

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)

Name of Youth: _____ Date of Birth(day/month/year): _____ Source of Referral: _____

Occupational Therapy (OT) targets improved function in daily life. The goal of an **Occupational Therapy assessment** is to identify factors that impact self-care, productivity and leisure/play including: cognitive, emotional, physical, social, spiritual, activity-specific and environmental. **Occupational Therapy Interventions** may include: skills development, environmental modification, activity planning, supportive counselling, behavioural interventions, psychotherapy and psycho-education.

Please put a checkmark in the space provided to indicate the youth's level of difficulty in comparison to others of the same age:

1 - No Concerns or N/A 2 - Mild Concerns 3 - Moderate Concerns 4 - Many Concerns 5 - Significant Concerns

Area of Functioning	1	2	3	4	5
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) _____ Moderate Concern (11-15) _____ High Concern (16-25) _____					
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...)					
Total Productivity Score = ____ / 25					
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...)					
20 Safety (risk-taking, risk for self-harm, suicidality...)					
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.					
Need for Occupational Therapy based on:					
Overall Score for 4 areas: 20 - 40 = LOW NEED _____ 41 - 60 = MODERATE NEED _____ 61 - 100 = HIGH NEED _____					
Total Number of Functional Areas that are of: LOW CONCERN _____ MODERATE CONCERN _____ HIGH CONCERN _____					



Ontario Society of
Occupational Therapists

Need help finding an Occupational Therapist?
Use the Find-an-OT Tool at www.OTOntario.ca or contact
osot@osot.on.ca / 416.322-3011 or 1.866.676.6768

Can Occupational Therapy Help?

Child Mental Health Referral Tool

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

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).

Name of Youth: _____ Date of Birth(day/month/year): _____ Source of Referral: _____

Occupational Therapy (OT) targets improved function in daily life. The goal of an **Occupational Therapy assessment** is to identify factors that impact self-care, productivity and leisure/play including: cognitive, emotional, physical, social, spiritual, activity-specific and environmental. **Occupational Therapy Interventions** may include: skills development, environmental modification, activity planning, supportive counselling, behavioural interventions, psychotherapy and psycho-education.

Please put a checkmark in the space provided to indicate the child's level of difficulty in comparison to others of the same age:

1 - No Concerns or N/A 2 - Mild Concerns 3 - Moderate Concerns 4 - Many Concerns 5 - Significant Concerns

Area of Functioning	1	2	3	4	5
Self-care					
1 Hygiene routines (washing hands, toileting, brushing teeth, shower/bathe...)					
2 Sleep routines (falling asleep, getting enough sleep, going to bed/getting up on time...)					
3 General health care (taking medications, weight management...)					
4 Safety in community (awareness of dangers, ability to take direction...)					
5 Feeding/eating (able to feed self, good eating habits...)					
Total Self Care Score = ____ / 25					
Check whether this total score is of: Low Concern (5-10) _____ Moderate Concern (11-15) _____ High Concern (16-25) _____					
Productivity					
6 School/daycare attendance and engagement (enjoys going, interest in learning...)					
7 School/daycare performance (grades are representative of ability, completes homework...)					
8 Compliance with chores (helps out with age appropriate chores, success with routines...)					
9 Interest or ability with caretaking/assisting roles (pets, siblings...)					
10 Interest or skills in helper roles (teacher's helper, classroom responsibilities, in clubs/sports...)					
Total Productivity Score = ____ / 25					
Check whether this total score is of: Low Concern (5-10) _____ Moderate Concern (11-15) _____ High Concern (16-25) _____					
Leisure/Play					
11 Positive relationships during play with peers/adults (friendly, feelings reciprocated, sharing...)					
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 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, 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 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 child 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.					
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Total Number of Functional Areas that are of: LOW CONCERN _____ MODERATE CONCERN _____ HIGH CONCERN _____					