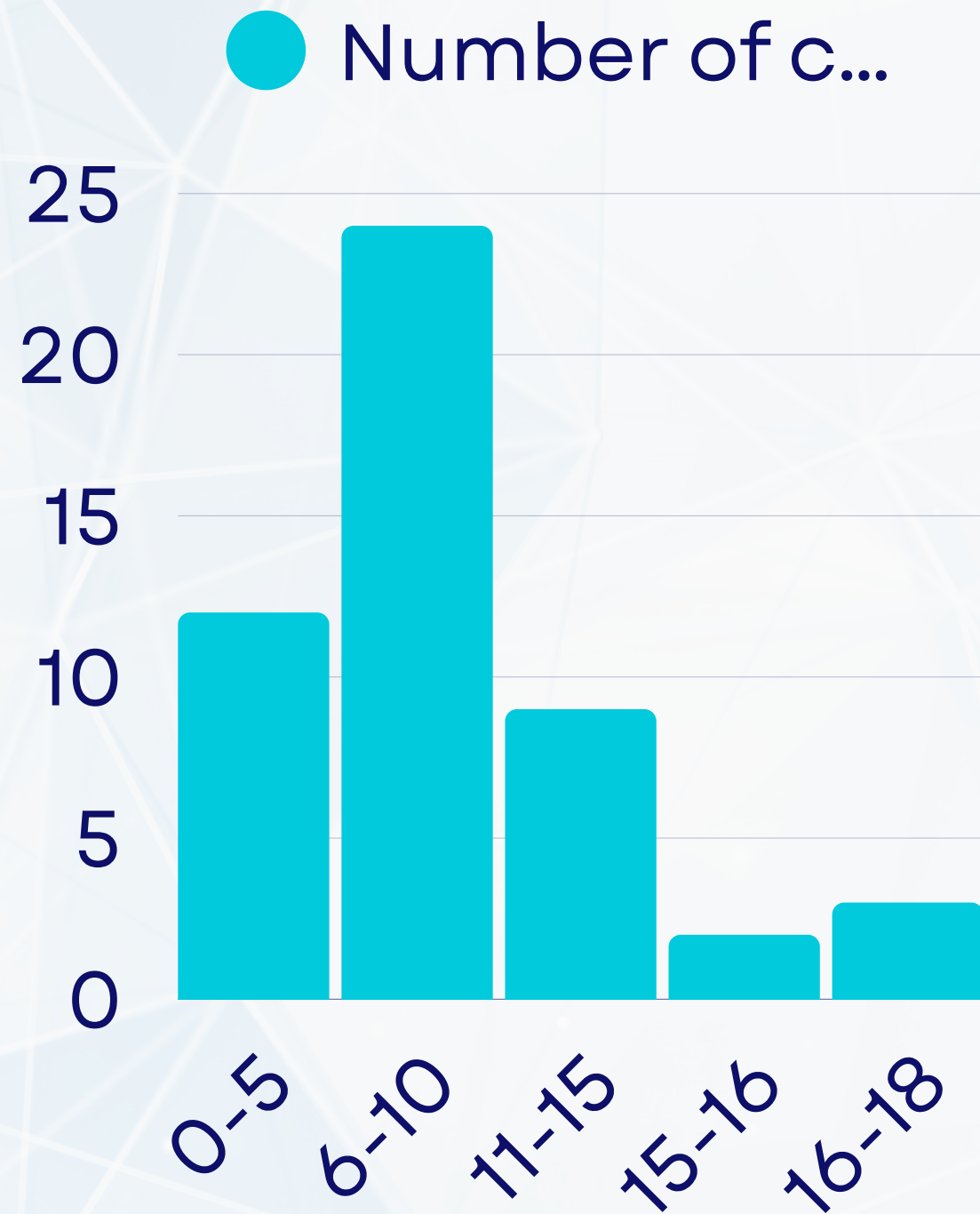
Current Treatment and any Allergies

Results



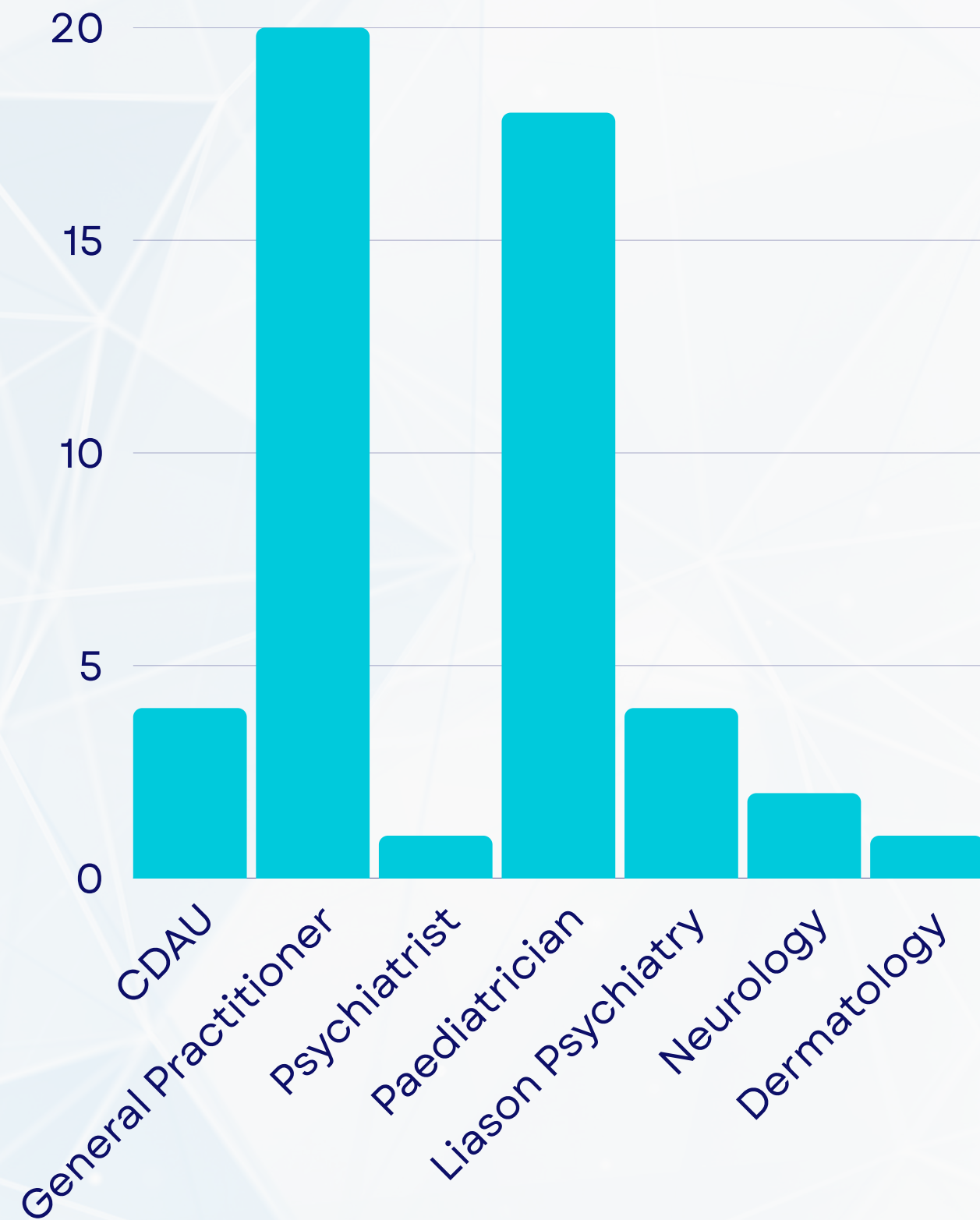
50 referrals have been identified.
62% males (n= 31) and 38% females (n= 19).

