Connect to Wellbeing Referral Form

Servicing people in the North Coast NSW Primary Health Network catchment area, **Connect to Wellbeing** provides an intake, triage and assessment service that facilitates access to the service(s) that best support the mental health needs of the consumer.

Date of referral _____ **Services required for** ○ child (0-12) ○ youth (12-25) ○ adult (18+)

If the consumer has acute mental health needs, refer to the Acute Care Team or NSW Mental Health Line 1800 011 511

SECTION A - General Information

Referrer Details

Referrer name _____ **Provider number** _____

Address _____

Role/relationship _____ **Email** _____

Phone _____ **Fax** _____

Consumer Details

Full name _____

Preferred name _____ **Date of birth** _____

Gender ○ Male ○ Female ○ Other: _____

Street address _____ ☐ No fixed address

Suburb _____ **Postcode** _____

Phone _____ **Mobile** _____

Email _____

Preferred contact ○ Phone ○ Email ○ SMS ☐ Okay to leave voicemail? ☐ Okay to leave email?

Identifies as LGBTIQ? ○ Yes ○ No **Identifies as ATSI?** ○ Yes ○ No

Proficiency in spoken English ○ Very Well ○ Not Well **Country of birth** _____

Interpreter required ○ Yes ○ No If yes, language: _____

Referral Support Person

Contact if the consumer is unavailable. If the consumer is a child, provide the details of the responsible parent or guardian.

Relationship/role _____ **Full name** _____

Agency _____ **Phone** _____

Email _____

Consent to Share Information

The Privacy Act requires the consumer to sign this form giving their consent for the release of their information and details.

By signing below, the consumer gives consent for Connect to Wellbeing to seek and share information concerning matters related to this application, with relevant **Local Health District services**, the **North Coast Primary Health Network**, the **emergency contact** outlined in this form, and **other service providers** relevant to this referral.

The consumer also gives consent to their information being used for statistical and evaluation purposes to improve mental health services in Australia. They understand that this will include details about them such as **date of birth, gender and types of services they use**, but will not include their **name, address or Medicare/Health Care or Pension card number.**

Consumer signature* (or Guardian/Parent if a child) _____ ☐ *Verbal consent obtained* **Date** _____

The referrer agrees that all information submitted in this referral is an accurate reflection of the consumer's support needs, is correct with no information withheld and is necessary for Connect to Wellbeing to fulfill its duty of care to consumers, staff and other partner agencies.

Referrer signature* _____ **Date** _____

** In order for the referral to be processed, the referrer must sign above **and** ensure consumer has signed or verbal consent box is ticked.*

SECTION B - Referral Information

Please attach Mental Health Treatment Plan (MHTP) or Child Treatment Plan (CTP) if available.

Reason for referral and relevant history (perspective of consumer and referrer)

Perinatal ○ Yes ○ No Weeks pre birth or post birth

Outcome measures (score) SDQ K10 K5

Mental health diagnosis (if known) / symptoms (or at risk of developing mental illness if child under 12)

Medication

Substance use

Health professionals involved in consumer's care (e.g. GP, allied health professional, psychiatrist)

Preferred provider: _____

SECTION C - Assessment Areas

Connect To Wellbeing North Coast, in partnership with the North Coast Primary Health Network, is using guidance material that has been designed to support referrers in determining the best level of care for a person. The guidance features eight assessment areas (domains) that assist in rating an individual's current situation, as well as a decision-support logic that determines the most appropriate level of care required within a stepped care approach.

Assessment Areas D1-4, MUST be completed

D1. Symptom severity and distress

Please select the description that best supports the person's current level of level of symptom severity and distress.

- ○ 0 = No descriptors below apply
- ○ 1 = Some (but not all) symptoms of anxiety or depressive disorder, and/or mild distress for <6 months
- ○ 2 = Symptoms indicative of anxiety/depressive disorder for >6 months and/or mod-high distress
- ○ 3 = Significant ongoing mental health symptoms resulting in very high distress or recent hospitalisation
- ○ 4 = Significant and persistent symptoms that are poorly managed and are with significant complexity

D2. Risk of harm

Please select the description that best supports the person's current level of suicide/self harm risk.

