

Angus Mental Health and Wellbeing Enhanced Community Support (ECS) Hub

REFERRAL FORM

This referral is to a Mental Health and Wellbeing Hub. Your referral will be discussed in a Hub, with staff from the Community Mental Health Team (CMHT), Angus Integrated Drug and Alcohol Recovery Service (AIDARS), Angus Psychological Therapies Service, Mental Health and Wellbeing Peer Support and Community Link Workers. You will be contacted or offered an appointment with one of these services.

Do you consent to the sharing of your information in the mental health and wellbeing hub and being contacted by one of these services? Please complete the box below:

	Signed	Date
I consent		
I do not consent		

Referrals are reviewed once per day and this referral form is not for urgent or emergency support. For urgent or emergency support please speak to your GP.

Visit the website, download the free app, or scan the QR code



There's lots of support available in Angus. Just scan the QR Code:



Who is the Hub for?

Any person (16+) living in Angus presenting with mental health and wellbeing needs, or substance use needs.

Following completion of this referral form, please email your locality Hub (**email details at end of the form**) or hand into your GP reception who will forward to the Hub.

Once your referral has been received it will be screened by the Mental Health and Wellbeing ECS Hub and you will receive a phone call or letter within 10 working days to advise you of the outcome of your referral.

Type of Referral	DATE:	
Self-Referral (Please tick YES or NO)	YES	NO
Completed on your behalf (with consent) (Please tick YES or NO)	YES	NO
Have you read the Service Information leaflet (see your GP website).	YES	NO
If this is completed on your behalf please provide further details	Name of person completing referral:	
	Relationship:	
	Team/Service:	

PERSONAL DETAILS

Name:	
DOB:	
Address:	
Postcode:	
Contact Number:	
Email Address:	
GP Practice:	

Why do you want support?	Please tick all that apply
Anxiety	
Low Mood	
Depression	
Stress	
Loneliness/Isolation	
Alcohol use	
Drug use	

Bereavement	
Housing issues	
Debt/Financial Worries	
Relationship difficulties	
Relapsing mental health disorder	
Self-harm	
Suicidal thinking	
Other (please advise why you want support)	
For the boxes you have ticked. How does this affect you?	

What type of support are you looking for?	Please tick all that apply
Advice and information	
To talk to someone	
Help with problem solving	
Help in a crisis	
Relapse prevention	
Risk management	
Group work	
Online support	
Identifying goals and how to reach these	
Supporting behaviour change	
Self-Directed Support (SDS)	
Carers Support	
Other (please advise of support wanted)	
Any other information you would like us to know about the support you are looking for?	

Has anyone helped you in the past or is helping you now? What help have they given you?

E.g. Family of Mental Health Support organisations, Community Mental Health Team, Penumbra, Angus Integrated Drug and Alcohol Recovery Service, Tayside Council on Alcohol, Mental Health and Wellbeing Peer Support,

Psychology, Community Link Worker, Listening Service, Counselling, Carers Centre, Family, Friends.

Any other information you would like the hub to be aware of?

Thank you for completing this referral form with as much detail as you can, to help us to provide you with the right support to meet your needs.

The outcome of your referral may be:

- A telephone conversation to discuss your needs further and to advise you of the range of supports available in the community. This call may come from an NHS blocked number.
- You may be asked to complete some tasks while waiting for an appointment and this may include gathering information for the appointment, reading an article, or completing some helpful tools such as a mood diary or answering some questions. It is important that you complete what is asked before your appointment, and bring this to your appointment, to help us to support you better.

Please email the completed referral form to the Hub where you live:

North East (Breachin, Edzell, Montrose and surrounds) - tay.angusmhwhub@nhs.scot

North West (Forfar, Kirriemuir, Letham and surrounds) - tay.angusnwhub@nhs.scot

South East (Arbroath/Frithockheim and surrounds) - tay.southeastangushub@nhs.scot

South West (Carnoustie/Monifieth and surrounds) - tay.southangushub@nhs.scot