

**Specialist CAMHS Referral Criteria:**  
**Southampton City (Solent West)**

Specialist CAMHS services offer support and intervention to children/young people between the ages of 5-18 years who meet the criteria laid out in the table below. Considerations will be given to the level of risk, duration and context of the presenting symptoms/ difficulties and the overall impact on the child/ young person.

**IMPACT:** The emotional health and wellbeing difficulties need to have noticeable and substantial impact on a number of areas of functioning e.g., home, school, work.

**DURATION:** Where the child/ young person has reported symptoms for less than 3 months, an intervention or targeted service should be tried first. This may include advice or consultation from CAMHS. Where a child/ young person's symptoms persist beyond this time and/or they are non-responsive to first line intervention e.g school or universal service, a referral to CAMHS should be considered.

**CONTEXT:** Consideration will be made to complex and/or systemic risk factors such as parental mental health, history of abuse, family disruption, care status and so on. Understandable or time limited reaction to external stresses e.g. bereavement, family breakdown, physical illness, issues of bullying, and young people with neurodevelopmental concerns their behaviour/ presentation is understood within the context of the child's current diagnosis should be addressed in universal or targeted services.

Anyone can make a referral to the CAMHS West team and we particularly welcome self-referrals from parents/carers and young people. Referral forms can be requested by contacting the team on 023 8103 0061 (CAMHS Direct Line) or 0300 123 6661 and asking for the CAMHS West team. Alternatively email the team at [SNHS.CAMHSWestNewReferrals@nhs.net](mailto:SNHS.CAMHSWestNewReferrals@nhs.net)

Completed referral forms can be sent back via this email address or posted to; CAMHS West SPA Team, Child and family Services, 2<sup>nd</sup> Floor Horizon, Western Community Hospital Site, William Macleod Way, Millbrook, Southampton, SO16 4XE.

Standard opening hours for the service are 9:00 – 5:00, Monday to Friday.

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**Quick Links to Referral Criteria by presenting problem – click on text**

1. Attention Deficit Hyperactivity Disorder (ADHD)	6. Eating Disorders	11. Psychosis
2. Autistic Spectrum Condition (ASC)	7. Family/ Parent Difficulties	12. School/ College Refusal
3. Anxiety Disorders Inclusive of Obsessional Compulsive Disorder (OCD) and Panic Disorders.	8. Gender Identity	13. Somatoform Disorders (also known as Psycho-somatic Disorders)
4. Bereavement	9. Overdose	14. Self-harm
5. Depression/ Low mood	10. Tourette's and Tics	15. Substance Misuse

**Useful Links**

Autism Referral Criteria	CPNS Referral Criteria	CAMHS Referral Form	Southampton Directory of Services
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No.	Presenting Problem	Description	Referral Route
1.	Attention Deficit Hyperactivity Disorder (ADHD)	Mild to Moderate symptoms of inattention, hyperactivity and impulsivity.	<p>Initial route to community support agencies for parenting support and school based interventions from Special Educational Needs Co-ordinator (SENCO), Emotional Literacy Support Assistant (ELSA) and Educational Psychologist as appropriate.</p> <p>All above interventions should be accessed thorough individuals own school.</p> <p>Referral to Specialist CAMHS following these interventions if no change has occurred and symptoms continue to significantly impact upon the level of risk and/or functioning.</p>
2.	Autistic Spectrum Condition (ASC)	<p>Symptoms suggestive of ASC should be referred via the appropriate referral routes.</p> <p>The Solent Children’s Autism Assessment Service is the service for Autism Assessments in Southampton. CAMHS is not the referral route for ASC assessments in the City.</p> <p>Autism Hampshire are the service for pre and post diagnosis autism focussed support.</p> <p>Presentation of mental health needs in addition to ASC may be referred into CAMHS based upon severity and level of impact upon risk and functioning.</p>	<p>Use the following referral routes:</p> <ul style="list-style-type: none"> <li>• Under 8 year old or complex medical presentations, initially refer to Community Paediatric Services.</li> </ul> <p><a href="#">Click here to view referral details</a></p> <ul style="list-style-type: none"> <li>• Other referrals should be made to The Children’s Autism Assessment Service, The Adelaide Centre, 2<sup>nd</sup> Floor, William McLeod Way, Millbrook, Southampton, SO16 4XE.</li> </ul> <p><a href="#">Click to view referral details</a></p> <p>Referral to Specialist CAMHS if mental health presentation is significantly impacting upon the level of risk and functioning</p>
3.	Anxiety Disorders Inclusive of Obsessional Compulsive Disorder (OCD) and Panic Disorders.	Many young people will experience anxiety. Levels of impairment will determine whether Specialist CAMHS is required or whether additional support within school and from community counselling services is most	<p>Initially access community counselling services or school based counsellors/ pastoral care workers.</p> <p>No Limits Counselling Phone: 02380 224 224</p>

