

**Oxfordshire Mental Health Partnership Passport Assessment**

A close up of a logo

Description automatically generated

Six mental health organisations from the NHS and the third sector form the Oxfordshire Mental Health Partnership (OMHP). By working together, we aim to make it easier for people with mental health problems to get the best possible support when and where they need it. These organisations are Oxford Health Foundation Trust, Connection Support, Oxfordshire Mind, Response, Elmore Community Services and Restore.

The Oxfordshire Mental Health Partnership offers a variety of mental health services (see ‘Information on services’ document for more detail).

This passport can be filled out by you or someone else on your behalf.

The passport can be used as an initial referral into the Partnership mental health services and if you wish to use services from another organisation within the Partnership.

Please fully complete the sections of the form relevant for the organisation you are applying for. In order to ensure we are able to safely offer the correct type of support and/ or accommodation we require full and frank disclosure of mental health history including all risk areas. Unless we are satisfied that we have sufficient information we may not be able to carry out an assessment.

Some services may require a copy of your Care Programme Assessment dated within the last 6 months and Risk Assessment or other relevant supporting documents. **Failure to include the documents requested will delay your application.**

Please send the completed passport assessment and any supporting documents to the organisation you are referring to.

Please be aware the consent and Data Protection agreement is on the final page and needs to be signed and dated.

The passport assessment does not replace the OCCG Adult and Older Adult Mental Health pro forma used by GPs to refer into the Adult Mental Health Team and specialised treatment teams.

**Initial referral**

Is this a new referral into the OMHP? Yes  No

Have you engaged with any of the services within the Partnership previously? Yes  No

If yes, please provide detail:



Organisation(s) to be referred to:



Housing Wellbeing

*If you are unsure which service you want to be referred to, please see the referral form guide for further details.*

**A. Personal details**

Name: NHS Number:

Date of Birth:

National Insurance Number:

Marital status:

Married

Civil Partnership

Widowed

Separated

Not Disclosed

Not known

Divorced/Dissolved

Single

Home address:

GP Name and Address:

*Please note you must be registered to a GP in Oxfordshire to be eligible for our services.*

Please provide details of any adjustments required to attend an assessment:

Would you need an interpreter for an assessment? Yes  No

If yes, please provide details:

Are you a carer, parent or being cared for? Carer  Parent  Being cared for  None

Has a carer’s assessment been arranged for you? Yes  No

**B. Mental Health and Support Needs**

What would you like support with?

*Please detail below about what type of support you would like, e.g. help with housing, benefits, employment, peer support, getting active, improving your mental health.*

Do you have a diagnosis? Yes  No

If yes, please provide details:

Do you agree with this diagnosis? Yes  No

If known, what care cluster have you been allocated?

If known, when were you given your cluster number?

How has your mental health affected you in the past?

How is your mental health currently affecting you?

**C. Psychiatric History**

Have you ever been subject to a Mental Health Section?

Are you currently subject to a Mental Health Section? Yes  No

Please give details of any medication you are currently taking:

Do you look after your own medicine? Yes  No

**D. About You**

What are your hobbies and interests? *Feel free to include things that you have enjoyed in the past.*

What would you like to achieve in the next few months? *(e.g. housing, employment, personal)*

What would you like to achieve in the long term? *(e.g. housing, employment, personal)*

Do you take part in any activities? *(e.g sport, socialising, crafts, gardening)*

Do you have any Spiritual or Cultural needs?

**E. Family History and Support Networks**

Please provide detail around your family medical and psychiatric history:

What is the current support structure around you? (*e.g. family, friends, carers, other services)*

**F. Employment**

Are you currently employed (paid/other) or in education? Yes  No

How long have you been employed/in education?

Please give details of any employment or education:

How many hours do you work/are you in education?

**G. Physical Health**

Do you have any current physical health concerns?

Have you had any previous medical issues?

What was the date of your last annual physical health review?

