

Date 06/05/2026
Your Ref
Our Ref 11354

Enquiries to Richard Mutch
Extension 35687
Direct Line 0131 465 5687
loth.freedomofinformation@nhs.scot
richard.mutch@nhs.scot

Dear

FREEDOM OF INFORMATION – CAMHS

I write in response to your request for information in relation to CAMHS.

Question:

- What is the age brackets for the mental health services for young people before they move to adult services (for example 0-18 year olds or 0-25 years old)?

Answer:

NHS Lothian currently provides Child & Adolescent Mental Health Services to children and young people from birth to eighteen years of age. For referrals in those children under the age of five years we find it is best to meet with the Health Visitor, Public Health or School Nurse in the first instance and we offer regular consultation sessions for colleagues in primary care.

Question:

- What do you call this service (for example Child and Adolescent Mental Health Services (CAMHS) or if there is a specific name you use)?

Answer:

Child and Adolescent Mental Health Services (CAMHS).

Question:

- What methods of referral do you accept (for example- referrals from GPs/schools)?

Answer:

Referrals come from general practitioners, health visitors, social workers or from schools.

Question:

- Are self referrals an option? If so what are the requirements (e.g. minimum age)?

Answer:

We do not accept self-referrals.

Headquarters
Mainpoint
102 West Port
Edinburgh EH3 9DN

Chair Professor John Connaghan CBE
Chief Executive Professor Caroline Hiscox
*Lothian NHS Board is the common
name of Lothian Health Board*

Question:

- What is your method of advising patients of appointments (e.g. text/post)?

Answer:

Patients are usually sent a letter asking to contact CAMHS to arrange a first appointment. Patients are called if appointments are short notice.

Question:

I would also like to request a blank document of the following forms:

- The form used by GPs/schools to refer a young person

Answer:

GP's referrals should be submitted via SCI Gateway or directly to the individual locality referrals e-mail inbox, no forms. Other referrals are submitted via Request for Assistance Forms (attached) for CAMHS Edinburgh (North & South teams), West & East Lothian. Referrals to Midlothian are directly to e-mail inbox, no forms.

Question:

- The form used if a young person is referring themselves

Answer:

Not applicable

Question:

- Any forms that are provided at the first appointment for the young person/parent to fill out in regards to contact information, preferences of methods of contact, who is attending the appointments etc

Answer:

No forms, but a discussion is had around methods of contact as per below:

Texts/email may be used as a means of communicating with young people aged 12 to 18 years old, parents/carers for young people under 12 years old and up to 18 years. The CAMHS service will discuss the option of using texts and/or email on the telephone or in a Face-to-Face appointment and then follow-up in writing if verbal consent is given (the method will vary depending on whether consent is given for text, email or both means of contact). When consent is verbally given, the attached content. We don't ask who is attending appointments.

Question:

- Any relevant forms to indicate who is attending the appointment/aware of the referral (young person/their guardian/both) and which of the two should be contacted and if there is a preference of contact method



Answer:

Not applicable

I hope the information provided helps with your request.

If you are unhappy with our response to your request, you do have the right to request us to review it. Your request should be made within 40 working days of receipt of this letter, and we will reply within 20 working days of receipt. If our decision is unchanged following a review and you remain dissatisfied with this, you then have the right to make a formal complaint to the Scottish Information Commissioner within 6 months of receipt of our review response. You can do this by using the Scottish Information Commissioner's Office online appeals service at www.itspublicknowledge.info/Appeal. If you remain dissatisfied with the Commissioner's response you then have the option to appeal to the Court of Session on a point of law.

If you require a review of our decision to be carried out, please write to the FOI Reviewer at the email address at the head of this letter. The review will be undertaken by a Reviewer who was not involved in the original decision-making process.

FOI responses (subject to redaction of personal information) may appear on NHS Lothian's Freedom of Information website at: <https://org.nhslothian.scot/FOI/Pages/default.aspx>

Yours sincerely

ALISON MACDONALD
Executive Director, Nursing
Cc: Chief Executive
Enc.