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		<p>appropriate.</p> <p>If anxiety is significantly impacting the school, home and social environment and other interventions have been tried and/or if there is a dramatic and sudden deterioration then a referral to Specialist CAMHS is indicated.</p>	<p>Email: <a href="mailto:enquiries@nolimitshelp.org.uk">enquiries@nolimitshelp.org.uk</a> : <a href="https://nolimitshelp.org.uk/get-help/health-wellbeing/counselling/">https://nolimitshelp.org.uk/get-help/health-wellbeing/counselling/</a></p>
4.	Bereavement	Grief response following the loss of a family member or friend. Child/ young person may be experiencing significant levels of distress.	<p>Initial referrals to be made to local bereavement services. Services detailed in the local directories and below.</p> <p><b>Winston's Wish</b></p> <ul style="list-style-type: none"> <li>• Winston's Wish is a bereavement agency for children and young people aged 6-18 who have lost a close one or who are grieving. They offer practical support and guidance to families' children and to young people to live with their grief.</li> <li>• Winstons Wish offers an online chat to help a person talk about their grief</li> <li>• For further information then please call 08452 030405 or access their website <a href="http://www.winstonswish.org.uk">www.winstonswish.org.uk</a></li> </ul> <p><b>Simons Says- Child Bereavement Support</b></p> <ul style="list-style-type: none"> <li>• Offer support for young people up to the age of 18 when a significant person in their life is dying or has died. They offer information and advice, run a telephone support line and host monthly age appropriate support groups.</li> <li>• For further information then please call 01794 323 934 or access their website <a href="http://www.simonsays.org.uk">www.simonsays.org.uk</a></li> </ul> <p><b>CRUSE Bereavement Centre</b></p> <ul style="list-style-type: none"> <li>• Offer support, advice and information to children, young people and adults when someone dies.</li> <li>• Contact the team on 023 8077 4900 or their national helpline 0808 808 1677</li> </ul>

