

**Please complete and send this form to:**

SET Children and Adolescent Mental Health Service  
200 The Crescent  
Colchester Business Park  
Colchester  
CO4 9TQ

Or Email: [SET-CAMHS.referrals@nelft.nhs.uk](mailto:SET-CAMHS.referrals@nelft.nhs.uk)

If you are having difficulties completing the form please contact us:

Telephone: 0800 953 0222 Option 2

## Southend, Essex and Thurrock Children and Adolescent Mental Health Service

*We welcome all referrals from children and young people.*

**Thank you for completing this form and providing information to support Southend, Essex and Thurrock Children and Adolescent Mental Health Service.**

This information will be screened, triaged and reviewed by the Single Point of Access team (SPA) mental health practitioners. This form is designed so that any person can request support and advice when concerned about mental health. The parent/young person must be aware of the completion of this form and consent to this.

When needed SPA mental health practitioners will contact the child/young person/family or carer to gather additional information which will then clarify next steps. Based on the available information and the SPA knowledge of support and resources available within Southend, Essex and Thurrock, a decision can be made to identify appropriate responses to meet individual need.

In the first instance SET-CAMHS are looking to promote the use of early intervention services, which may include psychoeducation, talking therapies, mentoring or support as recommended within the National Institute of Clinical Excellence Guidelines. There are a variety of local resources available external to SET-CAMHS which provide a range of supportive interventions which may be recommended following triage. This support includes digital and online resources for example websites and Apps. These are freely available and maybe accessed via the NELFT SET-CAMHS web resource at: <https://mindfresh.nelft.nhs.uk/>

### Looked After Children

When this involves a Looked After Child the SPA will need to discuss the options with the social worker and arrange a consultation between the social worker and SET-CAMHS within ten working days. To achieve this the SPA will need to have an immediate phone conversation with the social worker to arrange the date, place and time of the consultation. When schools, GPs or foster carers make a referral please ensure consent and accurate contact information for a Social Worker is included. Please be aware that children/young people who are accommodated under section 20 Children's Act will require parental consent.

If a Looked After Child is over 16, SPA will contact a young person and discuss confidentiality and agree consent to involve a social worker. If no consent is given then the young person may be seen alone.

The SPA conversation with a social worker will involve assessing risk and considering signposting options to meet needs. Social workers, where possible, should discuss the case with the local authority mental health co-ordinator/advisor prior to referring. The mental health advisor may also attend the consultation. At the consultation it is important that all relevant information and history will be available.

Should an Out of Area LAC consultation slot be required, social workers to be advised that if treatment is to be provided, funding will be required.



Prior to the meeting a letter will be sent to request documents be sent to SET-CAMHS for reference at the consultation. Documents would be relevant to chronology and, any paediatric or psychological assessments. These documents are key to being able to provide a thorough consultation.

**Please check out these additional resources:**

- The **MindEd** website, is a helpful and informative resource for young people, families and carers. It is accredited by the NHS Information Standard. Provides safe and reliable advice about young people's mental health, it was created by experts and parents together
- **YoungMinds** is a UK charity committed to improving the emotional wellbeing and mental health of children and young people. The YoungMinds website provides a wide variety of information for children and young people, parent's, carers and professionals

**Parents Helpline: 0808 802 5544** (Monday to Friday 9.30am – 4pm, free for mobiles and landlines)

[www.minded.org.uk](http://www.minded.org.uk)

- **Kooth** is a free, confidential, safe and anonymous way for young people over the age of 11, to ask for help from a team of highly qualified and experienced counsellors. Kooth can be accessed Monday to Friday 12pm – 10pm and Saturday & Sunday 6pm – 10pm.

Simply go online and complete a simple registration process or have a look at Kooth on YouTube.

[www.kooth.com/](http://www.kooth.com/)

**Learning Disability specific resources:**

[Challenging behaviour Foundation](#) - The Challenging Behaviour Foundation (CBF) is a registered charity that was founded in 1997 by Vivien Cooper OBE, the parent of a child with severe learning disabilities whose behaviour challenges.

They are the only charity focussed specifically on children, young people and adults with severe learning disabilities whose behaviour challenges.

[Homepage for the Challenging Behaviour Foundation](#)

**The Foundation for People with Learning Disabilities** is part of the London South Bank University.

They work with:

- people with learning disabilities
- families
- carers
- local authorities
- service providers.

They help to make things better for people with learning disabilities, one of the area's they concentrate on is health and well being.

[Home | Foundation for People with Learning Disabilities](#)

Mencap - They are a charity that give advice on a variety of different things including health and wellbeing for everyone with a learning disability.

