Text

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**Emotional Wellbeing**

**Request for Support**

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| **Please complete this request for support with the young person to ensure that their views on the type of support they need is what is being requested** |
| *If you do not know the information and cannot obtain it from your system(s) or discussion with the young person/parent then please write – Not known.*  *Always ensure you have obtained consent from the young person before sharing this form with any of the services below.*  **Requests for support cannot be accepted without the young person’s consent** |
| **Email completed forms to**:[**Therapyservices@heymind.org.uk**](mailto:Therapyservices@heymind.org.uk)or call: **01482 755 601** |

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| **What is the right support for me / young person?**   * If a young person is in crisis experiencing emotional distress and struggling to cope, the Crisis Team should be contacted on 01482 259 400. * If a young person would benefit from goal-based therapeutic support Low Intensity (LI) CBT could be beneficial. Interventions can be delivered to support with low mood, anxiety, panic or OCD tendencies.   To refer for LI CBT referrals should be made to Contact Point by calling 01482 303 688 or professionals can complete an online referral form.   * If a young person would like to talk to someone to explore concerns and gain a better understanding of their situation Counselling could be beneficial. Counselling can support with a wide range of issues including bullying, anger, abuse, bereavement, self-esteem, relationships, self-harm, sexuality and gender. Counselling can also be a next step after completing LI CBT if further support is needed.   To refer for counselling the referral form should be completed with the young person, to ensure their voice is heard. The completed referral form should be emailed to [therapyservices@heymind.org.uk](mailto:therapyservices@heymind.org.uk) or you can call us on 01482 755 601.   * If a young person is experiencing significant difficulties in carrying out daily activities, unable to function or requiring supervision to manage self-care, which has been ongoing for a period of time more specialist support could be beneficial.   Referrals should be made to Contact Point who will assess support needs by calling  01482 303 688 or professionals can complete an online referral form.  **If you feel unsure if counselling is appropriate a triage can be completed with the young person by completing a referral to Contact Point by calling 01482 303 688 or professionals can complete an online referral form.**  **Alternatively you can contact us on 01482 755 601 and we will be happy to discuss your or the young person’s needs.** |

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| **Hull & East Yorkshire Mind Counselling – What we offer** |
| Hull & East Yorkshire Mind offer one-to-one counselling for young people aged 10–19 years.  Counselling can be provided face to face or online, using Microsoft Teams. Support can be accessed in schools, at Mind premises and within community settings.    If you are unsure if counselling is appropriate, please contact us on **01482 755 601** to discuss your requirements. |
| **Email completed forms to**:[Therapyservices@heymind.org.uk](mailto:Therapyservices@heymind.org.uk)or call: **01482 755 601** |

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| **What happens next?** |
| * Upon submitting the request for support, you will receive an acknowledgement that this has been received. * The parent/carer will be contacted to complete required consent forms to share and store information. Upon receipt, the young person will be placed on a waiting list for support to commence. * A review of the request for support will take place to check suitability. The referrer/parent/carer will be notified if the request is not accepted. Information will be provided of how to access appropriate support. |

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| **Request for Support** |

**Please complete all sections of the checklist.**

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| 1. **Information & Contact Details** |

**Information about the worker completing the checklist to make the initial referral**

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| Name of professional: |  |
| Job title/role: |  |
| Organisation: |  |
| Contact number: |  |
| Contact email/address: |  |
| For how long have you known the young person (approx.) and in what capacity do you work with them: |  |
| Date Completed: |  |
| Date Sent: |  |

**Information about the young person**

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| Name: |  |
| Address: |  |
| Contact number (if appropriate): |  |
| Email address (if appropriate): |  |
| Gender: |  |
| Date of Birth: |  |
| NHS Number (if known): |  |
| School/Home Schooled and year: |  |
| Ethnicity: |  |
| Number of siblings - and approximate ages and schools and whether they live at home or not: |  |
| Any additional needs (e.g. any physical or learning disabilities, English not first language, other). Please specify including first language if not English: |  |
| How have you obtained informed consent from the **young person** to share their information and make a request for additional support? | Yes (written)  or  Yes (verbal) |