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			<ul style="list-style-type: none"> <li>• <a href="mailto:southhampshire@cruse.org.uk">Email: southhampshire@cruse.org.uk</a></li> </ul> <p>Referrals to specialist CAMHS to be considered following interventions from bereavement services and if level of distress in child is having significant impact upon level of risk and/or functioning and mental health.</p>
5.	Depression/ Low mood	Low mood is persistent and symptoms are impacting upon daily living e.g. tearfulness, poor sleep and reduced appetite.	<p>If mild to moderate than community counselling ( 02380 224 224, <a href="mailto:enquiries@nolimitshelp.org.uk">enquiries@nolimitshelp.org.uk</a>, <a href="https://nolimitshelp.org.uk/get-help/health-wellbeing/counselling/">https://nolimitshelp.org.uk/get-help/health-wellbeing/counselling/</a> or school counsellor should be accessed in the first instance.</p> <p>Severe depression which is having a significant impact upon an individual's risk and functioning should be referred to Specialist CAMHS.</p>
6.	Eating Disorders	<p>To include:</p> <ul style="list-style-type: none"> <li>• Bulimia</li> <li>• Anorexia Nervosa</li> <li>• Other specific feeding and eating disorders (OSFED)</li> </ul>	<p>Early referral to Specialist CAMHS, ideally from GP so a physical health check can be carried out.</p> <p>Information to be included in referral:</p> <ul style="list-style-type: none"> <li>• Current weight and height</li> <li>• History of recorded weights</li> <li>• Current blood pressure</li> <li>• Clarify eating history including vomiting and exercise.</li> <li>• Any physical symptoms e.g headaches, chest pain, dizziness etc.</li> </ul>
7.	Family/ Parent Difficulties	<p>Family conflict and or cultures which arise in emotional and behaviour difficulties for the child/ young person.</p> <p>Where there is evidence of family difficulties significantly impacting upon a child/young person's mental health then referrers are advised to contact Specialist CAMHS for an initial discussion on whether a referral would be appropriate.</p>	<p>Social care and Universal services should be accessed. These include parent support services, children's centres and mediation services.</p> <p>Specialist CAMHS will not accept referrals for young people whose emotional and behavioural difficulties arise from ongoing family issues.</p>
8.	Gender Identity	Young person presenting with persistent and	Referrals to Gender Identity Development Service (GIDS) <a href="https://gids.nhs.uk">https://gids.nhs.uk</a> can

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		<p>significant emotional and psychological distress regarding their biological sex e.g. they may express long standing distress related to feeling they are a boy in a girl's body.</p> <p>This is not about sexual orientation or about young people who do not conform to gender norms.</p>	<p>be made directly by health, social care, and education professionals including GP.</p> <p>Yellow Door run a Gender Dysphoria Therapeutic Group for young people aged 12-18 who are experiencing social or psychological difficulties relating to these issues. To make a referral or to find out more about this service please contact Yellow Door Tel: 023 8063 6312, email: <a href="mailto:info@yellowdoor.org.uk">info@yellowdoor.org.uk</a> or go online <a href="https://yellowdoor.org.uk">https://yellowdoor.org.uk</a></p> <p>Where there is evidence of gender identity concerns significantly impacting upon a child/young person's mental health, liaison with CAMHS is advised to discuss referral.</p>
9.	Overdose	Send directly to Emergency Department.	Immediate referral to hospital for medical treatment.
10.	Psychosis	Young person engaging in bizarre behaviour, reporting hearing voices and/or hallucinations/Delusions.	<p>Early referral to Specialist CAMHS if the child/ young person is under the age of 14.</p> <p>Referral to Early Intervention Psychosis Team (EIP) if first presenting episode and the young person is 14 years or older. South Team (Southampton) 02380 878040/07775 535109</p>
11.	School/ College Refusal	<p>Young people who are persistent non-attenders at school will primarily access interventions initially from the local education authority.</p> <p>Where there is concern that the nonattendance is due to a mental health problem this may be evidenced by high levels of distress displayed by the young person at attending school and/or significant levels of anxiety demonstrated which is preventing attendance.</p>	<p>In the first instance we recommend education services should access additional support from Education Welfare and Educational Psychology Services as appropriate.</p> <p>Schools to consult with CAMHS team for advice and consideration of referral to Specialist CAMHS or other appropriate Service.</p>
12.	Somatoform Disorders (also known as Psycho-somatic Disorders)	A child/young person who is experiencing persistent physical symptoms, initial referral to a paediatric service is recommended.	Referral to UHS Paediatric services, who will refer to CAMHS following the exclusion of physical causes, if considered appropriate.