Do you have any allergies? Yes  No

If yes, please provide details:

If you know, please provide your:

Height:

Weight:

BMI:

**H. Smoking Status**

Do you currently smoke? Yes  No

If so, how many a day?

Have you ever smoked? Yes  No

Do you want advice to help you stop smoking? Yes  No

**I. Alcohol use**

Do you currently drink alcohol? Yes  No

If so, how much?

Please provide detail of your drinking history:

Do you want advice on reducing/stopping your alcohol intake? Yes  No

Please state if you have any physical or mental health issues because of alcohol:

**J. Substance use**

Do you currently use any illicit substances (including non-prescriptive drugs)? Yes  No

Have you ever used illicit substances? Yes  No

Have you had any substance misuse issues including prescribed medication? Yes  No

Please provide detail of past and current drug use:

Do you ever buy substances, including medication, using the internet? Yes  No

Please provide detail:

**K. Risks**

It is helpful for services to know of any potential risk to yourself or others so they can support you and run safe services.

Please note these risks may need to be verified by a professional.

Do you feel there is a historical or current risk of the following:

Self Harm

Physical Health/falls

Accidental harm

Suicide

Misuse of Medication

Substance misuse

Self-neglect

Risk from others

Sexual offending

Damage to property

Alcohol misuse

Violence/aggression

Risk to others

Multi-Agency Public Protection Arrangements

Disengagement

Fire-setting

Risk to children

Deprivation of Liberty Safeguards

Absconding/escaping/wandering

Risk related to social media

Previous loss of tenancy

Subject to Child protection plan

Driving Offences

Other

Please provide details of those ticked:

**L. Safeguarding**

Safeguarding is about protecting people from abuse, preventing abuse from happening and making people aware of their rights. Abuse is always wrong and no adult should have to live with abuse.

Do you have any safeguarding concerns about the following?

Physical abuse  Psychological abuse  Financial abuse

Neglect  Self Neglect  Sexual abuse

Domestic abuse  Modern slavery

Please provide details of those ticked:

Has a safeguarding alert been raised? Yes  No

Date raised:

**M. Capacity**

'Mental capacity' means being able to make your own decisions.

Have you ever had a capacity assessment? Yes  No

Have you ever had an Independent Mental Capacity Advocate? Yes  No

If yes to either, please provide details:

**N. Extra information on finance**

(this only needs to be filled out if being referred to Mind Housing, Response, Connection Support or Elmore)

Where do you receive your income from:

Salary

Benefits:

ESA

PIP/DLA

Universal Credit

Other  (please state) \_\_\_\_\_\_\_\_\_ \_\_\_\_

Are you eligible for Housing Benefits? *If you are unsure and applying for supported housing please clarify by calling the Benefits for Better Mental Health on 01865 247788*  Yes  No

Do you have a Housing Benefit Reference Number? Yes  No

If yes, please state your Housing Benefit Reference Number:

Do you have any outstanding debts/arrears? *Please provide details*

Do you have any savings/assets? What are they?

Are you under Money Management? *If yes, please provide their contact details*

Yes  No

Name:

Service:

Telephone number:

Email address:

Job title:

Mobile number:

Do you have a bank account? Yes  No

If so, are you willing to pay the housing service charge by standing order (only applicable if applying to housing)? Yes  No

**O. Housing**

(only needs to be filled in if applying to Mind Housing, Response or Elmore)

The following statements need to be checked yes in order to be eligible for supported housing.

Are you registered with an Oxfordshire GP? Yes  No

Have you been allocated a care cluster of 4-17? Yes  No

What is your current housing situation:

Family home

Homeless

Supported Housing

Private rented

Sofa surfing

Specialist Placement

Hospital

Other

Homelessness Service

At risk of losing your current accommodation

Please provide detail:

Are you on the council housing register? Yes  No

If yes, under which local authority?

Housing history – this section should include at least 5 years housing history

*If details are not available or known, please state other*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full address | Type of accommodation (e.g. private rented, family home, supported housing, sofa-surfing, hospital) | Did you have a tenancy/licence agreement at this address? | Period in accommodation (dates) | Reason for leaving accommodation |
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Please select below what type of supported housing you would like to be referred to and the area. See the accompanying guide for further details around this.

