**Leeds MindMate Single Point of Access (SPA)Referral form**

Date of Referral \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **CONSENT AND SUITABILITY – THIS SECTION MUST BE COMPLETED IN FULL** |
| ☐**I confirm that by making this referral for the named Child/Young Person below, I have assessed that all appropriate interventions at Universal Service Level\* have been attempted. I have gained the appropriate informed consent of either the Parent or the Child/Young Person who I have deemed to be Gillick Competent\*, and have given them the Leeds MindMate SPA Information Leaflet.***see guidance on reverse* |
| **Who has given consent to this referral?** | ☐Parent ☐Child/Young Person ☐Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| If consent has been given by the Child/Young Person, is the parent aware of the referral? | ☐ Yes ☐No | **Is this referral Urgent?**☐**Yes**☐**No***(Urgent referrals will be directed to the CAMHS Duty team if appropriate)*  |
| If no, is the Child/Young Person happy for the parent to be informed of the referral? | ☐ Yes ☐ No |
| **Child’s Details** *(please complete with as much information as possible)***\*Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **NHS No** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\*DOB** \_\_\_\_\_\_\_\_\_ **Looked After Child**☐**Y** ☐ **N**\***Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Contact No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\*Gender** ☐**M** ☐ **F Ethnicity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Interpreter?** ☐**Y** ☐ **N \*Language \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\*School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Siblings (name and age) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Child’s GP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GP Practice \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **\*Why are you referring?** *(Please provide as much detail as possible, ie the problem, severity, duration, who it affects and what has been tried* |
| **Please describe any Clinical Risks that you have identified?** |
| **Contact Details** (please complete with as much detail as possible) **\*Who will be the main point of contact for this referral?** ☐Parent☐ Young Person ☐Other**\*Name** (if different) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\*Contact No** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \***Consent to text main point of contact ☐Y** ☐ **N** ☐**\*Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Referrers Details** *(please complete with as much information as possible)* |
| **\*Name** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\*Phone** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Profession** | **\_\_\_\_\_\_\_\_\_\_\_** |
| **\*Address/Practice**  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Postcode** | **\_\_\_\_\_\_\_\_\_\_\_** |

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| **Guidance for Referrers to the Leeds MindMate SPA** |
| **What is the Leeds MindMate SPA?**It is the Single Point of Access for all Children’s Emotional Wellbeing and Mental Health Services in Leeds. It is available for professionals to refer into, when they are working with children and young people and identify that they have a need for an emotional wellbeing and mental health service. It is for any child or young person up to the age of 18 who has a Leeds GP. The full range of services currently available via the Leeds MindMate SPA includes:* Child and Adolescent Mental Health Service (CAMHS)
* Services available from School Clusters (including family and mental health support)
* The Market Place – young people’s counselling and drop-in service in Leeds City Centre
* ASPIRE – providing early intervention for 14-18 year olds with Psychosis
* Forward Leeds
* Early Help intervention within school

**How do I make a referral?**Referrals can be made by completing this form and sending via secure email to **leeds.mindmatespa@nhs.net**. Alternatively, referrers can telephone the team directly on **0113 376 0324**, where you will be guided through the relevant questions. The SPA is open from Monday to Friday, between 9am and 5pm, excluding Bank Holidays. This is a referral only service and therefore the SPA will not be offering on-the-spot advice on presenting issues or clinical interventions.**What if the need is an emergency?**In an emergency (if the young person has seriously injured themselves or taken an over dose) you need to send them to the Emergency Department (please note that for under 16s this is at Leeds General Infirmary only).**Universal Service Level Interventions**Universal Service Level includes all interventions within Primary Care, Health Visiting Services, School Nursing Services, Child Development Centres and Early Start Services. A referrer should make a professional judgement that all appropriate interventions at this level have been attempted before referring to the SPA. For example, a young person with behavioural difficulties that are within expected levels for their age and development should be referred to Universal Services in the first instance.**Gillick Competency**According to UK law, a child can give consent to be referred for treatment without parental knowledge if they are under the age of 16, as long as they are able to demonstrate sufficient maturity and intelligence to understand the nature and implications of the proposed treatment, including the risks and alternative courses of actions. Confidentiality may need to be breached if there is considered to be a risk to self or others. As many difficulties occur within the context of family life, treatment options could possibly be limited if there is not parental knowledge of referral.**Urgent Referrals**Referrals requiring an urgent CAMHS assessment should still be made through the SPA, and a duty clinician will call you back for a more detailed discussion. Please ensure you describe in detail any clinical risks that you have identified including liaison with parents/carers/professionals. The SPA does not guarantee a CAMHS appointment for all cases.**What should a good referral look like?**The team at the SPA aim to ensure that families and young people are directed to the right service, first time. To do this well a good referral should try to understand as much of the following as possible, and submit this information when you refer:* What’s the **problem**; who does it **affect** and **how** (sleep, hygiene, nutrition, relationships, home, education, employment)?
* What’s the **duration**?
* What’s the **severity**; according to Child/Young Person and parent/carer and referrer?
* What’s been **done** so far and by **whom**? Was it helpful?
* What other **plans**, if any, have been made? Who else is involved?
* What, if any, **other** problems are there within the Child/Young Person’s home or school/work environment?
* What, if any, **findings** (history/examination/symptoms and signs) might be of relevance e.g. drugs, alcohol, risky behaviour, weight and height, evidence of cutting?
* What **risks** to the Child/Young Person’s safety are there? E.g. Abuse, significant self-harm, unaccompanied minor etc.
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