

## North Yorkshire Emotional Health and Resilience Referral Form

The Emotional Health and Resilience Team offer a service for 6-19 years olds experiencing low to moderate level emotional health issues. Children, Young People and Families will be offered **face to face or virtual support** as part of our service offer.

The team includes a skill mix of Emotional Health and resilience Nurses, Psychological Wellbeing Practitioners and Family Health practitioners. The team are trained to deliver evidence based 1-1 short term interventions to support:

- Low mood
- Anger
- Anxiety
- Self-esteem
- Building resilience
- Managing Emotions
- Behaviour Management linked to emotional health concern

*Parents, guardians and young people themselves can access the service for support and information by calling **0300 303 0916**.*

---

In order to make a referral to the Emotional Health and Resilience Service check the following:

1. The young person must have consented to the referral (Please see section below) ☐
2. The young person must live in North Yorkshire ☐
3. The young person aged 6 – 19 years ☐
4. Please complete the screening tool with the young person/Parent ☐

This form **MUST BE COMPLETED IN FULL**, so the team can make informed decisions about how to respond.

Q1 In the past 6 months has the child/young person felt sad, low and unhappy, without necessarily understanding/knowing why?			
No <input type="checkbox"/>	Sometimes (once a week or less) <input type="checkbox"/>	Often (2-4 times a week) <input type="checkbox"/>	Always (daily) <input type="checkbox"/>
Q2 In the past 6 months has the child/young person struggled with worrying continually almost every day about both big and small problems, situations, events, and/or activities?			
No <input type="checkbox"/>	Sometimes (once a week or less) <input type="checkbox"/>	Often (2-4 times a week) <input type="checkbox"/>	Always (daily) <input type="checkbox"/>
Q3 In the past 6 months, did or does the child/young person do something repeatedly without being able to resist doing it?			
No <input type="checkbox"/>	Sometimes (once a week or less) <input type="checkbox"/>	Often (2-4 times a week) <input type="checkbox"/>	Always (daily) <input type="checkbox"/>
Q3 In the past 6 months has the child/young person struggled with feeling bad about themselves, that they are a failure or have let themselves/family/friends down?			
No <input type="checkbox"/>	Sometimes (once a week or less) <input type="checkbox"/>	Often (2-4 times a week) <input type="checkbox"/>	Always (daily) <input type="checkbox"/>
Q4 In the past 6 months has the child/young person deliberately harmed themselves and/or taken an overdose?			
No <input type="checkbox"/>	Sometimes (once a week or less) <input type="checkbox"/>	Often (2-4 times a week) <input type="checkbox"/>	Always (daily) <input type="checkbox"/>
Q5 In the past 6 months has the child/young person struggled with poor appetite/overeating, deliberately skipped meals or made themselves sick after eating in order to make you feel better about themselves?			
No <input type="checkbox"/>	Sometimes (once a week or less) <input type="checkbox"/>	Often (2-4 times a week) <input type="checkbox"/>	Always (daily) <input type="checkbox"/>
Q6 In the past 6 months has the child/young person struggled with upsetting thoughts/memories that come into their mind against their will?			
No <input type="checkbox"/>	Sometimes (once a week or less) <input type="checkbox"/>	Often (2-4 times a week) <input type="checkbox"/>	Always (daily) <input type="checkbox"/>

CONTACT DETAILS OF THE YOUNG PERSON	
Has the young person consented to this referral if appropriate? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Young person's name:	
Young person's address including postcode:	
E-mail address:	
Young person's mobile phone number (If appropriate):	
Young person's landline phone number (If appropriate):	
Young person's date of birth:	Age:
Gender	male / female / transgender / non-binary/ I describe myself in some other way / prefer not to say (delete as appropriate)
Ethnicity:	
CONTACT DETAILS OF PARENT/ CARER or SIGNIFICANT OTHER	
Parent/carer's name:	
E-mail address:	
Parent/carer's contact phone number	
Is the young person's parent / carer aware of the referral? Yes <input type="checkbox"/> No <input type="checkbox"/>	
SCHOOL/COLLEGE DETAILS (IF RELEVANT)	
Name of the school the young person attends:	
CONTACT DETAILS OF REFERRER	
Name:	Relationship to young person:
Organisation:	
Referrer's contact phone number:	
Referrer's email address:	

### Emotional Health

Explain in as much detail as possible why you have referred the above child/young person.

*Please, where possible, refer to presenting issue, timescales, frequency, severity, impact.*

It is important for us to know what the voice of the child/young person is. What do they feel/think about their current situation?

Are you aware of any current/historic risk in relation to the child/young person? Are there any significant events within this child/young person's life that we need to be aware of? If so then please provide details below. (e.g parental separation, domestic violence, bereavement, abuse/neglect, exposed to substance misuse)

What, if any help/support been accessed concerning emotional health now or previously? Please provide details.

What does the child/young person wish to achieve from working with our service? What support do they feel they need?

Further Information
Does the child/young person have any form of disability or communication needs that we need to be aware of? If so then please outline below.
Who would the child/young person say are the important people in their life?
Is the parent willing to work with the Emotional Health Team in order to be able to help facilitate support for their child?
Are you currently working with any other Services? If so then please provide details below.
Any other information that you feel it would be beneficial for us to be aware of at this point?

Referrer	Parent/Child (If appropriate)
Signature:	Signature:

Please return completed form via email to: [hdft.0-19yorks@nhs.net](mailto:hdft.0-19yorks@nhs.net)