

Homeless Mental Health Service

Engaging, supporting & empowering since 1990



- **The Homeless Mental Health Service (HMHS) is a screening and engagement service** for people aged 16 and over, who are homeless (Rough sleeping, sofa surfing, temporarily housed – hostels etc.) and presenting with serious mental illness (SMI) or mental health problems (MHP).
- **The HMHS is part of Leicestershire Partnership NHS Trust (LPT), and our remit is to assess & link homeless people into other services provided by LPT & vol sector.** If a service user is already referred to or under the care of a service of LPT (e.g.: Community Mental Health Team, Psychiatrist, GP Practice Therapist) then rather than referring to ourselves - please contact their named worker to discuss the service user's needs further & raise any concerns. They can then make appropriate changes to their support plan and if necessary refer on to other appropriate services within their care team or wider LPT services (Psychiatrist / Psychologist etc.). You can contact us for advice / background checks if you are unsure.
- **We do provide a “mental health nurse – drop-in” service** at the Dawn Centre (Mon – Fri 9am – 12 midday – last appointment 11am) for people to **self-refer**, by asking the Healthcare receptionist (Inclusion Healthcare) to make an appointment on the day, but this is on a “first-come-first-served” basis, and if all appointments are taken the person will be advised to present the next day (or arrange a pre-planned appointment for another day / time).
- Although we see people self-presenting in our ‘drop-in’ service at the Dawn Centre **we are not an emergency service**, and therefore are unable to respond to ‘**mental health emergencies**’ or ‘**call outs**’ to see people in crisis, referrals for these people should always go via the persons GP or A&E / Urgent Care Centre (via Police if necessary). They will then either arrange for Crisis Team intervention or assessment under the Mental Health Act. If people have self-harmed they need to seek urgent medical attention via this route in all cases.
- **Nursing & Psychology staff are unable to recommend anyone for detention under the Mental Health Act** – and anyone believed to require this in order to maintain their own or other peoples safety (in a crisis situation) should be referred to their own GP first, who will assess and contact appropriate other services (Emergency social worker & Psychiatrist). In urgent cases it may require you contacting the Police initially to maintain the persons safety.
- **GP’s have a responsibility to respond to emergencies for anyone registered with their practice / surgery.** This includes people staying in hostels who are technically ‘out of area’ but require urgent assistance / assessment. The GP may instruct the person to re-register with another GP in their immediate locality once the emergency has been resolved (but they must still respond to the emergency in the first instant). It is generally good practice to encourage the service user to re-register with a local GP in the vicinity of their permanent accommodation on arrival (even if temporarily) to facilitate emergency responses.
- **Please make the service user being referred aware of the following;**

The Trust will not tolerate acts of physical or verbal aggression or discriminatory remarks directed towards it’s patients, staff or visitors. All Trust staff are protected by law and appropriate action will be taken if these rules are not abided to.

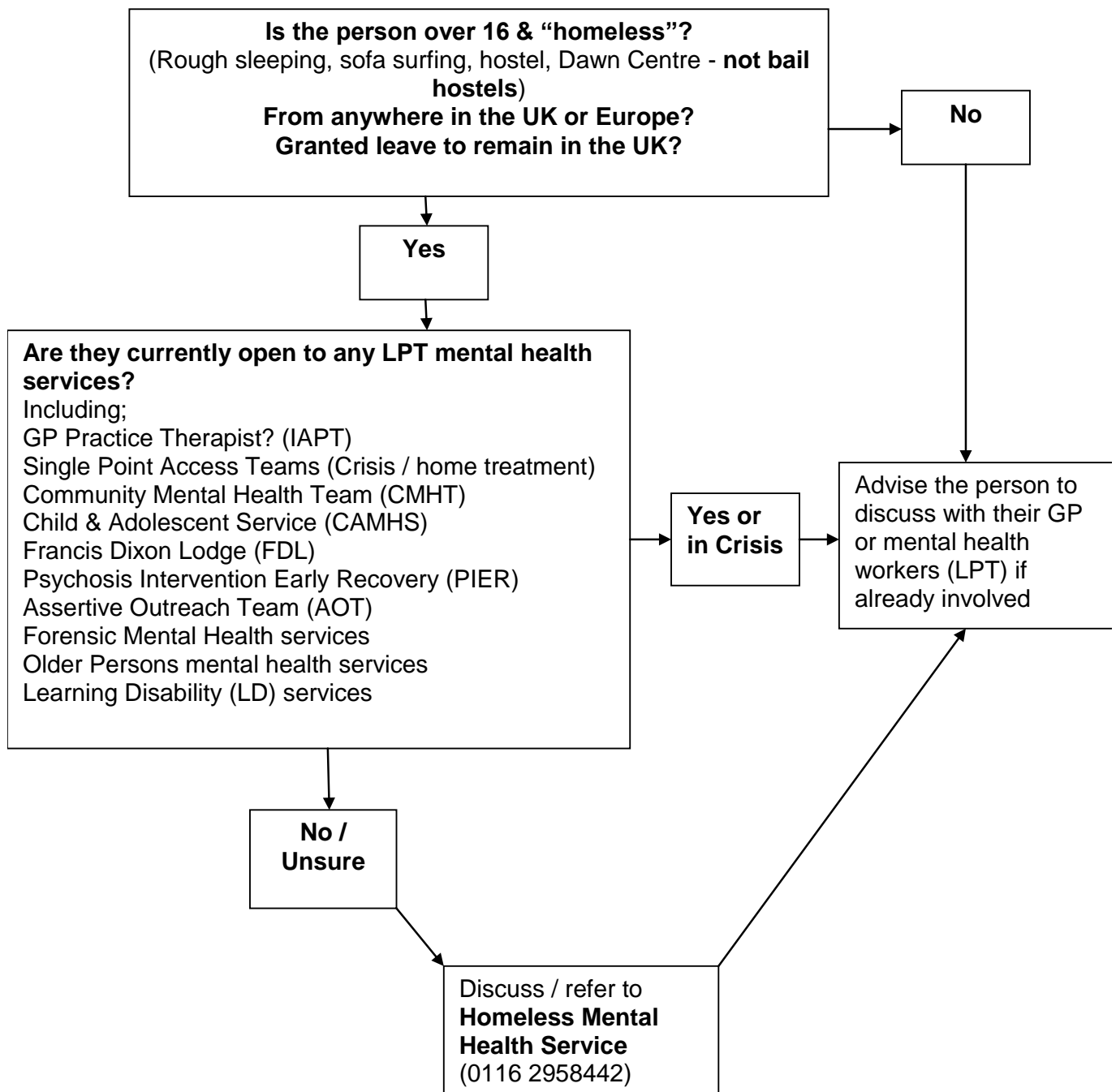
Please ensure that the person being referred to us has been issued with a copy of our service leaflet for their information, and that the reason for your referral has been explained to them, and they have signed the consent form (unless inappropriate due to lack of insight / capacity etc)

Thank you

Leicestershire Partnership NHS Trust - Homeless Mental Health Service
Referral Pathway – quick reference guide

The Homeless Mental Health Service is a screening and engagement service for adults aged over 16 who are “homeless” and experiencing Serious Mental Illness (SMI) or mental health problems, who are not currently receiving services from LPT mental health services.

Please refer to the following diagram when deciding whether to refer



Referral form Guidelines

We encourage discussion of referrals which in some cases can negate the need for referral, so please telephone us to discuss further. If not available then please complete the referral form using below;

1. Complete all the personal / geographical / socio economic details and then briefly explain the following additional information; if more space is needed please continue on a separate sheet of paper.
2. Please also complete the risk screening tool / expanded info and attach this with the referral form also.

It is essential we are informed of all risks and any safety issues identified with regard to lone working;

E.g.: history of violence / aggression or sexual assault, racism, sexism, homophobia

For service users with no risks identified please write “No known risks for staff”

An appointment cannot be offered until all the information is provided on the form.

3. Reason for referral:

**Mental illness / Learning disability / Cognitive impairment / Organic illness
(Diagnosed or suspected) e.g.**

- Schizophrenia / psychosis
- Depression
- Anxiety
- Manic Depression (Bipolar)
- Cognitive impairment / acquired brain damage / difficulties
- Dementia
- Learning Disability
- Personality Disorder

Or other **Mental health / Psychological Problems e.g.:**

- Low mood (situational / reactive)
- Suicidal thoughts (except crisis situations – should go via GP / A&E / Urgent Care centre)
- Self-harm behaviours (except crisis situations – should go via GP / A&E / Urgent Care centre)
- Stress / adjustment issues
- Abuse issues
- Childhood trauma / emotional issues
- Domestic Violence issues
- Gender issues / sexuality problems
- Drug / alcohol issues
- Bereavement issues
- Learning difficulties (Dyslexia etc.)

4. Other Information:

- Psychiatric medication problems
- Lost contact with MH services – requiring re-engagement / referral
- Preference for Female or Male worker
- Other workers / agencies involved (Key-worker, Counselling services, Midwife, Health visitor, Housing Officer, Resettlement / support worker)

If an interpreter is required please indicate language required and gender preference (if necessary) please liaise with HMHS to arrange suitable date & time (booking will be made by HMHS)

Leicestershire Partnership NHS Trust (LPT) - Homeless Mental Health Service
Client Referral Form

If the person you are considering referring is currently involved with another NHS mental health service (see flowchart guidance) please liaise with those involved, rather than refer to ourselves.

Client's Surname Mr / Mrs / Miss / Ms. <i>(Please indicate)</i>		First name(s)			Current temporary Address:	
					Tel no:	
Date of birth		Gender	Male	Female	Interpreter required?	
Referred by: Worker Name		Service / Hostel	Rough sleeping?		Sofa Surfing?	

Registered with Inclusion - Homeless Primary Healthcare? – (if NO please state name & address of GP)	Yes	Involvement with mental health services outside of Leicester? (details)

Local Connection	Leics' City	Coalville / NW County	Lough' / Charnwood	Hinckley / Bosworth	Melton / Rutland	Harboro'	Oadby/ Wigston	Blaby	Other Area
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Employment Status (please tick one)	
1. Employed <input type="checkbox"/> 2. JSA <input type="checkbox"/> 3. Education <input type="checkbox"/> 4. Incapacity / Income support/ESA <input type="checkbox"/> 5. Homemaker / not actively seeking work <input type="checkbox"/> 6. No benefits/not seeking work <input type="checkbox"/> 7. Unpaid voluntary work <input type="checkbox"/> 8. Retired <input type="checkbox"/> zz. Not known <input type="checkbox"/>	

Ethnic Category (please tick)										
White	British			Asian or Asian	Indian			Black or Black British	Caribbean	
	Irish								African	
	Any other White background				Pakistani				Any other black Background	
Mixed	White & Black Caribbean				British	Bangladeshi			Other ethnic Categories	Chinese
	White & Black African			Any other Asian Background			Any other Ethnic category			
	White & Asian						Not stated	Not stated		
	Any other mixed background									

Please give brief details of:
current problems / factors leading to homelessness / reason for referral / other services involved

Please complete and fax with risk screening tool to the team on: 0116 2958443
or by secure Email to: homeless.mhs@nhs.net or Tel: 0116 2958442 to discuss with team member

Homeless Mental Health Service 
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OSL House
East Link
Meridian Business Park
Leicester
LE19 1XU

Telephone: 0116 295 8442
Fax: 0116 295 8443
www.leicspt.nhs.uk

CONSENT TO RELEASE OF INFORMATION

I hereby authorise the Homeless Mental Health Service, to release information held within my medical records to:

-
-
-
-
-
-
-
-
-

Permission - valid for 1 year or if still open to service.