Results



The most common age group for referrals was between 6-10 years of age.

Results

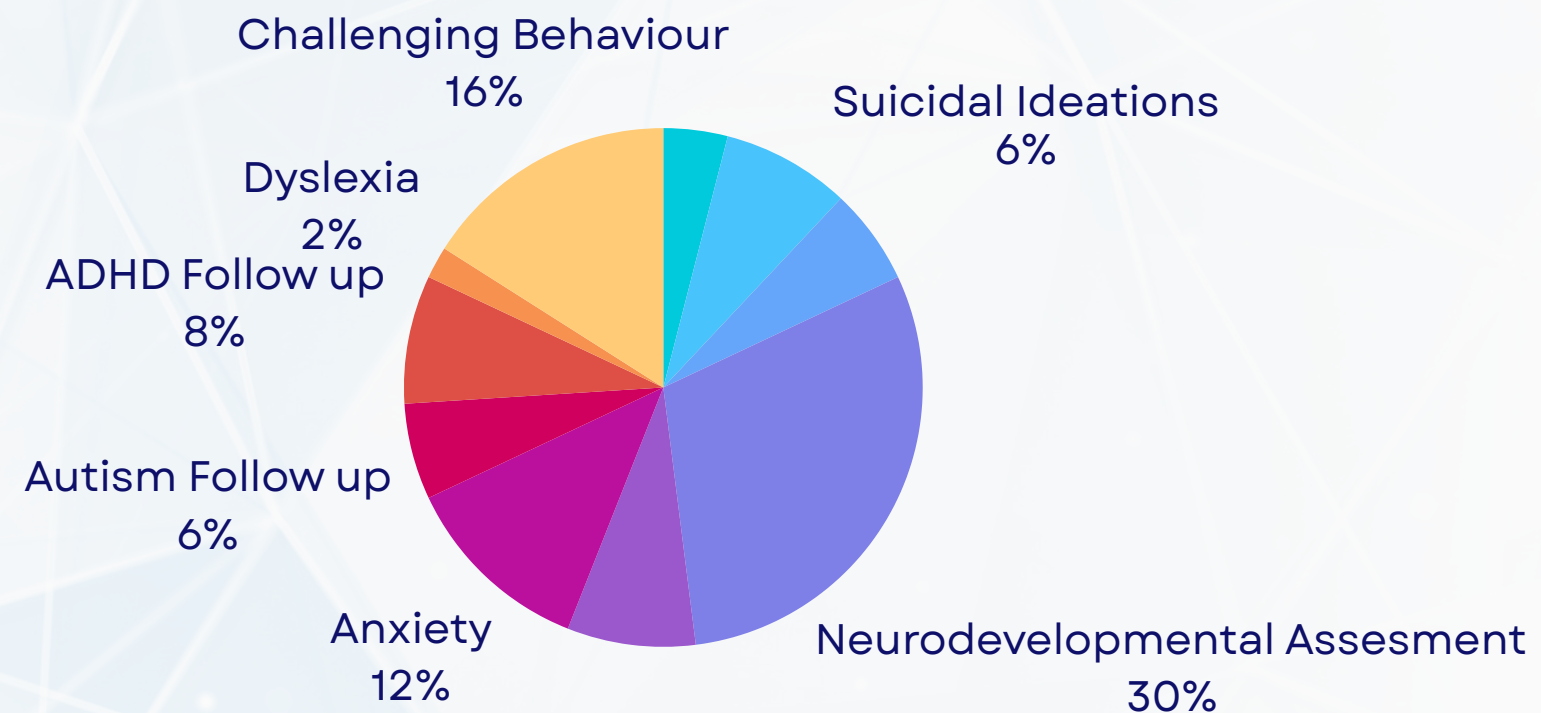


The majority of the clients were referred by a GP, followed by a Paediatrician.

