

CAMHS Overview

April 2026

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CAMHS Overview

Local services

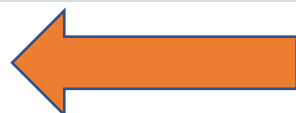
Bath & NE Somerset



Buckinghamshire

Oxfordshire

Swindon



Wiltshire



Who is our service for?

- Children between the **ages of 5-18 with emotional and mental health needs**, where first line intervention needs have not had a successful impact
- Under-5 referrals are discussed with the Health Visitor (who can consider the need in relation to the Infant Mental Health Pathway)

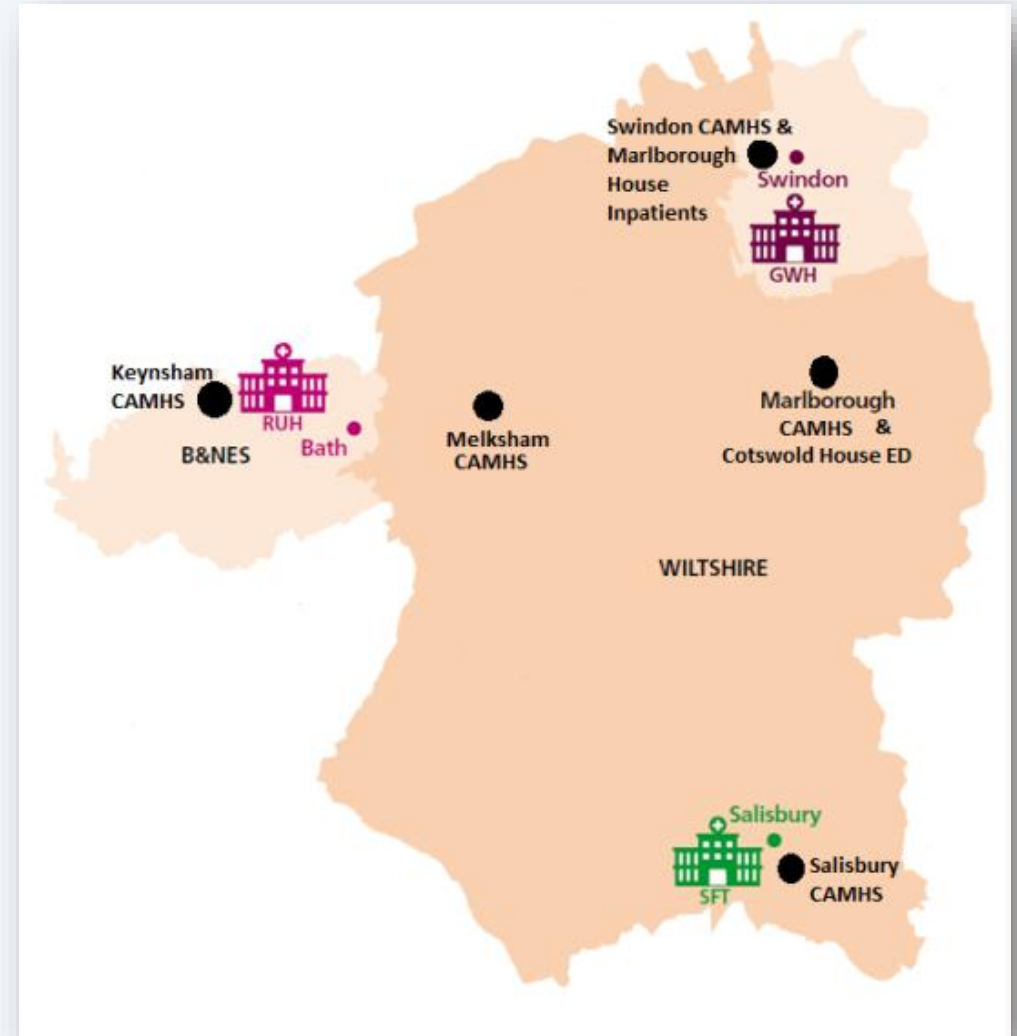
Link to further details on the Oxford Health CAMHS website: [**All about CAMHS | Oxford Health CAMHS**](#)

