

## GUIDANCE: HOW TO COMPLETE A REFERRAL TO SPECIALIST CAMHS AND MAST

This guidance document is intended to help professionals complete the Referral to CAMHS and MAST. These two agencies work together to provide mental health services, such that children and young people could be supported by both services. The document provides explanations of the information that should be provided on the referral form and what to do with the completed form. Please note that items marked \* are essential for the referral to progress.

### A. INFORMATION ABOUT THE CHILD/YOUNG PERSON

Please provide all information fully and accurately. If you do not know something, please indicate this by stating, "Not known".

### B. INFORMATION ABOUT THE PERSON WITH PARENTAL RESPONSIBILITY

Please provide all information fully and accurately. For this purpose, 'parental responsibility' relates to the person/people who have the right to consent to treatment on behalf of the child or young person.

'Looked after Child', for this purpose is used to mean those looked after by the state, which includes those who are subject to a care order or temporarily classed as looked after on a planned basis for short breaks or respite care.

### C. INFORMATION ABOUT THE REFERRAL, REFERRER AND GP

Please classify the referral as 'Urgent' or 'Routine' to the best of your knowledge. CAMHS prioritises referrals on clinical need.

Please state which service you are sending the referral to - CAMHS and/or MAST. If, at triage, the referral is considered to be more appropriate for another service you will be informed of this decision.

Please complete all the referrer details fully and accurately. We will use the details you provide to contact you about the referral.

We would normally expect that the referrer has seen the child or young person.

If you are aware of any other agencies involved with the child, young person or family, please state them here. Agencies often have information and assessment material about children and young people known to them. It is helpful for us to contact such agencies to share information.

### D. ACCESS TO OTHER SERVICES - CONSENT FOR INFORMATION SHARING (preferred, not essential)

Parent/carer consent is requested to allow CAMHS and/or MAST to share information across agencies. By signing this section the parent/carer understands that information about the referral will be shared across agencies and has been made aware that MAST is 'multi-agency', not NHS. If appropriate, CAMHS will send a referral onto MAST if the parent/carer has given consent here. The family and referrer will be informed if this happens. If the family has not signed this section and the referral is more appropriate for another service, it will be returned to the referrer to be re-referred.

### E. REASON FOR REFERRAL

This information informs the decision about how to prioritise or whether to accept the referral.

#### WHERE TO SEND THE COMPLETED REFERRAL FORM

- North MAST, [Northmast@sheffield.gov.uk](mailto:Northmast@sheffield.gov.uk) Fax 0114 2331189
- West MAST, [Westmast@sheffield.gov.uk](mailto:Westmast@sheffield.gov.uk) Fax 0114 2506865
- East MAST, [Eastmast@sheffield.gov.uk](mailto:Eastmast@sheffield.gov.uk) Fax 0114 2053639
- CAMHS Single Point of Access, 55 Albert Terrace Road, Sheffield, S6 3BR [camhsspa@nhs.net](mailto:camhsspa@nhs.net)
  - Fax 0114 2260620