



BLACKTHORN TRUST

MENTAL HEALTH PLACEMENTS

Referral Guidelines

What we offer

Blackthorn Trust is a social -therapeutic environment where people can recover their mental well-being through nurture, healing and growth.

We offer a 6-month placement in our wide range of social therapeutic workshops: gardening, plant nursery, café, kitchen, craft, stained glass, cooking.

Each individual is accompanied by a staff mentor throughout their programme. During their time with us, individuals have the opportunity to:

- build confidence
- develop life and social skills
- meet people, develop friendships and reduce isolation
- access to 1:1 therapies as available
- build resilience and manage well being
- identify aspirations for the future
- prepare for employment through routine, structure and teamwork
- learn practical work skills
- be sign posted to partner organisations to explore next steps
- access specialist advice and support on housing, benefits, debt and employment issues

The main criteria to engage with the project are:

- To be 16 years of age and over
- To experience mental health difficulties
- To be open and willing to engage with the Blackthorn programme. The structure of the placement would normally be 2 days per week, some workshops are a day long (10.30am – 3.00pm) others are half days (10.30am to 12.30 or 1.30 to 3.30pm)
- To be willing to work towards personal goals and objectives set in individual plans and to attend regular reviews with their staff mentor

Please note that individuals who have left Blackthorn would only be eligible to be re referred after 3 years of being discharged from the programme.

Suitability of the programme

At Blackthorn we endeavour to create a therapeutic environment where people can feel safe to grow and develop. Applicants need to bring a willingness and readiness to engage.

Unfortunately, we are NOT able to offer placements to people who have a

- Recent history or current tendency to violence
- History of sexual offences
- Current alcohol/substance misuse or addiction
- Those needing 1 to1 supervision

Contact

If you would like further information about our project please contact:

Susanna Odlin 01622 828 372 susanna@blackthorn.org.uk
Nathalie Belmas 01622 828371 nathalie@blackthorn.org.uk

Application Form

<p><u>APPLICANT DETAILS</u></p> <p>Name:</p> <p>Date of Birth:</p> <p>Address:</p> <p>Tel No:</p> <p>Email address:</p>	<p><u>RELEVANT PROFESSIONALS</u></p> <p style="text-align: center;">GP / Consultant</p> <p>Name:</p> <p>Address:</p> <p>Tel No:</p> <p style="text-align: center;">Care Co-ordinator / Key-worker</p> <p>Name:</p> <p>Address:</p> <p>Tel No:</p> <p style="text-align: center;">Other support</p> <p>Name:</p> <p>Address:</p> <p>Tel No:</p>
<p><u>ETHNIC ORIGIN</u></p> <ul style="list-style-type: none"> ○ 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 	<p><u>NEXT OF KIN</u></p> <p>Name:</p> <p>Relationship to applicant:</p> <p>Address:</p> <p>Tel No:</p>

<p><u>HEALTH CONDITIONS</u></p> <p>Please tick present mental health diagnosis/condition. Please also attach a risk assessment for individuals in secondary care.</p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Anxiety disorders <input type="checkbox"/> Depressive disorders <input type="checkbox"/> Obsessive Compulsive disorders <input type="checkbox"/> Eating Disorder <input type="checkbox"/> Bi-polar disorders <input type="checkbox"/> Other (please detail below) </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> PTSD <input type="checkbox"/> Schizophrenia <input type="checkbox"/> Personality disorder <input type="checkbox"/> Autism <input type="checkbox"/> ADHD </td> </tr> </table>	<input type="checkbox"/> Anxiety disorders <input type="checkbox"/> Depressive disorders <input type="checkbox"/> Obsessive Compulsive disorders <input type="checkbox"/> Eating Disorder <input type="checkbox"/> Bi-polar disorders <input type="checkbox"/> Other (please detail below)	<input type="checkbox"/> PTSD <input type="checkbox"/> Schizophrenia <input type="checkbox"/> Personality disorder <input type="checkbox"/> Autism <input type="checkbox"/> ADHD
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Any history of violence/aggression? Yes No

History of drug/alcohol abuse? Yes No

History self-harm? Yes No

History of Abuse? Yes No

Any additional information that will assist us to provide the best support to the applicant:

REASON FOR REFERRAL

Please tick the appropriate boxes and give us details:

- | | |
|---|---|
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Need for re-orientation |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Lacking confidence |
| <input type="checkbox"/> Isolation/loneliness | <input type="checkbox"/> Social anxiety |
| <input type="checkbox"/> Need to develop life/social skills | <input type="checkbox"/> Low self-esteem |
| <input type="checkbox"/> Need for meaningful activity | <input type="checkbox"/> Transition from secondary care |

Please provide further details:

Applicant's signature:

Date:

REFERRER DETAILS

Name:

Address:

Phone:

Email:

Referrer's signature:

Date:

**Please send this form to:
Nathalie Belmas, Blackthorn Trust, St Andrews Road, Maidstone, ME16 9AN
01622 828371 (Direct line) 01622 828382 (General)
nathalie@blackthorn.org.uk**