CAMHS Overview

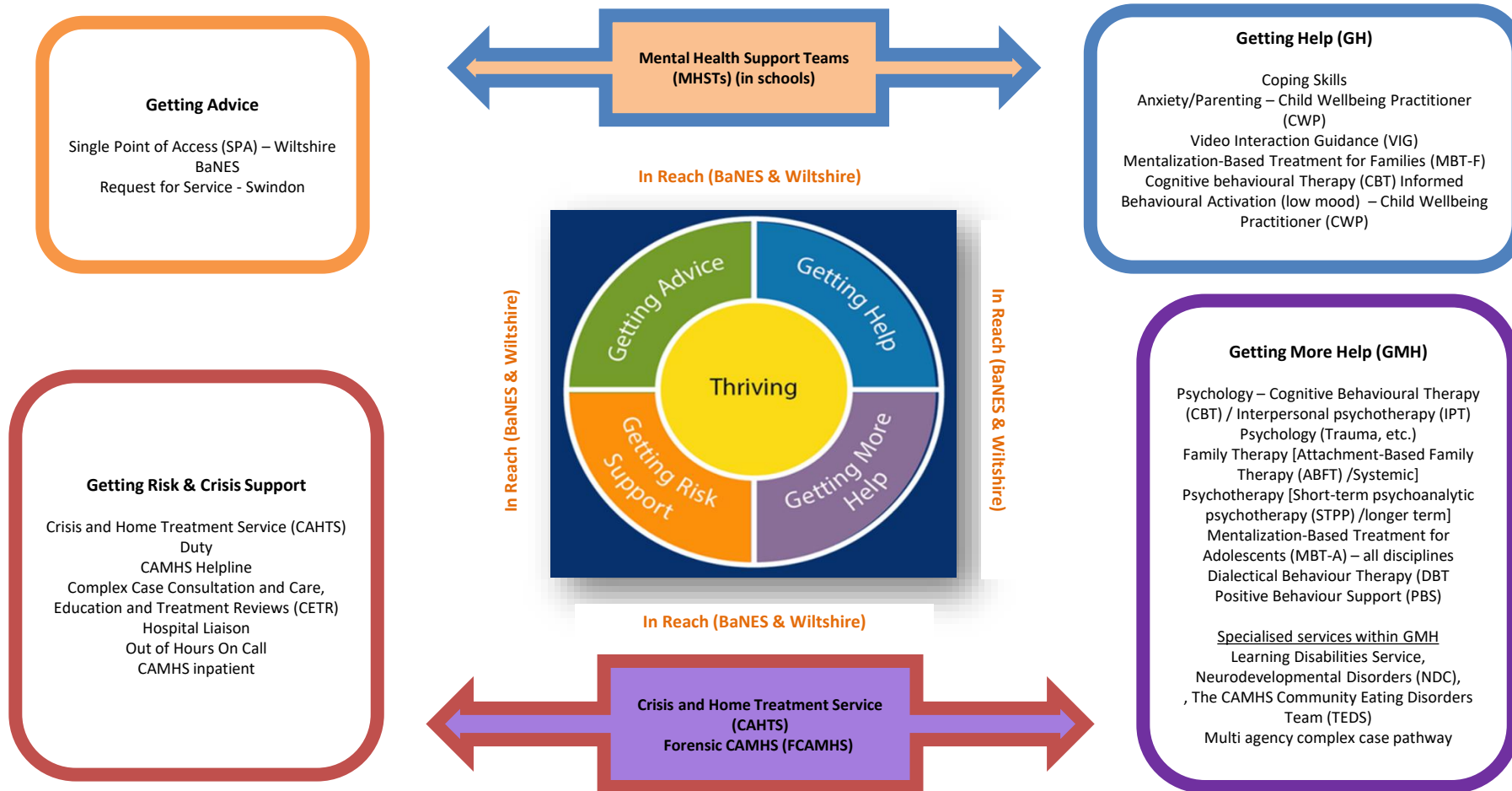
CAMHS services in BaNES, Swindon and Wiltshire.

