

## **BLACKTHORN TRUST 6 MONTH RECOVERY PROGRAMME** *for Mental Health and Long-Term Conditions*

*To be completed by your GP/healthcare professional*

### **Referral Guidelines**

#### **ABOUT BLACKTHORN**

Blackthorn Trust is a long-established Health and Community Hub offering life enhancing programmes for overall wellbeing.

#### **OUR PLACEMENTS**

Our 6-month placements support people with Mental Health and Long-Term conditions. We offer a range of social therapeutic workshops: breadmaking, café, craft, cooking, gardening, plant nursery, stained glass and woodwork.

Placements may also include one to one therapy. Therapies offered are: Arts Counselling, Biographical Counselling, CranioSacral Therapy, Eurythmy Therapy, Metal Colour Light Therapy and Rhythmical Massage.

Everyone enrolled on a programme is accompanied by a staff mentor throughout their time at Blackthorn.

#### **PROGRAMME AIM**

To support individuals to:

- strengthen confidence, spark motivation, broaden outlook and experience.
- reduce symptoms.
- reduce isolation.
- build resilience and manage well-being.
- identify aspirations and learn practical skills.
- explore next steps and access partner organisations.
- access specialist advice on benefits, finance, housing, and employment issues.

#### **ELIGIBILITY CRITERIA**

- To be 16 years of age and over
- To experience mental health difficulties or struggle with a diagnosed long-term condition
- To be open and willing to engage on site with the Blackthorn programme.
- Suitability for this programme will be decided following an initial assessment.

Unfortunately, we are NOT able to offer placements to people who have a

- Recent history (last 3 years) or current tendency to violence
- History of sexual offences
- Current alcohol/substance misuse or addiction
- Those needing 1 to1 supervision.

Please note that individuals who have left Blackthorn would only be eligible to be re-referred after 3 years of being discharged from this programme.

#### **APPLICATION PROCESS**

***Please note: This referral cannot be processed without additional information (as listed below)***

- 1) Complete this form.
- 2) Print out any relevant medical history documents including medication.
- 3) Enclose/send copies of relevant specialist letters, summaries, or investigations.
- 4) Enclose/send copies of any risk assessments that have been carried out.

<b>Applicant's details</b>	
Name	
Date of Birth	
Address	
Postcode	
Email	
Home phone	
Mobile number	
NHS Number	

<b>Next of Kin</b>	
Name	
Relationship to applicant	
Address	
Postcode	
Phone number	

<b>Relevant Professionals</b>	
<b>GP</b>	
GP Name	
Address	
Phone number	
<b>Care Co-ordinator/Key Worker</b>	
Name	
Address	
Phone number	
<b>Other support (external agencies)</b>	
Name	
Address	
Phone number	
<b>Other support (external agencies)</b>	
Name	
Address	
Phone Number	

## Applicant's health

Please tick below to indicate the applicant's current health diagnosis/condition(s) and then provide more information in the box below if applicable

Mental health	
ADHD	
Anxiety	
Autism	
Bi-polar	
Depression	
Eating disorder	
OCD	
Personality disorder	
PTSD	
Schizophrenia	
Other (please detail in box below)	

Persistent Pain	
Muscular Skeletal problems	
Fibromyalgia	
Headache/Migraine	
Back Pain	
Other conditions	
Long Covid	
ME	
Sleep disorders	
Physical and emotional trauma	
Post Concussion Syndrome	
Other (please detail in box below)	

## Further information

Is the applicant:

- awaiting a diagnosis/assessment?      Yes       No       Unknown
- awaiting surgery?      Yes       No       Unknown
- recovering from surgery?      Yes       No       Unknown

Please give brief further details about the applicant's surgery/diagnosis below (if applicable)

Has the applicant:

- any history of being violent/aggressive?      Yes       No       Unknown
- been a victim of abuse?      Yes       No       Unknown
- a history of drug/alcohol abuse?      Yes       No       Unknown
- a history self-harm?      Yes       No       Unknown

## Reason for Referral

Please tick below to indicate the applicant's reason for referral and then provide more information in the box below if applicable

Anxiety		Need for meaningful activity	
Depression/Low mood		Need for re-orientation	
General well-being		Persistent pain	
Isolation/loneliness		Sleep issues	
Lacking confidence		Social anxiety	
Low self-esteem		Transition from secondary care	
Need to develop life/social skills		Other (please detail in box below)	

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## Applicant's ethnic origin

- Asian or Asian British (*includes any Asian background for example, Bangladeshi, Chinese, Indian, Pakistani*)
- Black, African, Black British or Caribbean (*includes any Black background*)
- Mixed or multiple ethnic groups (*includes any Mixed background*)
- White (*includes any White background*)
- Another ethnic group (*includes any other ethnic group, for example, Arab*)
- Prefer not to say

## Applicant signature

Date		Signature	
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## Referrer's details and signature

Name			
Address			
Phone number			
Email			
How long have you known the applicant			
Date		Signature	

*The contents of this application are treated as confidential by the organisation. Some of the data on this form will be converted to data and stored on a computer retrieval system in accordance with the GDPR 2018 and used for evaluation and reporting purposes.*

Please send this form to:  
[referrals@blackthorn.org.uk](mailto:referrals@blackthorn.org.uk)