

# Children and Adolescent Mental Health Services (CAMHS)

CAMHS offers mental health and psychological support to young people up to the ages of 16 or 18, depending on your local area.

The term Children and Adolescent Mental Health Services (CAMHS) has now been replaced throughout the NHS by Children and Young People's Mental Health Services (CYPMHS), but the acronym 'CAMHS' is still the most used term by professionals and is most likely what you will come across. Your local CYPMHS might be called something else, but as long as it is an NHS service for young people the same support should be available.

The CAMHS team often have a base, like a clinic, that they work out of, but might also work in local hospitals, GP surgeries, or community centres. Most of the time a referral is made by the GP or the school, but in many areas referrals are also accepted directly from parents or older teenagers. If you or your child are being supported by other services, they might also be able to make the referral.

Your local CAMHS might also include specialised teams within the larger service, which might be based in a separate building. These might cover specific conditions, like an eating disorder team, or specific groups of people, like those with learning disabilities.

## Levels within CAMHS

Unlike adult services, CAMHS have internal tiers, so that all young people have a single local service offering treatment and support at different levels of need.

- **Tier 1**

At this level, professionals supporting the child or family should recognise symptoms and provide information or non-clinical support to you and your family. A referral should be made to the appropriate tier for treatment.

- **Tier 2**

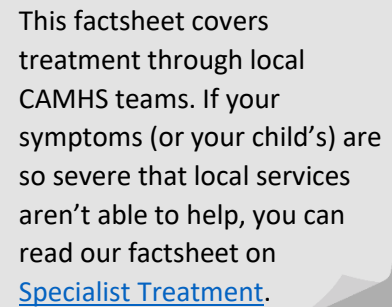
Young people with mild symptoms of OCD or BDD who have never accessed treatment should be offered CBT with ERP.

If you, or your child, have mild symptoms of OCD, are very motivated, and are able to engage independently, guided self-help or group therapy might be appropriate. Be aware, though, that the guidelines explicitly outline that it is the young person's choice whether to access these instead of individual CBT with ERP.

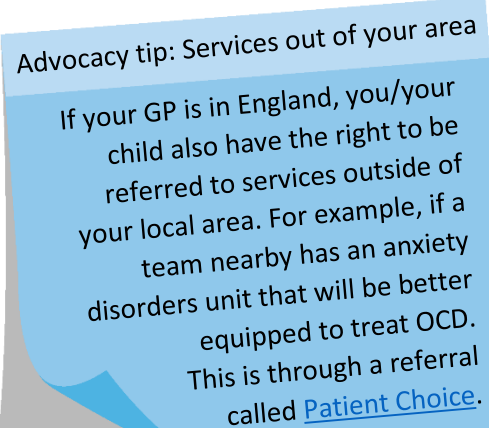
Family/carers should be involved in the treatment, and the school might also be.

- **Tier 3**

Young people who struggle with more severe symptoms of OCD, who have more than one diagnosis, or who have had previous treatment for OCD that wasn't successful should be supported at tier 3. The recommended therapy is always CBT with ERP, but at this level it will be delivered by



This factsheet covers treatment through local CAMHS teams. If your symptoms (or your child's) are so severe that local services aren't able to help, you can read our factsheet on [Specialist Treatment](#).



Advocacy tip: Services out of your area  
If your GP is in England, you/your child also have the right to be referred to services outside of your local area. For example, if a team nearby has an anxiety disorders unit that will be better equipped to treat OCD. This is through a referral called [Patient Choice](#).

more experienced professionals working in a varied team.

Depending on your treatment history and the severity of your symptoms, anti-obsessional medication and a referral for specialist treatment should be considered at this stage.

- **Tier 4**

At this level, children and young people receive treatment through specialist services, including inpatient or intensive options.

It can help to remember that whether to try medication, therapy, or a combination of both is always an individual decision. So even if a treatment is recommended and offered, you cannot be forced to start it. You/your child are entitled to choose to engage with just therapy or just medication.

If you are 16 or older, you are considered to be able to make your own choices about your health. If you are under 16, a professional will make a judgement about whether you understand enough about your options to make a decision on your own. Health services might want to involve your parents/carers in at least some parts of your treatment, but should also listen to what you want as part of making a decision.

## Services at the Child and Adolescent Mental Health Services

- **Assessment for treatment**

If you/your child are referred for support or treatment through CAMHS, especially if referred for psychological treatment, you will be assessed by a mental health professional. The assessor will get a full picture of what you are experiencing and discuss treatment options. At this stage, if something different is offered, it can help to remember that CBT with ERP is the most effective treatment for OCD and what is recommended by the NICE guidelines.

These types of assessment do not typically result in an official diagnosis, but the team can recognise OCD symptoms and acknowledge them in your records. After the assessment, you should be placed on a waiting list and given information about what treatment this is for.