Service delivery is organised around **community team** bases:

- ✓ Keynsham for Bath and North-East Somerset (BaNES CAMHS).
- ✓ Swindon CAMHS
- ✓ Marlborough CAMHS (for East Wiltshire)
- ✓ Melksham CAMHS (for West Wiltshire)
- ✓ Salisbury CAMHS (for South Wiltshire)



BSW CAMHS iThrive Model



The BSW CAMHS services

- Hospital **liaison** service to:
 - ✓ Salisbury District Hospital, Salisbury
 - ✓ Great Western Hospital, Swindon
 - ✓ Royal United Hospitals (RUH), Bath
- Dedicated **eating disorder service (TEDS)** in each of the CAMHS bases
- CAMHS **Crisis and Home Treatment service (CAHTS)** embedded in the 5 x CAMHS teams
- BSW Mental Health **Helpline**
- BSW On Call **Duty** Rota

Request for service

Self referrals, parent referrals, professional referrals from any involved agencies or services collaboratively with the young person and families.

The CAMHS referral pages contain a pre-referral questionnaire which helps to consider the three key areas: impact / intensity, duration & context.

Link: [Make a referral | Oxford Health CAMHS](#)

Getting help where you are

▼ Bath & North East Somerset and Wiltshire

You can 'self-refer' to the service using our online referrals form.

➔ [Open the BaNES & Wiltshire online referral form](#)

See the [BaNES & Wiltshire Single Point of Access \(SPA\)](#) page to learn more about getting support in this region.

▶ [Buckinghamshire](#)

▶ [Oxfordshire](#)

▶ [Swindon](#)

Getting help where you are

▶ [Bath & North East Somerset and Wiltshire](#)

▶ [Buckinghamshire](#)

▶ [Oxfordshire](#)

▼ Swindon

Since 1 April 2024, **Be U Swindon** is operating the single point of access for children and young people's mental health and wellbeing in Swindon.

The Swindon single point of access can be reached by completing the online referral form available through the website beuswindon.co.uk. Alternatively, call 01793 781 484 between 8.00am and 6.00pm, Monday to Friday.

Self-referrals can be made if you are 12 years of age and older.

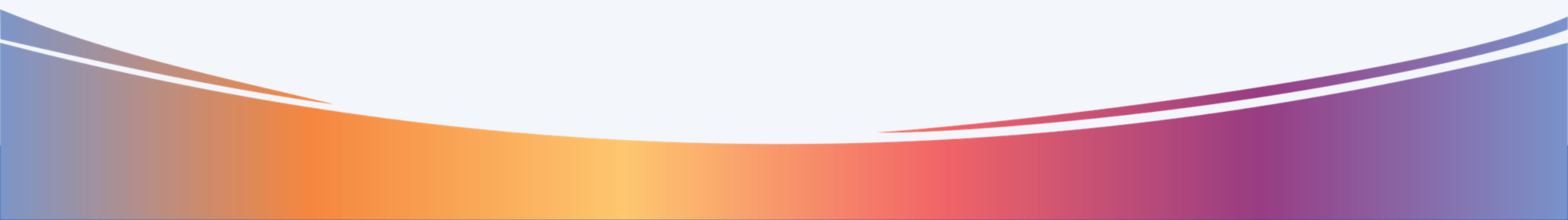
➔ [Swindon referrals](#)

SPA (Single Point of Access)

Offering a 'front door' into services. A Single Point of Access into support services for Children and Young People with Mental Health needs. SPA is accessible via:

- Professional Referrals (GP, Teachers, Social Workers)
- Self-Referrals
- Parent, Carers and / or Guardians
- Family members

Criteria for access:

- Up to 18yr for support from Community Team. (up to 19yr for support from MHST, 18yr – 25yr with SEND. –BeU in Swindon)
 - Living within the locality or registered with a locality GP.
 - Primary, Secondary or College as an allocated school under 'Mental Health Support Team'.
- 

Request for service

There are three key areas which we consider when we make this decision: Impact/Intensity, Duration and Context. The following categories are considered.