Request for Neurodevelopmental Assessment – East Lothian

Please read first:

This form is only for requesting ND Assessments and once completed, should be sent to:

For children under 7 years old: loth.childrenswaitinglistteam@nhs.scot

For children and young people 7 years old or older: loth.CAMHSeastlothianadmin@nhs.scot

It is the responsibility of the referrer to explain processes and possible outcomes to the child/young person and family clearly before submitting the RfA. You should not ask them to sign the form until you are clear they have read through and have a full understanding of this.

Section 1: Referrer Details			
Name:			
Agency:		Role:	
Contact No:		Email:	

Section 2: Child/Young Person Details (Parent/carer details are in section 3)			
Name:		Date of Birth:	
Address:		Age at time of referral:	
Contact No:		Email:	
Care Experienced:	Yes No	What gender do they identify as:	
School/ Early Learning and Childcare Setting:		Stage/ Year:	e.g. pre-school no placement; 2 year old placement, ante pre-school, pre-school, P6, S1, post school

Section 3: Parent/Carer Details	
Name:	
Contact No:	
Email:	
Relationship to Child/ Young Person:	
Address (if different to above):	
Would you prefer follow up forms to be emailed or posted?	Emailed Posted
If the child/young person does not consent to their parent/carer being	

made aware of this RfA - please explain why here:	
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Section 4: Current Situation

In accordance with the Young Person’s Planning Framework, there is an expectation that **wellbeing assessment and planning will be in process** and **universal support** will have been put in place.

Please don’t duplicate (copy and paste) information from the wellbeing assessment onto this RfA form - you only need to record the information in one place.

Situation – Briefly describe the situation
(Type here)

Presentation – (Comment on development/learning, flexibility, concentration, processing, sensory needs, communication and social interaction, etc.)
(Type here)

Supports - What supports and interventions at a universal, additional and targeted level are already in place?
If you have included a comprehensive wellbeing plan in place, there is no need to complete this section.
(Type here)

Other relevant information if not included elsewhere (e.g. other professionals involved, health concerns, family/social background)

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Additional Information - required to be attached with this RfA			
	Required	Recommended	Optional The following information can be helpful, but is not essential
Neurodevelopmental Assessment for all children already in Educational Placements	Dimensions Tool <i>(optional for 3-4 year olds)</i> CAIDS-Q <i>(only for Learning/ Intellectual Disability assessment - over 6 years only)</i>	Universal Wellbeing Plan and/ or Child/Young Person's Plan	CAMHS Report CCH Report SLT Report OT Report EP Report IEP CIRCLE Participation Scale Positive Support Plan Ages and Stages Questionnaire (ASQ) Medical diagnoses Additional equipment (e.g. feeding tube) Other
Neurodevelopmental Assessment <u>Only</u> for <u>pre-school</u> children <u>NOT</u> in an educational placement	Ages and Stages Questionnaire (ASQ) Ages and Stages Questionnaire (ASQ-SE)		

What do team members suspect may describe the child's neurodevelopmental presentation?				
	Referrer	Parent/Carer	Child/YP	Others
ADHD				
Autism Spectrum Disorder				
Attachment Difficulties				
Intellectual Disability/ Global Developmental Delay				
Developmental Coordination Disorder				
Developmental Language Disorder				
Foetal Alcohol Spectrum Disorder				

Section 5: Expectations
What are the parent/ carer and young person's expectations of the process and outcome?

Request for Assistance (RfA) Locality: North West South West North East South East

What is this request for?

Single Point of Access Advice and Support

spa@edinburgh.gov.uk

Part of Edinburgh’s approach to GIRFEC, the Single Point of Access can consider further support options and offer locality and city-wide support where there is an unmet need.

Neurodevelopmental Assessment

spa@edinburgh.gov.uk

Requests for assessments linked to neurodevelopmental differences that have persisted for a long period of time and have interfered with functioning and/or development.

