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| **THEWS referral form for YOUNG PEOPLE in SECONDARY SCHOOLS**  **MULTI-AGENCY STAFF TO COMPLETE** | | | | |
| **Please check that the young person attends a THEWS school** [**https://www.elft.nhs.uk/thews/our-schools**](https://www.elft.nhs.uk/thews/our-schools) **then complete the form below and email it to the THEWS referrals coordinator: [elft.thewsreferrals@nhs.net](mailto:elft.thewsreferrals@nhs.net)** | | | | |
| **When completing the form, please keep the following in mind:**   * All fields marked with an \* are mandatory. Incomplete forms will be returned for completion. * Your information is treated with utmost care and complies with the Data Protection Act of 1998 for safety and privacy. We may need to share it with other professionals to offer you the best service. * THEWS can work with young people in full-time education beyond their 18th birthday. However, THEWS cannot accept referrals from young people aged 18 or older at the time of referral – please refer to one of our partner services:   + Step Forward: <http://www.step-forward.org/> (ages 11-25)   + Docklands Outreach: <http://www.dockout.org.uk/> (ages 12-25) | | | | |
| |  |  |  | | --- | --- | --- | | **\*Young Person’s Details** | | | | **Full Name:** | | **Preferred name:** | | **DOB: Age:** | **Gender: Pronouns:** | **Ethnicity:** | | **School:** | | | | **Home address (including postcode):** | | | | **Young person’s email:** | | **Young person’s phone number:** | | **GP Name and Practice Address:** | | | | **Preferred Contact Method: Phone  Email** | | | | | | | |
| **\*Consent** | | | | |
| \***I have gained the appropriate informed consent of either the parent/carer if the young person is under 16 years old and/or the young person (aged 16+ only).**  THEWS cannot currently work with young people under 16 without parental consent. Please signpost to our partner services (Step Forward or Docklands Outreach) listed above. | | | | |
| **\*Who has given consent to this referral?**  Parent/Carer  Young Person  Other (Please state: ) | | | | |
| **Please answer the relevant box:** | | | **Yes** | **No** |
| \*If the young person has given consent, is the parent aware of the referral? | | |  |  |
| \*If no, has the young person agreed for the parent to be informed of the referral? | | |  |  |
| \*If no, is the child aged 16+? | | |  |  |
| \*Does the young person give permission to keep parents/carers updated on how things are going? (e.g. sending progress letters) | | |  |  |
| \*Does the young person give permission to keep the school updated on how things are going? (e.g. sending progress letters) | | |  |  |
| If we think another service is more appropriate to support the young person’s needs (e.g. CAMHS, Step Forward etc.) then we will refer to that service directly. **If you do NOT consent to this then please check here** | | | | |
| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | **\*Parent/Carer Details:** | | | **Parent/Carer Name:** | **Relationship to young person:** | | **Parent/carer Contact Number:** | **Email Address:** | | **Interpreter Required:  Yes (Please specify: )  No** | | | | | | | |
| **Contextual factors** | **Yes** | **No** | **Unknown** | |
| Looked after child (LAC) |  |  |  | |
| Young carer |  |  |  | |
| EAL/ESL status (English as Additional/Second Language) |  |  |  | |
| Asylum seeker/Refugee |  |  |  | |
| THEWS can work with young people with any of the factors listed below who have a mild to moderate mental health need, providing the factor below is **not** the primary contributing factor to the mental health difficulties | | | | |
| Special Educational Needs (SEN) status |  |  |  | |
| EHCP (Education Health Care Plan) |  |  |  | |
| Autism Spectrum Disorder (ASD) diagnosis |  |  |  | |
| Attention Deficit Hyperactivity Disorder (ADHD) diagnosis |  |  |  | |
| Learning Disability (LD) diagnosis |  |  |  | |
| Long-term physical health conditions (please specify): |  |  |  | |
| Other disability (please specify): |  |  |  | |
| If you answer YES to any of the statements below, please contact Tower Hamlets CAMHS (instead of THEWS) on 0207 426 2375 or elt-tr.CAMHSTowerHamletsDuty@nhs.netas these difficulties require a greater level of support than THEWS can provide, so we are unable to accept this referral. | **Yes** | **No** | **Unknown** | |
| Current (within the past 6 months) **safeguarding issues** |  |  |  | |
| Current (within the past 6 months) **deliberate self-harm requiring first aid** (e.g. cutting, burning, head banging) |  |  |  | |
| Current (within the past 6 months**) suicidal thoughts** (e.g. thoughts of not wanting to be alive) |  |  |  | |
| **Risk to others** (e.g. violent or aggressive behaviour towards others) |  |  |  | |
| Experience of **trauma** resulting in any of the following symptoms: intrusive thoughts/memories/nightmares, hypervigilance, avoidance of trauma-related environments |  |  |  | |
| School attendance **below 75%**  THEWS cannot work with young people who present with school refusal as this requires a multi-agency approach led by the school (attendance officer). Senior THEWS workers can provide consultation only (NOT direct intervention). |  |  |  | |
| Substantial **intervention with CAMHS** within the past 12 months  THEWS is an early intervention service, not a step-down service. Please contact the THEWS admin [elft.thewsadmin@nhs.net](mailto:elft.thewsadmin@nhs.net) to link you with the school senior to discuss the referral and signpost to the most appropriate service. |  |  |  | |

