**Referral Form: Pier Health Recovery Navigator Support**

**Please return the form to:** secondstep.pierhealthreferrals@nhs.net

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| **Date of Referral:** |  |
| **Personal details of individual:****NHS No:****Name:****Date of birth:****Address:****Telephone number:****Email:** |  |
| **Referrer name and contact details (email and telephone):** |  |
| **GP name and Surgery:** |  |
| **Brief background and reason for referral***E.g., developing coping skills around depression and anxiety, building self-esteem, developing a wellbeing plan, linking with or advocacy to access mental health support, safety-planning around suicide or self-harm, etc.* |  |
| **Current mental health issues:***E.g., anxiety, depression, thoughts of suicide or self-harm, etc.*  |  |
| **Current physical health issues:***E.g. mobility, diabetes, sensory impairment* |  |
| **Any current or relevant risks** *E.g., around suicide, self-harm or safety concerns if meeting client in person. Please also include details of any triggers*:  |  |
| **Any other support including other services in place (current and past):***e.g. formal or informal carers, drug/alcohol support, housing support, social worker* | **Current support:** **Past support:** |
| **Is the patients first language English?** **If not, please state what their first language is and if a translation service is required.**  |  |
| **Are there any access requirements (if known)?** *E.g., text before making initial contact, times of availability (between 9am-5pm), or face-to-face support required for patients hard of hearing* |  |
| **Has the patient consented to this support?** **Have they been told that Second Step will be making contact with them to provide some support?** If not, why not**Do they know their contact details will be shared with the Recovery Navigator?***Consent must be sought prior to contact being made* | ***Yes / No******Yes / No******Yes / No*** |

**Pier Health Mental Health Project: Recovery Navigator Support**

**Supporting information for referrers:**

The Recovery Navigation Service is a new service supporting people with complex needs and who have moderate to serious mental health problems. It operates within primary care and is delivered by Second Step.

Referrals can only be made by people working within the Pier Health medical service. We cannot accept self-referrals from patients or from anyone not connected to the Pier Health Primary Care Network. Patients must be registered with one of the GP surgeries included in this service.

This referral form is to provide essential information to advise the Second Step Recovery Navigators details of the support needs of the patient and to highlight any risks or triggers (if known) that lone working staff need to be aware of

**Inclusion Criteria:**

This is a service supporting people with moderate/serious/complex mental health needs. We can support:-

* People who are over 18 years old
* People who are too complex for social prescribing/IAPT but are not meeting secondary care thresholds.
* ‘Frequent attenders’ who require 1:1 support to address complex social issues
* People stepping down from secondary care.

The Recovery Navigator will not be able to support:

* Children under 18
* Patients with dementia
* Patients in receipt of secondary care mental health services, except for people who are only using the service for medication reviews or one-off consultations.
* Learning difficulties if this is the primary reason for referral
* Significant dependency on drugs/alcohol that means they will not be able to engage in telephone support.

**What to consider if Recovery Navigators are at capacity and someone is going to have to wait**:

* Do they have a support network?

*For example, if the client is having suicidal thoughts, their risk may be reduced if they are living amongst others.*

* What are their protective factors (e.g., family members, friends or animals)?
* Do they know any mental health helplines (e.g., Samaritans, Shout, AWP’s Intensive Services)?
* How often will you keep contact with the client?

If the client needs signposting support for a practical task such as support filling in a form, please consider other services like the social prescribing team to prevent them having to wait for Second Step support*.*