- **CBT with ERP with a CBT therapist or Clinical psychologist**

A therapist or psychologist has years of training and experience working in the mental health system and offering psychological treatments to people with a range of needs. Psychologists will usually have a doctorate but are not medical doctors. They can offer more specialised CBT with ERP if you have severe symptoms or might be struggling with other obstacles that make the OCD harder to treat.

Often, practitioners will have training in a number of therapies. This usually includes CBT but that might not be the main therapy they are experienced in. What is important is that they have training in OCD and ERP, as outlined in the treatment guidelines.

- **Medication and Assessment for diagnosis with a Psychiatrist**

A psychiatrist is a medical doctor who has specialised and trained in working with mental health conditions. The main services offered by psychiatry are assessment and medication. Your/your child's psychiatrist might also be the clinician overseeing your case, also known as your 'consultant'.

If you haven't responded to initial medication recommendations and are exploring more complex options like combinations, this will most likely be done with a psychiatrist. You might also be seen by a psychiatrist if you are younger than 16, because medication can carry certain risks for younger people. They might also be asked to consult on your medication as a one-off, while your GP remains in charge of prescribing and monitoring symptoms.

An assessment with a psychiatrist is a one-off appointment which would result in a report of your

symptoms, a diagnosis, and recommendations for your treatment. It is not necessary to attend a psychiatry assessment before having treatment.

Other services that might be available:

- **Psychological therapy**

CAMHS offers a range of other psychological therapies for young people, such as play therapy or family therapy. These are sometimes offered as a first option to anyone referred to the service, regardless of what the young person is struggling with. They are not recommended for treating OCD.

Many carers and family members find they become very involved in the young person's compulsions, and that reducing this as part of CBT with ERP can cause problems or tensions at home. In these cases, it might be helpful to attend some family therapy alongside CBT with ERP to support the young person's recovery.

- **Mental health nursing and support**

Community Psychiatric Nurses (CPN) and Mental Health Nurses (MHN) are trained in mental health and can provide emotional and practical support to an individual, either at the CAMHS centre or through home visits. Depending on their training and experience, this might include guiding you/your child through CBT strategies or self-help resources for OCD. They can also give medication and monitor its effects.

- **Occupational Therapy**

An Occupational Therapist (OT) provides assessments, information, and practical support around self-care, everyday tasks, education, and leisure to help an individual live independently. For example, if you/your child are getting extra support at school because of OCD, or have had to reduce their workload because of it, the process might involve an OT assessment. Their report would focus on the concrete and abstract obstacles brought on by your symptoms, as well as what adjustments would be appropriate.

- **Social services**

Social workers bring a social perspective to the team's working. They help people to talk through their problems, give them practical advice and emotional support, and can provide some psychological support such as CBT strategies. They are often able to give expert practical help with money, benefits, and housing issues.

Being under the care of CAMHS does not mean someone will necessarily interact with a social worker. You/your child should never be referred to social services only because of the themes of intrusive thoughts, because these are **not** signs of risk.

- **Care coordination with any of the above**

Also sometimes referred to as a key worker, a care coordinator is the main point of contact for you/your child. They might speak to you regularly, monitor your mental health, offer information about the condition or services available, and, most importantly, coordinate your treatment plan and speak to professionals on your behalf.

- **Crisis support with the Crisis team**

The crisis team offers short-term support aimed at preventing someone who is having a mental health crisis from needing hospitalisation. They can offer medication, home visits, and coping strategies, and should also support you/your child to be in touch with other services for treatment

Advocacy tip: Waiting times

Patients in England have a legal right, under the [NHS constitution](#), to have their treatment start within 18 weeks.

There have been claims that this does not apply to children and young people, but this is not the case. This right still applies.



and more long-term support. If you feel at risk of seriously hurting yourself, you can get crisis support through your GP, calling 111, or calling their [local urgent mental health helpline](#).

## After treatment through CAMHS

The NICE guidelines say that if you/your child are 'in remission', which means your symptoms have improved and are not affecting your quality of life, you should be offered appointments over the next 12 months to monitor this. How often within these 12 months these will happen will depend on the individual case. If, after 12 months, you've kept up your recovery, you will be discharged back to your GP.

The NICE guidelines also offer specific steps as to what treatments and care should be offered at each stage, if the previous treatments didn't work.

If you have engaged with a full round of CBT and haven't felt better after 12 weeks, you should be invited to a 'multidisciplinary review'. This means that a team of different professionals from the list above should discuss your case and make a recommendation for what should happen next.

## Ageing out of CAMHS

Depending on your local area, you will generally transfer to adult mental health services when you turn 16 or 18. Your CAMHS team should speak to you about this and start the referral process, around 6 months before you age out. If you don't already have a care coordinator, a member of the team should be assigned to manage your move to adult services. They should give you information about what will happen, listen to what you want, and prepare a plan with you.

If CAMHS have not spoken to you about the change to adult services, you can ask them about this any time. It might help you feel more supported if you know in advance when the planning and referral process might start.

CAMHS should only ever discharge you if you are recovered or feeling better enough to not have any further care. If you still have treatment or care needs, you should not be discharged and left to manage the adult referral process on your own.