Preschool into P1 Intellectual Disability Assessment Pathway

spa@edinburgh.gov.uk

- Child is in GIRFEC planning process and an up-to-date assessment of need has been completed
- Preschool child in Edinburgh entering Primary 1 in forthcoming August and will need enhanced planning and support
- Significant global development delay confirmed in thinking, learning, play communication and social development
- Significant impact on all aspects of learning, development, and everyday life

CAMHS Severe Mental Health Concern - Urgent

CAMHSNorthEdinReferrals@nhslothian.scot.nhs.uk

- They are expressing active suicidal thoughts and risk to life is high named person should also refer to school guidance on [Supporting a Young Person Who is Suicidal](#) or [Papyrus guidance](#)
- There are behaviours that might indicate altered thinking suggestive of acute psychosis. This may involve the person perceiving or interpreting things differently from those around them, this will often include short episodes of delusions, hallucinations, thought disorder, disorganised speech or behaviour.
- They are pregnant or have given birth within the last 12 months

Note: Refer to GP if rapid weight loss and/or are significantly underweight for their age and stage of development and/or present with serious medical complications associated with an eating disorder.

CAMHS Moderate to Severe Mental Health Concern

spa@edinburgh.gov.uk

- Persistent or severe symptoms of anxiety, which interfere with daily function.
- Significant changes in mood from previous levels of functioning having an impact on daily living.
- Obsessions (intrusive repetitive thoughts) and compulsions (repetitive, ritualistic, unwanted actions) that take lot of time and get in the way of activities. These will be either distressing or disabling and interfere with the child’s functioning and across settings e.g. school and home.
- Post-traumatic responses that are linked with extreme traumatic stress involving the direct personal experience of an event that involves actual or threatened death or serious injury.
- Self-harm without suicidal intent takes many forms and can be seen as a way of dealing with difficult feelings that build up. [Discussion with CAMHS clinicians](#) is recommended before a referral is made.
- Effects of sexual assault.

Please outline the child or young person’s health and/or additional support needs (please include if they are currently undergoing assessment e.g. neurodevelopmental or other)

Click here to enter text

Section 2: Child/Young Person Details (Parent/carer details are in section 3)	
Name: Click here to enter text	Address and Postcode: Click here to enter text
Date of Birth: Click here to enter text	
Age and Stage: Click here to enter text	
What are their preferred pronouns? Click here to enter text	Care Experienced: <input type="checkbox"/> At Home <input type="checkbox"/> Away from home <input type="checkbox"/> Kinship Care
Gender: Click here to enter text	<input type="checkbox"/> Child Protection Register <input type="checkbox"/> N/A
Please Indicate if the child or young person is: Please, choose from drop-list → (Please check the child or young person is happy for this information to be shared)	
<input type="checkbox"/> Young Carer <input type="checkbox"/> Refugee <input type="checkbox"/> LGBTQ <input type="checkbox"/> EAL <input type="checkbox"/> has a Disability <input type="checkbox"/> Other (Please type in): Click here to enter text	
Household composition: Click here to enter text	School / EY setting Click here to enter text
Important adults to the child / young person: Click here to enter text	Do they have any hobbies or interests? (please detail) Click here to enter text
Places and spaces the child / young person feels comfortable in or enjoys: Click here to enter text	GP Practice if known Click here to enter text
Has the child or young person experienced any recent and significant changes? (please detail below)	
Click here to enter text	

Section 3: Parent/Carer Details	
Name: Click here to enter text	Relationship to Child/Young Person: Click here to enter text
Contact No: Click here to enter text	Address (If different to child/YP): Click here to enter text
Email: Click here to enter text	Home Language - Communication needs (translator/signing/dyslexia): Click here to enter text
If the child/young person is over 12 and does <i>not</i> consent to their parent/carer being made aware of this RfA – please explain why below:	
Click here to enter text	
If appropriate, please include details of parent/carer/sibling health or additional support needs	
Click here to enter text	