[The Voice of Learning Disability - Who We Are | Mencap](#)



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|   |  |           |
|---|--|-----------|
| <b>Date:</b>  |  |           |
| <b>Section 1 Child / Young Person's Details</b>   |  |           |
| First Name:   | Surname:   |           |
| Gender:   | <b>Date of Birth:</b>  |           |
| Address and Postcode:   | NHS Number:  |           |
|   | Child/Young Persons Preferred contact number:  |           |
|   | Child/Young Persons Email Address:<br><br><b>Your email will be added to the NHS record and you may be contacted by other NHS services</b> |           |
| Preferred Language:   | Is an interpreter required:  |           |
| Ethnicity:  | Nationality:   | Religion: |
| Please indicate <b>consent</b> for us to communicate with child/young person by   |  |           |
| Letter: <input type="checkbox"/>  |  |           |
| Email: <input type="checkbox"/>   |  |           |
| Phone: <input type="checkbox"/> (includes if another person answers your phone)   |  |           |
| Leave Phone Message or SMS: <input type="checkbox"/>  |  |           |
| <b>Section 2 Details of person completing this form</b>   |  |           |
| <b>Name:</b>  | <b>Preferred contact number:</b>   |           |
| <b>Address:</b>   | Alternative number:  |           |
| <b>Relationship</b> to child/young person?  | Email:   |           |
| <ul style="list-style-type: none"> <li>I am a young person requesting support for myself <input type="checkbox"/></li> <li>I am a parent/carer requesting support <input type="checkbox"/></li> <li>I am a professional (please add role and title) <input type="checkbox"/></li> </ul> | Please indicate <b>consent</b> for us to leave a Phone Message or SMS:   |           |
| 'I have shared the information recorded in this form with the child/young person/parent/carer'  | <b>Your email will be added to the NHS record and you may be contacted by other NHS services</b>   |           |
| <b>Signed:</b>  | Comments, if any   |           |
| <b>GP Name:</b>   | <b>School / Nursery / College</b>  |           |
| GP Surgery Address:   | Name:  |           |
| Contact number:   | Address:   |           |
|   | Contact number:  |           |



|  |        |
|--|--------|
|  | Email: |
|--|--------|

**Section 3 Parental responsibility Parent or Carer's Details**

|                                       |   |
|---------------------------------------|---|
| Names of parent / carer's:            | Are both parents aware of this request?   |
| Who has Parental responsibility (PR)? |   |
| Address or addresses:                 | Preferred contact number:<br>Any alternative number:<br>Email address:<br><br>Do you give <b>consent</b> for us to communicate by<br>Letter: <input type="checkbox"/><br>Email: <input type="checkbox"/><br>Phone: <input type="checkbox"/> (consent will include if another person answers your phone)<br>Leave Phone Message or SMS: <input type="checkbox"/> |

**Section 4 Consent of child/young person or parent/carer with parental responsibility (PR).**  
**SET-CAMHS are only able to proceed with the consent of the child/young person or if under 16 a parent/carer with parental responsibility.**

**Child/Young Person Under 16**

- Does the parent/carer consent to this request for support?
- Does the parent/carer consent to the sharing of information with other NHS Services that care for the child?  
*Data records will be viewed by other NHS providers*
- Does the parent/carer of the child consent to information being shared with other teams and agencies (e.g. Education services, Children's Centres and social care) in order to identify the most appropriate support?

|                       |                  |
|-----------------------|------------------|
| Signed (Parent/Carer) | Comments, if any |
|-----------------------|------------------|

**Young Person Over 16**

- Does the young person consent to this request for support?
- Does the young person consent to sharing of information with other NHS Services that care for them?  
*Data records will be viewed by other NHS providers*
- Does the young person consent to information being shared with other teams or agencies (e.g. Education services, Children's Centres and social care) in order to identify most appropriate support.

|                              |                  |
|------------------------------|------------------|
| Signed: (Child/Young Person) | Comments, if any |
|------------------------------|------------------|



| Section 5 Other agencies involved  |   |  |
|--|---|--|
| Local authority information  |   |  |
| Child Protection Plan  | Child In Need:  | 'Looked After Child' (LAC):                              |
| Yes <input type="checkbox"/> No <input type="checkbox"/>   | Yes <input type="checkbox"/> No <input type="checkbox"/>  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <p>If LAC Section 20, we will need to have consent by parent/s with parental responsibility.</p> <p>When 'under 16' a LAC will require Social worker consent.</p> <p>Name and Contact details of Social Worker - including email address.</p> <p>Please include an alternative social worker contact number such as a Duty worker or team manager.</p> |   |  |
| <p><b>Please add relevant details and dates below if applicable.</b></p>   |   |  |
| a)   | Is the child previously known to EWMHS or CAMHS?  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| b)   | Does the child/young person have an EHCP and if so when was it last reviewed?   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c)   | Is the child/young person currently having counselling?   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d)   | Has the child/young person previously accessed any other services/counselling?  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| e)   | Is the child/young person known to Community Paediatric Services?   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| f)   | Is the child/young person known to Hospital or Community Doctor?  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| g)   | Is the child/young person known to Children With Disabilities Team?   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| h)   | Is the child/young person known to the criminal justice system? Police involvement? Courts? Or the Youth Offending Service? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| i)   | Is the child/young person known to SENCo?   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| j)   | Is the child/young person known to Educational Psychology or Psychologist?<br><input type="checkbox"/>                      | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| k)   | Is the Educational Access department involved?  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| l)   | Is the child/young person known to safeguarding?  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| m)   | Is the child/young person known to Nursery Nurse?   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| n)   | Is the child/young person known to School Nurse/Health Visitor?   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| o)   | Is the child/young person known to Social Care or Family Solutions?   | Yes <input type="checkbox"/> No <input type="checkbox"/> |



