

FOI 3901

CAMHS

1) Does your HSC Trust provide any mental health services for under 18 year olds (e.g. CAMHS)?

Yes, Northern Health and Social Care Trust (NHSCT) CAMHS.

If you do not, reply stating that you do not provide mental health services for under 18 year olds and none of the other questions of this FOI are required as they are not relevant.

2) If you do provide mental health services for under 18 year olds:

a) What is the age brackets for the mental health services for young people before they move to adult services (for example 0-18 year olds or 0-25 years old)?

0-18

b) What do you call this service (for example Child and Adolescent Mental Health Services (CAMHS) or if there is a specific name you use)?

Child and Adolescent Mental Health Services (CAMHS).

c) What methods of referral do you accept (for example- referrals from GPs/schools)?

Community, Voluntary and statutory services.

d) Are self referrals an option? If so what are the requirements (e.g. minimum age)?

CAMHS do not accept self- referrals.

**e) What is your method of advising patients of appointments (e.g. text/post)?
Letter correspondence/text message reminders.**

Letter, text message and encompass.

3) Provide a blank document of the following forms:

- * The form used by GPs/schools to refer a young person**
- * The form used if a young person is referring themselves**
- * Any forms that are provided at the first appointment for the young person/parent to fill out in regards to contact information, preferences of methods of contact, who is attending the appointments etc**
- * Any relevant forms to indicate who is attending the appointment/aware of the referral (young person/their guardian/both) and which of the two should be contacted and if there is a preference of contact method**

Please see attached.

GPs use Clinical Communication Gateway (CCG) to refer to CAMHS and do not use the attached referral form.

Information on making a referral to CEIS/CAMHS NHST

All referrals to be sent either via email at CAMHS.CRS@northerntrust.hscni.net

or posted to **The Children's Referral Service, CEIS/CAMHS, Floor 2, 12 Dublin Road, Antrim, BT41 2EA**

Referrals from professional agents can seek advice re possible referrals Monday to Friday on **02894 424 693**

All referrals should contain the following **essential** information that you have available and as much of the additional information as possible;

- **Young Person's (YP) name**
- **Address**
- **Contact numbers for parents /guardians- mobile numbers as well**
- **Details of any other professionals already involved or details of concurrent referrals to other agencies**
- **Any information on co morbid diagnosis i.e. ASD, ADHD, Trauma etc.**
- **Details of the YP's school and whether they have any learning issues or disabilities**
- **Onset of difficulties**-when did things become difficult, what was around for the young person at that time that might have influenced the current presentation
- **Frequency**-how often does the YP have these issues, i.e. daily, weekly, only post contact etc.
- **Duration**-how long does the YP experience difficulty i.e. do they feel bad for a few minutes, hours or is it more protracted over days, weeks or months.
- **How does the YP present**-what do they do? i.e. self-harm, social isolation, argumentative, drug use etc.
- Are there any concerns that the YP has odd or disturbing thoughts or perceptions
- Is there any history of significant mental health issues within the young person's family
- **Is there any evidence that the YP is at risk to themselves**-give examples of any their thoughts of life not worth living or episodes of attempts to end their life or any evidence of planning to act on their thoughts of life not worth living
- **significant drug use or any other risk factors**
- **Is the YP prescribed any medication, by whom, is there evidence it has been effective or not and are they compliant with the regime.**
- What has already been tried therapeutically and what was the outcome
- What has been helpful in the past and what protective factors are around for the YP
- What is the desired input from CAMHS/CEIS if known- Mental State Assessment, Professional Consultation, Choice Assessment, Medication query or review, Individual therapy, Family based therapy, parenting groups etc.

The above is not exhaustive but provides a guide to what information is helpful in deciding what level of input, if any, would be appropriate for the YP.

Referrals can be made on the new CEIS/CAMHS form (see attached below) via an email or post.



Children's Early Intervention Service / CAMHS Referral Form

Referrer Name:	Sign-
Job Title:	
Referrer Agency:	
Address:	
Tel:	Date of Referral:

About the Child/Young person/Parents	
Name:	Health & Care No:
	Date of Birth:
1. Parent Name: Dob- Parent/Guardian Tel No:	Address: Parent:
2. Guardian Name: Dob- Parent/Guardian Tel No:	Guardian:-
G.P. Name:	G.P Address:
G.P. Contact Number:	
School Details: inc form teacher and phone number	<ol style="list-style-type: none"> 1. Does the child/young person have a disability? 2. Does the child/young person/parent/guardian require an interpreter? 3. Does the child/young person have any existing diagnoses?
Is this a referral for a Parenting Programme:	
Yes <input type="checkbox"/> proceed to question A No <input type="checkbox"/> proceed to question B	

Question A-Details of why Parenting Programme is being requested:

Question B-Professional opinion of areas which need to be addressed and description of current concerns/issues prompting referral-include onset, frequency and duration of issues and any other previous input.



Existing Services involved with the family (including parents/guardian)

Social Services: Yes No

Education Welfare: Yes No

Psychology: Yes No

Other services :

Please return completed referral forms to:

FAO Referral Co-Ordinator, Children's Referral Service, Floor 2, 12 Dublin Road,
Antrim, BT41 4EA

Tel: 028 944 24693 Or Email: camhs.crs@northerntrust.hscni.net

