

GUIDELINES FOR REFERRALS

This referral form must be completed by a **mental health professional**.

ABOUT BOWHAVEN

BowHaven was established in 2003 as a mental health centre for Tower Hamlets residents. We now accept clients from any London borough that are experiencing diagnosed mental health problems. We feel language matters, and therefore refer to clients as members, which helps to make them feel like a part of the BowHaven community. We offer a range of activities and services to meet a wide range of our members' needs.

We encourage and support members to facilitate their own groups, where appropriate. The staff team ensures that facilitators are adequately trained and are able to create a safe and secure environment for the groups they run. By participating and facilitating in groups, our members develop confidence, improve and/ or learn skills that will significantly benefit them in their day to day lives.

THE REFERRAL PROCEDURE

To become a member of BowHaven your client must be:

1. a resident of a London borough
2. 18 years' old +
3. have experienced and/ or are experiencing mental health illnesses
4. able to attend and participate in the groups.

If the above requirements are acceptable to you and your client, please:

1. Discuss the referral and our expectations with your client.
2. Complete the referral form. This includes a section where you need to indicate which group(s) your client would like to attend, and the risk assessment section. Once completed send the referral form back to us. Details for return are on the form.
3. We may contact you to discuss any issues further once we have processed the referral form.
4. Once a referral is accepted your client will then be contacted to come in for an induction. As part of their induction, clients will need to complete an Emergency Contact form, and sign a copy of the BowHaven conditions (below) to confirm they have read and understood them.
5. We review members on a regular basis to ensure we are meeting their needs
6. If your client does not keep in regular contact with us and/ or does not attend the Centre for 2 months, they will be considered inactive and will need a mental health professional to re-refer them.

REFERRAL FORM

SECTION 1: CLIENT DETAILS (Please print)

Name	
Address	
Contact number	
Email address	
Date of birth	
Male/ Female	
Mental health diagnosis	

SECTION 2: PROFESSIONAL REFERRER DETAILS (please print)

Name	
Relationship in client	
Organisation	
Organisation name (Stamp)	
Referrer contact phone number	
Referrer email contact	

SECTION 3: COMMUNICATION

English proficiency (please circle one): Basic/ Intermediate/ Advanced	Other languages:
Email:	Contact number:

CONDITIONS OF MEMBERSHIP

1. Under no circumstances must alcohol or illegal drugs be brought or used on the premises.
2. Any member under the influence of alcohol or illegal drugs will be refused entry and if on the premises will be asked to leave.
3. No form of discrimination on any basis will be tolerated.
4. Bullying or intimidating behaviour of any form will not be tolerated.
5. Violence, whether physical or verbal will not be tolerated.
6. Members must be mindful of sharing confidentiality information
7. Swearing and bad language will not be tolerated.
8. If there is evidence of theft of property belonging to BowHaven or a member then it will lead to instant suspension.
9. Inappropriate sexual behaviour, whether physical or verbal, will not be tolerated.
10. All members must agree that staff may have to break confidentiality and disclose information to a third party, if they deem them to be at significant risk of harm to themselves or others. Examples of a third party include the police and social services.
11. Not following the above guidelines may result in you being suspended or being asked to leave Bowhaven permanently.

GROUP CHOICES

Day and Group	Time	Interested? Y/ N
MONDAY: Healthy Lifestyle <i>Instructor-led gym sessions, advice on healthy eating and nutrition</i>	10.30am – 12.00pm	
MONDAY: Aspire 2 <i>A support group helping with depression, anxiety and agoraphobia.</i>	1.00pm – 3.00pm	
MONDAY: Phoenix <i>A support group which helps people cope with issues of self-harm.</i>	3.15pm – 5.15pm	
TUESDAY - Women's Group <i>A support group for women</i>	9.30am – 1.00pm	
TUESDAY: Melody Makers <i>An opportunity to write songs, sing and learn to play instruments.</i>	1:30 – 4:30pm – 5.00pm	
WEDNESDAY - Voices Within <i>A support group helping those who experience hearing voices</i>	10.30am – 12.30pm	
WEDNESDAY: Cool to Believe <i>A support group for people experiencing paranoia and distressing beliefs.</i>	1.00pm – 3.00pm	
WEDNESDAY: Creative Writing <i>Express thoughts and feelings through poetry and writing.</i>	2.45pm – 4.45pm	
WEDNESDAY: Time to Talk <i>A drop in support and social group.</i>	3.15pm – 5.15pm	
THURSDAY - Handicrafts Group <i>Learn and develop skills in a variety of craft based projects.</i>	10.15am – 1.15pm	
THURSDAY: Art + <i>Express yourself and explore a variety of artistic techniques and styles.</i>	1.30pm – 5.15pm	
FRIDAY: Open Morning <i>Social (coffee/tea/biscuits), skills based workshops, holistic treatments, gym (11am-12pm)</i>	9.30am – 1.30pm	
FRIDAY: Men's group <i>A support group for men</i>	2.00pm - 4.00pm	

Address: Bow Community Hall, William Place, Roman Place, London, E3 5ED

Contact: 020 3022 5778 or 07507 002 350

MENTAL HEALTH RISK ASSESSMENT

To be completed by the Mental health professional

Please indicate whether your client has ever presented with the following risks.
Overall diagnosis
Alcohol/Substance Misuse - No/Yes Most recent incident:
Suicidal thoughts/attempts - No/Yes Please provide a brief history
Self-Harm - No/Yes Please provide a brief history
Verbal Aggression/Abuse - No/Yes Please provide a brief history
Physical Aggression/Violence – No/Yes Please provide a brief history
Sexually Inappropriate Behaviour – No/Yes Please provide a brief history
Other – any other issues/ triggers we need to be aware of. Please include any details that should raise concerns as they maybe the beginnings of a period of being unwell:



Have they attended BowHaven before? Yes/ No (If Yes, please give details of why they stopped attending):

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Do they have family members or friends attending BowHaven? Yes / No (If Yes, please provide their name/s):

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Signed and dated (Referrer).....

Print name.....

BowHaven does not accept any member without this form being completed by a mental health professional.

If a referral is deemed too high a risk the application for membership will be rejected. In this case BowHaven will contact you, the referrer, with an explanation of our reasons. Please inform your client in cases of rejected referrals.

Please ask the person you are referring to read the following statement:

I hereby give my authority for Bowhaven to discuss the information on this form with my referrer.

I understand that the information will remain confidential within the terms of BowHaven's policy and procedures and will only be used in connection with my application for a place with the BowHaven groups.

Signed and dated (Client):

Print name:

Please return the completed form to BowHaven at the address below or email it to: info@bowhaven.org.uk Referrals can take up to four weeks to be processed.

Your personal data is processed and retained in accordance with GDPR regulations and we do not share your data with any other organisation. However, Bowhaven has a legal duty and may have to break confidentiality and disclose information to a third party, such as police, mental health professional or social services, if they deem a member to be at significant risk of harm to themselves or others. If you have any queries, please contact info@bowhaven.org.uk.

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