

National Referral Pro-forma for Child and Adolescent Mental Health Services (CAMHS) in Scotland

Child and Adolescent Mental Health Services (CAMHS) are core clinical multi-disciplinary teams with expertise in the assessment, care and treatment of children and young people experiencing serious mental health problems. Specialist services for those at risk and with specific conditions are also provided, including inpatient care. CAMHS works with and provides support to the wider system of mental health care for children, young people and their families within the Getting It Right For Every Child (GIRFEC) model.

Specialist CAMHS are for children and young people age 0 – 18th birthday with clear symptoms of mental ill health which place them or others at risk and/or are having a significant and persistent impact on day-to-day functioning. While some children and young people will need to come straight to CAMHS i.e. those requiring urgent mental health care, most will require this service when an intervention within primary care education or a community-based service has not been enough.

Please include the following in your referral:

- Name and demographics of the child or young person - including contact details and Next of Kin – as per PHS/ISD requirements.
- Who has given consent for this referral?
- If the young person is alone, how should we contact them for appointments?
- Reason for referral; please specify: mental health symptoms, risk to child or young person and/or others and impact on day today life.
- Are there any child protection concerns about the child or young person?
- What else has been done to address the problem? Please give details e.g. the name of the service, intervention etc.
- Past medical history *Physical and Mental Health*
- Medication *Current & Past*
- Allergies
- Family History
- If referral relates to a suspected eating disorder:
Physical health data: HR, BP, Height, Weight, BMI, date and results of any recent investigations.

Please ask child or young person to add any further information from them and school/ college if appropriate about the difficulties and add this to your referral.

- Are there any special requirements for appointments e.g. wheelchair access, interpreter Y/N. If Yes, please specify:
- Referrer's Details