Green

experiences that most young people will have from time to time

Amber

challenges that some young people experience and may need some help with

Red

difficulties that have significant impact and duration which may require a specialist mental health intervention by CAMHS

Green

- ✓ Experiences that most young people will have from time-to-time
- ✓ Description of difficulties:
 - Difficulties that are specific to a situation or last only for a short time.
 - Difficulties that have a limited impact on daily functioning (e.g. just affect a child or young person's ability to enjoy a hobby or spend time with friends).
 - Difficulties which have a limited impact on the child or young person's physical or emotional wellbeing
 - Difficulties that most children and young people experience as part of growing up.
- ✓ What to do:
 - Access the self-help resources on the CAMHS website: [Good advice about mental health | Oxford Health CAMHS](#)
 - Talk to friends and family
 - Access support at school or from a youth organisation
- ✓ It is unlikely that a referral to CAMHS will be required

Amber

- ✓ Challenges that some young people experience and may need some help with
- ✓ Description of difficulties:
 - Common worries or difficulties which are causing more distress than would be expected.
 - Distress which is greater than would be expected given the situation / event / incident.
 - Episodes of worry, sadness, anger or distress which are frequent or last longer than you might expect.
 - Impact on functioning across all areas of a child's life which lasts a few weeks. This might affect the child or young person's ability to cope at school, spend time with friends or enjoy their hobbies. It could also incorporate the impact on their physical health including their eating and energy levels.
- ✓ What to do:
 - Follow the steps described in the green category.
 - Explore the support the child or young person could get at school/college.
 - Consider the options for support from community organisations, youth groups and counselling services.

Red

- ✓ Difficulties that have significant impact and duration which may require a specialist mental health intervention by CAMHS
- ✓ Description of difficulties:
 - The difficulties have persisted, despite trying the strategies outlined in green and amber.
 - They are severe and enduring (this usually means they have lasted for three months or more).
 - They have been present for a shorter timeframe but result in emotional difficulties which are severe.
 - They are causing significant distress to the young person and/or their family network.
 - They are causing significant disruption to daily life and functioning. This might significantly affect the child or young person's ability to cope at school, spend time with friends or enjoy their hobbies.
 - They cause the young person to present a risk of harm to themselves or others (for example, presenting with self-harming or self-injurious behaviour).
 - The difficulties have an impact on the child or young person's physical health.
- ✓ **What to do: Make a referral to CAMHS.**

Some examples of mental health conditions we work with

- ✓ Anxiety
- ✓ Depression
- ✓ Eating Disorders
- ✓ Obsessive Compulsive Disorder
- ✓ Post-Traumatic Stress Disorder (including Complex Post-Traumatic Stress Disorder)
- ✓ Self-harm
- ✓ Suicidality
- ✓ Psychosis
- ✓ Attachment disorders
- ✓ Body dysmorphic disorder
- ✓ Severely challenging behaviour in the context of ASD/LD
- ✓ Bipolar Disorder
- ✓ Somatisation syndrome (with severe impact on functioning)

Some examples of mental health conditions which are unlikely to be supported by CAMHS- Unless accompanied by a comorbidity (another mental health condition):

- ✓ Avoidant and Restrictive Food Intake Disorder (unless low weight or medically compromised)
- ✓ Tics and Tourette's
- ✓ Obesity / Binge Eating Disorder
- ✓ Conduct Disorder and Oppositional Defiant Disorder
- ✓ Behavioural difficulties
- ✓ Bedwetting / toileting issues
- ✓ Chronic physical illness
- ✓ Refusal to go to school or college
- ✓ ASD/ADHD assessments
- ✓ Bereavement
- ✓ Substance or alcohol abuse
- ✓ Gender identity/dysphoria
- ✓ Chronic Fatigue Syndrome
- ✓ Sleep difficulties

Mental Health Support Teams (in schools) - MHST

Single Point of Access (SPA)			
Getting Help (GH)/Getting More Help (GMH)			
Guided to website/TOOLS/duty/helpline, if needed			
Initial Assessment or Complex Case {joint GH/GMH and Multi-Disciplinary Team (MDT) discussions}			
Waiting list initiatives (groups for parenting how to parent your child with mental health difficulties/sleep/getting ready for therapy)			
Mild to moderate		Longer term	
Needs led groupings			
Low Mood & Anxiety	Emotional Regulation	Low Mood & Anxiety	Emotional Regulation
Coping Skills	Coping Skills	Psychology – Cognitive Behavioural Therapy (CBT) / Interpersonal psychotherapy (IPT)	Psychology (Trauma, etc.)
Anxiety/Parenting – Child Wellbeing Practitioner (CWP)	Video Interaction Guidance (VIG)	Family Therapy [Attachment-Based Family Therapy (ABFT) /Systemic]	Family Therapy/Systemic
Cognitive behavioural Therapy (CBT) Informed	Mentalization-Based Treatment for Families (MBT-F)	Psychotherapy [Short-term psychoanalytic psychotherapy (STPP) /longer term]	Psychotherapy [Short-term psychoanalytic psychotherapy (STPP) /longer term]
Low mood, Behavioural Activation – Child Wellbeing Practitioner (CWP)		Mentalization-Based Treatment for Adolescents (MBT-A) – all disciplines	Mentalization-Based Treatment for Adolescents (MBT-A) – all disciplines
		Dialectical Behaviour Therapy (DBT)	Dialectical Behaviour Therapy (DBT)
			Positive Behaviour Support (PBS)

Our Services

- **Getting More Help (GMH)- Interventions and Approaches**
- Psychology
- Psychotherapy- up to 30 sessions
- Family Therapy
- Psychiatry

Team of Senior Mental Health Practitioners – Social Workers, Nurses, Occupational Therapists. Offering a range of interventions and support which are tailored to the needs of the young person. This might include DBT Coping Skills, Emotional Regulation, Behavioral Activation,

Risk Management and Safety Planning

Our Services

Learning Disability (LD)

- Service integrated into core CAMHS
- Moderate to severe
- Working with CYP who have both a learning disability and mental health condition:
 - improve early identification of the mental health issues
 - provide intervention and treatment and coordinate their care (assessment, evidence-based treatments and clinical expertise).
 - consultation function for the wider professional network
- CYP accessing this service should also be able to access other parts of CAMHS
- This link provides further information: [Learning Disability Service | Oxford Health CAMHS](#)

Our Services

The Crisis & Home Treatment Service (CaHTS)

BSW wide service with clinicians embedded in the 5 x CAMHS teams

- Step down from inpatient adolescent unit (up to 6 weeks)
- Intensive home treatment (up to 12 weeks) for children and young people (CYP) open to Getting More Help (GMH)
- With the aim to potentially reduce the need for admission to tier 4 hospital
- Crisis support (up to 6 weeks) for child and young person with a sudden deterioration in their mental health – for children and young people (CYP) both open to CAMHS and those not known to CAMHS

Our Services

The Eating Disorders Services (TEDS)

Dedicated eating disorder service (TEDS) in each of the CAMHS bases

Team who work together to treat eating disorders in young people. The team includes psychologists, psychiatrists, nurses, dietician, family therapists and admin staff. (As per MEED guidelines there is also a linked Pediatrician at each Acute Hospital.)

Swindon Youth Justice Service- CAMHs Post

- Provide dedicated support including a psychological contribution to multi-agency
- Weekly casework consultations to YOT staff
- Support for CAMHS referrals process and signposting

Our other Services

The Children We Care For team

In Reach/ Placement Support team

Trauma Pathway

Our Services

Hospital Liaison Services

- BSW CAMHS Liaison Services cover GWH, RUH and SDH.
- Mon to Fridays (9am – 6/8pm)
- Sat, Sun & Bank Holidays 10am – 6pm
- There is an equivalent of 1 CAMHS Practitioner covering Liaison per hospital during operational hours.
- They will normally provide a **first response for requests for assessments, support/advice received from professionals at RUH, GWH & SDH**, if available
- Assessment of young people who are in mental health crisis who attend A&E/ Children's Ward and support their return to the community. This can include significant risk of harm to self or others, expressions of suicidal intent, acute psychotic symptoms

Helpline & OOH

The On Call Duty service provide urgent/emergency mental health advice & guidance (predominantly) to professionals out of hours.

Following the telephone call with a professional, the On Call practitioners might then speak with CYP / parents / carers.



The CAMHS Helpline provide urgent/emergency mental health advice & guidance to CYP, parents/carers out of hours.
In hours Monday-Friday If a parent/child rings the Helpline the call is answered by Oxford Health CAMHS BaNES and Wiltshire SPA or Be U Swindon SPA

Helpline & OOH – operational hours



On Call Duty

7 days a week

Monday - Thursday (5pm-9am next day)

Friday 5pm - Monday 9am

Bank Holidays (9am-9am next day)

BSW Helpline

7 days a week

Monday - Friday (5pm-11pm)

Sat, Sun & Bank Holidays (9am – 11pm)

After 11pm calls to Helpline number are diverted to 111

Helpline & OOH: How professionals contact the OOH Services

Professionals contact CAMHS OOH On Call by phoning the **Warneford** Coordination Centre directly on 01865 901000 and Warneford forward the telephone to the relevant member of the CAMHS Service.