Results

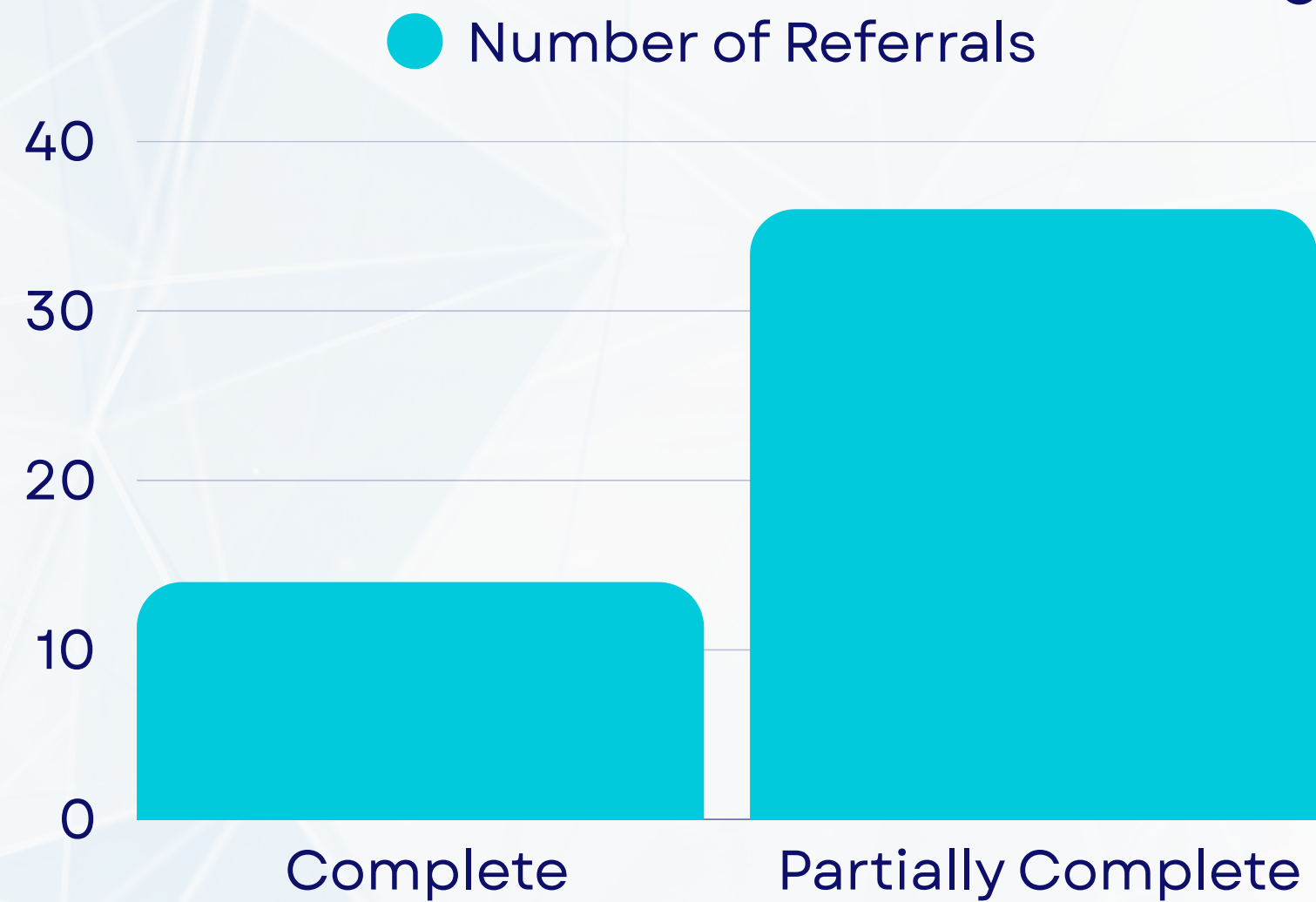
- Low mood
- Psychiatry Asses...
- Suicidal Ideations
- Neurodevelopm...
- Psychological Re...
- Anxiety
- Autism Follow up
- ADHD Follow up
- Dyslexia
- Challenging Beh...

The majority of clients were referred for a Neurodevelopmental Assessment followed by Challenging Behaviour.

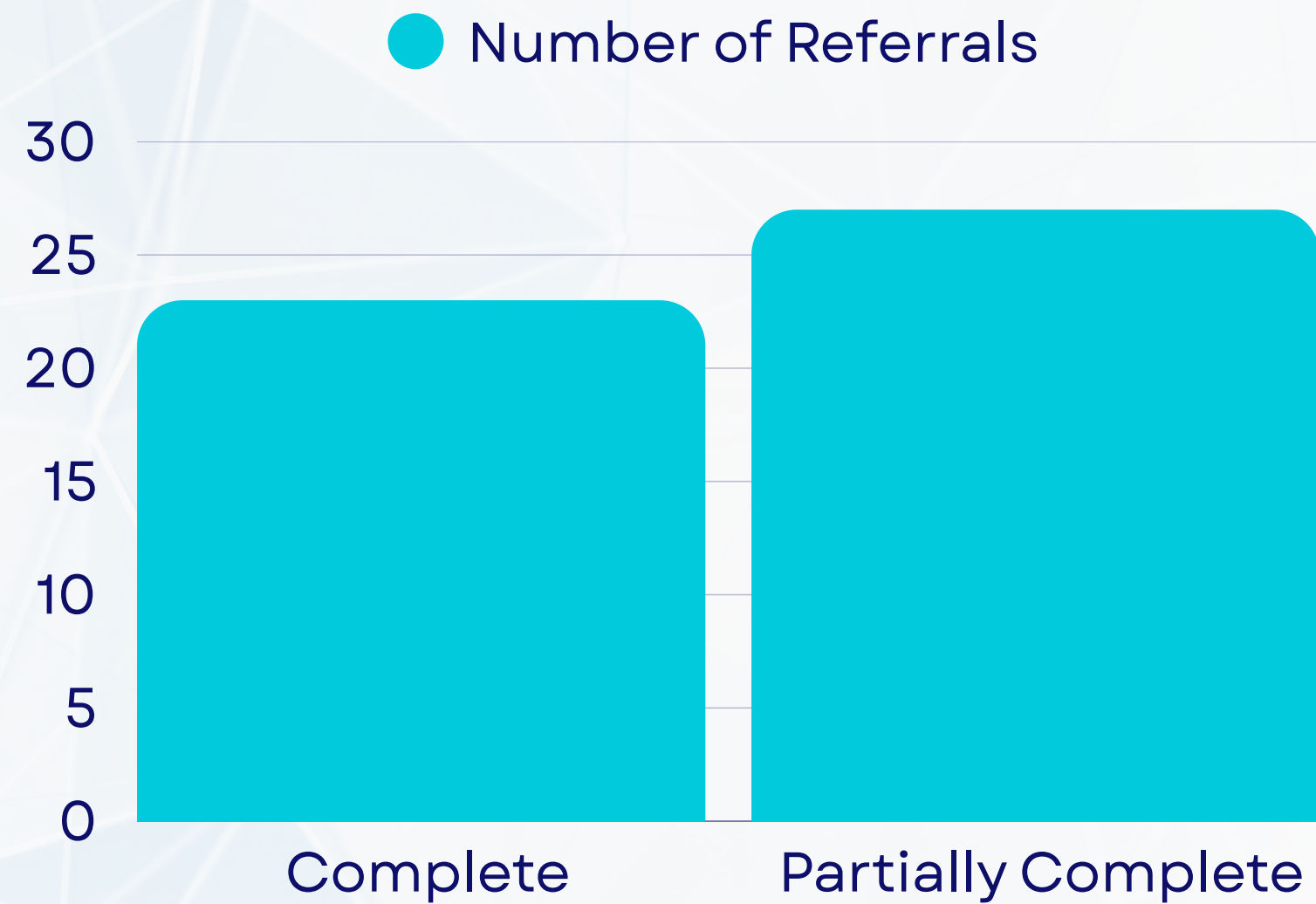


Results

Only 28% (n= 14) of the referrals were completely filled in.



