**Manchester University NHS Foundation Trust**

**Child and Adolescent Mental Health Services**

**Referral Form and Guidance**

**MFT CAMHS Referral Guidance**

**Referral Guidance:**

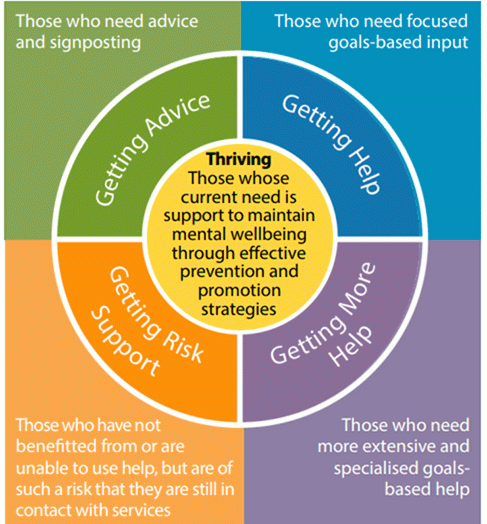
This guidance has been developed in order to assist your referral to your local CAMHS to be dealt with in the most efficient manner.

**Thrive**

Manchester University Foundation NHS Trusts Child and Adolescent Mental Health Services (CAMHS) In Manchester, Salford and Trafford provide a range of specialist mental health and assessment services for children and young people in a range of community bases across the commissioned patch.

When making a MFT CAMHS referral, please consider; if a Specialist CAMHS Service is the most appropriate pathway at this stage, that the current difficulties have been present over the last four weeks and are at level where they are impacting on daily functioning. We would expect that most children, young people and or carers will have already received either a universal, primary care or social care first line support service / intervention before referring on to specialist CAMHS.

All Child and Adolescent Mental Health Services (CAMHS) in Greater Manchester are now using the I-Thrive Model to navigate Children, Young People and their Carers to the most appropriate mental health or wellbeing services.



**Points to remember when considering a referral to CAMHS:**

When making a referral please include information on context and background rather than just symptoms and/or possible diagnosis. This should prevent us requesting any additional information prior to an assessment, thus avoiding further delay.

**CHILD PROTECTION: If you are concerned that a child is at risk of harm from physical, sexual, emotional abuse or neglect, you must refer to Manchester Childrens Social Services (Directorate for Children and Families) in the first instance on 0161 234 5001 For Manchester, For Salford (The Bridge Partnership) on 0161 603 4500 and for Trafford:** Trafford Children's First Response on **0161 912 5125** during office hours (Mon - Fri 8:30 - 4:30) or **0161 912 2020** out of hours (Emergency Duty Team).

Given the importance of consent it is essential that the referral to our service has been discussed with the parent(s)/carer(s) and the referred child/children, and that they are in agreement with the referral being made.

**If you have any queries regarding referrals to the service, please contact your local team on:**

* **North Manchester CAMHS: 0161 203 3250**
* **Central Manchester CAMHS: 0161 701 6880**
* **South Manchester CAMHS: 0161 902 3400**
* **Salford CAMHS: 0161 518 5400**
* **Trafford CAMHS: 0161 549 6456**

*Advice can be sought prior to a referral:*

With some presentations, it may be difficult for a referrer to know whether CAMHS is the appropriate service. In these cases, CAMHS can be contacted by telephone in order to discuss suitability. A Duty Practitioner will be able to discuss your referral with you either immediately or by return of a phone call.

The teams are predominantly open between the hours of 9am and 5pm

**How to decide if the difficulties meet the requirements for a Specialist CAMHS Service:**

**See attached Acceptance Criteria document for details.**



**Referral Flowchart for Core CAMHS**



**What happens after a referral is made?**

The Family, young person, referrer and GP (where the GP is not the referrer) and Community Paediatrician (where appropriate) will be informed:

1. If the referral is not accepted, why and who might be best placed to offer the appropriate help
2. If the family / young person does not attend for their first-choice appointment and If there are no identified risk or safeguarding concerns the referral will be closed
3. Of the outcome of the assessment and treatment plan
4. Of updates to the plan when amended or discharged.

All CAMHS referrals are screened daily by the Duty Practitioner with referral information used to determine priority of being seen

**Emergency Response During working hours**

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For a CAMHS emergency appointment this is defined as ‘a child/young person needing to be seen in the same day, who does not need a medical intervention”.

**Out of Hours Emergency Response**

After 5 pm any child/young person presenting as an emergency needs to attend their local A&E department. CAMHS has an emergency response service (On Call Rota) who attend Paediatric A&E’s for under 16 years of age. This service is facilitated by Medical Staff.

For anyone over 16 years they need to present to the Adult A&E where All Age Liaison Services will assess.