|                  |  |  |
|------------------|--|--|
| p)               | Any other (please specify)   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <b>Section 6</b> | <p><b>Description of current situation</b><br/>(e.g. anxiety, low mood, emotional and behavioural difficulties, hearing voices, eating disorder, using drugs and alcohol, self-harm, suicidal ideation, harm to others etc)?</p> <ul style="list-style-type: none"> <li>• Please describe what you have experienced or observed?</li> <li>• What may have led to the current concerns?</li> <li>• What strategies or interventions have helped?</li> <li>• Are there existing diagnoses (e.g. Dyslexia, medical diagnosis, Learning Disability, ASD, Autism, ADHD)?</li> <li>• Highlight <b>any risks</b> you are aware of?</li> </ul> |  |
| <b>Section 7</b> | <p><b>Outline impact on life at school</b><br/>(E.g. attendance / learning / concentration) and on hobbies, activities, interests, and relationships with others.</p> <ul style="list-style-type: none"> <li>• Is the child attending school or home schooled? Please provide full details.</li> <li>• Is their extra help for learning? Is there a TAF (Team around the family meeting), One Plan or Education Health Care (EHC) Plan in place?</li> <li>• Is a One Plan or TAF being considered or named on the SEN register?</li> <li>• Please specify what the extra help consists of.</li> </ul>                                  |  |
| <b>Section 8</b> | <p><b>Home situation?</b><br/>Please include what goes well at home and with the family.<br/>Who lives at home?<br/>A brief summary of family life / family relationships / parenting.<br/>Please include impact on family life.<br/>Please include the health of parents and siblings if this is felt to be significant.</p>  |  |



## Optional information specifically related to Eating Disorders or Learning Disabilities

**ONLY COMPLETE IN THE CASE OF AN EATING DISORDERS**

|                                   |  |   |
|-----------------------------------|--|---|
| <b>Section 9</b>                  | <b>(Specifically for Eating Disorder)</b><br>Describe changes you have noticed around eating / food (behaviour, mood, dietary and fluid intake) and activity levels.<br>Any concerns you have around weight loss and in regards to physical / medical state. |   |
| Height:                           | Weight:<br>If not known, most recent weight and date weighed.  | Weight history:<br>Also consider visual prompts such as loose clothing. |
| Body Mass Index:                  |  |   |
| Has an ECG been performed         | Yes <input type="checkbox"/> (please include)  | No <input type="checkbox"/>   |
| Has GP requested full blood test. | Yes <input type="checkbox"/> (please include)  | No <input type="checkbox"/>   |
|                                   |  |   |

**ONLY COMPLETE IN THE CASE OF A PROFOUND LEARNING DISABILITIES**

|   |   |                 |
|---|---|-----------------|
| <b>Section 10</b>   | <b>(Specifically for Learning Disability)</b><br>Please note that for a referral to be accepted by the SET-CAMHS Learning Disability Team we require a copy of the child/ young person's EHCP and/ or their most up to date EHCP review, as our Team is commissioned to work only with children with a severe to profound learning disability |                 |
| What is the child's level of <b>LEARNING DISABILITY</b> ?<br>Please tick as appropriate   | <b>Severe</b>   | <b>Profound</b> |
|   |   |                 |
| Please state any known diagnosis/syndrome   |   |                 |
|   |   |                 |
| Does the child have any physical / sensory disabilities e.g. does the child use a wheelchair?<br>If yes please provide brief details: | Yes   | No              |
|   |   |                 |
| <b>Current Concerns</b>   |   |                 |
| Comments / Other concerns:  |   |                 |
|   |   |                 |



1. Please describe the difficulties including information regarding the frequency, duration and severity of the problem.
2. Description of interventions already undertaken. Please clarify by whom and indicate outcomes.
3. Referrer's view of the problem.
4. The family's view of the problem (if discussed)

**Section 11**

**What will happen next?**

**Thank you for completing and sending us this information.**

On completion of the triage by the SPA, an outcome letter will be sent to the parent of a child and/or to a young person. A copy of the letter will be sent to the GP and referrer.