Results



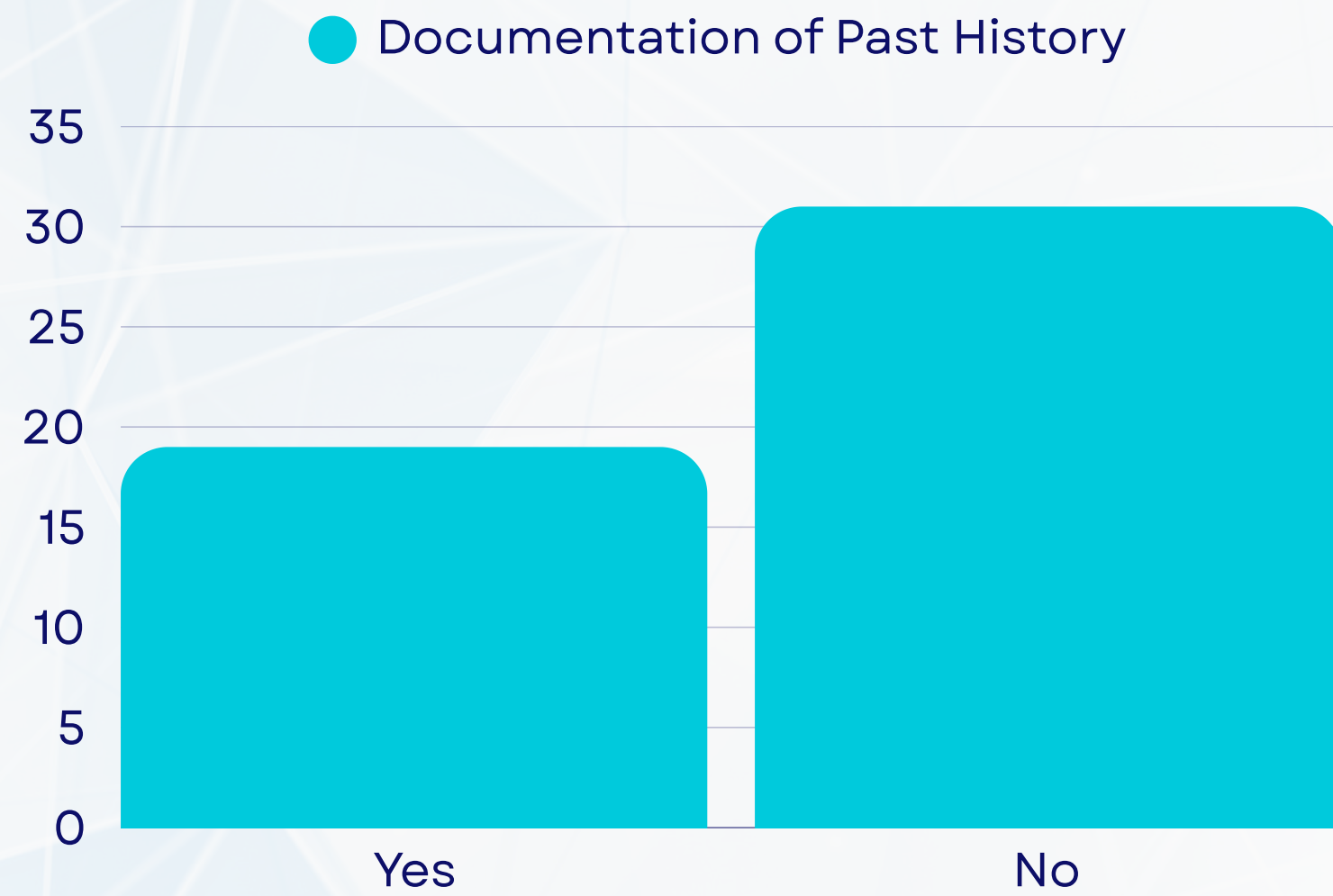
Demographics were completely filled in 46% of referrals (n=23).

