

# Mental Health Navigation: Holistic needs assessment tool

## Confidentiality and consent

- Discussed and agreed confidentiality and information sharing
- Consent gained to complete assessment

## Service user details

Name

Date of Birth

DD / MM / YYYY

Referrer name/agency

Service referral route

Known risk factors

### Mental illness (please tick)

- |  |   |
|--|---|
| <input type="checkbox"/> Anxiety disorder                | <input type="checkbox"/> Bipolar disorder |
| <input type="checkbox"/> Psychosis without schizophrenia | <input type="checkbox"/> Autism spectrum  |
| <input type="checkbox"/> Depression                      | <input type="checkbox"/> Eating disorder  |
| <input type="checkbox"/> Schizophrenia                   | <input type="checkbox"/> Dementia         |
| <input type="checkbox"/> Personality disorder            | <input type="checkbox"/> PTSD             |
| <input type="checkbox"/> Schizoaffective disorder        | <input type="checkbox"/> Other            |

### Accommodation

**Hints:** Current accommodation type / Status? / Housing needs / Tenancy issues? / Mortgage commitments? / Problems in local community? / Housing history / Other agency involvement.

## Benefits

**Hints:** Benefit check / Change of address? / Appointee required? / Filling in forms / Dealing with correspondence? / Overpayments / Social Fund Loans / NI / PI / Appointments / Grants / Food Parcels

### Are you receiving all benefits currently eligible for?

Yes    No    Under sanction    Not applicable

## Financial situation / money management

**Hints:** Previous rent / council tax arrears / Money management? / Budgeting / Debts / support with debts? / Borrowing money / Lending money? Bank/building society

## Physical health

**Hints:** Any physical health conditions / Annual GP health check? / any follow up needed from annual health check? / appointments / general fitness / exercise routines / sporting activity / diet considerations / healthy eating / gym memberships / any physical health aspirations e.g. start at gym, join sports group

## Mental health

**Hints:** Mental health conditions / Any counselling or therapy / Coping skills / Support?

## Addictive behaviours

**Hints:** Support needed / agency involvement

## Substance misuse / addiction issues

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Alcohol misuse | <input type="checkbox"/> Gambling problem | <input type="checkbox"/> No information |
| <input type="checkbox"/> Drug misuse    | <input type="checkbox"/> Self-Harm        | <input type="checkbox"/> Other          |

## Social and professional support in the community

**Hints:** family / friends / support services / advocacy services / social integration projects  
i.e. peer mentoring

- |   |   |
|---|---|
| <input type="checkbox"/> Unpaid carer                 | <input type="checkbox"/> Substance Misuse |
| <input type="checkbox"/> CPN                          | <input type="checkbox"/> Floating Support |
| <input type="checkbox"/> Community Mental Health Team | <input type="checkbox"/> Social Services  |
| <input type="checkbox"/> Probation                    | <input type="checkbox"/> Other            |

## Training, employment and volunteering

**Hints:** Any employment / Returning to work? / Identified training or educational need? / Unpaid  
Voluntary work / Purposeful activity? / Aspirations

**Date initial assessment completed** DD / MM / YYYY

**Service user (print and sign)**

**Mental Health Navigator (print and sign)**