****SHINE Children & Youth Services**

**ResiL!ence @ SHINE**

**Case Referral Form**

*Note: Please refer to legend on the last page for explanations on responsiveness, services requested, and referral arrangement as needed.*

|  |
| --- |
| 1. **Referrer’s Information**
 |
| **Name (Designation):**  |  |
| **Organization (Programme):**  |  |
| **Contact no.:** |  | **Email:**  |  |
| **Referral date:**  | Click or tap to enter a date. |
| **Updates required:**  | Choose an item. | *Indicate type, frequency and mode of updates needed.*  |
|  |

|  |
| --- |
| 1. **Service Fit**
 |
| **Within West region:**  | Choose an item. |  |
| **Beyond West region:** |  | **Age of youth:**  | Choose an item. |
| **Has a formal mental health diagnosis:** | Choose an item. | *Provide information as feasible.*  |
|  |
| **Currently receiving mental health services:** | Choose an item. | *Indicate ongoing support / treatment and if services will continue after referral.*  |
|  |
| **Youth’s responsiveness to services (if applicable):**  | Choose an item. | **Caregiver’s responsiveness to services (if applicable):**  | Choose an item. |
| **Active non-suicidal self-injury behaviours:**  | Choose an item. | *Indicate methods, frequency, alternatives recommended.*  |
|  |
| **Active suicide ideation:**  | Choose an item. | *Indicate risk level, frequency, past attempts, safety plan.*  |
|  |
| **Youth consent:** *Required for screening and/or youth related services.* | Choose an item. | **Caregiver consent:** *Required for outreach and/or caregiver related services.*  | Choose an item. |

|  |
| --- |
| 1. **Youth’s Information**
 |
| **Full Name (as per NRIC):** |  | **D.O.B (Age):** |  |
| **Contact no. /**  |  | **IG handle:** |  |
| **Email:** |  |
| **Sex:** | Choose an item. | **Ethnicity:** | Choose an item. |  |
| **Preferred pronoun:**  | **Choose an item.** | **Preferred name (if applicable):**  |  |
| **Engagement Status:** | Choose an item. |  |
| **Current education status / Highest qualification:** | **Choose an item.** | **Current employment status (if applicable):** | **Choose an item.** |
| **Current school / institution (if applicable):**  | *Indicate only if youth / caregiver has given consent for us to engage them.*  |
|  |
| **Brief family background:**  | *Include genogram, ecomap, quality of relations, history of mental illness / abuse.*  |
|  |
| **Referral issue(s) and related risk(s) / concern(s):**  | *Indicate mental health concerns, onset and duration and relevant information.*  |
|  |
| **Reason(s) for referral:** | *Indicate assessment, clinical judgement, concerns if no services rendered.*  |
|  |
| **Service(s) requested:**  | [ ]  Youth outreach  | [ ]  Mental health screening |
| [ ]  Basic emotional support | [ ]  Peer supporting |
| [ ]  Monitoring  | [ ]  Caregiver engagement |
| [ ]  Caregiver support  |  |
| [ ]  Others, specify: |  |
| **Identified asset(s) / interest(s):**  | *Indicate strengths and supports that can be tapped on.*  |
|  |
| **Aspirations of youth / caregiver:** | *Indicate hopes of youth and/or caregiver in general or for this referral.*  |
|  |

|  |
| --- |
| 1. **Caregiver’s Information (if applicable)**
 |
| **Full Name (as per NRIC):** |  | **D.O.B (Age):** |  |
| **Relationship with youth:**  | Choose an item. | **Employment status:**  | Choose an item. |
| **Contact no.:**  |  | **Email:** |  |

|  |
| --- |
| 1. **Emergency Contact (if applicable)**
 |
| *Required for youth with suicide risk. If caregiver is contact, indicate ‘stated caregiver’ in the name section.*  |
| **Name:** |  | **Relationship with youth:**  |  |
| **Contact no.:** |  |

|  |
| --- |
| 1. **Support Networks**
 |
| ***Formal***  |
| *Indicate formal helping services (e.g., school counseling, psychiatric treatment).*  |
| **Name (Designation)** | **Organization** | **Contact no. / Email** | **Services rendered** |
|  |  |  |  |
|  |  |  |  |
| ***Informal***  |
| *Indicate informal support (e.g., older sibling, close friend) that gave consent for engagement.*  |
| **Name** | **Relationship** | **Contact no.**  | **Support rendered** |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| 1. **Follow-up preferences**
 |
| **Referral arrangement:** | Choose an item. | **Preferred mode of contact:**  | Choose an item. |
| **Youth’s preferred language:** |  | **Caregiver’s preferred language:**  |  |

|  |
| --- |
| 1. **Acknowledgement (For agency use)**
 |
| **Intake worker:**  |  | **Date:** | Click or tap to enter a date. |
| **Outcome:**  | Choose an item. |  |
| **Assigned worker:**  |  | **Date:** | Click or tap to enter a date. |
| **Approved by:** |  | **Date:** | Click or tap to enter a date. |

*Please send this form to* *resilience@shine.org.sg* *to make the referral.*

*If there are additional information that may be helpful such as social report, suicide screening, safety plans, please do attach them as well.*

**Legend**

|  |
| --- |
| **Responsiveness** |
| **Item** | **Description**  |
| Low | Low levels of help seeking, may be doubtful over recommendations, tend to be not as responsive to contact from helping professionals |
| Moderate | Adequate levels of help seeking, may be ambivalent over some recommendations, intermittently responsive to contact from helping professionals  |
| High | Healthy levels of help seeking, tend to be responsive to contact from helping professionals  |

|  |
| --- |
| **Services Requested** |
| **Item** | **Description**  |
| Youth outreach  | Building rapport to increase help seeking tendency, may include working with caregivers to reach youth effectively  |
| Mental health screening  | 45 to 90 mins once off triage session to gain insights into mental states and offer recommendations of care  |
| Basic emotional support | One-to-one or group-based support, coaching to improve coping and access to resources by staff |
| Monitoring  | Light touch check-in to ensure wellbeing and/or treatment compliance |
| Peer supporting  | One-to-one support, coaching to improve coping and access to resources by trained volunteers |
| Caregiver engagement  | Improve caregiver mental health literacy, understanding of their role in supporting wellbeing of their youth  |
| Caregiver support | Providing caregiver light touch self-care support to prevent burnout  |

|  |
| --- |
| **Referral Arrangements** |
| **Item** | **Description**  |
| Contact caregiver directly  | Assigned worker to get in touch with caregiver base on contact information provided  |
| Contact youth directly  | Assigned worker to get in touch with youth base on contact information provided  |
| Joint session  | Referrer to arrange for meet-up session with youth and/or caregiver with assigned worker and may sit in for first session to help bridge the relationship  |
| Referrer link up  | Referrer to link up assigned worker with youth and/or caregiver via email / phone call  |