Results

No clear reason for referral was documented in 52% (n= 26) of referrals.

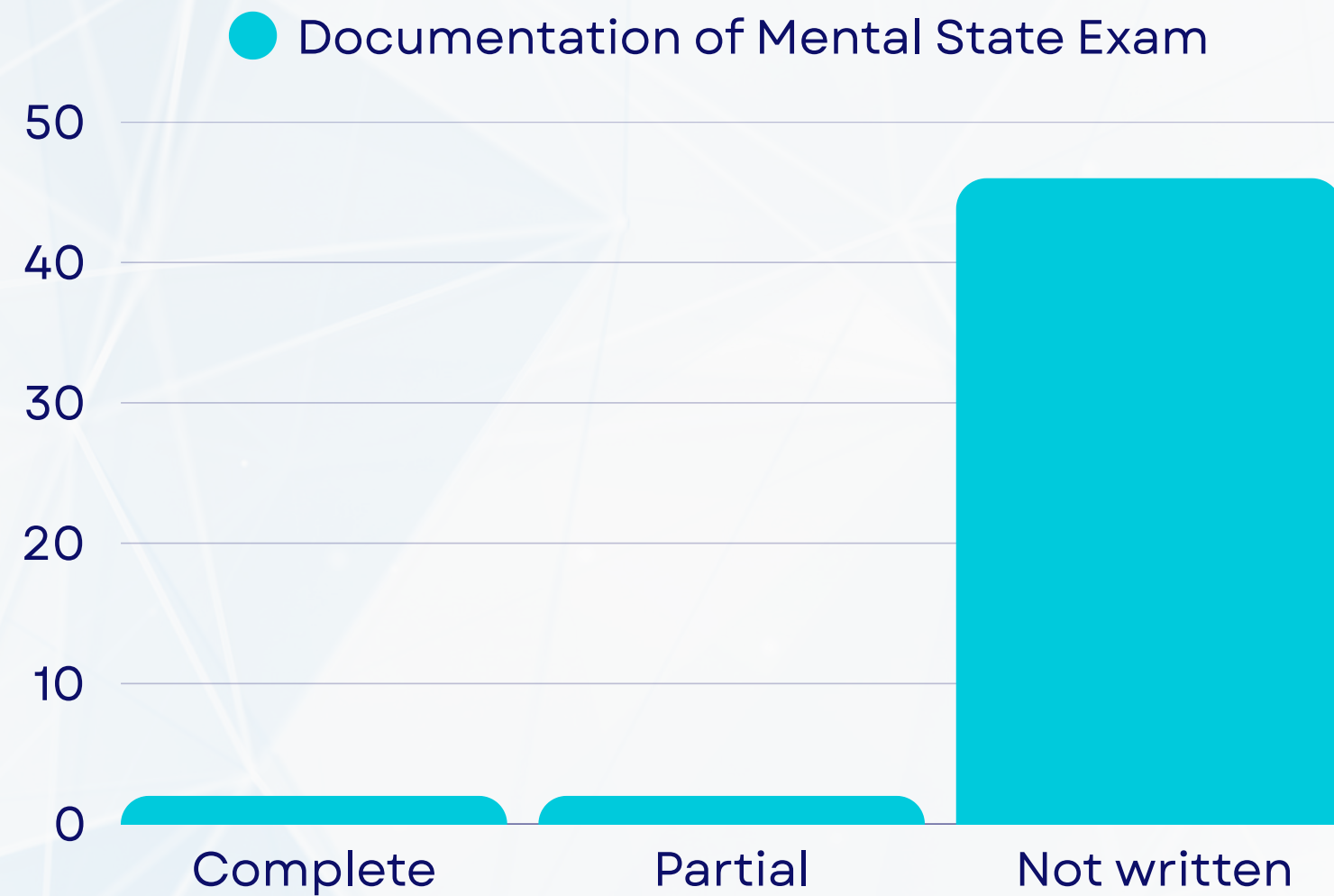


Results



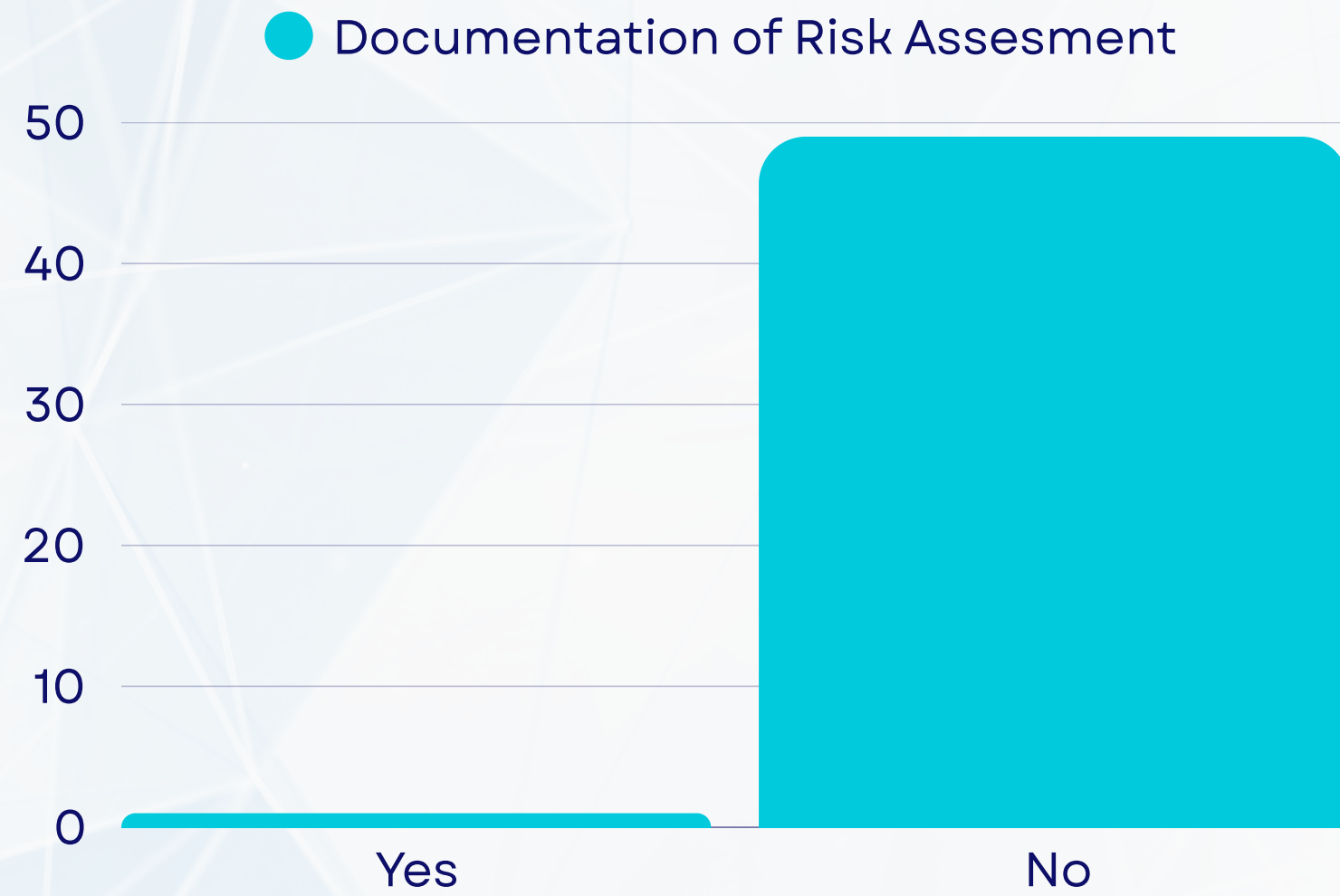
Past History was documented in 38% of referrals (n=19).