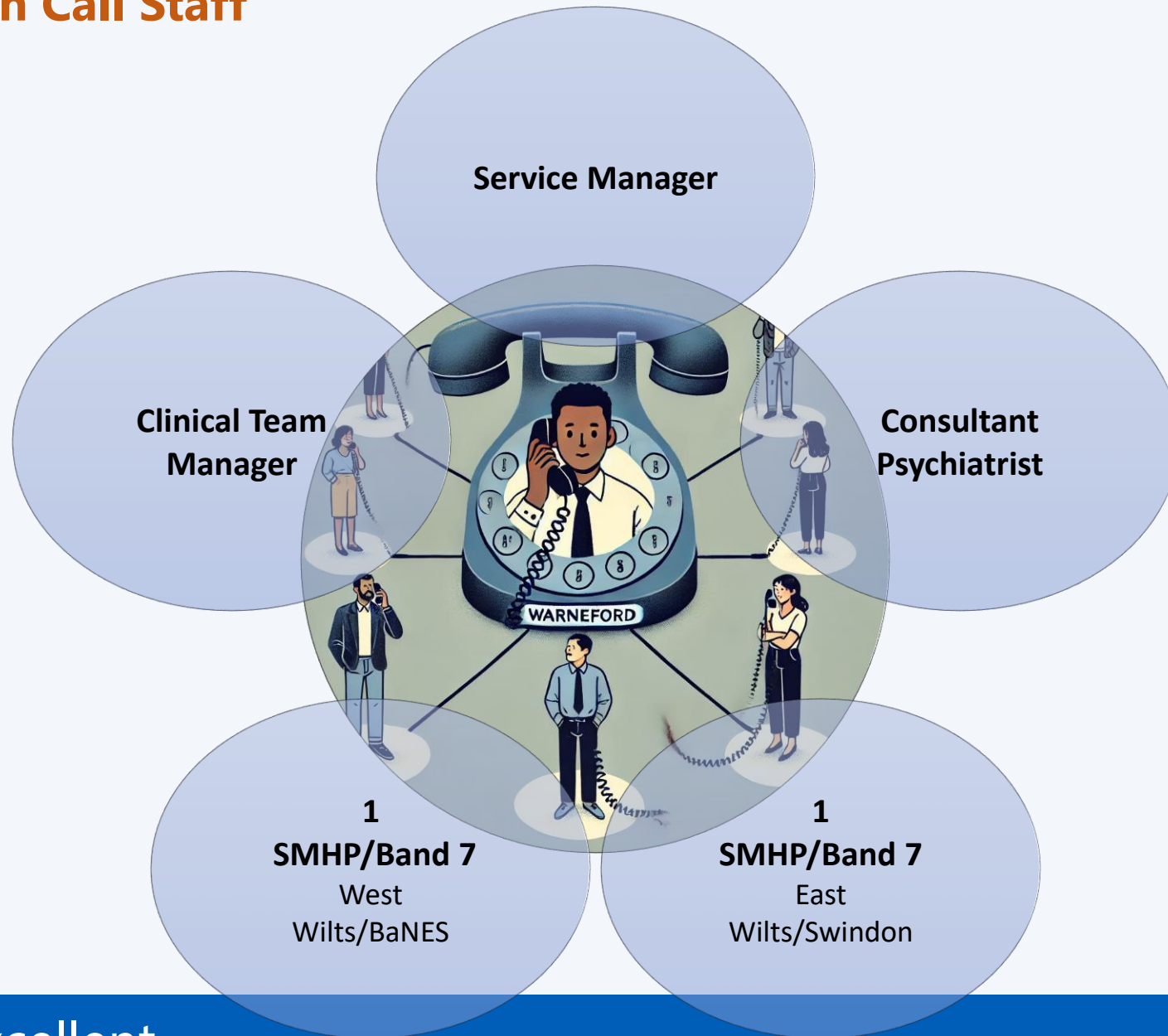
Children & young people (CYP) & parents/carers contact on the **Helpline number 0800 023 2133** (which goes through to the Warneford) and Warneford forward the telephone to the relevant member of the CAMHS Helpline.