Section 4: Current Situation		
Why does this child/young person/family require support or specialist assessment?		
<input type="checkbox"/> Anxiety <input type="checkbox"/> Mood - concerns /changes <input type="checkbox"/> Self-harm <input type="checkbox"/> Trauma <input type="checkbox"/> Peer Relationships <input type="checkbox"/> Family relationships <input type="checkbox"/> Bereavement/loss <input type="checkbox"/> Risk Taking / Community Issues <input type="checkbox"/> Parental needs eg. disability, substance use, mental health	<input type="checkbox"/> Financial challenges <input type="checkbox"/> Confidence and /or isolation <input type="checkbox"/> Sibling supports <input type="checkbox"/> Emotional regulation <input type="checkbox"/> Communication difficulties <input type="checkbox"/> Managing change/transition <input type="checkbox"/> Learning and Development <input type="checkbox"/> Stereotypic, insistence on sameness, tics, obsessive routines	<input type="checkbox"/> Support and advice to parent carer <input type="checkbox"/> Learning and Development <input type="checkbox"/> Motor Development <input type="checkbox"/> Activity or Impulsivity <input type="checkbox"/> Sensory processing reactions <input type="checkbox"/> Attention and concentration <input type="checkbox"/> Childhood behaviour e.g. sleep tantrums/eating <input type="checkbox"/> Self-Care <input type="checkbox"/> Sexuality and Identity
Ordinarily GIRFEC Planning paperwork will be attached to support all requests: <input type="checkbox"/> Assessment of Need <input type="checkbox"/> GIRFEC Plan		Neurodevelopmental Requests only: <input type="checkbox"/> CAIDS Q (8 years and over if the request relates to possible intellectual disability) <input type="checkbox"/> SCERTS assessment – summary sheet (if available)
CAIDS Q - Copy and paste the outcome including summary details (e.g. age, gender etc.) in the box below		
Click here to enter text		
Services and supports		
Use the box below to outline the Supports and services already in place or previously accessed for the child / young person and their family (include who offered the support, the impact it's having or had and why it ended) → Alternatively, if this information is fully provided in the attached GIRFEC papers tick here <input type="checkbox"/>		
Click here to enter text		
Neurodevelopmental and P1 Intellectual Disability assessment requests		
Please comment on the traits/concerns (e.g. concentration, impulsivity, communication, relationships, behaviours/routines, sensory needs and development and learning) and provide examples of how it impacts the child or young person's functioning at home / education setting. See Top Tips for a Neurodevelopmental Request.		
Click here to enter text		
Neurodevelopmental, Mental Health or P1 Intellectual Disability assessment requests		
Parent/ carer and young person's hopes or expectations of the assessment process and outcome (therapeutic support, neurodevelopmental assessment of ASD / ADHD / other)		
Click here to enter text		
Single Point of Access		
What additional support does the family/team around them feel would be helpful? e.g. specific activities, supportive peer group, family advice and support, 1:1?		
Click here to enter text		
What is the child or young person's view / what do they think might help?		
Click here to enter text		
If you would like to add any further information, please use the space below		

Click here to enter text

Section 5: Single Point of Access only

Are the family comfortable with home visits? Yes No Unsure

How would the family or young person like any offer of support from SPA fed back to them?

- Via the person supporting this request Direct to a young person by phone
 Direct to parent / carer by phone (number above) Direct to a young person by e-mail
 Direct to parent / carer them by e-mail (e-mail above)

→ If feedback is requested directly to the young person, we will also either let their parent/carer or request a supporter know by e-mail.

Which would they prefer? person supporting this request parent / carer

Section 6: Named Person /Support Details

→ It is the responsibility of the person supporting this request to clearly explain the process, and what information they are sending and to complete the consent section below.

Name: Click here to enter text

Role: Click here to enter text

Contact No: Click here to enter text

Email: Click here to enter text

Section 7: Consent

Neurodevelopmental Requests

Your information is being shared with NHS Lothian. It is being used by children's and mental health services to respond to your request for support. Neurodevelopmental assessments are completed by a range of professionals including Child and Adolescent Mental Health Services, Community Paediatrics and Allied Health Professionals including Occupational Therapy and Speech and Language Therapy. Your information will be sent to the most relevant team for initial assessment.

Single Point of Access

Your information is being shared with a multi-disciplinary group including health, education, social work and local organisations. It will be treated confidentially and is being shared so that the group can consider what supports could be offered to you locally. (Further information is included in the appendix)

Parent/Carer Consent

→ Requesters can sign on behalf of a parent with their consent.

I agree to a Request for Assistance for my child being made to the SPA

Yes No

I agree to a Request for Assistance for my child being made to health for neurodevelopmental or mental health assessment

Yes No

I consent to contact from the Single Point of Access for the purposes of evaluation

Yes No

Signature

Date: Click here to enter text

Young Person Consent (to be completed if over 12)

→ Requesters can sign on behalf of a young person with their consent.