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		<p>Where this is having a significant adverse impact on the child's normal functioning for long periods of time and an organic cause has been excluded, a referral to CAMHS could be considered.</p> <p>Chronic physical illness would not be a reason for referral to CAMHS on its own. However, where this coexists with significant impact on mental health and affects all areas of life, a referral to CAMHS may be appropriate after consultation.</p>	
13.	Self-harm	Self-harm describes any behaviour where someone causes harm to themselves, usually as a way to help cope with difficult or distressing thoughts and feelings.	<p>Referrals should be made to local community CAMHS provisions, such as No limits 02380 224 224, <a href="mailto:enquiries@nolimitshelp.org.uk">enquiries@nolimitshelp.org.uk</a>, : <a href="https://nolimitshelp.org.uk/get-help/health-wellbeing/counselling/">https://nolimitshelp.org.uk/get-help/health-wellbeing/counselling/</a>, School ELSAs, Emotional Wellbeing Practitioners in schools etc.</p> <p>Referrers are encouraged to contact their local specialist CAMHS team if self harm is accompanied by significant impact on mental health which effects risk and functioning to discuss whether referral is appropriate to community CAMHS provisions or the Specialist CAMHS Team.</p>
14.	Substance Misuse	Drug or alcohol misuse.	Refer to specialist misuse services, DASH, via No Limits, 02380 224224 <a href="https://nolimitshelp.org.uk/get-help/health-wellbeing/drugs-and-alcohol/">https://nolimitshelp.org.uk/get-help/health-wellbeing/drugs-and-alcohol/</a>
15.	Tourette's and Tics	<p>The majority of tic disorders, including Tourette's, need little intervention. Psycho-education is often helpful and can be found at <a href="https://www.tourettes-action.org.uk/">https://www.tourettes-action.org.uk/</a></p> <p>In cases where the impact on functioning is</p>	Referrals to be made to CAMHS in cases where the tic disorder is severely impacting on functioning.

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		significant and in multiple areas, a referral to CAMHS should be considered.	
16.	Trauma and Complex Trauma	Child/ Young person displaying symptoms of hyper vigilance, flashbacks and/or marked levels of distress.	Contact CAMHS for advice and consideration of referral to specialist CAMHS or other appropriate service.  For trauma related to domestic violence or sexual abuse, Yellow Door offer a range of psycho-educational, support, advocacy and therapeutic interventions. For more information and/or to make a referral go to <a href="https://yellowdoor.org.uk">https://yellowdoor.org.uk</a> or tel: 02380 636312.

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**Autism Referral Criteria**

**Autism referrals should be referred directly to:**

Child and Adolescent Autism Assessment Service  
Adelaide Health Centre  
Western Community Hospital Campus  
William Macleod Way  
Millbrook  
Southampton  
SO16 4XE

Tel: 0300 123 6661

**Who can refer:**

Any professional working with a child or young person including GP, Pre-School/School, Family Navigator, Southampton City Children's Services, Solent NHS Children's Services

**Criteria:**

Children and young people aged 0-16 years and those aged 16-19 years if in statutory education and registered with a Southampton City GP Practice. Those aged 16 years or above who are not in statutory education or aged 19 and above should be referred to the Adult Autism Diagnostic Assessment Service.

A professional is welcome to refer if there are concerns suggestive of an Autistic Spectrum Condition:

- **Social Communication and Imagination** (e.g. problems using and understanding verbal and non-verbal language, such as gestures, facial expressions and tone of voice; lack of imagination and shared play)
- **Social Interaction** (e.g. difficulties with using eye contact, social smiling, recognising and responding to other people's feelings, poor peer relationships)
- **Stereotyped and Repetitive Behaviours and Interests** (e.g. unusual preoccupations, intense activities, repetitive play and activities, unusual sensory interests or aversions and hand and body mannerisms)

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**Referral criteria for Community Paediatric Neurodevelopmental Services: Solent NHS Trust: January 2016**

**WHO CAN MAKE REFERRALS?**

Health professionals

Health visitors and school nurses

GPs

Therapists

Hospital doctors

Audiologists

Community paediatric nurses

CAMHS practitioners

Other- please phone us if you're not sure- see end of document for contact details

Other agencies

Education Authority statutory requests as part of assessment for Education, Health and Care Plan (EHCP)

**WHICH REFERRALS DO WE ACCEPT?**

**A. Preschool(up to 4y 11m)**

**B. School age 5-16yr(or 19yr-see below)**

**C. Education, Health and Care Plans**

**D. Contact info**

**A. PRESCHOOL (up to 4y 11m)**

We undertake developmental assessment in pre-school children. We are able to consider underlying medical causes for disability and organise investigations and make other referrals as necessary. We see some children with neurodisabling conditions for on-going care.

