**Section One: Demographic details - *to be completed by referring professional***

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| **Referrer Details** |
| Name: |  | Job title: |  |
| School/College: |  |
| Email address: |  | Contact number: |  |
| Date of Referral: |  |

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| **Child /Young Person’s Details: Child (4-12 years), Young Person (13-18 years)** |
| First Name: |  | DoB: |  |
| Last Name: |  | Age: |  |
| Name (Also Known As): |  | Year group: |  |
| Language:  |  | Ethnicity: |  |
| Interpreter Required? | Yes/No | Gender: |  |
| Home address: |  |
| GP: |  | NHS No: (if known) |  |
| Young Person Email: |  | YP Mob No: |  |
| YP – Best point of contact to arrange appointments:  | YP / Parent / School | Are parents aware of referral: | Yes / No |
| **Family/Carer Details: *(please indicate if they have parental responsibility)*:** |
| Parent/carer name: |  | [ ]  | Relationship to child or YP: |  |
| Home Address *(if different):* |  |
| Email address: |  |
| Home Tel. Number: |  | Mobile Number: |  |
| **Family Composition:** |
| Other Household Members: *(include siblings in order of age:* | Relationship: | Age: | Parental Responsibility? |
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**Section Two: Referral details - *to be completed by referring professional***

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| **Reason for Request including child / young person’s voice (for example, child / young person feeling anxious or lonely), difficulties, history of the difficulties, context of the difficulties, family/environmental factors, risks (past and current) and strengths in the system**  |
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| **Other Agencies currently involved:** |
| Agency | Name/Role | Contact Details |
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| **Intervention requested (please tick)** |
| Group work |[ ]  Consultation appointment with school/college |[ ]
| For secondary age young people - Anxiety  |[ ]  Consultation appointment with young person/family |[ ]
| For secondary age young people - Low Mood  |[ ]  Support with referral or signposting to other appropriate service |[ ]
| For primary age children - Anxiety |[ ]  Other (please specify): |[ ]
| For primary age children - Behaviour Work  |[ ]   |[ ]

**Information for Schools**

**Please note:**

* We can only accept a referral if the client/client’s representative has given consent for their health record to be opened – please ask the Young Person / parent/carer to complete the consent section.
* Schools and colleges have a fixed number or referrals that they can submit per term. For this reason all referrals need to be overseen and submitted by the Mental Health Lead.

**The Mental Health Support Team offers the following three functions:**

F1. We provide individual and group evidence-based interventions with young people and families in relation to mild to moderate mental health needs specifically anxiety, behavioural issues and low mood. These are carried out with the parents of primary aged children and directly with the young person in a secondary or post-16 education setting. The interventions are based on Cognitive Behavioural Therapy informed Guided Self Help strategies.

F2. We work with education settings to promote a ‘Whole System Approach’ to improve the mental health of the whole organisation, including the wellbeing of staff. This includes staff training.

F3. We offer consultations with school staff and/or clients who may not be appropriate for a direct intervention. We link with other agencies and are able to support referrals and signpost.

**Consent Form: (*to be completed by Young Person (13-18 years) or parent/carer (4-12 years)***

|  |  |
| --- | --- |
| **Child/Young Person’s Name:** |  |

**Please let us know if you are a young person consenting for yourself or you are a parent/carer consenting for your child.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  | I am a young person consenting for myself | **OR** | [ ]  | I am a parent / carer with parental responsibility consenting for my child |
|  |  |  |  |  |

**Please read the following statements carefully, tick the appropriate boxes and sign the form. If the form is not completed fully, there will be a delay in access to the service, whilst the form is returned to you.**

|  |  |  |
| --- | --- | --- |
| I consent | I **Do Not** Consent |  |
|[ ] [ ]  ***(****If you are a* ***Young Person*** *signing this consent for yourself)*I consentfor my parents/carers to be contacted in relation to my treatment. If you do not agree please let us know the reasons, this will not affect your referral in any way. |
| [ ]  | [ ]  | I consent for a record to be opened with the Mental Health Support Team (part of the Emotional Health and Wellbeing Service). If we do not open a record, unfortunately we are unable to offer you any kind of service**. ‘**Open record.’ |
| [ ]  | [ ]  | I consent for information to be shared out with other organisations**.** If you do not agree please let us know the reasons for this as we might not be able to offer you a service. ‘Sharing out**.’** |
| [ ]  | [ ]  | I consent for the MHST to view what is recorded at other care services. ‘Sharing in.’ |
| [ ]  | [ ]  | I consent to receiving consultation/treatment. ‘Treatment.’ |
| [ ]  | [ ]  | I agreethat I have read and I understand the confidentiality agreement. ‘Confidentiality agreement.’ |
| [ ]  | [ ]  | I understand that in order for this referral to be accepted, I will need to open an **Egress Email** account to enable secure email communications with the MHST team. MHST administrators and school/college can help me with this. |

**If any of the above statements present a difficulty please let us know before signing.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Print Name:**  |  | **Date:** |  |
| **Signed:** |  |

*This will need a physical signature from the Parent/Young Person*

**A copy of this form will be retained on your health record.**

**Please keep a copy of this agreement for future reference, and provide a copy for the parent.**

**Every member of our staff has an obligation to protect confidentiality**

**Data Protection Officer:** ccs.accesstoinfo@nhs.net

Cambridgeshire Community Services NHS Trust Unit 7/8, Meadow Lane, St Ives, Cambs, PE27 4LG.

