Children & Young Peoples Mental Health Support Team   
Referral Form

|  |
| --- |
| Introduction Please note that we are an early intervention Mental Health Support Team and do not offer urgent care. Our general service hours are Monday to Friday 8am to 4pm.  Support and advice is also available from NHS 111 (option 2), Childline 0800 1111, Samaritans 116 123, or your GP surgery.  This service is currently available to children & young people who attend the following schools:  Burnt Mill Academy, Cook Spinney Primary Academy & Nursery, Hare Street Community Primary School & Nursery, Harlow College, Jerounds Primary Academy, Kingsmoor Academy, Latton Green Academy, Little Parndon Primary Academy, Mark Hall Academy, Passmores Academy, Pear Tree Mead Academy, Potter Street Academy, Purford Green Primary School, Sir Frederick Gibberd College, St. James’ CofE Primary School, Tanys Dell Primary School, The Downs Primary School, William Martin CofE School  **Please complete this form in full. If the form is not completed fully, we reserve the right not to accept the referral.** |

|  |  |
| --- | --- |
| Consent If the child or young person is below 16 years old consent is required from a parent/carer.  Statement of consent: I give permission for my child to be considered for Mental Health Support Team involvement. I understand that this request will be considered, and I will be notified if an intervention is offered. I understand and agree that information may be shared with other professionals involved with my child if/when appropriate (e.g. referring on to specialist services such as Emotional Wellbeing & Mental Health Service – EWMHS etc.)  Your child’s data is subject to our data protection policy and information will be held on a secure computer system. Information about your child’s involvement with the MHST may be entered to a secure data base and shared anonymously with the NHS for data reporting purposes. | |
| **Consent to share information with NHS and other organisations (NB. Without this consent we may not be able to offer you a service)** | ⃣ Yes  ⃣ No  ⃣ N/A (CYP over 16) |

|  |  |
| --- | --- |
| **Parent/Carer Details** | |
| Name: |  |
| Telephone No: |  |
| Email address: |  |
| Relationship to CYP: |  |

|  |  |
| --- | --- |
| Child/Young Persons Details | |
| Title: |  |
| First Name: |  |
| Last Name: |  |
| Date of Birth: |  |
| GP Surgery: |  |
| NHS Number:  (if known) |  |
| Gender: | ⃣ Male ⃣ Female ⃣ Not specified |
| Sexual Identity: (voluntary information) |  |
| Ethnicity: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Address 1: |  | | |
| Address 2: |  | | |
| Town/City: |  | | |
| County: |  | | |
| Postcode: |  | | |
| Home Telephone Number: |  | Permission to leave message: | ⃣ Yes ⃣ No |
| Mobile Telephone Number: |  | Permission to leave message: | ⃣ Yes ⃣ No |
| Permission to send SMS: | ⃣ Yes ⃣ No |
| Email Address: |  | | |

|  |  |
| --- | --- |
| Who may we speak to to discuss referral: |  |
| CP Plan Status: | ⃣⃣⃣ Active ⃣ Former ⃣ Never been on CP plan |
| Looked After Child (LAC): | ⃣ Yes ⃣ No |

|  |  |
| --- | --- |
| Current Situations | |
| Any additional need?  (e.g. Language, or disability issues?) |  |
| Responsible for the care of anyone? | ⃣ Yes ⃣ No |
| Name of School: |  |
| Reason for referral:  (select one only) | **Primary school**  ⃣ Anxiety ⃣ Challenging Behaviour (at home)  **Secondary school**  **⃣** Anxiety ⃣ Low Mood |
| Reason for referral: |  |
| Has had thoughts of “they would be better off not being alive” or thoughts of harming self? | ⃣ Yes ⃣ No |
| Has this person consented to this referral: | ⃣ Yes ⃣ No |

|  |  |
| --- | --- |
| Referrer Details: | |
| Name: |  |
| Job Title: |  |
| Phone Number: |  |
| Email Address: |  |

**PLEASE PASSWORD PROTECT IF SENDING VIA EMAIL**

|  |
| --- |
| Please complete and send this form to:  [mhstharlow@mindinwestessex.org.uk](mailto:mhstharlow@mindinwestessex.org.uk) |

If you would like to discuss this referral with a member of the team please call 07935 067 383 or email [mhstharlow@mindinwestessex.org.uk](mailto:mhstharlow@mindinwestessex.org.uk)