**Team Addresses:**

**North Manchester CAMHS, The Bridge, Central Park, Manchester, M40 5BP**

Tel: 0161 203 3250

Referral email address: [cmm-tr.NorthCamhs@nhs.net](mailto:cmm-tr.NorthCamhs@nhs.net)

**Central Manchester CAMHS, The Winnicott Centre, Hathersage Road, Manchester, M13 0JE**

Tel: 0161 701 6880

Referral email address: [cmm-tr.CentralManchesterCamhs@nhs.net](mailto:cmm-tr.CentralManchesterCamhs@nhs.net)

**South Manchester CAMHS, Carol Kendrick Centre, Stratus House, South Moor Rd, Wythenshawe M23 9XD.**

Tel: 0161 902 3400

Referral email address: [cmm-tr.SouthManchesterCamhs@nhs.net](mailto:cmm-tr.SouthManchesterCamhs@nhs.net)

**Salford CAMHS, 1 Broadwalk, Pendleton Gateway, Salford M6 5FX**

Tel: 0161 518 5400

Referral email address: [cmm-tr.Salford-CAMHS@nhs.net](mailto:cmm-tr.Salford-CAMHS@nhs.net)

**Trafford CAMHS Waterside House, Sale M33 7ZF**

Tel: 0161 549 6456

Referral email address: [TraffordCAMHS@nhs.net](mailto:TraffordCAMHS@nhs.net)

**Emerge CAMHS 16-17 CMHT 140 Raby Street, Moss Side M14 4SL**

Tel: 0161 549 6055 [Cmm-tr.emerge.cmft@nhs.net](mailto:Cmm-tr.emerge.cmft@nhs.net)



**CAMHS Web Site**

<https://mft.nhs.uk/rmch/services/camhs/>

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| **You are Making a Referral to A Specialist CAMHS Team**  **Please Ensure that this is the most appropriate referral pathway for this Family / Child / Young Person**  **Have they been offered a Universal Support Service first?**  **(Health Visitor, School, Early Help, M-Thrive, 42nd Street, see links in the document below)** | | |
| **MFT CORE CAMHS Referral Form** | | |
| **Your / Referrers Name: Contact no:**  **Designation/Relationship to child:**  **Contact address:**  ***Please email/send/fax completed form to the appropriate locality team – listed at top of these guidelines. If in any doubt regarding referral requirements, please ring the Duty Practitioner at your local CAMHS.*** | | |
| **\* Child’s Name:** | | **\*Date of Birth:**  **\*Gender: M / F / Trans** |
| **\*Name of Person with Parental Responsibility:**  **\*Home/Placement Address (inc. postcode):**  ***If Placement please indicate type: with parents/friends/family/foster care/children’s home***  **\*Contact Telephone**  **\*Home:**  **\*Mobile:** | **\*NHS Number:** | |
| **Carer’s name and address if different from above:**  **Relationship to Child:** | |
| **\* Social Care involvement and Legal status of the child/young person** | | |
| **Is the child open to Children’s services? Y / N**  **If yes, which local authority…………………………Name of Social Worker……………………….**  **Is the child Looked After Y / N**  **Please confirm that consent for this referral has been obtained from the person/organisation that holds PR Y / N** | | |

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| **Assessments Underway/Completed:** |  | **If Yes please attach information / Contact details** |  |
| **Early Help** | **Y / N** | **Health Assessments / CPA** | **Y / N** |
| **CIN / CP** | **Y / N** | **Developmental Assessments** | **Y / N** |

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| **Other household members (including non-family members):** | | | |
| **Name** | **Date of Birth** | **Relationship to child/YP** | **Also referred Y/N** |
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| **\*Ethnicity:** | |
| **Is an interpreter required?**  Y / N | (If yes please state which language) |

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| **\*Name of School/School Contact Person:** |
| **\*School Address/Telephone number:** |
| **Is the child on an EHCP (Education and Health Care Plan)? Y/N** |
| **GP** |
| **GP Name:** |
| **GP Address/Telephone number:** |

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| **\* Presenting Problem/ Context and background –** *Please cover the following points* |
| *Type of problems: e.g. Challenging/ difficult behaviour, anxiety, low mood*  *Severity/duration of the difficulty (Consider frequency/impact on child/family life)*  *Where are difficulties occurring? (e.g. school, home) Is the problem situation-specific or more generalised?*  *RISK to self or others*  *What are the specific difficulties that you want our service to address? Why seek help now? Your understanding of the problem/issues. Safeguarding information (any safeguarding concerns MUST be referred to Manchester/Salford Children’s Services in the first instance) Significant event(s), Family Background, Development, Physical health problems, Special Educational Needs, Existing Diagnoses* |

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| **What does the young person/carer hope to achieve by referral/working with CAMHS?** |
| **1.** |
| **2.** |
| **3.** |

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| **Have any other interventions been tried, and if so, what? / with whom / when** |
| **1.** |
| **2.** |
| **3.** |

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| **Consent / Awareness/Engagement:** | **Yes or No** |
| Has the family agreed to referral and do they want CAMHS input? |  |
| Has the young person agreed to CAMHS input? |  |
| If young person is looked after has the referral been discussed with Social Worker? |  |

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| **Other Agency / Professionals Involved:** | **Have Family have given permission for CAMHS to contact?** |
| **1.** | Yes / No |
| **2.** | Yes / No |
| **3.** | Yes / No |
| **4.** | Yes / No |

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| **Any Medication / Medical Conditions:** |
|  |
| **SIGNITURE: Date** |
| **Designation** |