- 1) **Known neurodevelopmental conditions** which are known to need medical follow up e.g. cerebral palsy
- 2) **Chromosomal and syndrome diagnosis** causing developmental delay, and known to need medical surveillance eg Down syndrome (0-16 years)
- 3) **Developmental regression** confirmed loss of developmental skills should be referred. If there is rapid developmental regression it may be appropriate for the child to be seen by the paediatric neurology service in the first instance. Please discuss with us if you are unsure.

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- 4) **Significant gross motor delay** including concerns about tone, asymmetry, regression or stasis (>6 months) of gross motor skills. Includes persistent toe walking after two years of age.
- 5) **Significant fine motor delay** including concerns about tone, hand preference (under 18 months), asymmetry, regression or stasis (>6 months) of fine motor skills.
- 6) **Isolated speech and language delay** should be referred to speech and language therapy (SALT) and to audiology. Referral to neurodevelopmental paediatric clinic only if other developmental concerns, e.g. significant global delay, moderate to severe delay in understanding of language confirmed by a speech therapist, specialist education input advised or secured, or concerns from SALT services.
- 7) **Isolated concerns about hearing** refer to paediatric audiology service who can refer on to neurodevelopmental paediatric service if required (i.e. if they have concerns about developmental problems)
- 8) **Isolated concerns about vision** refer to paediatric eye clinic, who can refer on to neurodevelopmental paediatric service if required (i.e. if they have concerns about developmental problems)
- 9) **Head growth and shape with associated developmental delay.** We see children where there are concerns about head growth and shape only if there is associated developmental delay. If there are no developmental concerns or if head growth is rapid, please refer to the general paediatric service in the first instance. All referrals need to include a copy of the full growth chart, including weight, height and head circumference.
- 10) **Co-ordination difficulties\* and autism\*\* referrals** see below
- 11) **Other** – only accepted following discussion

**B. SCHOOL AGE (5-16yr occasionally 19yr-see below)**

We will see some children in special schools up to the age of 19 years

- 1) **Known neurodisabling conditions** which are known to need medical follow up e.g. cerebral palsy.
- 2) **Chromosomal and syndrome diagnosis** causing developmental delay, and known to need medical surveillance eg Down syndrome (0-16 years)
- 3) **Developmental regression** confirmed loss of developmental skills should be referred. If there is rapid developmental regression it may be appropriate for the child to be seen by the paediatric neurology service in the first instance. Please discuss with us if you are unsure

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- 4) **Generalised moderate/severe learning difficulties/low IQ** or global developmental delay where the cause needs to be considered, and/or with dysmorphic features not fully investigated previously.
- 5) **Co-ordination difficulties\* and autism\*\* referrals** see below
- 6) **Other** – only accepted following discussion

**\*DEVELOPMENTAL COORDINATION DISORDER/ CLUMSY CHILD/ DYSPRAXIA**

Mild and moderate co-ordination difficulties should be managed in education settings as occupational therapy services (OTs) have put training into schools for this purpose. Children who haven't made progress with school input can be referred directly to OTs by schools. There are guidelines for teachers about what to put in place, and when to refer can be found on the Solent NHS Trust website– [http://www.solent.nhs.uk/store/documents/school\\_therapy\\_pack\\_smaller.pdf](http://www.solent.nhs.uk/store/documents/school_therapy_pack_smaller.pdf). These children do not need direct referral to neurodevelopmental paediatric services. Only consider referral if there is significant regression.

Severe co-ordination difficulties should be seen and examined by a doctor (e.g. GP or neurodevelopmental paediatrician) to consider an underlying neurological diagnosis.

