with you, for you

NHS

CAMHS INFANT MENTAL HEALTH SERVICE REFERRAL FORM

LABEL/ OR:

Name:
Address:

Date of birth:
NHS number:

Home phone no. (OK to call?) **Mobile No:**	Preferred language: Interpreter Required? **YES/NO** Have you lived in the UK for 6 Month's or longer? **YES/NO**
Gender: Male/Female	Ethnic origins:
Disabilities:	Communication needs:
Name and address of GP:	Any physical health needs (including allergies):

Baby's Name:
(if already born)

Baby's EDD and gestation:
 OR
 Baby's date of birth and age:

Next of kin name and contact number:

Who else is living in the house?	DOB	Relationship:	School attended
Settled Accommodation Yes/No (please circle where applicable)		Type of accommodation (please circle where applicable) • Living in own home • Living with extended family/friends or carers • Homeless • Other	

Please add additional family members on a separate sheet

working together | always improving | respectful and kind | making a difference

Other people involved i.e. Carer, Midwife, Health visitor, GCC, Paediatrics, etc.

Name:	Role/Title/Profession:	Contact No:

Please add additional carers/ professionals on a separate sheet

STATE ANY MENTAL HEALTH OR PHYSICAL HEALTH DIFFICULTIES RELATED TO THIS PREGNANCY

Please provide details of severity and nature of symptoms and include any associated factors (e.g. recent signficant life events/pressures, medical complications etc)

PREVIOUS & CURRENT MENTAL HEALTH DIFFICULTIES (if none, pease state this)

Please provide details of any previous and current mental health difficulties (including treatment, current medication, severity and nature of symptoms). If known, please indicate if there is a notable family history of mental health difficulties:

N.B. if the patient has a history of a severe mental illness (such as psychosis or sever depression) and/or is currently presenting with a severe mental illness, then the patient should be referred directly to her local Community Mental Health Team by her GP.

CURRENT BONDING/ATTACHMENT CONCERNS (if relevant)

Please include details of any bonding/attachment measures you may have used (providing scores and dates)
If relevant/present, please provide details of any current difficulties or concerns in the relationship between the baby and the parent/s (whether the baby is already born or yet to be born).

CURRENT SUPPORT NETWORK

Please give details of:

1. The level of support from family and friends
2. Whether the patient accesses her local Children's Centre and/or antenatal support groups
3. The frequency and nature of support/treatment from yourself and other professionals (e.g. GP, Social Worker etc)
4. Has there been a referral to the Specialist Perinatal Service?

PATIENT'S VIEW OF THE REFERRAL

Please confirm that the patient has given her consent to the referral (needed to offer an assessment)

Patient consented to referral: YES/NO

Please provide a brief description of how the patient feels about being referred:

It helps the team in considering referrals if the check list below is completed; there is no expectation that this will be exhaustive. Many known risk factors put a strain on the baby-parent relationship. An analysis of these allows intervention to be considered at a preventative level, before the infant's quality attachment has been compromised. The presence of four to six moderate risk factors is significant although some combinations of a lesser number merit attention. However, there are certain serious conditions that, in some circumstances, call for interventions on their own. These have been *italicised* in the list below:

Stressors on the Caregiving Relationship: A Risk/Vulnerability Analysis.

Infant mental health teams use a risk model to guide referral and treatment; this also identifies some more distal points for intervention, away from the immediate family. Serious conditions that merit interventions on their own risks are in red in the list below. Since risks are cumulative, it is suggested that four or more, less serious risks will also need attention.

1. Potential Biological Vulnerability in the infant:

Mother substance abused (including alcohol) during pregnancy

Very low birth weight/extremely premature

Non-organic failure to thrive/ malnutrition

Extreme feeding/sleeping difficulties

Congenital problems/poor health/serious development delay

Baby has a very difficult temperament/extreme crying

Chronic maternal anxiety/stress during pregnancy

Regulatory/sensory integration disorder/hypersensitive to stimuli

2. Parental Social and Emotional History and Current Functioning:

All forms of mental illness, including eating disorder & PTSD.

A serious medical condition/physical disability

Own Mother was mentally ill/substance abused

Alcohol and/or drug abuse (current or past)

History of trauma, witnessing violence, neglect, abuse or loss

Parents seem incoherent or confused when discussing relationship

Parent was in care or adopted (often signifies maltreatment)

A serious lack of preparation during pregnancy or denial of pregnancy

Learning disability/low educational achievement

A previous child has been in foster care or adopted

Mother experienced the death of a child (including stillbirth)

A previous child has shown very difficult behaviour problems

The presence of an acute family crisis

3. Interactional or Parenting Variables

A lack of sensitivity and responsiveness to the infant's cries or signals

Signs of being physically punitive or harsh towards the child

Lack of vocalisation to infant, few serve and return "conversations"

A consistent lack, or avoidance of eye-to-eye contact

Regular negative attributions made towards child, even if "jokey"

Lacks everyday knowledge of parenting and child development

The infant has poor care (e.g. dirty and unkempt) physical neglect

Is unable to anticipate or encourage the child's development

Quality of partner relationship; may be undermined or unsupported

Infant a victim of maltreatment, emotional abuse or neglect

Infant regularly rejects being held or touched by caregiver

Any violence reported in the family, especially if witnessed by infant

Infant prefers a 'stranger' to a familiar caregiver

Negative affect/ verbal abuse openly shown towards child

4. **Socio-demographic Factors**

Homelessness or housing instability

Chronic Unemployment and/or insufficient income

Food insecurity and /or Inadequate housing and hygiene

A single teenage mother *without* family support

Absent parent, or stepparent in family (i.e. not biologically related)

Severe family dysfunction, current and in background

Lack of supportive relationships/social isolation

Recent life stress (e.g. bereavement, birth trauma, racial prejudice etc.)

DECLARATION

DATA PROTECTION ACT 1988

The information provided by you is required to enable staff to offer the appropriate support and to maintain accurate records of individuals with whom the service is involved.

I declare the information contained in this request for services form is correct. I am in agreement with this referral being made on my behalf. I understand that a file will need to be opened in my child's name, and also that I will be asked to consider the use of video to help me understand my child's point of view.

I will notify staff of any significant change to the information given.

Name: …………………………………………………………. **Date:** ………………………….
(This form needs to be signed before we can offer a service)

Parent's Signature: ……………………………………………………..

Referred by: …………………………………… ……………………………   **Title:** ………………………….

Address: ……..

Telephone number: ……………………………..   **Mobile:** …………………………………………

Signed: ……………………………………………..   **Date:** …………………………….

Please return Completed form to:-
Infant Mental Health Team
Evergreen House
Charlton Lane
Cheltenham
GL53 9DZ
CAMHS-InfantMentalHealth@ghc.nhs.uk

Confidential: Contents are not to be disclosed to a third person without permission of the originator
If you would like this letter or information we send you in an alternative format, such as another language, braille, large print or Easy Read, or if you need other help with communicating with us, please let us know.