**A close-up of a logo

Description automatically generated** Blackthorn Trust  
 St Andrews Road  
 Barming  
 Maidstone  
 ME16 9AN

referrals@blackthorn.org.uk

**SIX-MONTH MENTAL HEALTH PROGRAMME**

***To be completed by your GP/healthcare professional***

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| **Referral Guidelines** |
| **ABOUT BLACKTHORN** Blackthorn Trust is a long-established Health and Community Hub offering non acute social therapeutic interventions for people with mental health challenges.    **OUR SIX-MONTH PROGRAMME** We offer a range of social therapeutic workshops: breadmaking, café, craft, cooking, gardening, plant nursery, stained glass and woodwork.  Subject to availability, your placement may also include an individual therapy. Therapies offered are: arts counselling, biographical counselling, craniosacral, eurythmy, metal colour light and rhythmical massage.  Everyone enrolled on a programme is accompanied by a staff mentor throughout their time at Blackthorn.  **OUR PROGRAMME AIMS** To support individuals to:   * strengthen confidence, spark motivation for change, broaden outlook and experience. * 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.   **ELIGIBILTY CRITERIA**   * To be 16 years of age and over * To be experiencing mental health difficulties as it is the primary focus of our programme * To have had a period of stability for at least 6 months after an acute mental health crisis * To be able to engage for two half-days a week at the Blackthorn site * Suitability for this programme will be decided following an initial assessment.   **EXCLUSION CRITERIA**  Unfortunately, we are **NOT** able to offer placements to people who:   * Have attended and completed a Blackthorn Trust programme less than three years ago * Have a history of, or current tendency to violence * Are experiencing an acute mental health crisis * Have a history of sexual offences * Have a current alcohol/substance misuse or addiction * Need 1 to1 supervision/support   **APPLICATION PROCESS**   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. 5. Send completed to [referrals@blackthorn.org.uk](mailto:referrals@blackthorn.org.uk)   ***Please note: This referral cannot be processed without additional information (as listed above)*** |

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| **Applicant’s details** | |
| Name |  |
| Date of Birth |  |
| Address |  |
| Postcode |  |
| Email |  |
| Home phone |  |
| Mobile number |  |
| NHS Number |  |

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| **Emergency Contact** | |
| Name |  |
| Relationship to applicant |  |
| Phone number |  |

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| **Relevant Professionals** | |
| **GP** | |
| GP Name |  |
| Address |  |
| Phone number |  |
| Email address |  |
| **Care Co-ordinator/Key Worker** | |
| Name |  |
| Job title |  |
| Address |  |
| Phone number |  |
| Email address |  |
| **Other support (external agencies)** | |
| Name |  |
| Job title |  |
| Address |  |
| Phone number |  |
| Email address |  |
| **Other support (external agencies)** | |
| Name |  |
| Job title |  |
| Address |  |
| Phone number |  |
| Email address |  |

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| **Applicant’s health** |
| To gain a better insight into the applicant’s mental health, please tick and then provide more information in the boxes below |

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| **Diagnosed Mental Health Conditions** |

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| **Anxiety Disorders** | | **Mood Disorders** | | **Eating Disorders** | |
| GAD |  | Depression |  | Anorexia Nervosa |  |
| Panic |  | Bi-polar |  | Bulimia Nervosa |  |
| Specific Phobias |  | SAD (Seasonal affective disorder) |  | Binge Eating Disorder |  |
| Social Anxiety |  |  |  |  |  |
| PTSD |  |  |  |  |  |
| **Personality Disorders** | | **Psychotic Disorder** | | **Other Conditions** | |
| BPD (Borderline Personality Disorder) |  | Schizophrenia |  | OCD |  |
| APD (Anti-social Personality Disorder) |  | Psychosis |  | Dissociative Disorders |  |
|  |  |  |  | Other (please detail below) |  |
| **Mental Health Diagnosis Details** | | | | | |
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| **Other Diagnosed Conditions** | | | | |
| Neurological issues |  |  | Fibromyalgia |  |
| Neurodiversity |  |  | Epilepsy |  |
| Muscular Skeletal problems |  |  | ME |  |
|  |  |  | Other (please detail below) |  |
| **Details** | | | | |
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| **Is the applicant:**   * awaiting a diagnosis/assessment? Yes  No  Unknown |

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| **Applicant’s background** |

**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 of self-harm Yes  No  Unknown

If yes to any of the above, please give details below

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| **Reason for Referral** |
| Please tick boxes below and then provide more information |

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| 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 |

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| **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)