- ○ 0 = No below descriptors apply
- ○ 1 = Past ideation, no current or past risk of harm to self or others
- ○ 2 = Current ideation without plan or intent; hx of attempt or previous dangerous behaviour
- ○ 3 = Current ideation with intent; recent self-harm or dangerous behaviour; compromised self-care ability
- ○ 4 = Suicide plan and means; severely dysfunctional mental state or self-care ability; L/T hx of self-harm:
  *****Referral should be made directly to the hospital Emergency Department*****

Please select current level(s) of risk and provide supporting comment.

☐ Suicidal ideation ☐ Self-injury ☐ Psychosis ☐ Risk to others ☐ Risk to self

D3. Functioning

Please select the description that best supports the person's current level of functioning.

- ○ 0 = No descriptors apply
- ○ 1 = Diminished ability to function in roles without adverse consequences
- ○ 2 = Functioning in roles is impaired to the extent that they are unable to meet the role requirements
- ○ 3 = Significant difficulties with everyday functioning resulting in disruption to many areas of life
- ○ 4 = Profound difficulties with everyday functioning resulting in disruption to virtually all areas of life

D4. Impact of co-existing conditions

Please select the description that best supports the person's current impact of co-exisiting conditions.

- ○ 0 = No co-existing conditions are present
- ○ 1 = Co-existing conditions may be present but have limited impact
- ○ 2 = Co-existing conditions may be present and are impacting significantly
- ○ 3 = Co-existing conditions pose a threat to health or are seriously impacting
- ○ 4 = Co-existing conditions are severe, poorly managed, life-threatening and impacts significantly

Optional contextual information:

Assessment Areas D5-8, optional

D5. Treatment and recovery history

Please select the description that best supports the person's treatment and recovery history.

- ○ 0 = No prior treatment history
- ○ 1 = Full recovery with previous treatment
- ○ 2 = Moderate recovery with previous treatment
- ○ 3 = Minor recovery with previous or current treatment and previous limited response to specialist support
- ○ 4 = Negligible recovery with recent or current treatment and ongoing need for specialist support

D6. Social and environmental stressors

Please select the description that best supports the person's current social and environmental stressors.

- ○ 0 = No problem
- ○ 1 = Mildly stressful
- ○ 2 = Moderately stressful
- ○ 3 = Highly stressful
- ○ 4 = Extremely stressful

D7. Family and other supports

Please select the description that best supports the person's current family and other supports.

- ○ 0 = Substantial and useful supports are available, capable and willing
- ○ 1 = A few useful supports are available, capable or willing
- ○ 2 = Sources of support are reluctant or unable to provide consistent support
- ○ 3 = Very few actual or potential sources of support available
- ○ 4 = No useful supports are available

D8. Engagement and motivation

Please select the description that best supports the person's current engagement and motivation.

- ○ 0 = Complete understanding of condition; active/motivated management; accesses supports
- ○ 1 = Good understanding of condition; capable of active mgmt; mostly willing to access support
- ○ 2 = Limited understanding and interest in taking an active role; needs encouragement
- ○ 3 = No ability or interest in managing condition; reluctance to accept supports
- ○ 4 = No awareness; active avoidance of managing condition or accessing supports

The calculated level of care above should be used in conjunction with your clinical judgment to guide the recommended service (see next page).

For your reference, an online calculator for the assessment areas above can be found here: https://iar-dst.online/

SECTION D - Services Options

Connect to Wellbeing Clinicians will review the information provided in this referral, along with your recommended service below, to determine the appropriate level of care. We may also contact the consumer to gain a better understanding of their needs and wants.

Please select your recommended service for the applicant:

☐ Low Intensity Strategies

Psychological interventions for people with, or at risk of, **mild** mental illness.
(As available can be individual, group, face to face, telephone, web-based supports).

☐ Psychological Therapies

For people who are **experiencing financial disadvantage** with a non-acute **moderate mental health condition** who would benefit from short-term goal focused psychological strategies.

Eligibility requires that:

- The consumer resides in the NCPHN Catchment Area

  AND

- The consumer has either:

  a) a Pension Card (aged or disability) or Health Care Card:

  Card number: _____ Expiry date: _____

  OR

  b) is experiencing financial hardship, supported by a financial hardship statement:

  The financial hardship statement can only be completed by the consumer's GP.