**Information about the parents/carers**

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|  | **Parent/Carer 1** | **Parent/Carer 2** |
| Name: |  |  |
| Gender: |  |  |
| Relationship to young person: |  |  |
| Do they have parental responsibility: | Yes/No/Don’t know | Yes/No/Don’t know |
| Contact number for parent/ carer: |  |  |
| Address of parent / carer (including postcode) if different from young person: |  |  |
| E-Mail: |  |  |
| Ethnicity: |  |  |
| Any additional needs (e.g. any physical/learning disabilities, mental health issues, English not first language, other) Please specify including first language if not English: |  |  |
| Have you obtained parental consent:  ***Please note:***  ***Referrals cannot be accepted without parental consent, if the young person is under the age of 16.*** | Yes (written)  or  Yes (verbal) | Yes (written)  or  Yes (verbal) |

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| 1. **Additional issues to consider** | | |
|  | **Please circle** | |
| Does the young person, or siblings within the home, already have social care involvement e.g. on a child protection plan? | Yes | No |
| Is the parent/carer part of a family already accessing early help? | Yes | No |
| Is the young person a Children looked after (CLA)? | Yes | No |
| Does the young person have Special Educational Needs and Disabilities (SEND) | Yes | No |
| Is the young person involved with the Youth Justice Service? | Yes | No |
| Is the young person accessing, or waiting to access any alternative support provision? (For example CAMHS Services, School support, private treatment) | Yes | No |
| Is the young person already accessing, or waiting to access, the Hull and East Riding Neurodiversity Service? | Yes | No |
| Has the young person been identified as RONI (risk of becoming NEET (not in education, employment or training)) in year 9 or 10? | Yes | No |
| Is the young person a young carer? | Yes | No |
| Does the young person have any risks/concerns due to their language/ culture? | Yes | No |
| Is the young person in or approaching a period of transition – e.g. moving to a new school/PRU/college/job? | Yes | No |
| Does the young person or anyone within the family have any known substance misuse issues? | Yes | No |
| Is there any known history of domestic abuse/DV in the family home? | Yes | No |
| If you have answered yes to any of the questions above please provide and relevant information. Please include the name and contact details of the relevant named worker e.g. social worker, youth justice worker, CAMHS worker, Refresh worker etc. | | |

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| 1. **Presenting issues for the young person** | |
| What is the Young Person asking for support with based on the conversation you have had with them?  What is happening for the young person that that needs to be addressed?  What emotions is the young person expressing they are feeling? |  |
| How long has the young person been experiencing these difficulties? |  |

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| 1. **Risk / Safeguarding** *(Please provide as much detail as possible)* | |
| Does the young person have any known risks or triggers? |  |
| Does the young person self-harm, or have a history of self-harming? |  |
| Does the young person experience thoughts of suicide, or made any previous attempts to end their life? |  |
| Is the young person a risk to others? |  |
| Is the young person at risk from others? |  |

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| 1. **Accessing Support** | | | | |
| How would the young person like to access support? | Face to Face |  | Remote  via MS Teams |  |
| Where would the young person like to access support? | Mind Premises,  *Wellington House, Beverley Road. Hull* | | |  |
| School |  | Home *(Remote only)* |  |
| Community Setting *(location dependent)* | | |  |
| ***Note:***  ***Please select all that apply but is dependent upon capacity within the service and suitability for the young person.*** | | | | |
| 1. **Consent (referrals cannot be accepted without completion)** | | | | | |
| Do you consent to Hull and East Yorkshire Mind discussing your referral / support with relevant agencies, such as GP, Social Worker, School or College when considered appropriate for your care?  **Yes  No  More information is needed**  Is there any agency that you **do not** wish us to contact?  **Yes  No**  If yes, who?  Do you consent to Hull and East Yorkshire Mind processing your personal data?  **Yes  No  More information is needed**  If an alternative form of support would be considered to be more suitable, do you give permission for us to discuss your referral with partner agencies and submit a referral on your behalf?  **Yes  No** | | | | | |

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| **Primary Presenting Issues:** | | | | | | | |
| Alcohol/Drugs |  | Anger |  | Anxiety |  | Bereavement/Loss |  |
| Bullying |  | Depression |  | Eating  Disorders |  | Relationship |  |
| Self-esteem |  | Self-harm |  | Sexual abuse |  | Stress |  |
| Suicidal |  | Trauma |  | Other: | | | |