## Can Occupational Therapy Help? Youth Mental Health Referral Tool

\*for youth 11-18, use other side if child is 4-10

The purpose of this tool is to assist in the identification and referral process of children and youth experiencing mental health issues that may benefit from occupational therapy services. This tool is based on elements of the Canadian Model of Occupational Performance and Engagement (Townsend & Polatajko, 2007, CAOT)

Area of Functioning  Self-care  1 Hygiene routines (brushing teeth, shower/bathe) 2 Sleep routines (getting enough sleep, going to bed/getting up on time) 3 General health care (taking medications, weight management) 4 Independence in community functioning (safety awareness, socially appropriate) 5 Feeding/eating (able to prepare food safely, good eating habits, healthy relationship with food)  Total Self Care Score = / 25 Check whether this total score is of: Low Concern (5-10)	of Youth:	Date of Birth(day/r	month/year):	_ Source of Re	ferra	l:			
Area of Functioning	factors that impact self-care, prand environmental. <b>Occupation</b>	roductivity and leisure/play incl onal Therapy Interventions m	uding: cognitive, emotion ay include: skills develop	nal, physical, so pment, environ	cial, s	piritua	al, acti	vity-sp	pecif
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Self-care  1 Hygiene routines (brushing teeth, shower/bathe) 2 Sleep routines (getting enough sleep, going to bed/getting up on time) 3 General health care (taking medications, weight management) 4 Independence in community functioning (safety awareness, socially appropriate) 5 Feeding/eating (able to prepare food safely, good eating habits, healthy relationship with food) 6 Feeding/eating (able to prepare food safely, good eating habits, healthy relationship with food) 7 Total Self Care Score =/ 25 Check whether this total score is of: Low Concern (5-10)	No Concerns or N/A 2 - M	ild Concerns 3 - Modera	te Concerns 4 - Ma	any Concerns		5 - Sig	nifica	int Co	nce
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Check whether this total score is of: Low Concern (5-10)	5 Feeding/eating (able to pre	epare food safely, good eating h	nabits, healthy relationsh	ip with food)					
Productivity  6 School performance (completes homework, grades are representative of ability)  7 Motivation to attend/complete school (present focus, future focus)  8 Compliance with chores (helps out with household, responsible for routines)  9 Interest or ability with caretaking roles (siblings, pets, babysitting)  10 Interest or skills in present or future work roles (volunteering, paid work)  Check whether this total score is of: Low Concern (5-10) Moderate Concern (11-15) High Concern (16-25)  Leisure/Play  11 Relationships with peers and adults (positive, friendly, feelings reciprocated)  12 Interest or involvement in social activities (sports, extracurricular activities, parties)  13 Interest or involvement in a variety of healthy leisure activities (alone or with others)  14 Enjoyment and pleasure from leisure activities  15 Balance in amount of time spent in leisure  Total Leisure/Play Score = / 25  Check whether this total score is of: Low Concern (5-10) Moderate Concern (11-15) High Concern (16-25)  General Mental Health Issues  16 Emotional functioning (low esteem, signs/symptoms of anxiety, depression, irritability)  17 Cognitive functioning (inattention, poor time management, impaired memory)  18 Behavioural functioning (aggression, oppositional, addictive behaviours, risk for criminality)  19 Social Functioning (difficulty making or keeping friends, withdrawn, family conflicts)  Total Mental Health Issues Score = / 25  Check whether this total score is of: Low Concern (5-10) Moderate Concern (11-15) High Concern (16-25)  Scoring  OVERALL SCORE of 4 areas of function = / 100  Note: If a youth has a high score in any one area of functioning, even if their overall score is moderate or below, a referral to OT may still be useful to address the area of occupational dysfunction. Please fill in the following based on the scores above.				Total S	elf Ca	re Sco	re = _	/	/ 25
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Overall Score for 4 areas: 20 - 40 = LOW NEED 41 - 60 = MODERATE NEED 61 - 100 = HIGH NEED		Areas that are of: IOW CONCE							



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12 Interest or involvement in social activities (sports, extracurricular activities, parties)  13 Interest or involvement in a variety of healthy leisure activities (alone or with others)  14 Enjoyment and pleasure from leisure activities  15 Able to transition from leisure to other activities as needed  Total Leisure/Play Sc Check whether this total score is of: Low Concern (5-10) Moderate Concern (11-15) High Concern	
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Check whether this total score is of: Low Concern (5-10) Moderate Concern (11-15) High Concern	Score =/ 2
General Mental Health Issues	
16 Emotional functioning (low esteem, difficult to calm, signs/symptoms of anxiety, sadness)	
17 Cognitive functioning (inattention, learning challenges, difficulty with memory)	
18 Behavioural functioning (aggression, oppositional, impulsive, risk for suspension or criminality)	
19 Social Functioning (difficulty making or keeping friends, family relationships)	
20 Safety (risk-taking, risk for self-harm, suicidality)	
Total Mental Health Issues Sci	Score =/ 2!
Check whether this total score is of: Low Concern (5-10) Moderate Concern (11-15) High Concern	
Scoring	
OVERALL SCORE of 4 areas of function =/100  Note: If a child has a high score in any one area of functioning, even if their overall score is moderate or below, a referral useful to address the area of occupational dysfunction. Please fill in the following based on the scores above.	
Need for Occupational Therapy based on:  Overall Score for 4 areas: 20 - 40 = LOW NEED 41 - 60 = MODERATE NEED 61 - 100 = HIGH NE  Total Number of Functional Areas that are of: LOW CONCERN MODERATE CONCERN HIGH CO	al to OT may still be

