**Young Adults Partnership Forum (The YAP)**

**Consultation Request Form**

**About the YAP**

We will facilitate mental health and wellbeing support to young adults (16-25) presenting with a complex range of needs and/or staff are unsure of the appropriate service to approach. We will also review open cases in different services where there is concern about disengagement.

At the meeting you will give some background to the young adult and then the young adult partnership leads will help you develop a management plan. The meetings are open to professionals from all agencies.

Meetings are held fortnightly**. It is not always possible to discuss all cases at the next forum following submission of this form. Please contact your YAP Lead if you feel the young person needs to be discussed in a specific timescale.**

***Please complete with young person wherever possible.***

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| **Consent of the Young Adult**  I confirm that the young adult in question has given informed consent for their personal information to be shared and discussed at the YAP Forum (so referral and support decisions can be made across agencies)  Has the young adult identified any individuals they do not wish information to be shared with? **Yes**  **No**  *If Yes, please specify:* |

**If consent has not been achieved then please do not include information in the green sections**

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| **Young Adult’s Details** | |
| **Name of Young Adult:** | **Date of Birth:** |
| **Gender:** | **Ethnicity:** |
| **Is this young adult aged between 16 – 24 and resides in or has a GP in a North West London borough?**  **Yes**  *Borough resides in:*  *AND/OR*  *GP Practice:*  **No**  *Please tell us why you think the young adult without these criteria should come to the meeting:* | |
| **Is this Young Adult a Student?**  **Yes**  **No**  School/College/University Details: | |

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| **Current Situation** | |
| What are the Young Adult’s current strengths and concerns? | |
| **Strengths:** | **Concerns:** |
| **Brief Summary of Risk**  *Risk to self (non-suicidal self-injury & suicide):*  *Risk to others:*  *Risk from others:*  *Risk from Substance Misuse:*  *Risk from self-neglect:*  *Risks related to physical health:*  *Other risks:* | |
| **Where does the young adult go for support at present?** | |
| **Has the young adult identified negative triggers, influences or support that is not helping them?**  **Yes**  *Please specify:*  **No** | |
| **Has this young adult had any other service input?**  **Yes**  *Please specify*: | **From/To (Month/Year)** |
| Primary Care |  |
| IAPT |  |
| Complex Emotional Needs |  |
| Early Intervention in Psychosis Service |  |
| Adult Mental Health Services |  |
| CAMHS |  |
| Voluntary Sector Organisations |  |
| School, University and College Services |  |
| Substance Misuse Service |  |
| Sexual Health Service |  |
| Supported Housing |  |
| Learning Disabilities Service |  |
| Social care/safeguarding services |  |
| Looked After Children/Care Leavers |  |
| Other (please specify): |  |
| **No** |  |
| **Is the young adult taking any medication?**  **Yes**  *Please specify name & dose:*  **No** | |

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| **Looking Forward** | |
| **Why do you feel this case needs to be discussed at the YAP Forum?** | |
| **What does the Young Adult hope to get out of the Forum?** | |
| **What do you (the requester) hope to get out of this Forum?** | |
| **What might the Young Adult need help with?** | |
| **Health**  Physical Health  Sexual Health  Trauma Symptoms  Emotional Dysregulation  Low Mood and/or Anxiety  Psychotic Symptoms  Other mood-related symptoms  Disordered Eating  Intellectual/Learning Disability  Substance/Alcohol Misuse  Family/Peer Relationships  Autism, ADHD or other Neurodiversity  Understanding their mental health | **Social**  Housing  Employment  Education  Finding Meaningful Activity  LGBTQIA+ concerns  Cultural and/or Religious concerns  Support for parents/family  Money Management  Making Friends  **Something else? (Please specify below)** |

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| **Contact Details** |
| **Requester’s Details** *(Name, Agency & Contact Details)* |
| **Details of other Services/Professionals involved in Young Adult’s Care** *(Name, Agency & Contact Details)* |

**Please e-mail this form to:** [**cnwl.westminsteryap@nhs.net**](mailto:cnwl.westminsteryap@nhs.net) **for Westminster**

[**cnwl.kandcyap@nhs.net**](mailto:cnwl.kandcyap@nhs.net) **for K&C**

[**cnwl.harrowYAP@nhs.net**](mailto:cnwl.harrowYAP@nhs.net) **for Harrow**

[**cnwl.brentYAP@nhs.net**](mailto:cnwl.brentYAP@nhs.net)

[**cnwl.hillingdonYAP@nhs.net**](mailto:cnwl.hillingdonYAP@nhs.net)

*For completion in the forum.*

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| **Young Adult Partnership Forum** |
| Discussion: |
| Recommendations: |
| Plan  Review Date: |