**\*\*AUTISM SPECTRUM DISORDER**

There are different pathways for autism referrals depending on geographical area and the child's age. In general the neurodevelopmental paediatric service sees pre-school children with features suggestive of 'classical' autism i.e. children who have significant speech and language difficulties before age 3 years and social communication difficulties. Children would usually have been referred to a speech therapist and have had an audiology assessment before being referred.

***Pathway for children with a Southampton City GP***

- a) When an autism spectrum disorder is suspected in a child aged under 8 years old the child should be referred to the neurodevelopmental paediatric service.
- b) When an autism spectrum disorder is suspected in a child aged 8 years and over the child should be referred directly to Southampton Autism Panel, c/o Sue Harrison, Autism Panel – Adelaide Health Centre, Western Community Hospital, William Macleod Way, Southampton, SO16 4XE

***Pathway for children with a South West Hampshire GP (including Romsey, Hythe and Waterside and New Forest)***

- a) When an autism spectrum disorder is suspected in a child aged under 5 years old the child should be referred to the neurodevelopmental paediatric service.

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- b) When an autism spectrum disorder is suspected in a child aged 5 years and over referral should be sent directly to Sussex CAMHS at Ashurst Child & Family Centre, Lyndhurst Road, Ashurst, SO40 7AR

***Pathway for children with a Portsmouth City GP***

- a) For all children under 6 years of age where possible autism spectrum disorder is suspected, refer to Consultant Paediatricians at Battenburg Child Development Centre, Battenburg Avenue, Portsmouth, PO2 0TA
- b) For all children over 6 years of age where possible autistic spectrum disorder is suspected, refer to CAMHS at Falcon House, St James's hospital campus, Locksway Road, Portsmouth, PO4 8LD.

***Pathway for children with a South East Hampshire GP (including Havant, Petersfield, Fareham, Gosport)***

- a) When an autism spectrum disorder is suspected in a child who has significant speech and language delay persisting from when they were under 3 years old, the child should be referred to the neurodevelopmental paediatric service.
- b) When an autism spectrum disorder is suspected in a child aged 5 years and over:
- Referrals for children with Fareham and Gosport GP should be sent to Fareham and Gosport CAMHS, 2<sup>nd</sup> Floor, Osborn Centre, Osborn Road, Fareham PO16 7ES
  - Referrals for children with Havant and Petersfield GP should be sent to Child and Adolescent Mental Health, The Old Gymnasium, Fort Southwick, James Callaghan Drive, Fareham, PO17 6AR.

**C. EDUCATION, HEALTH AND CARE PLANS (EHCPs)**

Legislation now requires health professionals to contribute to EHCPs where a child is known to them. The Local Education Authority notifies Solent NHS paediatric department of children being assessed for an EHCP. We contribute to the health reports for children already known to the service. For children not already known each request is reviewed and a decision made about whether the child needs to be seen by a neurodevelopmental paediatrician (e.g. children under 7 years or if there are likely to be significant learning or developmental difficulties that haven't already been medically investigated). If the child is known to other health professionals they will be asked to provide a report.

**D. CONTACT**

These guidelines cannot cover all eventualities. If a professional is concerned about a child we are happy to discuss individual cases. Please telephone your locality neurodevelopmental paediatricians as listed below:

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**Patients with Southampton City Centre and City West GPs**

Postcodes SO14, 15, 16 and 17 send to:

Adelaide Health Centre, Western Community Hospital, William Macleod Way, Southampton,  
SO16 4XE

023 80716635/36

**Patients with Southampton City East GPs**

Postcodes SO18, 19, SO30 & 31 (Part) send to:

Adelaide Health Centre, Western Community Hospital, William Macleod Way, Southampton,  
SO16 4XE

023 8042 6344

**Patients with Hythe and Waterside and New Forest GPs:**

Postcodes SO40. 41, 42, 43 and BH23 (part), 24 and 25 send to

Adelaide Health Centre, Western Community Hospital, William Macleod Way, Southampton,  
SO16 4XE

023 8074 3000

**For patients with Romsey GPs**

Postcodes SO51 and SO52 (Part) send to:

Adelaide Health Centre, Western Community Hospital, William Macleod Way, Southampton,  
SO16 4XE

023 8069 8584

**Patients with Portsmouth City GPs**

Battenburg Child Development Centre, Battenburg Ave, Portsmouth, PO2 0TA

02392 685440

**Patients with Fareham and Gosport GPs**

Unit A4, Alpha Court, Segensworth Business Centre, Fareham PO15 5RQ

01489 554 900

**Patients with Havant and Petersfield GPs**

The Old Gymnasium, Fort Southwick, James Callaghan Drive, Fareham, PO17 6AR

02392 224 535/ 02392 224 538 /02392 224 539

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Email\* completed referrals to [SNHS.CAMHSWestNewReferrals@nhs.net](mailto:SNHS.CAMHSWestNewReferrals@nhs.net)

**Direct Line – 023 8103 0061**

If an urgent referral, please contact us on the above number– We accept referrals and self-referrals over the telephone via our Duty or Triage Team

**\*Disclaimer:** Please be aware that sending by email from iCloud, Gmail, Hotmail, Live, Yahoo or other private email accounts to NHS.net is not secure. If you would prefer to send the referral form via post please send it to the relevant postal address given at the end of the document

<b>Child &amp; Adolescent Mental Health Service – Referral Form</b>			
<b>Young Person Details</b>			
<b>Forename</b>		<b>Surname</b>	
<b>Also known as</b>		<b>Date of Birth</b>	
<b>Gender</b>		<b>NHS No.</b>	
<b>Address at which the child/young person is currently living</b>			<b>Landline / home telephone number</b>
<b>Child/young person mobile number</b>		<b>Parent's/Carer's mobile number</b>	
<b>Is the Child / Young Person: (tick all that apply) –</b>			
<input type="checkbox"/> Living with parents	<input type="checkbox"/> Living with relatives	<input type="checkbox"/> Other (please state)	
<input type="checkbox"/> Looked After Child	<input type="checkbox"/> Subject to a Child Protection Plan	<input type="checkbox"/> Adopted	
<b>First language:</b>	<b>Interpreter required?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes, which language?		
<b>Does the child/young person consider themselves to be transgender?</b>	<b>Sexual orientation:</b>		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Heterosexual <input type="checkbox"/> Gay		
	<input type="checkbox"/> Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Prefer not to say		

Solent NHS Trust are proud to be an organisation that promotes and supports clinical research, while maintaining confidentiality. If we carry out a study that we think you might be interested in, we would like to be able to let you know about it. If you would rather that we didn't contact you, please let your clinician know.



Solent NHS Trust Headquarters, Highpoint Venue, Bursledon Road, Southampton, SO19 8BR

Telephone: 0300 123 3390 Website: [www.solent.nhs.uk](http://www.solent.nhs.uk)

Facebook: Solent NHS Trust

Twitter: @SolentNHSTrust

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Does the child / young person have a disability?  <input type="checkbox"/> Yes <input type="checkbox"/> No  If Yes, Please specify:	Does the child / young person have a  Visual impairment <input type="checkbox"/> Yes <input type="checkbox"/> No  Hearing impairment <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the child / young person a Young Carer?  <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Name of GP</b>		<b>GP surgery name</b>	
GP surgery telephone number and email address		GP surgery address:	
<b>Ethnicity</b>	<input type="checkbox"/> White British	<input type="checkbox"/> Irish	<input type="checkbox"/> Gypsy or Irish Traveller
	<input type="checkbox"/> White and Black Caribbean	<input type="checkbox"/> White and Black African	<input type="checkbox"/> White and Asian
<input type="checkbox"/> Indian	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Chinese	<input type="checkbox"/> Bangladeshi
<input type="checkbox"/> Any other Asian background	<input type="checkbox"/> African	<input type="checkbox"/> Caribbean	<input type="checkbox"/> Other Black/Caribbean/African Background
<input type="checkbox"/> Arab	<input type="checkbox"/> Any other ethnic group – please state		
<input type="checkbox"/> Any other mixed / multiple ethnic background – please state			
<b>Religion</b>	<input type="checkbox"/> Agnostic <input type="checkbox"/> Atheist <input type="checkbox"/> Baha'i <input type="checkbox"/> Buddhist <input type="checkbox"/> Chinese (Taoist / Confucian)  <input type="checkbox"/> Christian <input type="checkbox"/> Hindu <input type="checkbox"/> Humanist <input type="checkbox"/> Japanese (Shinto) <input type="checkbox"/> Jewish <input type="checkbox"/> Jainism  <input type="checkbox"/> Muslim <input type="checkbox"/> Pagan <input type="checkbox"/> Rastafarian <input type="checkbox"/> Sikh <input type="checkbox"/> Spiritualist  <input type="checkbox"/> Do not wish to disclose <input type="checkbox"/> Other		
<b>PARENT/CARER DETAILS</b>			
<b>Who holds parental responsibility for the child /young person?</b>			
Forename		Surname	
Relationship		Telephone number:	