I understand why this request for assistance is being made:

Yes No

I agree to a Request for Assistance being made for:

→ Single Point of Access

Yes No

→ Health Assessment

Yes No

I consent to contact from the Single Point of Access for the purposes of evaluation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature <small>Click here to enter text</small>	Date: <small>Click here to enter text</small>
Please send complete RfA to: Spa@Edinburgh.gov.uk	

Appendix: Further information on consent for Single Point of Access

Your information is being collected by Edinburgh Council and NHS Lothian. It is being used by the Single Point of Access Team to respond to your request for support.

We promise to collect, process, store and share your data safely and securely.

We will share the information in this form, and attach it, with Single Point of Access (SPA) partner agencies to enable them to consider and offer support. SPA partners include:

The following services participate in the process:

- Internal Education and Children’s Service: e.g. educational psychology, additional support for learning, social worker, family and household support, parent and carers workers.
- NHS Services: e.g. primary mental health workers, speech and language therapists, Occupational therapists
- Voluntary organizations that offer activities and support in your local area and Edinburgh
-

Earlier in this form you were asked how you want any support offered communicated to you.

We all have a duty to keep children and young people safe. If the information in this form suggests a child or young person is not safe. We will check the person supporting you has followed child protection procedures to support you. If we can’t check this the SPA will liaise with social work and police to make sure everyone is safe. If it is felt that a child or young person is at risk we must share information.

Using your information

- The Single Point of Access (SPA) will only keep your request form for a maximum of one year.
- If the request submission was made with the support of other services (Education, Health, Social Work) it will be kept in your child’s record according to their retention policy.
- If you accept support from an SPA partner, for example, a local organization, they will also keep your information as part of their request process according to their service retention policy.

Some anonymised information will also be kept by the SPA for evaluation purposes. Children, Young People and Families will not be identifiable.

There are laws around the storage and use of personal and special category data. Further details of our Privacy Notice can be found on the Council and NHS websites.

[Privacy and data protection – The City of Edinburgh Council](#)

[Privacy and data protection – NHS Lothian](#)

West Lothian CAMHS Referral Form

Please send completed form to: WestlothianCAMHS@nhs.scot

It is the responsibility of the referrer to explain processes and possible outcomes to the child/young person and family clearly before submitting the referral form. You should not ask them to sign the form until you are clear they have read through and have a full understanding of this.

In an EMERGENCY call 999.

A Mental Health Concern is considered URGENT if:

- They are expressing active suicidal and/ or have plans, risk to life is high.
- They have had rapid weight loss and/or are significantly underweight for their age and stage of development and/or presents with serious medical complications associated with an eating disorder
- There are behaviours that might indicate altered thinking suggestive of acute psychosis which may be putting themselves or others at risk. This may involve the person to perceive or interpret things differently from those around them, this will often include; short episodes of delusions, hallucinations, thought disorder, disorganised speech or behaviour.
- They are pregnant or have given birth within the last 12 months

Section 1: Referrer Details

Name:			
Agency:	Role:	
Contact No:	Email:		

Section 2: Child/Young Person Details (Parent/carer details are in section 3)

Name:		Date of Birth:	
Address:		Age at time of referral:	
Contact No:			
Care Experienced:		What gender do they identify as:	
School Setting:		Stage/ Year:	e.g. P6, S1, post school

Section 3: Parent/Carer Details

Name:			
Contact No:			
Relationship to Child/ Young Person:			
Address (if different to above):			

Section 4: Current Situation

Please select main reason for referral and describe why this child/young person requires assessment/treatment from CAMHS

e.g. give details of issues/ concerns regarding and please refer to RefHelp or Public Health Scotland [Child And Adolescent Mental Health Services: national service specification - gov.scot](#) for referral criteria:

- | | |
|--|---|
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Expressive, receptive and social communication |
| <input type="checkbox"/> Low mood | <input type="checkbox"/> Peer relationships |
| <input type="checkbox"/> Tics | <input type="checkbox"/> Family issues, such as separation, conflict, domestic abuse, ill health |
| <input type="checkbox"/> Attention and concentration | <input type="checkbox"/> Bereavement reaction, more extreme or lasting longer than typically expected |
| <input type="checkbox"/> Eating disorder concerns | <input type="checkbox"/> Significant difficulties in managing change/ transition |
| <input type="checkbox"/> Trauma | <input type="checkbox"/> Suicidal thoughts |
| <input type="checkbox"/> Psychosis | <input type="checkbox"/> Learning and Development |

Situation – Briefly describe the situation

(Type here)

Presentation – What behaviours does the child/young person display at home and at school, when they began and current impact

(Type here)

Supports - What supports and interventions at a universal, additional and targeted level are already in place?

(Type here)

Strengths - What positive attributes, skills, and resources does the young person have? *(Type here)*

Other relevant information if not included elsewhere (e.g. other professionals involved, health concerns, family/social background)

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What are the parent/ carer and young person's expectations of the process and outcome?

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Parent/Carer Consent

I have parental rights? Yes No

I agree to a referral for my child being made for Mental Health assessment: Yes No

Signature	You can sign on behalf of a parent with their consent e.g. xxx (Head Teacher) on behalf of xxx (parent) via telephone	Date consent agreed	Click or tap to enter a date.
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Young Person Consent (to be completed if 12 years or over)

I agree to a referral being made for Mental Health assessment Yes No

Signature	You can sign on behalf of a Young Person with their consent e.g. xxx (Head Teacher) on behalf of xxx (Young Person) via telephone	Date consent agreed	Click or tap to enter a date.
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Please send completed referral to: WestlothianCAMHS@nhs.scot

Please tick the box to confirm you have made a copy of all the information you have sent

Standard Email and Text Consent Form

Dear [young person or parents/carers' first name only],

You have been sent this email to allow you to provide consent for your clinician or a CAMHS staff member acting on their behalf to communicate with you by email and/or text message. They will not be able to communicate with you by email or text without your consent. If you do not wish to consent to communication by email or text do not complete or return this form.

How to complete and return this form

To complete and return this form, please reply to this email.

Please complete the form in the body of this email. If you have difficulty completing the consent form, please phone the CAMHS team who sent it to you.

YOU MUST NOT CHANGE THE WORDING OF ANY PART OF THIS EMAIL OR THE INFORMATION AND CONSENT FORM PROVIDED TO YOU.

NHS Lothian CAMHS - PATIENT CONSENT FOR EMAIL AND TEXT MESSAGE COMMUNICATIONS

By completing this form you accept the risks and agree to the types of communication you have indicated below.

For each of the three statements below please indicate whether you agree or do not agree to give consent to what is contained in the statement.

- If you consent to a statement you should delete 'No, I do not agree to this'.
- If you do not consent to a statement you should delete 'Yes, I agree to this'.

Section 1: What you agree to

YOU MUST NOT CHANGE THE WORDING OF ANY STATEMENT.

1. CAMHS NHS Lothian may communicate with me by **emails** about **general information** (e.g. appointment times, signposting).

Yes, I agree to this.

No, I do not agree to this.

2. CAMHS NHS Lothian may communicate with me by **text messages** about **general information** (e.g. appointment times, signposting).

Yes, I agree to this.

No, I do not agree to this.

Section 2: Contact information

Please provide the contact details you would like to use for email and/or text messages communication.

Enter your EMAIL ADDRESS here:

Re-enter your EMAIL ADDRESS here:

Enter your MOBILE PHONE number here:

Re-enter your MOBILE PHONE number here:

If you wish to provide permission to CAMHS NHS Lothian to communicate with any person outside NHS Lothian (e.g. a family member, care provider or other professional) please provide their details below (including the organisation they work for if they are not a family member or care provider). You may provide details of more than one person.

Name:

Relationship:

Organisation:

Email Address:

Mobile Phone Number:

Section 3: Virtual signature

Providing your name, the date you completed this form, and returning this by email is the virtual equivalent of signing this form.

Enter YOUR NAME:

Enter DATE of COMPLETING FORM:

If you are not the Child/Young Person, please also complete the following.

Enter NAME of CHILD/YOUNG PERSON:

Enter RELATIONSHIP to CHILD/YOUNG PERSON: