

## Leeds MindMate Single Point of Access (SPA) referral form

Date of referral .....

### 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 who I have deemed to be Gillick Competent\*, and have given them the 'Leeds MindMate SPA information leaflet' (see guidance on reverse)

Is this referral urgent?  Yes  No (urgent referrals will be directed to the CAMHS Duty Team if appropriate)

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

If no, is the child/young person happy for the parent to be informed of the referral?  Yes  No

Date child/young person was seen by referrer .....

\*Please note that if the referrer has not met with the child/young person recently we will not be able to process the referral further.

### Child's details (please complete with as much information as possible)

\*Name .....

NHS No..... \*DOB .....

\*Address .....

\*Contact No .....

\*Gender  Male  Female Ethnicity .....

\*Interpreter needed  Yes  No \*Language .....

\*Looked After Child  Yes  No

\*School .....

\*Siblings (name and age) .....

\*Child's GP .....

\*GP Practice .....

Why are you referring? (Please provide as much detail as possible – guidance below)

Please describe any clinical risks that you have identified

## Contact details (please complete with as much information as possible)

\*Who will be the main point of contact for this referral?  Parent  Child/young person  Other

\*Name (if different) .....

\*Contact no .....

\*Email address (only if consent is given to use as a method of contact) .....

\*Consent to text main point of contact?  Yes  No

\*Address .....

..... \*Postcode .....

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## Referrer's details (please complete with as much information as possible)

\*Name .....

\*Profession .....

\*Phone .....

\*Email address .....

\*Address .....

..... \*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 aged 5-18 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](mailto:leeds.mindmatespa@nhs.net). Alternatively, referrers can telephone the team directly on **0300 555 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 overdose) 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, 0-19 Public Health Integrated Nursing Service, 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 no 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.