Helpline & OOH: On Call Staff



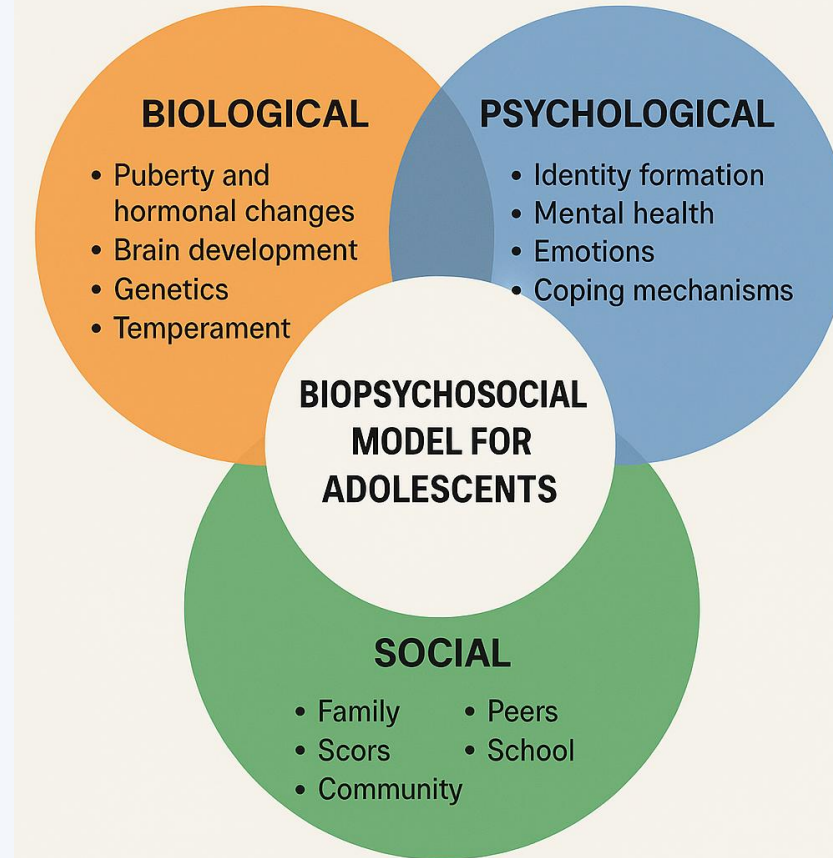
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NHS Foundation Trust



The BSW Helpline practitioners cover the whole of BSW

Assessment Process

Bio-social-psycho model



Assessment Process

During an initial assessment, you would typically include the following information:

- ✓ Presenting Situation
- ✓ Medical/Physical History
- ✓ Psychiatric History
- ✓ Personal History
- ✓ Family History
- ✓ Additional information: forensic, social circumstances, smoking, alcohol and illicit substance use, spiritual and cultural needs, ethnicity, is the young person a parent themselves, pre-morbid personality, capacity
- ✓ Mental State Examination
- ✓ Sum it up:
 - ✓ What does the young person want?
 - ✓ Commitment and engagement to positive change.
 - ✓ Parental view: Does their view differ? What would they like for their young person?
 - ✓ Clinical summary of assessment findings - short, informative summary of presenting situation, impact and risk information.
 - ✓ What is the plan now?

Mental State Examination

MSE Domain	What to Observe	Common Descriptors / Examples
Appearance	Grooming, clothing, hygiene, posture, gait	Neat, disheveled, dirty, fashionable, bizarre, slouched, shuffling
Behaviour	Attitude, gestures, mannerisms, motor activity	Cooperative, hostile, restless, withdrawn, guarded, overly friendly
Speech	Rate, quantity, fluency, tone, rhythm	Pressured, slow, slurred, monotone, articulate, circumstantial
Mood	Subjective emotional state	Depressed, irritable, anxious, euthymic, elated
Affect	Objective observation of emotional expression	Flat, blunted, congruent, incongruent, labile, restricted
Thought Process	Organization, flow, and connection of ideas	Logical, tangential, circumstantial, flight of ideas
Thought Content	Themes, beliefs, obsessions, delusions	Suicidal ideation, paranoid delusions, obsessive thoughts
Perception	Hallucinations, illusions, derealization	Auditory hallucinations, visual hallucinations, tactile illusions
Cognition	Orientation, memory, attention, concentration	Alert, oriented ×3, poor recall, distractible, impaired attention
Insight & Judgment	Awareness of condition, decision-making capacity	Good, fair, poor, intact, impaired