**RCADS**  
Child/Young Person’s NAME:……………………………………………………… NHS ID:……………………………  
Date:……………………………….. ***Please tick or highlight the word that shows how often these things happen to you. There are no wrong or right answers***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 | I worry about things | ⃣ Never | ⃣ Sometimes | ⃣ Often | ⃣ Always |
| 2 | I feel sad or empty | ⃣ Never | ⃣ Sometimes | ⃣ Often | ⃣ Always |
| 3 | When I have a problem, I get a funny feeling in my stomach | ⃣ Never | ⃣ Sometimes | ⃣ Often | ⃣ Always |
| 4 | I worry when I think I have done poorly at something | ⃣ Never | ⃣ Sometimes | ⃣ Often | ⃣ Always |
| 5 | I would feel afraid of being on my own at home | ⃣ Never | ⃣ Sometimes | ⃣ Often | ⃣ Always |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 6 | Nothing is much fun anymore | ⃣ Never | ⃣ Sometimes | ⃣ Often | ⃣ Always |
| 7 | I feel scared when I have to take a test | ⃣ Never | ⃣ Sometimes | ⃣ Often | ⃣ Always |
| 8 | I feel worried when I think someone is angry with me | ⃣ Never | ⃣ Sometimes | ⃣ Often | ⃣ Always |
| 9 | I worry about being away from my parent | ⃣ Never | ⃣ Sometimes | ⃣ Often | ⃣ Always |
| 10 | I am bothered by bad or silly thoughts or pictures in my mind | ⃣ Never | ⃣ Sometimes | ⃣ Often | ⃣ Always |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 11 | I have trouble sleeping | ⃣ Never | ⃣ Sometimes | ⃣ Often | ⃣ Always |
| 12 | I worry that I will do badly at my school work | ⃣ Never | ⃣ Sometimes | ⃣ Often | ⃣ Always |
| 13 | I worry that something awful will happen to someone in my family | ⃣ Never | ⃣ Sometimes | ⃣ Often | ⃣ Always |
| 14 | I suddenly feel as if I can’t breathe when there is no reason for this | ⃣ Never | ⃣ Sometimes | ⃣ Often | ⃣ Always |
| 15 | I have problems with my appetite | ⃣ Never | ⃣ Sometimes | ⃣ Often | ⃣ Always |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 16 | I have to keep checking that I have done things right (like the switch is off, or the door is locked) | ⃣ Never | ⃣ Sometimes | ⃣ Often | ⃣ Always |
| 17 | I feel scared if I have to sleep on my own | ⃣ Never | ⃣ Sometimes | ⃣ Often | ⃣ Always |
| 18 | I have trouble going to school in the mornings because I feel nervous or afraid | ⃣ Never | ⃣ Sometimes | ⃣ Often | ⃣ Always |
| 19 | I have no energy for things | ⃣ Never | ⃣ Sometimes | ⃣ Often | ⃣ Always |
| 20 | I worry I might look foolish | ⃣ Never | ⃣ Sometimes | ⃣ Often | ⃣ Always |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 21 | I am tired a lot | ⃣ Never | ⃣ Sometimes | ⃣ Often | ⃣ Always |
| 22 | I worry that bad things will happen to me | ⃣ Never | ⃣ Sometimes | ⃣ Often | ⃣ Always |
| 23 | I can’t seem to get bad or silly thoughts out of my head | ⃣ Never | ⃣ Sometimes | ⃣ Often | ⃣ Always |
| 24 | When I have a problem, my heart beats really fast | ⃣ Never | ⃣ Sometimes | ⃣ Often | ⃣ Always |
| 25 | I cannot think clearly | ⃣ Never | ⃣ Sometimes | ⃣ Often | ⃣ Always |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 26 | I suddenly start to tremble or shake when there is no reason for this | ⃣ Never | ⃣ Sometimes | ⃣ Often | ⃣ Always |
| 27 | I worry that something bad will happen to me | ⃣ Never | ⃣ Sometimes | ⃣ Often | ⃣ Always |
| 28 | When I have a problem, I feel shaky | ⃣ Never | ⃣ Sometimes | ⃣ Often | ⃣ Always |
| 29 | I feel worthless | ⃣ Never | ⃣ Sometimes | ⃣ Often | ⃣ Always |
| 30 | All of a sudden I feel really scared for no reason at all | ⃣ Never | ⃣ Sometimes | ⃣ Often | ⃣ Always |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 31 | I have to think of special thoughts (like numbers or words) to stop bad things from happening | ⃣ Never | ⃣ Sometimes | ⃣ Often | ⃣ Always |
| 32 | I worry what other people think of me | ⃣ Never | ⃣ Sometimes | ⃣ Often | ⃣ Always |
| 33 | I am afraid of being in crowded places (like shopping centres, the movies, buses, busy playgrounds) | ⃣ Never | ⃣ Sometimes | ⃣ Often | ⃣ Always |
| 34 | I worry about what is going to happen | ⃣ Never | ⃣ Sometimes | ⃣ Often | ⃣ Always |
| 35 | I worry about making mistakes | ⃣ Never | ⃣ Sometimes | ⃣ Often | ⃣ Always |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 36 | I suddenly become dizzy or faint when there is no reason for this | ⃣ Never | ⃣ Sometimes | ⃣ Often | ⃣ Always |
| 37 | I think about death | ⃣ Never | ⃣ Sometimes | ⃣ Often | ⃣ Always |
| 38 | I feel afraid if I have to talk in front of my class | ⃣ Never | ⃣ Sometimes | ⃣ Often | ⃣ Always |
| 39 | My heart suddenly starts to beat too quickly for no reason | ⃣ Never | ⃣ Sometimes | ⃣ Often | ⃣ Always |
| 40 | I feel like I don’t want to move | ⃣ Never | ⃣ Sometimes | ⃣ Often | ⃣ Always |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 41 | I worry that I will suddenly get a scared when there is nothing to be afraid of | ⃣ Never | ⃣ Sometimes | ⃣ Often | ⃣ Always |
| 42 | I have to do some things over and over again (like washing my hands, cleaning or putting things in a certain order) | ⃣ Never | ⃣ Sometimes | ⃣ Often | ⃣ Always |
| 43 | I feel afraid that I will make a fool of myself in front of people | ⃣ Never | ⃣ Sometimes | ⃣ Often | ⃣ Always |
| 44 | I have to do some things in just the right way to stop bad things from happening | ⃣ Never | ⃣ Sometimes | ⃣ Often | ⃣ Always |
| 45 | I worry when I go to bed at night | ⃣ Never | ⃣ Sometimes | ⃣ Often | ⃣ Always |
| 46 | I would feel scared if I had to stay away from home overnight | ⃣ Never | ⃣ Sometimes | ⃣ Often | ⃣ Always |
| 47 | I feel restless | ⃣ Never | ⃣ Sometimes | ⃣ Often | ⃣ Always |