

Leeds Mind



For better  
mental health



Leeds Mind Inkwell  
31 Potternewton Lane  
Chapel Allerton  
Leeds, LS7 3LW

Telephone 0113 307 0108  
Email [inkwell@leedsmind.org.uk](mailto:inkwell@leedsmind.org.uk)

## Guidelines for Referrers

Inkwell has 3 classes that require a referral from a mental health professional, support worker or GP. These classes are for people experiencing mental health issues. They support students to take manageable steps and build confidence to progress in life.

The classes are NOT ART THERAPY.

Below are some key points to consider before referring someone to Inkwell. This will help to avoid inappropriate referrals and enable clients to get the most out of their creative arts experience:

- Students using Inkwell must be at a stage in their recovery where they want to progress, and are willing to take necessary steps in order to do so
- Students need to be comfortable working in a busy group setting
- Inkwell is not a day centre or drop-in
- Students are encouraged to move on from Inkwell towards their personal goals as soon as possible. Places in our classes are limited to 2 years
- Students are aged between 18 and 65
- Students should not display verbal or physical aggression, and should abide by the Student Code of Conduct
- Inkwell is not able to work with people who have a significant learning disability
- Inkwell can only provide support with art training issues; therefore students should have support in place for dealing with other issues.
- Current Risk Status and Diversity information MUST be completed. Referrals scoring a risk of 2 or above MUST be accompanied by a FACE risk assessment
- Please make sure you put the correct postage on envelopes when returning the completed form, as we are unable to pay excess postage costs.

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# Leeds Mind Inkwell : Creative Minds Referral Form

Telephone 0113 307 0108  
Email [inkwell@leedsmind.org.uk](mailto:inkwell@leedsmind.org.uk)

DATE RECEIVED

The information you give in this form will be kept **PRIVATE** and **CONFIDENTIAL**,  
In accordance with Leeds Mind's Confidentiality Policy.

This form should be completed fully, and as clearly as possible, by the  
Referrer and Applicant together.

## 1. Applicant's Details

Surname:	Forename(s):
Date of Birth:	Gender:
Present Address:	
Postcode:	Telephone:
Email Address:	

## 2. Referrer's Details

Referrer's Name:	
Organisation:	
Position:	
Address:	
Postcode:	Telephone:
Email address:	Date:

## 3. GP's Details

Name:
Surgery:
Address:
Telephone:

## 4. Other Key Worker's Details

Name:
Position:
Address:
Telephone:

### **5. Mental Health Details**

Please give details of the clients mental health experience and how it impacts on their daily life

If they have one, what is the client's diagnosis?

Does the client agree with this diagnosis?    No     Yes

Is the client on the Care programme Approach?    No     Yes

### **6. Physical Health Details**

Please give details of any physical health problems experienced by the client (e.g. allergies, disabilities).

### **7. Social / Cultural? Communication Issues**

Does the client have any social, cultural or communication needs we should be aware of?

### **8. Training History**

Please tell us about any arts training and experience the client may have had.

**9. Additional Information**

Please provide any additional information in support of this application, not covered elsewhere on this form (e.g. learning disabilities or difficulties, issues relating to wider personal circumstances).

**10. Emergency Contact Details**

Contact Name:

Relationship to you:

Address:

Postcode:

Telephone:

**13. Risk**

Do you have any history of risk, for example violence to yourself or others, sexual offence, violence to property?  **Yes**  **No**

If yes, please give details, including the outcomes of any incidents.

Please also complete **Current Risk** status assessment.

## Current Risk Status

- 0 = No apparent risk**  
No history or warning signs of risk.
- 1 = Low apparent risk**  
No current behaviour indicative of risk but service user's history and/or warning signs indicate possible presence of risk. Necessary level of screening/vigilance covered by support plan. No special risk assessment measures or plans are required at present.
- 2 = Significant risk**  
Student's history and condition indicate presence of risk and this is considered to be a significant issue. A risk management plan is required.
- 3 = Serious apparent risk**  
Student's history and condition indicate presence of risk and this is considered to be a significant issue at present. A risk management plan is required. This should be reviewed at least monthly at supervision sessions.
- 4 = Serious and imminent risk**  
Student's history and condition indicate presence or risk and this is considered to be a significant issue at present. A risk management plan is required. This should be reviewed at least weekly at supervision sessions.