Assessment Process

Gather info, risk assess, safety plan

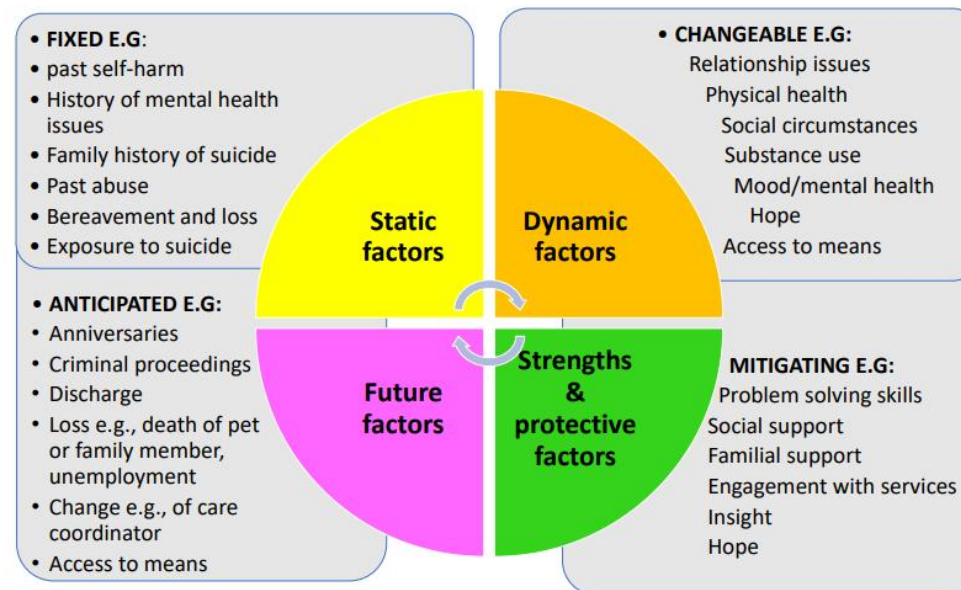
Gather information

- ✓ immediate risk: options – de-escalate, safety plan, follow up (CAMHS – helpline, duty, hospital liaison, community team if known);
- ✓ known to CAMHS – when is their next appointment

Links:

- ✓ [Overview | Self-harm: assessment, management and preventing recurrence | Guidance | NICE](#)
- ✓ [NHS England » Staying safe from suicide](#)

Risk formulation



Gather info, risk assess, safety plan

What are the signs when I am struggling?
What does it look like? What does it feel like?

Starting to struggle:	Struggling more:	In crisis:

What I can do to keep myself safe?
Who can I talk to? Distractions? What has helped in the past?

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Referrals & Follow Up

Routine: Wiltshire & BaNES

Request for service

Link: [Make a referral | Oxford Health CAMHS](#)

Timescale for contact:

We aim to make contact with most referrers within 28 days.

Routine: Swindon

Request for service

Be U Swindon are the first port of contact. Be U Swindon coordinate the Swindon Single Point of Access for referrals and provides the Getting Help equivalent offer.

Contact number for Be U Swindon **01793 781484** 8am-6pm and digital referrals can be made via [Home - BeU Swindon](#)

Referrals & Follow Up

Urgent

Request for service

Link: [Make a referral | Oxford Health CAMHS](#)

Timescale for contact:

Urgent referrals are seen within 7 days.

(not to be used for emergencies)

Emergencies

Emergency referrals are when you are an immediate danger to yourself or others; we would treat this as an emergency.

If it's an emergency, phone 999.

If it's not a 999 emergency, you can dial 111 if you need help fast.

We will see you within 4 hours of you being medically fit. This could be if you are in A&E or an alternative community site.

Your referrer will call us straight away. We can be contacted either between 8am-5pm or through the out of hour's service at other times.

Signposting

We might use signposting where:

- CAMHS is not indicated
- In conjunction with a CAMHS follow up

Signposting directories will be shared, including contact details for other relevant services.

Questions



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