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**CAMHS Referral Criteria:**  
**Southampton City (Solent West)**

Address	
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Is there any history of parental mental health difficulties and/or history of substance misuse?  Yes  No

If yes, please provide details:

Are there any adult services currently involved?  Yes  No

If yes, please provide details:

**SAFEGUARDING**

Please tick all relevant boxes

History of Domestic Abuse		Safeguarding children issues (present & historical)	
Substance Misuse (including partner)		Social Services involvement (present & historical)	
Alcohol Misuse (including partner)		Any other relevant social factors	
Social/Safeguarding history not known			

Name of Allocated Social Worker or Family Support Worker	
Children's Services Team	
Address	
Telephone	

**EDUCATION / NOT IN EDUCATION (NEET)**

Name of School/College:	School/College address and telephone number:

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**CAMHS Referral Criteria:**  
**Southampton City (Solent West)**

Home school / Tutor

Please give details:

**MENTAL HEALTH NEEDS AND CONCERNS**

**Reasons for Referral –**

Please state nature of mental health difficulties, onset, frequency and duration, current presenting risk, interventions tried, impact on child and family, impact on education, and any relevant medical history:

**What services have been accessed already?**

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**Expectations of Referrer:** (What would you like to happen as a result of this referral? What is your best outcome? It may help to include your/your agency's involvement with the family and details of any progress)

**Is the young person on any current medication?**  Yes  No If Yes, please provide details:

**Are there any concerns relating to substance misuse?**  Yes  No If Yes, please provide details:

**Are there any concerns relating to food/weight/suspected eating disorder?**  Yes  No If Yes, please provide details : (current height, weight, history of weight loss, physical symptoms, current eating pattern and behaviours)

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**CAMHS Referral Criteria:**  
**Southampton City (Solent West)**

<b>REFERRER DETAILS</b>			
Name		Job Title/Profession:	
Address			
Post Code:		Telephone:	
Date of Referral		Email address	
<b>REFERRAL CONSENT (Referral must be discussed with the young person before submission)</b>			<b>If no, please give reason</b>
Does the Parent/Carer know about the referral?	Yes	No	
Does the Parent/Carer consent to the referral?	Yes	No	
Does the Child/Young Person know about the referral?	Yes	No	
Does the Child/Young Person consent to the referral?	Yes	No	
Do we have your permission to share information with any other family member?			
Do we have permission to send text messages/text message appointment reminders	Yes	No	If Yes, please write the mobile phone number here:
<b>FORWARDING CONSENT</b>			<b>If no, please give reason</b>
Does the Child/Young Person/Carer give consent to forward the referral to the appropriate external agency e.g. Children's Services, Education, Voluntary sector?	Yes	No	
Signed.....		Date.....	
Title Role: .....			
<b>Postal address for referrals:</b>		CAMHS West SPA Team Child and Family Services 2nd Floor Horizon Western Community Hospital Site William Macleod Way Millbrook Southampton SO16 4XE	

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# CAMHS Referral Criteria: Southampton City (Solent West)

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