Results



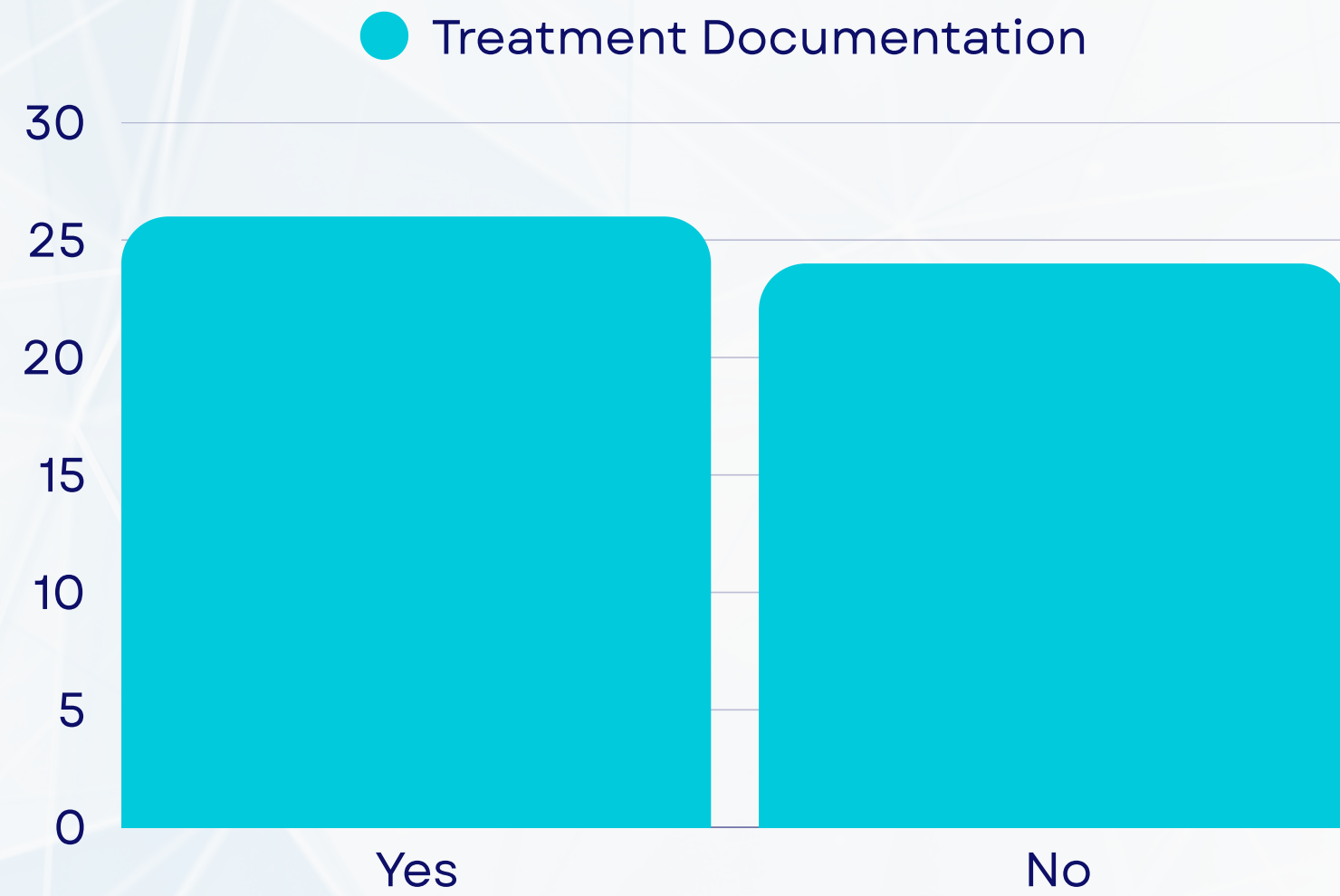
92% of referrals (n=46), did not have a mental state examination included in the referral.

Results



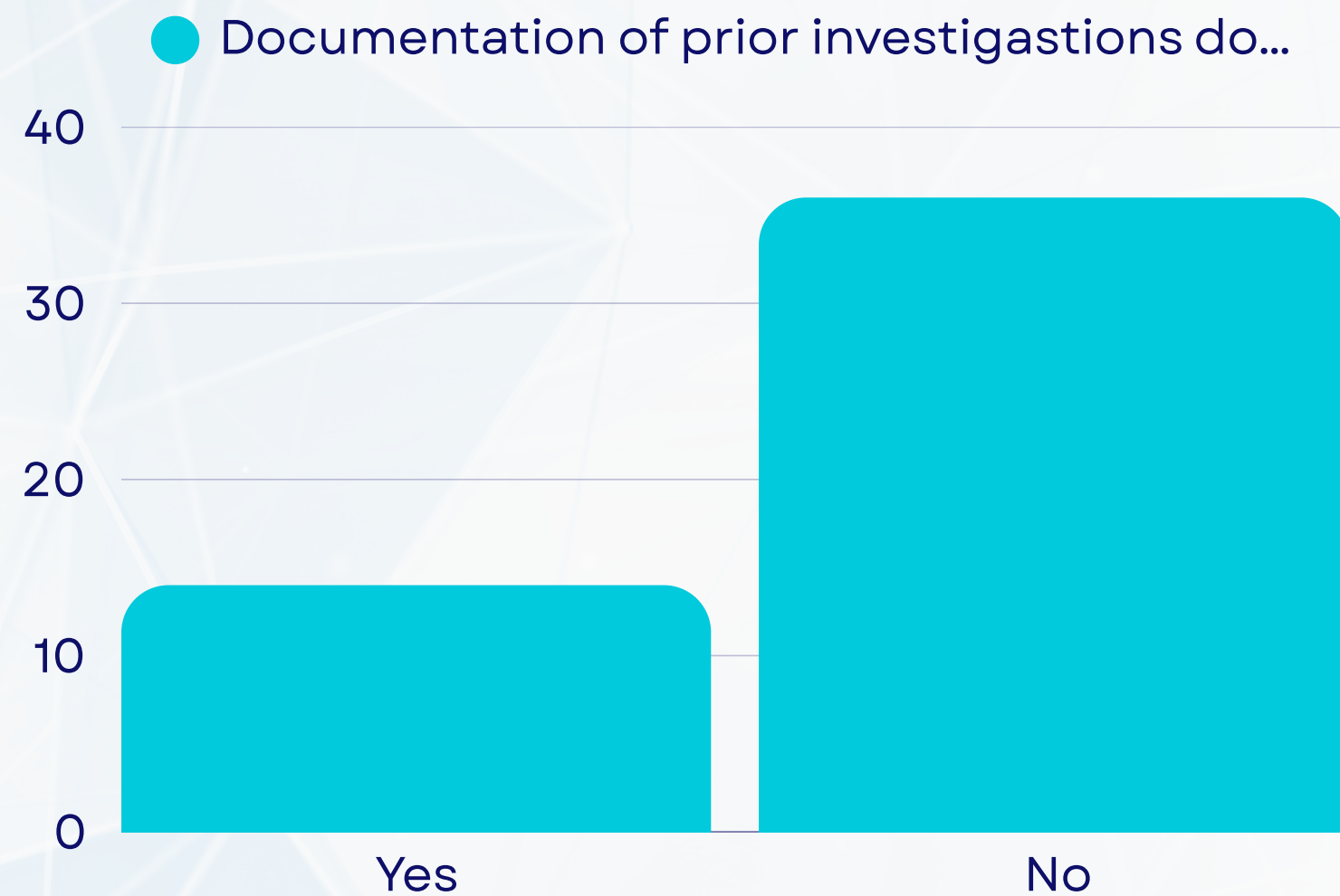
No Risk Assessment was documented in 98% of referrals (n=49).