NB. Exceptions to financial hardship criteria include: people who qualify for the Extreme Climatic Event Stream and children in out of home care. For more information, contact Connect to Wellbeing North Coast.

Please select a priority group (select one of the below):

- ◯ Aboriginal and Torres Strait Islander People (ATSI)
- ◯ Culturally and Linguistically Diverse (CALD)
- ◯ Children 12 Years and Under
- ◯ Extreme Climatic Event
- ◯ Homelessness
- ◯ Perinatal Parents
- ◯ Rural and Remote

  (for classification of rural and remote areas, see Health Workforce Locator - ASGS Remoteness Areas 2016 RA3+)

☐ Suicide Prevention Services — Moderate Suicide Risk

NB. Suicide Prevention Services are NOT intended to support people who are at acute and immediate risk.
Health Care/Pension card not required for Suicide Prevention Services.

Suicide Prevention Services are delivered over **3 months** during up to **10 sessions**.

Please select at least one of the options below:

- ☐ After a suicide attempt or self-harm incident, the consumer has either been discharged from hospital into the care of a GP, or has been released into the care of a GP from an accident and emergency department.
- ☐ The consumer has presented to a GP after an incident of self-harm.
- ☐ The applicant has expressed recent suicidal ideation to their referrer.

Where any of the above requirements are indicated, the consumer will be contacted **within 24hrs** of the date of referral, offered an appointment **within 72hrs** and the first appointment will be scheduled within **7 business days**.

☐ **Way Back Support Service:** please tick if the consumer would like to be referred to the Way Back Support Service, in addition to Connect to Wellbeing Suicide Prevention Services (*only available for Tweed and Lismore LHD referrals*).

Psychological Therapies in Residential Aged Care Facilities (RACFs)

For people with a non-acute mental health condition who would benefit from short-term goal focused psychological strategies.

Eligibility requires that:

- The consumer resides in a Residential Aged Care Facility (RACF).
- The consumer has a mental illness or is at risk of developing a mental illness.
- The referral is completed by a RACF GP.

Complex and Severe Mental Health Services

Longer term (up to 2 years) clinical support and treatment for individuals with severe mental illness with complex needs.

Eligibility requires that:

- The consumer has a severe episodic mental illness resulting in reduced functional capacity.
- The consumer consents to support/treatment from a Mental Health Nurse.
- The consumer has a current Mental Health Treatment Plan (MHTP) that identifies at least two or more aspects of their life as significantly impacted by mental illness (e.g. relationships, employment, education, housing, community inclusion, physical health, etc).
- The conusmer has experienced a hospitalisation for mental health issues in the past or is at risk of hospitalisation if not supported.
- The consumer is best supported in primary health care and is engaged with a GP or psychiatrist who are principally responsible for their clinical mental health care.

Telehealth Psychiatry Services — specialist video consultations under Medicare

The provision of a consultation via video conferencing by a consultant psychiatrist.

NB. Referrals made for this service MUST be made by a GP or Nurse Practitioner only and can be made in addition to other services.

Preferred location for the consultation (select one of the below):

- GP practice (the GP or another health professional may be at the patient-end of the consultation to provide clinical services where clinically appropriate).
- Consumer home.
- Other (please describe): _____

Additional requirements (tick if appropriate):

- The consumer has an Australian Medicare Card:

  Card number: _____ Expiry date: _____

- The consumer understands they will be asked for credit card details and that a fee will be charged if an appointment that has been arranged is cancelled.
- If the referral is for ADHD/queried ADHD, or NDIS Assessment, the consumer needs to have engaged with treatment and be in a stable condition.

The consumer must have access to a computer or tablet with a webcam and speakers or headphones. The consumer must also reside in RA2+ classified area or be able to access services from a GP practice within a RA2+ locality.

What happens now

Fax completed referral form to **02 8212 8936** or email to **connecttowellbeingNC@neaminational.org.au**
Connect to Wellbeing North Coast will process the referral and connect the consumer to the appropriate service.
Phone 1300 160 339 | Fax 02 8212 8936 | Web https://nc.connecttowellbeing.org.au

Connect to Wellbeing | Neami National | Healthy North Coast | phn North Coast — An Australian Government Initiative

Connect to Wellbeing is a Neami National service funded by Healthy North Coast through the North Coast PHN program.