If you would like to request a copy of your record, please contact the Access to Records Department on ccs-tr.accesstorecords@nhs.net

Information about your data and rights can be accessed via:

<https://www.cambscommunityservices.nhs.uk/docs/default-source/leaflets---pals---april-2015/0253-your-data-your-rights.pdf>

For further information on your rights under GDPR, or to exercise these rights, please contact the Information Governance team on ccs.accesstoinfo@nhs.net

**Please return this form to the MHST email box securely via Egress:** **ccs.mhst@nhs.net**

**Information for Parents/Carer/Young Person:**

**CONFIDENTIALITY AND INFORMATION SHARING**

To help us provide the best support to our clients we write records in the NHS electronic system. A limited version of these notes can be viewed by other NHS health professionals such as your GP. A more detailed version of our notes is recorded and can be viewed internally within the Mental Health Support Team and the wider Emotional Health and Wellbeing Service (provided by Cambridgeshire Community Services NHS Trust).

If appropriate, we will share information with other partners who may be able to provide Health, Education or Social Care support to you. The two main reasons for sharing information outside our service will be:

* Due to concerns in relation to risk, (to you or to others). If this circumstance arises we will advise you, where safe to do so, of the concerns and contact the appropriate agency.
* To connect you with other services that might support your needs better than us.

In addition to this, practitioners discuss cases within the team and with their supervisors. This is a process for ensuring safe practice and quality of interventions.

**VIDEO CONFERENCING AND FURTHER CONFIDENTIALITY CONSIDERATIONS**

The Mental Health Support Team offers a mixture of face to face, telephone or video consultations, depending on government directives as to safe working practices.

You agree that you will not record sessions, partially or in full at any time.

We have Trainee Education Mental Health Practitioners (TEMHPs) within our service. As part of their training, our TEMHPs are required to submit recordings of some of their sessions. They will therefore need to record some of their sessions and the recordings will be stored safely in accordance with Trust and GDPR guidelines. The recordings will be submitted to their University course for assessment and learning purposes. **You will be asked permission for a session to be recorded.**

**Email Communications**

It is essential that any communications between you and the MHST are sent and received via an encrypted services to ensure the security and confidentiality of your personal data. The NHS uses the Egress encryption service to send secure, encrypted emails to any free global hosted email services such as Gmail / Hotmail and other privately-run email services. You will be required to open a FREE Egress account online.

**Health Record**

Your signed form allows us to open a clinical record in your NHS notes. The information we gather and process will be stored on your health record and managed in accordance with the NHS Records Management Code of Practice. A copy of which you can find via our website: <https://digital.nhs.uk/data-and-information/looking-after-information/data-security-and-information-governance/codes-of-practice-for-handling-information-in-health-and-care/records-management-code-of-practice-for-health-and-social-care-2016>

We have a Privacy Notice that sets out what we use your data for and how you can exercise your data rights. Please note we do not rely on consent as a lawful basis for processing your data. The consent we are asking for is to share your confidential information. A copy of the Privacy Notice can be found at:

<http://www.cambscommunityservices.nhs.uk/docs/default-source/ig-privacy-notices/pn-children-39-s-specialist-services-v1-2-sept-2018.pdf?sfvrsn=10>

Young people and parents of young children are able to access their records. You can place an Access to Records (ATR) request by emailing directly ccs.accesstoinfo@nhs.net

**EGRESS – Secure Email**

|  |  |
| --- | --- |
| You will receive an email that looks like the picture across.Your browser should allow you to open the attached switch file directly or download and then open the file (as shown below). 1. Alternatively, select **Open secure email** to view the secure email in your browser.
2. Once you select **Open secure email** the Egress Authentication screen will appear.
3. • If you have not previously received an encrypted NHSmail email you will be required to register for an account with the NHSmail encryption provider, Egress.
4. You will be redirected to an external website which will guide you through the registration process to create an account - this should only take a few minutes.
5. More guidance on creating an account is available in this document.
6. **Note:** Registered recipients do not need to re-register to read subsequent encrypted email messages sent from any NHSmail user - registration is a one-off process.
7. • If you have previously registered with the NHSmail encryption provider, the system should display the **Egress Authentication** screen.
8. Enter your **Egress ID** - this will be your email address that you registered with.
9. Enter your **Password** or click **Forgot Your Password?**
10. Click **Sign In.**
 |  |

Full instructions on how to open and access your Egress email can be found on the website below:

[**https://pcse.england.nhs.uk/media/1095/nhse-accessing-encrypted-emails-guide.pdf**](https://pcse.england.nhs.uk/media/1095/nhse-accessing-encrypted-emails-guide.pdf)