Results



Treatment was documented in 52% of referrals (n=26).

Results



The investigations conducted to exclude an organic cause were only documented in 28% of referrals (n=14).

Limitations

- Referrals included were solely from one Caring Consultant.
- Not all referrals from 2023 were accounted for.
- Urgent referrals were excluded from the analysis.

Why is it important that referrals are comprehensive and accurate?

- Ensures **accurate diagnosis** and **treatment planning**.
- Facilitates **timely and appropriate** interventions.
- **Minimizes risks** associated with incomplete information.
- Supports **effective collaboration** between healthcare providers.
- **Enhances overall quality of care** for children and adolescents.

Discussion

- An **observational study** done in the **Netherlands** by Aydin et al. (2023) suggests that **referral letters (RLs)** play a **crucial role** in **guiding diagnosis and treatment decisions** in child mental health services.
- Conducted **723 chart reviews** of medical records of minors in specialized mental healthcare in the **Netherlands from January 2015 to December 2017**.
- Over **50% of minors diagnosis matched RLs' referral reasons**.
- RLs showed **good predictive ability** for common psychiatric conditions such as **anxiety and eating disorders**.
- RLs from general practitioners are **informative**, contrary to common beliefs, and can **aid in the diagnostic process** for child and adolescent mental healthcare.

This Audit highlights the need for a **New Comprehensive Referral System, Specific to Child Psychiatry.**

- **Demographics:**

- Full name of the individual being referred.
- Date of birth and age.
- Gender.
- Contact information, including address and phone number.
- Details of the person making the referrals.

“Demographics were completely filled in 46% of referrals (n=23).”

- **Presenting Complaint:**

- A detailed description of the current issues or symptoms being experienced by the individual.
- Any relevant behavioral, emotional, or psychological symptoms.
- The duration and severity of symptoms.
- Any triggers or factors that exacerbate or alleviate symptoms.
- Any history of previous mental health concerns or treatments.

“No clear reason for referral was documented in 52% (n= 26) of referrals.”

Medical History:

- Any relevant medical history, including physical health conditions, medications, and allergies.
- Past psychiatric history, including diagnoses and treatments.

“Past History was documented in 38% of referrals (n=19)”

- **Psychosocial History:**

- Family history of mental health issues, if known.
- Current living situation and family dynamics.
- Any recent life events or stressors that may be contributing to the individual's current difficulties.
- Educational or occupational history.
- Any history of trauma or abuse.

“This is not included as part of our current referral system ”

- **Risk Assessment:**

- Any current risk factors for harm to self or others.
- Any history of self-harm, suicidal ideation, or suicide attempts.
- Any history of violence or aggression.

“No Risk Assessment was documented in 98% of referrals (n=49).”

- **Previous Interventions:**

- Details of any previous mental health assessments, treatments, or interventions.
- Response to previous treatments.

“The investigations conducted to exclude an organic cause were only documented in 28% of referrals (n=14)”

- **Current Functioning:**
 - Level of functioning in various domains (e.g., social, occupational, academic).
 - Impact of symptoms on daily life and functioning.

“This is not included as part of our current referral System ”

- **Other Relevant Information:**

- Any cultural or religious factors that may impact treatment.
- Language preferences or communication needs.
- Any additional information that may be relevant to the assessment and treatment process.

“This is not included as part of our current referral system ”

- **Mental State Exam**
 - Structured assessment that evaluates an individual's mental and emotional functioning, including mood, cognition, perception, and thought processes.
- **Consent:**
 - Consent from the individual or their legal guardian to share information and proceed with the referral process.
- **Urgency:**
 - Indication of whether the referral is urgent or routine, and reasons for urgency if applicable.

“92% of referrals (n=46), did not have a mental state examination included in the referral.”

Conclusion

- Current referral tickets **lack crucial details**, posing risks to care planning safety and reliability.
- **Improved referral system** for Child and Adolescent Mental Health Services (CAMHS).
- **Better communication** between different working professionals and the *dissemination of guidelines* to associated medical professionals



Thankyou

Any Questions?

Bibliography

- <https://www.nice.org.uk/search?q=child%20referrals&pa=2>
- <https://ghc.nhs.uk/wp-content/uploads/CAMHS-Guidelines-for-Referrers-with-LD-June-2015-Final.pdf>
- https://www.researchgate.net/publication/354053633_Informative_value_of_referral_letters_from_general_practice_for_child_and_adolescent_mental_healthcare