

Guidance Notes for referrals to Flourish House

Why would someone be referred?

Flourish House provides a range of meaningful activity day services designed to promote recovery, social inclusion, self-determination and to reduce social isolation of people with serious mental illness (SMI).

Flourish House can help people with serious mental illness to build structure and routine, to learn new skills (core and vocational skills) and tackle social isolation and loneliness.

Flourish House can also provide a route into paid employment, (including within its own social enterprises), volunteering and learning. It also provides opportunities for improving health and wellbeing.

Who can become a 'Member'?

Membership is available to people aged 16+ from the Glasgow City area (see later section if you are outside this catchment area) who have a diagnosis of a Serious Mental Illness and are connected to a Community Mental Health Team. Generally, our Members are people living with the long term experience of conditions such as schizophrenia, bi-polar disorder, other psychoses and severe depression. Other conditions can also come under the term SMI, which is usually based on a mental health diagnosis of long term duration and where there is a substantial impairment and impact on major life activities.

Why does someone need to be connected to a Community Mental Health Team (CMHT) service before they can be referred?

Generally, most people living with an SMI are connected to secondary mental health services (or similar specialist service such as Forensic services) and we use this as a measure to determine that someone is eligible and appropriate for membership at Flourish House.

Determining whether someone meets the benchmark test for an SMI is a complex issue usually involving extensive assessment and discussion with the individual, their GP and psychiatric services. We do not have the capacity to carry out mental health assessments and therefore rely on the judgement and expertise of clinicians.

Can other community services make referrals?

Anyone can complete an application form to Flourish House. In cases where people are connected to mental health services outside of CMHT's (e.g. addiction services or homelessness) these can be accepted if the referring practitioner is a mental health professional (e.g. CPN, OT or psychiatrist) and it's their opinion that the individual would likely have been engaged with a CMHT if they had not been in their service.

What about referral for someone still in hospital?

We actively encourage referrals from people in hospital, whether for long or short term, and especially to support discharge planning for return to the community. Please contact the Membership team at Flourish House if you wish to arrange a visit for someone in hospital or have our Outreach Team visit the ward.

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What is the catchment area of Flourish House?

Our catchment area is Glasgow City, specifically the areas covered by the Glasgow City Health and Social Care Partnerships (North West, North East and South).

Referrals from out with the Glasgow City boundary will require separate funding. Please get in touch to discuss a referral from outside the catchment area.

Is there a charge for attending Flourish House?

There is no charge for people attending Flourish House who are referred by mental health services in the catchment area. Referrals can also be made for people assessed for self-directed support (SDS) - this may be useful especially for people who live outside the catchment area.

What days and times are you open?

Flourish House is open from 9am – 4.30pm Monday to Thursday and from 9am – 4pm on Fridays. There are also regular social events and other events that take place in the early evenings.

How long can someone attend for?

Flourish House is not time limited and you can be part of the service throughout your recovery journey. However, if you no longer feel the need to attend Flourish House and have not engaged for at least 6 months your membership will be made inactive. You can always be referred again should your needs change.

Do members need to attend every day or on specific days?

No, you decide your own pattern of attendance. We would suggest that members aim to attend at least once per week initially, which will give the opportunity to establish a routine and to build up their relationships with staff and member colleagues.

Do persons need to take part in activities?

Being a member of Flourish House makes a person part of a unique community. We depend on each other to sustain the service and make the place work. We all take responsibility to look after our space and the people in it and a person should be prepared to contribute in whatever way they can. Most members recognise that taking part in Flourish House makes them feel valued and needed and supports their recovery.

If a person doesn't feel great will there be someone that they can speak to?

There are staff and members available to help guide people through Flourish House and support them to take part in positive activity. A person will also have a co-worker from the staff team who will help them establish and work towards goals. There will always be a member of staff or one of our Peer Support members, who can direct them to appropriate supports if needed.

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Can people access therapies such as CBT in Clubhouse?

We do not provide counselling or therapy in Flourish House. Our service provides meaningful activity, social and wellbeing opportunities and access to work and learning; all activities which complement recovery.

Is a person's progress monitored and assessed whilst they attend Clubhouse?

There are no formal assessments in place. We may ask people to complete evaluations of activities they undertake and identify whether these have had a positive impact. A co-worker from the staff team will help people set goals and will meet with them to track their progress, but this is entirely voluntary.

If a person is unsure about which Unit to work in can they get help to make a choice?

We recognise that there is a lot going on in Flourish House and it might be difficult to choose an area of work. People can ask any member of staff or peer support team member to help them choose an area of work. We would recommend that any new member signs up to receive alerts via text and follows us on Facebook to help them keep up to date with what is happening.

How accessible is Flourish House?

All areas of Flourish House are wheelchair accessible. We have a disabled toilet and a lift to our upstairs for anyone who struggles with mobility. If you have any issues of access please put them on the application form so that we can identify solutions.

How can I find out more about Flourish House before I apply?

We encourage everyone interested in Flourish House to come along for a tour. You can ring the receptionist and ask to be booked in for a tour. These run on Tuesday and Thursday at 11.30 am and 2 pm. Only 4 people at any one time are booked on tours.

You could check out our website at <https://www.flourishhouse.org.uk>

Or you could watch our video by using this link;
https://www.youtube.com/watch?v=dlaA8gQ_zrs

Or, go to Youtube and search for Flourish House.

In addition we have included a member testimony on the next page to give a flavour of one person's journey in the Clubhouse.

**When posting please mark as
PRIVATE AND CONFIDENTIAL,
FAO: Membership.**

Please DO NOT send this form via email.

TESTIMONY

I regularly attend and participate in Flourish which provides a supportive and positive environment associated with **hope** and offering a **future**. This is of particular significance for me with my experience of a serious mental illness.

It gives me a sense of security coming to Flourish knowing that I have the continuity of a time unlimited service that will support my long term recovery.

Of special importance to me, given my extensive previous work record, Flourish House provides me with the opportunity to re-engage with and benefit from meaningful and structured activity within its Work – Ordered – Day.

The immense personal satisfaction of participating in the day to day running of the Clubhouse, through working in the Business & Admin Unit makes me feel I have a life of purpose once more.

I have also taken the opportunity to learn new skills by participating in the unfamiliar work of other Units in the Clubhouse, including the Membership Unit and Cafeteria.

Throughout my time here I have received the support of experienced, helpful and friendly staff coupled to the peer support of fellow members.

Following isolation and withdrawal from the world because of my serious mental illness, it has been very valuable to have the opportunity to socialize with other members through attending both internal and external events.

In addition, my interaction with the Wellbeing programme gave me the opportunity to create a series of local Health Heritage Walks. This re-engaged me with my passion for walking, whilst offering the future opportunity to train as a Health Walk Leader.

This Clubhouse has been a vital part of my recovery. I've received help and support during my recent PIP and DWP assessments.

I have the opportunity to build up structure and routine within a **completely flexible** work environment and I've been given opportunities such as access to meaningful training via Scottish Recovery's 'Peer2Peer' and Live Wise, Age Well's Resilience training. I hope the latter will provide an opportunity to progress onto a future 'Train the Trainer' course.



FLOURISH HOUSE

23-25 ASHLEY STREET, GLASGOW G3 6DR
Tel: 0141 333 0099 www.flourishhouse.org.uk
Email: membership@flourishhouse.org.uk



Please tick here to confirm that you have read the guidance notes and fulfil all the criteria to be eligible for membership.

It may be beneficial to seek support with this form (e.g. from a support worker).

FOR OFFICE USE ONLY

RCVD:

NHS:

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Please **DO NOT** send this form via email.

PROSPECTIVE MEMBER DETAILS:

Name:	
Date of Birth:	
Address:	
Post Code:	
Contact No:	
Mobile No:	
E-mail:	

- I have previously had a tour at Flourish House
- I am a returning member

Please give us the reasons why you want to join Flourish House?



Is there anything that would affect you attending Flourish House?



	REFERRER'S DETAILS:	
Name:		
Designation:		
Organisation:		
Address:		
Post Code:		
Contact No:		
HSCP Area:	<input type="checkbox"/> South Glasgow <input type="checkbox"/> North West Glasgow <input type="checkbox"/> North East Glasgow	Other; Please specify. (Please read guidance.)

CONSULTANT:
Name:
Contact No:
Address:
Post Code:

CPN:
Name:
Contact No:
Address:
Post Code:

GP:
Name:
Contact No:
Address:
Post Code:

EMERGENCY CONTACT PERSON:
Name:
Relationship
Contact No:
Address:
Post Code:

**Please ensure that you have filled in all the sections of the Application form.
Thank you for applying to Flourish House.**

Prospective Member Signature:	<input type="text"/>
	<input type="text"/>
Date:	<input type="text"/>
Referral Source Signature:	<input type="text"/>
Date:	<input type="text"/>

Please complete the consent slip below and post back to us along with your application. All information received by Flourish House is strictly confidential and will not be shared with outside agencies without your written consent.

CONSENT

I hereby give my consent for information on my medical condition to be disclosed to Flourish House in relation to my application for membership.

Name of prospective member
(please print):

Signature of prospective member:

Date:



MANDATE



To be completed by **Secondary Mental Health Service Practitioner**
(Community Psychiatric Nurse/ Consultant Psychiatrist/ Psychologist/
Occupational Therapist)

NAME OF PROSPECTIVE MEMBER

How long have you known the applicant?

Please identify the primary mental health diagnosis of the applicant.

- | | |
|-----------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Anxiety Disorders | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Schizophrenia | <input type="checkbox"/> Bi-polar Disorder |
| <input type="checkbox"/> Personality Disorder | <input type="checkbox"/> Self Harm |
| <input type="checkbox"/> Anorexia/Bulimia | <input type="checkbox"/> Other (please state) |

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ADDITIONAL INFORMATION

Does this person have any other issues or support needs we should be aware of?
(E.g. epilepsy, hearing or vision impairment, mobility problems, etc.).

RISK INFORMATION:

Please tick if any of the following apply to this person:

- | | | |
|----------------------|------------------------------|-----------------------------|
| Previous self harm | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| History of Violence | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Criminal Convictions | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If yes, please give details below:

SUBSTANCE MISUSE

Does this person have an alcohol or drug misuse problem at present or in their recent past?

Alcohol

YES

NO

Drugs

YES

NO

If yes, are they currently in treatment for this problem?

If alcohol or substance misuse exists, please give more details. Be sure to include treatment information:

Please provide service and contact details of treatment

From your knowledge of this person, do you believe they pose any risk to members and staff at Flourish House?

Signature

Designation

Print Name

Date

Please tick if you do not want this information to be shared with the prospective member.

Organisational stamp

IMPORTANT: Please DO NOT send this form via email.

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FLOURISH HOUSE MONITORING FORM

All information given in this form is kept separate from your application form and is strictly confidential. The information provided is used for monitoring purposes and to help us to improve our service. **It is a requirement to request this information for statistical purposes.**

ETHNIC GROUP

What is your ethnic group?

Mixed or multiple ethnic groups

Any mixed or multiple ethnic groups, please specify.....

Asian, Asian Scottish or Asian British

- Arab
- Pakistani, Pakistani Scottish or Pakistani British
- Indian, Indian Scottish or Indian British
- Bangladeshi, Bangladeshi Scottish or Bangladeshi British
- Chinese, Chinese Scottish or Chinese British
- Other, please specify.....

African, Caribbean or Black

- African, African Scottish or African British
- Caribbean, Caribbean Scottish or Caribbean British
- Black, Black Scottish or Black British
- Other, please specify.....

White

- | | |
|-----------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Scottish | <input type="checkbox"/> English |
| <input type="checkbox"/> Welsh | <input type="checkbox"/> Northern Irish |
| <input type="checkbox"/> British | <input type="checkbox"/> Irish |
| <input type="checkbox"/> Polish | <input type="checkbox"/> Gypsy/ Traveller |
| <input type="checkbox"/> Other, please specify..... | |

Other ethnic group

Other, please specify.....

Prefer not to say

GENDER IDENTITY

- Man (including FTM trans man)
- Woman (including MTF trans woman)
- Other gender identity (e.g. androgyne person)

Flourish House uses the term “transgender” as an inclusive umbrella term for a diverse range of people who find their gender identity or gender expression differs from the gender they were assigned at birth.

- I do identify as transgender
- I do not identify as transgender
- Prefer not to say

AGE

- 16-18
- 19-25
- 26-49
- 50-65
- 66+
- Prefer not to say

SEXUAL ORIENTATION

- Lesbian
- Gay
- Bisexual
- Heterosexual
- Prefer not to say
- Other (please specify).....

RELIGION OR BELIEF

- No Religion
- Christian
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh

Other (please specify).....

- Prefer not to answer

HEALTH CONDITION/DISABILITY

Do you have an impairment, health condition or learning difference that has a substantial or long term impact on your ability to carry out day to day activities?

- Yes
- No

If yes, please specify.....

- Prefer not to answer