

**WOLVERHAMPTON CAMHS**  
**SINGLE POINT OF ACCESS**  
**REFERRAL FORM**

Child and Adolescent Mental Health Service (CAMHS)  
Single Point of Access (SPA)  
The Gem Centre, Neachells Lane  
Wolverhampton, WV11 3PG  
Tel: 01902 444021  
Fax: 0121 612 3754  
Email: sam-ctr.WolvesCAMHSSPA@nhs.net

In the event of any referral queries, please contact our dedicated SPA team on 01902 444021

Please note - **ALL FIELDS ARE MANDATORY** unless otherwise specified and incomplete referral forms will be returned for your completion.

**SECTION A – Referrer’s Details**

Name:		Service/Department:	
Full Address:		Job Title/Profession:	
Postcode:		Email Address:	
Contact Number(s):			

**SECTION B – Child/Young Person’s Referral Information**

Full Name:		Date of Birth:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Full Address:		NHS Number:		
Postcode:		Contact Number(s):		
Ethnicity:		School/College:		
Parent/Carer Name Contact Number(s): (if different):		Child/Young Person’s GP Details:		

**SECTION C – General Referral Information**

**Consent**

- Is the child/young person aware of this CAMHS referral and is consent given?  Yes  No If no, details:
- Is the parent/carers aware of this CAMHS referral and is consent given?  Yes  No If no, details:
- Has the child/young person previously been referred to CAMHS?  Yes  No  Do not know
- Does the child/young person and parent/carers consent to referral information being shared with agencies such as education, health and social care in order to coordinate the correct support for them?  Yes  No If no, details:

**Needs**

- Does the child/young person have a Learning Disability?  Yes  No If yes, severity:
- Does the child/young person have any physical/mental health conditions?  Yes  No If yes, details:
- Is the child/young person currently prescribed any medication?  Yes  No If yes, affix summary:
- Is an interpreter required for child/young person or parent/carers?  Yes  No If yes, details:
- Will the parent/carers be able to understand the correspondence that we send?  Yes  No If no, details:
- Are there any barriers that may prevent attendance at initial appointment?  Yes  No If yes, details:

**Legal Status**

Tick any of the following that apply to the child/young person and complete details (see full referral criteria for further details):

- Looked After Child\* Details:
- Subject to a Child Protection Plan\* Details:
- Subject to a Child In Need Plan\* Details:
- Adopted\* Details:

If a box above is ticked, please confirm that the Social Worker is aware of and supports the CAMHS referral?  Yes

Social Worker Details (*must be completed if a box in the above section is ticked)	
Name:	
Full Address: Postcode:	
Contact Number(s):	



**SUMMARY** - This document provides an overview of the referral criteria for the Child and Adolescent Mental Health Service (CAMHS) that will be screened at the Single Point of Access (SPA) in Wolverhampton. Please refer to our full referral criteria if necessary, click here if you are reading this electronically or call (01902) 444021 to speak to a member of the SPA team.

**The core provision of Wolverhampton CAMHS is:**

The specialist assessment and treatment for children and young people who have **severe, complex and enduring** emotional / behavioural / mental health difficulties

It is an essential requirement before a referral can be accepted into CAMHS that attempts have been made by frontline (tier 1 and 2) statutory and non-statutory services to resolve the child / young person's difficulties before making a referral.

**ACCESS:**

- CAMHS will accept referrals for children and young people who are registered with a Wolverhampton GP up until their 18<sup>th</sup> birthday.
- Access to CAMHS requires full completion of the SPA referral form.
- We do not accept self referrals from children, young people or parents/carers
- Emergency referrals should be discussed with a SPA triage clinician in the first instance in order to process the referral as efficiently as possible.

**STANDARD CRITERIA:**

The following general categories describe the children and young people who will be accepted for specialist assessment and treatment:

Severe or life-threatening conditions:

- Psychosis
- Risk of suicide or severe self harm
- Severe depressive episode
- Anorexia Nervosa - - *Please complete, medical investigations, bloods, height, weight, BMI, how much weight the young person has lost and over what time period, frequency and severity of any compensatory behaviours. If there has been significant weight loss, and/or if the young person engages significantly in compensatory behaviours. Please conduct necessary blood tests and also refer to paediatric team and dietetics before referring.*
- Bulimia Nervosa - *Please complete medical investigations height, weight, bloods before referring*
- Co-morbidity with substance misuse

Significant emotional difficulties related to:

Severely complicating physical conditions where treatment will influence the outcome such as; psychological problems who initially present with physical symptoms for example medically unexplained physical symptoms, conversion disorder

Condition leading to severe functional impairment:

- Severe Obsessive Compulsive Disorder (OCD)
- Severe anxiety / phobic / panic disorders
- Moderate Depression
- Obesity - *Please complete medical investigations, height, weight, bloods before referring*
- ADHD where there is significant psychiatric co-morbidity
- Autistic Spectrum Disorders
- Tourette's Syndrome
- School refusal where mental health disorder plays a significant role
- Conduct difficulties which co-exist with other disorders and where specific interventions may influence outcome, including children and young people who present a forensic risk
- Severe and / or complex relationship difficulties leading to significant impairment of functioning and wellbeing
- Gender identity disorders

**Where prompt early intervention is likely to prevent the development of more severe disorder such as:**

- Complicated bereavement
- Post-traumatic stress disorder (PTSD)
- Severe attachment difficulties

**CHILDREN WITH LEARNING DISABILITIES:**

If there is evidence of comorbidity with a serious mental health condition (as detailed above). In addition we also offer support for serious issues relating to:

- Sleep
- Feeding
- Challenging behaviours
- Continence/toileting
- Adaptive skills training
- Health Action Planning

**SOCIAL CARE ASSESSMENTS:**

For referrals from Social Care, a social work Initial or Core Assessment, or a Early Help Assessment (EHA/CAF) needs to have been completed before referral to Specialist NHS CAMHS.

**CONSULTATION IS AVAILABLE FROM THE SPA TO:**

- Provide advice regarding whether our service is the most appropriate service for the child/young person