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| **Would the young person be interested in interventions in a group format?** |
| Yes  No  No preference  Not known |
| **Would the young person prefer face-to-face or remote/video appointments?** |
| Face to face – school  Face to face – CAMHS  Face to face – other community setting  Remote/video appointments  No preference  Not known |
| **Presenting difficulties – please check all areas that are relevant to the young person:** |
| **Low mood/depression** |
| Young people with low mood may experience persistent sadness, tearfulness, feeling hopeless, no longer enjoying activities, social isolation, and disturbed sleep patterns. |
| **General anxiety/worry** |
| Young people with general anxiety may experience excessive worries about a range of different events or activities, have difficulties controlling worries, concentration problems, and sleep disturbance. |
| **Phobias** |
| Young people may have an overwhelming and debilitating fear of an object, place, situation, feeling or animal which is preventing them from doing things they would like to do. |
| **Panic** |
| Young people with panic may experience physical symptoms including heart racing, sweating, shaking, struggling to breathe, nausea, dizziness. These symptoms lead to behaviour change (e.g. avoidance) or worrying about the consequences of symptoms (e.g. losing control, fear of dying). |
| **Social anxiety** |
| Young people with social anxiety experience an overwhelming fear of social situations – feeling overly worried before, during and after social situations. Social situations can include school-based activities (e.g. speaking to/in front of others). |
| **Obsessions and compulsions/obsessive compulsive disorder (OCD)** |
| Young people with OCD may experience distressing thoughts, urges and/or images, known as obsessions. The young person tries to suppress these obsessions by performing an action (e.g. handwashing, counting, tapping, etc.) known as compulsions. This is time-consuming and causes distress. |
| **Low self-esteem** |
| Self-esteem is the opinion people have of themselves. Young people with low self-esteem view themselves in a more negative or critical way. This can make them feel less able to take on challenges and/or opportunities. Low self-esteem can be a predisposing and maintaining factor for low mood, anxiety, and other mental health difficulties. |
| **Emotion regulation difficulties** |
| It is normal for young people to experience difficulties managing emotions. Support can be helpful when difficulties managing emotions are negatively impacting a young person’s daily functioning/quality of life and are outside the expected norms developmentally and culturally. For example, a young person might have regular meltdowns during lessons or at break times, without any obvious triggers. The may superficially self-harm not requiring medical attention. |
| **Interpersonal/peer relationship difficulties** |
| It is normal for young people to experience difficulties managing relationships. Support can be helpful when the young person has persistent difficulties creating and maintaining healthy relationships. For example, they may frequently fall out with friends and be unable to establish good relationships with teachers. These interpersonal difficulties are negatively impacting a young person’s daily functioning/quality of life and are outside the expected range developmentally and culturally. |
| **Eating difficulties^** |
| Young people may worry about the type and quantity of food they are eating and may be actively restricting their diet. For example, they may be cutting out complete food groups (e.g. carbs, fats), overly focus on ‘clean’ or ‘healthy’ eating, and/or feel guilty after eating certain foods. Support can be helpful when these difficulties are negatively impacting a young person’s daily functioning/quality of life and are outside the expected range developmentally and culturally. For example, they have stopped going out with friends to eat socially or won’t eat with friends at lunchtime. |
| **Body image difficulties^** |
| It is normal for young people to experience difficulties with body image. Support can be helpful when these difficulties are negatively impacting a young person’s daily functioning/quality of life and are outside the expected range developmentally and culturally. For example, young people may express that they ‘feel fat’ when objectively they are of normal weight. They may express dissatisfaction with a certain part of their body (e.g. stomach). They may overly check their body or avoid it (e.g. checking themselves in a mirror several times a day or completely avoiding mirrors). These difficulties may stop them from taking part in certain activities (e.g. PE).   |  |  | | --- | --- | | **^For eating difficulties and/or body image difficulties the following information is required:** | | | Weight = | Height = |  |  |  |  |  | | --- | --- | --- | --- | | If you answer YES to any of the statements below, please contact Tower Hamlets CAMHS (instead of THEWS) on 0207 426 2375 or elt-tr.CAMHSTowerHamletsDuty@nhs.netas these difficulties require a greater level of support than THEWS can provide, so we are unable to accept this referral. Please advise that the young person makes an appointment with their GP for a physical health check. | **Yes** | **No** | **Unknown** | | BMI under 17 (or weight/height equivalent) |  |  |  | | Current or previous diagnosis of eating disorder (please specify) \_\_\_\_\_\_\_\_\_ |  |  |  | | Weight loss of more than 1kg in the past month or 0.5kg within the past 2 weeks |  |  |  | | Self-induced vomiting |  |  |  | | Use of diet pills/injections |  |  |  |  |  | | --- | | **\*Please add any further information about the young person or their difficulties that may be helpful for us to know:** | |

Please type here

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| **\*Referral completed by** |
| **Referrer name:** |
| **Role:** |
| **Email:** |
| **Date:** |