**North Somerset Wellbeing Service**

**Referral Form**

**What we provide**

This service is for people whose mental health difficulties limit their personal independence and who need support with their personal recovery beyond that otherwise offered through primary care (eg- GPs). It aims to reduce people needing to access secondary mental health services (eg- specialist consultants) as well as providing a pathway for those in need of additional support to manage the transition from secondary services into the community successfully.

We run a programme of workshops, courses and activities, using wellbeing college style techniques. These group sessions help people to learn to manage their mental wellbeing, and work towards their own recovery goals. Due to the ongoing pandemic, our wellbeing cafes and courses are being run digitally on Zoom. If someone does not have internet access, they are still able to dial in to the sessions using their phone. There are also lots of wellbeing resources and tutorials that can be found on our website [www.second-step.co.uk/nsws](http://www.second-step.co.uk/nsws)

Professionals can make referrals directly using this form. However, people can also self-refer into our service, if they believe they will benefit from our support.

**Contact us**

If you would like to speak with us before making a referral please email [NSWellbeing@second-step.co.uk](mailto:NSWellbeing@second-step.co.uk) or call us on 0333 023 3504. Due to Covid-19, we are currently working remotely. Please leave a message and a member of the team will get back to you as soon as possible.

**Referrer information**

|  |  |
| --- | --- |
| Your Name: |  |
| Profession / role: |  |
| Organisation: |  |
| Phone no: |  |
| Email: |  |

**Person being referred:**

|  |  |  |
| --- | --- | --- |
| Full Name: |  | |
| Address: |  | |
| Phone no: |  | |
| Email: |  | |
| Date of birth: |  | |
| GP name and contact number: |  | |
| Diagnosis / nature of mental health difficulties: |  | |
| Previous use of mental health services: |  | |
| Is the person you are referring willing to work with in partnership with the service on their recovery and wellbeing? | | **Yes / No** |
| Is the person you are referring aware of this referral and given you consent to refer? | | **Yes/ No** |

**Exclusion criteria:**

(Please note that if the answer to any of the following questions is ‘yes’ this service is unlikely to be appropriate.)

|  |  |
| --- | --- |
| Are they currently acutely unwell? | **Yes / No** |
| Do they pose a current significant risk of harm to themselves which requires secondary referral? | **Yes / No** |
| Do they pose a significant risk to others? | **Yes / No** |
| Is the primary reason for their referral substance or alcohol misuse? | **Yes / No** |
| Is the reason for their referral their needs relating to severe learning disability? | **Yes / No** |

**Reason for referral**

|  |
| --- |
| Please provide any further information relevant to this referral: |

**Please confirm client’s permission for us to make contact**

|  |  |  |  |
| --- | --- | --- | --- |
| The person being referred has consented to their data being shared with us: | | | **Yes / No** |
| The person being referred is happy to be contacted by (tick all that apply): | | | |
| [ ] Landline phone | [ ] Voicemail | [ ] Email | |
| [ ] Mobile phone | [ ] Text | [ ] Letter | |

|  |  |
| --- | --- |
| Signed: | Date: |

Where possible, please return this form to [NSWellbeing@second-step.co.uk](mailto:NSWellbeing@second-step.co.uk). Otherwise, please send it to: North Somerset Wellbeing Service, Second Step, 9 Brunswick Square, Bristol, BS2 8PE. We are currently looking for new premises in North Somerset and so for the time being our post is going to our Bristol office.