Signed by

Witnessed by

Position of witness

On behalf of the
Homeless Mental Health Service

Date



Homeless Mental Health Service - Risk Screening Tool
 (Please complete and fax along with referral form to 0116 2958443)

Service user name:

DOB:

Current Risk Indicator Checklist

<u>RISK TO OTHERS</u>	<u>This Year</u>	<u>Past</u>	<u>RISK TO SELF</u>	<u>This Year</u>	<u>Past</u>
<u>1. History of Violence</u>			<u>6. Suicide Attempts</u>		
One incident	<input type="checkbox"/>	<input type="checkbox"/>	One	<input type="checkbox"/>	<input type="checkbox"/>
More than one	<input type="checkbox"/>	<input type="checkbox"/>	Two	<input type="checkbox"/>	<input type="checkbox"/>
Violence to family	<input type="checkbox"/>	<input type="checkbox"/>	More than two	<input type="checkbox"/>	<input type="checkbox"/>
Violence to staff	<input type="checkbox"/>	<input type="checkbox"/>	Overdose	<input type="checkbox"/>	<input type="checkbox"/>
Violence to other service users	<input type="checkbox"/>	<input type="checkbox"/>	Ligature / Hanging	<input type="checkbox"/>	<input type="checkbox"/>
Violence to general public	<input type="checkbox"/>	<input type="checkbox"/>	Cutting	<input type="checkbox"/>	<input type="checkbox"/>
Violence towards women	<input type="checkbox"/>	<input type="checkbox"/>	Jumping from height	<input type="checkbox"/>	<input type="checkbox"/>
Racist abuse	<input type="checkbox"/>	<input type="checkbox"/>	Moving vehicles	<input type="checkbox"/>	<input type="checkbox"/>
Homophobic abuse	<input type="checkbox"/>	<input type="checkbox"/>	Other method	<input type="checkbox"/>	<input type="checkbox"/>
Incidents involving the police	<input type="checkbox"/>	<input type="checkbox"/>			
<i>Most serious harm caused</i>			<u>7. Self Harm</u>		
None	<input type="checkbox"/>	<input type="checkbox"/>	Cutting	<input type="checkbox"/>	<input type="checkbox"/>
Minor	<input type="checkbox"/>	<input type="checkbox"/>	Overdose	<input type="checkbox"/>	<input type="checkbox"/>
Serious	<input type="checkbox"/>	<input type="checkbox"/>	Ligature	<input type="checkbox"/>	<input type="checkbox"/>
Fatality	<input type="checkbox"/>	<input type="checkbox"/>	Other method	<input type="checkbox"/>	<input type="checkbox"/>
<u>2. Risk to Child</u>			<u>8. Substance Misuse</u>		
Sexual	<input type="checkbox"/>	<input type="checkbox"/>	Drug use	<input type="checkbox"/>	<input type="checkbox"/>
Violence	<input type="checkbox"/>	<input type="checkbox"/>	Alcohol use	<input type="checkbox"/>	<input type="checkbox"/>
Neglect	<input type="checkbox"/>	<input type="checkbox"/>	Non compliance with medication	<input type="checkbox"/>	<input type="checkbox"/>
<u>3. Sexual Assault on Adults</u> (inc touching / exposure)	<input type="checkbox"/>	<input type="checkbox"/>	<u>9. Self Neglect</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>4. Arson</u> (deliberate fire setting only)	<input type="checkbox"/>	<input type="checkbox"/>	<u>10. Risk of Abuse from Others</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>5. History of Containment</u> *could be for own safety			<u>11. Avoidance of Mental Health Services</u>	<input type="checkbox"/>	<input type="checkbox"/>
Special hospital	<input type="checkbox"/>	<input type="checkbox"/>	<u>12. Accidental Harm Outside the Home</u> (e.g. wandering into road)	<input type="checkbox"/>	<input type="checkbox"/>
Locked ward*	<input type="checkbox"/>	<input type="checkbox"/>	<u>13. Cognitive Impairment</u>	<input type="checkbox"/>	<input type="checkbox"/>
Secure unit*	<input type="checkbox"/>	<input type="checkbox"/>			
Detained under MHA 1983	<input type="checkbox"/>	<input type="checkbox"/>			
Detained at a police station	<input type="checkbox"/>	<input type="checkbox"/>			
Prison	<input type="checkbox"/>	<input type="checkbox"/>			

Please complete and return with referral form

