**** 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

***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