## Areas of Risk Considered

- Risk of violence, harm to others (including carers, family, staff and public)  Date of Risk Assessment
- Risk of suicide  Date of Risk Assessment
- Risk of self harm  Date of Risk Assessment
- Risk of severe self neglect  Date of Risk Assessment
- Risk of abuse from others  Date of Risk Assessment
- Risk from the environment (home or neighbourhood)  Date of Risk Assessment
- High risk of relapse?  YES  NO

## 11. Diversity Information

We use the following information to monitor how far our client group represents the diverse communities in Leeds, and to help us work towards fair access to our services for all groups.

**How would the client describe their ethnic origin? Please check one box:**

- |  |  |
|--|--|
| <input type="checkbox"/> White British                 | <input type="checkbox"/> Bangladeshi                 |
| <input type="checkbox"/> Irish                         | <input type="checkbox"/> Asian other – please state: |
| <input type="checkbox"/> White other – please state:   | <input type="checkbox"/> Black Caribbean             |
| <input type="checkbox"/> Mixed white & black Caribbean | <input type="checkbox"/> Black African               |
| <input type="checkbox"/> Mixed white & black African   | <input type="checkbox"/> Black other – please state: |
| <input type="checkbox"/> Mixed white & Asian           | <input type="checkbox"/> Chinese                     |
| <input type="checkbox"/> Mixed other – please state:   | <input type="checkbox"/> Gypsy / Traveller           |
| <input type="checkbox"/> Indian                        | <input type="checkbox"/> Other – Please state:       |
| <input type="checkbox"/> Pakistani                     |  |
| <input type="checkbox"/> Kashmiri                      | <input type="checkbox"/> Do not want to say          |

**How would the client describe their sexual orientation? Please check one box:**

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Heterosexual | <input type="checkbox"/> Bisexual              |
| <input type="checkbox"/> Lesbian      | <input type="checkbox"/> Other – please state: |
| <input type="checkbox"/> Gay          | <input type="checkbox"/> Do not want to say    |

**Does the client define themselves as disabled? Please check one box:**

- |                              |   |
|------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No                 |
|                              | <input type="checkbox"/> Do not want to say |

**How would the client define their religion? Please mark one box:**

- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> None      | <input type="checkbox"/> Muslim                |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Sikh                  |
| <input type="checkbox"/> Buddhist  | <input type="checkbox"/> Jewish                |
| <input type="checkbox"/> Hindu     | <input type="checkbox"/> Other – Please state: |
|                                    | <input type="checkbox"/> Do not want to say    |

**How would the client describe their relationship status? Please check one box:**

- |  |  |
|--|--|
| <input type="checkbox"/> Married           | <input type="checkbox"/> Single                |
| <input type="checkbox"/> Co-habiting       | <input type="checkbox"/> Other – Please state: |
| <input type="checkbox"/> Civil Partnership | <input type="checkbox"/> Do not want to say    |

**How would the client describe their residency status? Please check one box:**

- |  |  |
|--|--|
| <input type="checkbox"/> British citizen | <input type="checkbox"/> Asylum seeker         |
| <input type="checkbox"/> EU national     | <input type="checkbox"/> Foreign student       |
| <input type="checkbox"/> Refugee         | <input type="checkbox"/> Other – Please state: |
| <input type="checkbox"/> Destitute       | <input type="checkbox"/> Do not want to say    |

**Signature (Client)**

**Date**

**Signature (Referrer)**

**Date**

# The Short Warwick-Edinburgh Mental Well-being Scale (SWEMWBS)

Date:.....

**Below are some statements about feelings and thoughts.**

**Please tick the box that best describes your experience of each  
over the last 2 weeks**

STATEMENTS	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I've been feeling useful	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I've been feeling relaxed	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I've been dealing with problems well	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I've been thinking clearly	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I've been feeling close to other people	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I've been able to make up my own mind about things	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

“Short Warwick Edinburgh Mental Well-being Scale (SWEMWBS)  
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