Oxfordshire Mind Transitional Housing Recovery Service

Oxford City  West Oxfordshire  South Oxfordshire

Response Area Teams

Oxford City  North Oxfordshire

Response Recovery Campus

Response Oxfordshire Care and Support Services

**Passport**

This only needs to be filled in if you are currently accessing Partnership services and want to access others

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date of current assessment** | **Referring organisation** | **Date forwarded** | **To be referred to** | **Reason for referral** | **Signature** |
|  | Mind Wellbeing  Mind Housing  Response  Connection Support  Elmore  Restore |  | Mind Wellbeing  Mind Housing  Response  Connection Support  Elmore  Restore |  |  |
|  | Mind Wellbeing  Mind Housing  Response  Connection Support  Elmore  Restore |  | Mind Wellbeing  Mind Housing  Response  Connection Support  Elmore  Restore |  |  |
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**Equal Opportunities Monitoring Form**

We are committed to providing a service that is fair and available to everyone. To help us monitor this, please answer the following questions.

What is your gender?

Male  Female  Other Gender Identity

Do you consider yourself to have a disability?

Yes  No

What is your ethnicity?

1. *White*

English/Welsh/Scottish/British

Irish

Gypsy or Irish Traveller

Any other White background, please describe

1. *Mixed/Multiple Ethnic Groups*

White and Black Caribbean

White and Black African

White and Asian

Any other mixed/multiple ethnic background,

please describe

1. *Asian/Asian British*

Indian

Pakistani

Bangladeshi

Chinese

Any other Asian background, please describe

1. *Black/African/Caribbean/Black British*

African

Caribbean

Any other black/African/Caribbean background,   
please describe

1. *Other Ethnic Group*

Arab

Any other ethnic group, please describe

**Information for service users**

Preservation of your privacy is important and the Oxfordshire Mental Health Partnership (OMHP) is committed to using your personal information responsibly. The OMHP comprises the following organisations: Oxford Health NHS Foundation Trust, Response Organisation, Oxfordshire Mind, Elmore, Restore and Connection Support.

An organisation in the OMHP will collect information from you when you make an enquiry about our services or when another organisation or person refers you to our services. That information includes personal details, information about your mental and physical health, risks to yourself or others and other support needs you may have including housing.

Your personal information will be used to assess your needs, for quality monitoring requirements and to support the development of future services so that we can ensure that you and others receive the best services possible.

By signing the passport assessment, you enable us to request information from and to share your information with relevant organisations you wish to receive services from. If you do not wish us to request and share information for this purpose, this may affect an organization within OMHP being able to offer you a service based on your needs.

The passport assessment is a system to ensure you do not have to go through the process of re-referring to other mental health services.

All personal information will be treated as confidential and subject to the General Data Protection Regulations and Data Protection Act 2018. All organisations within the Oxfordshire Mental Health Partnership are registered under the Data Protection Act 1998. Your information will be held securely which includes being held on a secure data base. All partner agencieswill take reasonable precautions to prevent the loss, misuse or alteration of information you give us.

You may, at any time, request access to the personal information held about you. The information will usually be provided within one month of the request unless the request is complex.

If you are in any way unhappy with the way that we have handled your information, please tell us and we will try and put it right. If you are still unhappy, you can raise it with the Information Commissioners Office on 0303 123 1113 or at <https://ico.org.uk/concerns> Your personal information is important to us. Please note there are some very rare circumstances in which we may share your information with third parties even if you have not given us permission to do so. These are:

* If there is a serious risk to you or other people
* Where there is a legal requirement to do so for example a serious crime has been committed or there are child protection issues

*In this situation, we will always seek to obtain your permission first before sharing your information, unless we strongly believe that it would be unsafe to do so.*

Signature (referrer):

Signature (service user):

Date: