

## INDEPENDENT MENTAL HEALTH ADVOCACY (IMHA) REFERRAL FORM

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| ***For Information and advice on how to complete this form please phone the Devon Advocacy Consortium on 0845 231 1900.***  ***Failure to complete all relevant parts of this form will result in delayed allocation of this referral.***  ***The referral form should be emailed to*** [***devonadvocacy@livingoptions.org***](mailto:devonadvocacy@livingoptions.org) |

### DETAILS OF THE PERSON BEING REFERRED

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | D.O.B |  |
| Current Address  (if the person is currently staying in a hospital ward/ care home/ prison etc. please indicate which one) |  | Age |  |
| Gender |  |
| Postcode |  | Tel |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Client currently living in | Own home |  | Care home |  | Hospital |  | Supported living |  | Prison |  | Uncertain |  | Other (specify) |  |

**REFERRAL REASON**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Detained or liable to be detained under the Act (excluding emergency sections)? | Yes |  | No |  |
| Subject to Community Treatment Order or conditionally discharged? | Yes |  | No |  |
| Subject to Guardianship? | Yes |  | No |  |
| Discussing the possibility of section 57 treatment? | Yes |  | No |  |
| Under 18 and considered for electro-convulsive therapy? | Yes |  | No |  |
| ***Please note: If you have ticked no for all, the person is not eligible for an IMHA*** | | | | |

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| Details of the reason for referral | | | | | |  | | | |
| Dates & times of any planned meetings | | | | | |  | | | |
| Type of restriction / section | | | | | |  | | | |
| Date of restriction / section | | | | | |  | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Is the person aware of this referral? | Yes |  | No |  | | Does the person have capacity to instruct an advocate to act on their behalf? | Yes |  | No |  | | If the person cannot instruct an advocate, please confirm that a professional involved in their care has assessed their mental capacity regarding their ability to instruct. | Yes |  | No |  | | **Please note: *if the person does not have the capacity to instruct, we may be able to offer non instructed advocacy. However, this may not be possible if a mental capacity assessment has not been completed.*** | | | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | Is the person a danger to themselves or others? | Yes |  | No |  | | If yes, please give details: | | | | | | | | | | | | | | | |
| **Disability** | | | | | | | | |
| Acquired Brain Injury |  | Autistic Spectrum Condition |  | Cognitive impairment | |  | Dementia |  |
| Learning Disability |  | Mental Health problems |  | Serious Physical Illness | |  | Combination |  |
|  |  |  |  |  | |  |  |  |
| Unconsciousness |  | Other  (please state) |  | | | | | |

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| --- | --- | --- | --- | --- | --- |
| **What is the primary communication method?** (tick only one box – the most appropriate) | | | | | |
| English |  | Other spoken language |  | Gestures/vocalizations/facial expressions |  | |
| Sign language (e.g. BSL) |  | Words/Pictures/Makaton |  | No obvious means of communication |  | |
| Other (please state) |  | | | | |

|  |  |  |  |  |  |  |  |  |  |
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| Ethnic Origin | | | | | | | | | |
| **White**: | | **Mixed**: | | **Asian or Asian British:** | | **Black or Black British**: | | **Chinese or Other Ethnic Group** | |
| British |  | White & Black Caribbean |  | Indian |  | Black Caribbean |  |
| Irish |  | White & Black African |  | Pakistani |  | Black African |  | Chinese |  |
| Other White (specify) |  | White & Asian |  | Bangladesh |  | Other Black (specify) |  | Other Ethnic Group |  |
|  | | Other Mixed (specify) |  | Other Asian (specify) |  |  | | Not established |  |

**REFERRER**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Name of Organisation  (if applicable) |  |
| Relationship to client  (eg. Professional role, family relationship or self-referral) |  | Tel |  |
| Address |  | Mobile |  |
| Email |  |

The Devon Advocacy Consortium is a partnership made up of 6 specialist advocacy providers: Living Options Devon (lead), Plymouth & Devon Racial Equality Council, Rethink Mental Illness, Vocal Advocacy, Westbank & Young Devon.

Devon Advocacy Consortium

Living Options Devon

Units 3-4 Cranmere Court

Lustleigh Close

Matford Business Park

Exeter

EX2 8PW