

IMHA Referral



Independent Mental Health Advocacy Referral Form

This form can be used by professionals or nearest relatives to refer both Qualifying IMHA Patients and Informal Inpatients.
Alternatively, referrals can be made by telephone on 0330 440 9000.
Patients may also refer themselves directly to the advocacy service.

0 Office Use Only

Case reference	Date referral received
Advocacy service referred to	Advocate/Team

1 Consent/Capacity

Has the patient consented to this referral?
Yes No

Does the patient have capacity to request/decline an advocate?
Yes No

2 Referrer Details

Date of referral	Organisation
First Name	Last Name
Address	Postcode
	Telephone Number
Email Address	Mobile Number

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2 Referrer Details cont.

Job Title/Relationship to patient

Doctor	Psychiatrist	Ward Manager
Care Manager	Care Home Manager	Team Manager (Health)
Team Manager (Social)	Social Worker (Hospital)	Social Worker (Community)
Nurse (Health Professional)	Administrator	
Other (please specify)		

3 Patient Details

Title	Date of Birth
First Name	Last Name
Permanent Address	Postcode
	Telephone Number
Email Address	Mobile Number
Current Address (if different from above)	Postcode
	Telephone Number

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3 Patient Details cont.

Location Setting

Own home	Own home (with support)	Supported Living
Hospital	Care/Nursing Home	Dementia Ward
Acute Psychiatric Ward	Forensic Secure Unit	Prison
Homeless	No fixed abode	
Other/Ward Name (if in hospital)		

Preferred method of contact

Any	Phone	Mobile
SMS (Text)	Email	Post
No Direct Contact		

Is English Spoken?

Yes No Not known

Primary Communication Method

Spoken English	Other spoken language (specify below)
Words/Pictures/Makaton	Gestures/Expressions/Vocalisations
British Sign Language (BSL)	No Obvious Means
Not known	
Other (please specify other spoken languages here)	

Does the patient identify as having a disability?

Yes No Not known Prefers not to say

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3 Patient Details cont.

Does the patient have a diagnosed or recognised disability? (select all that apply)

Mental Health Condition	Acquired Brain Injury	Serious Physical Illness
Physical Disability	Learning Disability	Cognitive Impairment
Sensory (Visual)	Sensory (Auditory)	Dementia/Alzheimer's
Asperger's/Autistic Spectrum Condition		Unconsciousness
Other (please specify)		

Is there one disability which is most relevant to the case? (If there is not, leave blank)

Mental Health Condition	Acquired Brain Injury	Serious Physical Illness
Physical Disability	Learning Disability	Cognitive Impairment
Sensory (Visual)	Sensory (Auditory)	Dementia/Alzheimer's
Asperger's/Autistic Spectrum Condition		Unconsciousness

Military Connection

Serving	Veteran	Carer relationship
No	Not known	Prefers not to say

Gender

Male	Female	Trans (Male to Female)
Trans (Female to Male)	Not known	Prefers not to say
Other (please specify)		

Marital/Civil Partnership Status

Single	Co-habiting	Married
Civil Partnership	Divorced/Dissolved	Separated
Widowed	Surviving (Civil Partnership)	Not known
Prefers not to say		

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3 Patient Details cont.

Sexual Orientation

Lesbian

Bisexual

Prefers not to say

Other (please specify)

Gay Man

Questioning

Heterosexual

Not known

Belief

Buddhist

Jewish

No Religion

Other (please specify)

Christian

Muslim

Not known

Hindu

Sikh

Prefers not to say

Ethnicity

Asian/Asian British

Indian

Chinese

Other (please specify)

Pakistani

Bangladeshi

Black/Black British

African

Caribbean

Other (please specify)

White

British

Irish

Gypsy/Traveller

Other (please specify)

Mixed

White & Black Caribbean

White & Black African

White & Asian

Other (please specify)

Other

Arab

Other (please specify)

Not known

Prefers not to say

Does the patient identify as Cornish?

Yes

No

Not known

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4 Case Details

Qualifying Patients: This includes detained patients (excluding those subject to sections 4, 5(2), 5(4), 135 and 136), even if they are on leave or conditionally discharged.

This also includes patients on s.17A Community Treatment Orders, s.7 Guardianship and informal patients under 18 who are being considered for ECT (for full eligibility, see Chapter 6 of the Mental Health Act 1983 Code of Practice).

Patients with capacity must either consent to the referral OR the Responsible Clinician, AMHP or Nearest Relative believe that the patient might benefit from IMHA support but is unable or unlikely, for whatever reason, to request this for themselves.

All patients who lack capacity to decide whether or not to obtain help from an IMHA must be referred to the service.

Informal Patients: Although informal inpatients and those detained on short term/emergency sections do not have a legal right to an IMHA, an advocate may be able to provide advocacy on an informal basis, subject to availability.

Is the patient:

Qualifying

Informal

Which section of the Mental Health Act is the patient subject to?

Is patient subject to any further (i) section of the MHA?

Is patient subject to any further (ii) section of the MHA?

Is patient subject to Section 117 Aftercare?

Yes

No

Don't know

Is the patient subject to seclusion?

Yes

No

Responsible Clinician/Consultant Psychiatrist

Name

Date of detention

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4 Case Details cont.

Information about the need for advocacy support

Are there any important deadlines or meeting dates?

If there are any risks we should be aware of, please give details below otherwise state 'no known risks'

5 Declaration

In making this referral, I declare that:

- I wish to request IMHA support from **The Advocacy People**
- I am providing this information and making this referral in relation to the Mental Health Act 1983
- In accordance with current Data Protection legislation, I agree to **The Advocacy People** and their delivery partners holding personal information (including information on this form)
- I understand the provision of an advocacy service is subject to the patient meeting eligibility criteria

Please email the completed form to: **info@theadvocacypeople.org.uk**
or post to: **P.O. Box 375, Hastings, TN34 9HU**

If you have not received confirmation of this referral within **2 working days**, or you would like to discuss any aspects of a referral, please call **0330 440 9000**.

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Confidentiality

Communications between you and **The Advocacy People** are confidential. We will not divulge any information without your permission unless disclosure is required or permitted by law, e.g. where you tell us something which leads us to believe you or someone else may be at risk of serious harm or abuse or committing a serious criminal offence, where there is a court order for disclosure, or where we would be breaking the law by failing to disclose.

All records are held by **The Advocacy People** in accordance with current Data Protection legislation.

The Advocacy People