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Compass Phoenix works with children and young people aged 9 – 19 (and up to 25 for those with special educational needs or disabilities) who may benefit from receiving early help and prevention work in relation to mild to moderate emotional wellbeing and mental health issues.

Our dedicated team help young people to make sustainable lifestyle changes that will improve their long-term health, resilience, and emotional wellbeing, reduce risk to themselves and others and equip them to reach their potential.

Emotional Wellbeing and Mental Health Practitioners deliver time limited structured one-to-one interventions to children and young people and will also facilitate appropriate step-up referrals into specialist services and/or step down to universal provision.

This screening tool is designed to help professionals make decisions about how to respond to a young person’s issues relating to emotional wellbeing and mental health.

In order to make a referral to Compass Phoenix please note the following:

1. The young person must have consented to the referral being made.
2. The young person must be aged 9-19 years old (or up to 25 years for those with special educational needs or disabilities).
3. Please complete the screening tool with the young person.
4. The young person must live in North Yorkshire (excluding the city of York).

**Once completed please send the completed screening tool and referral form to:**

|  |  |
| --- | --- |
| **Email (preferred method):** | **Postal address:** |
| **Secure\* email address:** [**compassphoenix@compassuk.cjsm.net**](mailto:compassphoenix@compassuk.cjsm.net)  \*NB Secure email address (should be used whenever possible to ensure confidentiality – you will need a **CJSM** account for this) | **Compass**  **2nd Floor**  **Kensington House**  **Westminster Place**  **York Business Park**  **York**  **YO26 6RW** |
| **Secure\* email address:** [**Compass.phoenix@nhs.net**](mailto:Compass.phoenix@nhs.net)  \*NB In order for this to remain secure you must use an NHS email address |
| **Alternative email address:** [**phoenix@compass-uk.org**](mailto:phoenix@compass-uk.org) |
| **Telephone number – 01904 661916 or freephone number – 0800 008 7452** | |

***Please note that it may hold up the referral if the Compass Phoenix Practitioner is unable to speak with the referrer***

**Emotional Wellbeing and Mental Health screening tool (complete as appropriate to CYP’s needs):**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Q1 - Do you feel really miserable or sad for no apparent reason?** | | | | | | |
| No | | Yes, I’ve been feeling like this for less than 2 weeks now | | Yes, I’ve been feeling like this for more than 2 weeks but less than 3 months now | | Yes, I’ve been feeling like this for more than 3 months now |
| **Q2 - Do you have powerful memories of past upsetting events, which make you feel unwell, scared or angry?** | | | | | | |
| No | | Sometimes | | Often | | Always |
| **Q3 – In the past 6 months have you deliberately skipped meals or made yourself sick after eating in order to make you feel better about yourself?** | | | | | | |
| No | | Sometimes  (once a week or less) | | Often  (2-4 times a week) | | Always  (daily) |
| **Q4 – Do you ever feel so worried or scared that it prevents you from doing something i.e. going out the house or attending school?** | | | | | | |
| No | | Yes, I’ve been feeling like this for less than 2 weeks now | | Yes, I’ve been feeling like this for more than 2 weeks but less than 3 months now | | Yes, I’ve been feeling like this for more than 3 months now |
| **Q5 - Do you deliberately harm yourself, i.e. cut yourself and/or take overdoses?** | | | | | | |
| No | | The behaviour is related  to personal and social  circumstances which might  include peer pressure to conform.  The ‘self-harm’ behaviour  is not routine.  There is no accompanying  risk taking behaviour or  concerns about the safety  to themselves or others.  The impact on daily  life is minimal. | | The self harming behaviour  is linked to other risk factors  or behaviours which could  affect the severity of the self  harming, for example linked to  alcohol or substance misuse.  The self-harming is routine and  has been taking place over a  period of time irrespective of the  severity of the self-harming.  The behaviour is being used  regularly as a coping mechanism.  The impact on daily  life is moderate. | | The self harming is part of a  complex mix of behaviours  which increase the risk to  the child/young person.  The child/young person may  (but not in every instance) have  a clinical diagnosis of mental  health illness or condition.  There is evidence that without  specialist and/or clinical  intervention the severity of the  self harming will escalate.  The impact on daily life is high. |
| **Needs can be met through universal provision** | | **Discuss potential referral with the Healthy Child Service** | | **Discuss a potential referral with Compass Phoenix** | | **Discuss a potential referral with specialist CAMHS** |
| **Q6 - Do you ever hear voices or see things that other people don’t?** | | | | | | |
| No | | Only when I’ve been  using drugs | | Yes | | |
| **Needs can be met through universal provision** | | **Discuss a potential referral with Compass Phoenix** | | **Discuss a potential referral with the Early Intervention in Psychosis Team (ages 14+) or your local CAMHS provider** | | |

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| **Privacy Notice Statement** |
| Please note by completing this referral, Compass will expect the following (please tick to confirm):   * This referral has been discussed and agreed by the service user * You consider the service user to have capacity to give informed consent * You have explained that any information held on this form will be stored by Compass on a secure database   Signed by referrer:………………… Signed by service user:………………..….. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date received: | Date allocated to: | | | Date of first appointment offered: |
|  |  | | |  |
| **CONTACT DETAILS OF THE YOUNG PERSON** | | | | |
| **Has the young person consented to this referral?** Yes  No | | | | |
| **Young person’s name:** | | | | |
| **Young person’s address:** | | | | |
| (*NB we may correspond by post unless referrer explicitly instruct us not to)* **Postcode:** | | | | |
| **Young person’s mobile phone number:**  (*NB we may leave a message on this phone number unless referrer explicitly instruct us not to)* | | | | |
| **Young person’s landline phone number:**  (*NB we may leave a message on this phone number unless referrer explicitly instruct us not to)* | | | | |
| **Young person’s date of birth:** | | | **Age:** | |
| **Is the young person:** Male  Female  Other ☐ | | | **Ethnicity:** | |
| **Where would the young person prefer to be seen?** | | | | |
| **Are there any methods by which the young person does NOT want to be contacted?** | | | | |
| **CONTACT DETAILS OF PARENT/ CARER or SIGNIFICANT OTHER** | | | | |
| **Parent/carer’s name:** | | | | |
| **Parent/carer’s contact phone number**  (*NB we may leave a message on this phone number unless referrer explicitly instruct us not to)* | | | | |
| **Is the young person’s parent / carer aware of the referral?** Yes  No | | | | |
| **SCHOOL/COLLEGE DETAILS (IF RELEVANT)** | | | | |
| **Name of the school the young person attends:** | | | | |
| **Name of key contact / member of staff at school:** | | | | |
| **Telephone number of school:** | | | | |
| **CONTACT DETAILS OF REFERRER** | | | | |
| **Name:** | | **Relationship to young person:** | | |
| **Organisation:** | | | | |
| **Referrer’s contact phone number:** | | | | |
| **Referrer’s email address:** | | | | |
| **GP DETAILS** | | | | |
| **G.P name:** | | | | |
| **Name of G.P surgery:** | | | | |

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| **Does the young person want to be accompanied to appointments, if so, by who / relationship?** |
| Please **expand on the reasons** why you have referred this young person: |
|  |
| Are you aware of any **current or previous risks** associated with working with this young person? If you have an existing risk assessment for your service please attach: |
|  |
| Please list any **other agencies** involved in supporting young person: |
|  |
| What would the young person like to **achieve** by accessing Compass Phoenix? |
|  |
| Are there any **physical** or **mental health** issues relevant to this referral? |
|  |
| Are there any **offending behaviour** issues relevant to this referral? |
|  |
| Are there any **education** and **learning** issues relevant to this referral? |
|  |
| Are there any **family** and **social relationship** issues relevant to this referral? |
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