 

**Routine Referral Flowchart for Specialist Mental Health Interventions (CAMHS) Royal Manchester Children’s Hospital**

Child / Parent presenting with difficulties

Is the Child aged under 16 or over?

Discuss and agree referral with parents and obtain their consent

**Under 16 years**

Identified Mental Health need

Does the Child/YP have mental health difficulties which have been present for at least 1 month and are severe enough to negatively impact upon YPs day to day functioning that is beyond support from other professionals e,g, school nurse or educational psychologist? \*

**Over 16 years**

Complete CAMHS Locality Referral Form \*\*

Discuss and agree referral with young person

**Yes**

Complete the CAMHS Emerge referral form \*\*

Or request that they Self Refer

**No**

Consider directing to other agencies,

i.e School Nurse, 42nd Street or Educational Psychologist

Notes: \* Please also see emergency access pathway via Duty CAMHS Practitioner if any urgent concerns

 Safeguarding concerns direct to Social Services.

 \*\* Referral forms can be downloaded from : <http://www.cmft.nhs.uk/childrens-hospitals/our-services/child-and-adolescent-mental-health-services>

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**Yes**

**No**