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| This referral form will be used by the Mental Health Triage Service (07 3186 4000). Note, this form complies with Mental Health Treatment Plan requirements for billing items 2700/2701 or 2715/2717.  Forward completed Referral via Medical Objects to: ***GCPHN Referrals*** or Fax: 07 3186 4099 | | | | |
| By consenting to this referral, the person is consenting to the sharing of their personal information. The information contained in the referral is used by the Mental Health Triage Service to: (1) deliver intake services, (2) for monitoring, aggregate reporting and evaluation purposes to improve quality and access to care. This information will be passed on to the recommended provider who will contact the person.  Please indicate the information in this form has been discussed with, and provided to, the patient.Y N  **Patient or Parent/Guardian/Carer consents to referral?** Y N  **Referrer consents to the collection and storage of referrer details on internal database?** Y N | | | | |
| Referral date: | | | | |
| **Referrer Details (Must be a GP, Paediatrician or Private Psychiatrist)** | | | | |
| General Practitioner  Psychiatrist  Paediatrician  Name: | | | | Email: |
| Practice Name: *(practice stamp if available)* | | | | Practice Suburb: |
| Practice Ph: |
| Practice Fax: |
| **Patient Details** | | | | |
| *All information below is critical to support the triage and referral process. Please complete all fields.* | | | | |
| Patient Name:  Preferred Name: | | DOB: | | Gender Identity:  M  F   Other Identity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address:  Experiencing homelessness | | | | Postcode: |
| Home Ph: | | | | Mobile Ph: |
| ***A CURRENT Health Care/Pension Card is mandatory to access the Psychological Services Program (exceptions: suicide prevention, homelessness and children in out of home care).***  ***It is not required for other PHN programs.*** | | | Health Care/Pension Card: Y N  Expiry date: | |
| Aboriginal or Torres Strait Islander status:  Aboriginal  Torres Strait Islander  Both  Neither | | | | |
| Culturally or Linguistically Diverse (CALD): Y N  Language spoken at home:  Is an interpreter required? Y N | | | | |
| Is there a current Mental Health Treatment Plan in place? Y N | | | | |
| Emergency Contact Name:  Phone Number: | | Relationship to person:  Parent/Guardian/Carer | | |
| **Clinical Information** | | | | |
| **Mental Health Diagnosis** |  | | | |
| **Symptom Severity and Distress** | Severity of current symptoms and associated level of distress:  0- no problem  1- mild or sub-diagnostic  2- moderate  3- severe  4- very severe  Kessler 10 score: | | | |
| **Family History of Mental Illness** | Y N | | | |
| **Risk of Harm** | Potential for harm to self or others:  0- no identified risk  1- low risk  2- moderate risk  3- high risk  4- very high risk\*\*  Is the person currently self-harming? Y\* N  Is the person at increased risk of suicide? Y\* N  Is this a referral for intensive suicide prevention support (8 sessions over 2 months)? Y\* N  Is there a risk of harm to others? Y\* N  \*If yes please provide details of **action taken** and attach risk assessment:    **\*\*Please note this is not a crisis service. If assessed at very high risk of harm, please contact Emergency Services on 000 or Acute Care Team on 1300 642 255.** | | | |
| **Crisis Intervention and/or Relapse Prevention Plan** |  | | | |
| **Functional Impairment** | Functional impairment caused or exacerbated by the mental health condition:  0- no problems  1- mild impact  2- moderate impact  3- severe impact  4- very severe to extreme impact | | | |
| **Impact of Co-existing Conditions** *(e.g. chronic disease; substance use, cognitive impairment, etc.)* | Condition/s:  Impact of co-existing condition/s on severity of mental health condition or ability to participate in treatment:  0- no problems  1- mild impact  2- moderate impact  3- severe impact  4- very severe impact | | | |
| **Treatment Goals and Hopes of the Patient** |  | | | |
| **Medications** |  | | | |
| **Other Services** | What existing services are being accessed? | | | |
| **Preferred Provider Gender:**  Male  Female  Not applicable | | | | |
| **Psycho-education provided:** Y N | | | | |
| **Mental Health Treatment Plan Review date (if applicable):** | | | | |

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| **Mental Health Stepped Care Services funded by GCPHN** | | |
| *The Mental Health Triage Service (07 3186 4000) will determine which service is most suitable along the stepped care continuum unless pre-selected by the referrer by ticking the boxes below. Note, these services are not crisis services. More information about GCPHN funded services can be found on the GCPHN* [*website*](https://gcphn.org.au/about/commissioning/gcphn-funded-services/?servicecatid=32)*.* | | |
| **Service Need** | **Services Available** | **Service Description** |
| **Aboriginal and Torres Strait Islander Mental Health** | **Clinical Care Coordination - Kalwun Social Health** | **Kalwun Social Health i**s a low to high intensity service offering comprehensive support for Aboriginal and Torres Strait Islander people who are struggling with their mental health or for those with alcohol and other drug needs. |
| **Moderate to High Intensity Youth Mental Health** | **Youth Psychosocial Support (12-25 LGBTIQAP+)**  **headspace (12-25)**  **headspace Early Psychosis (12-25)**  **Youth Clinical Care Coordination (12-18)**  **- Lighthouse Program** | **Expanded Horizons** provides a group-based program for Lesbian, Gay, Bisexual, Trans, Intersex, Asexual, Pansexual or other diverse identities (LGBTIQAP+) young people or youth questioning sexuality or gender identity.  **headspace** is an accessible ‘one-stop-shop’ for young people aged between 12 and 25 which supports early intervention services for young people with emerging mental health needs. The service helps promote wellbeing: mental health, physical health, work/study support and alcohol and other drug services.  **headspace Early Psychosis** is a multidisciplinary service of consultant psychiatrists, peer workers and clinicians that support young people aged 12-25 at risk of or experiencing a first episode of psychosis. The Early Psychosis team is equipped to intervene early to improve the lives of young people, and their families, who are impacted by psychosis.  **Lighthouse Program** provides trauma informed, recovery-orientated clinical care coordination and specialised treatment services for young people aged 12-18 years with severe and/or complex mental health needs. |
| **Low Intensity Mental Health** | [**Structured Psychological Therapy Services**](https://gcphn.org.au/commissionedservices/newaccess/) **- Coaching Program**  [**Web-based Services: Head to Health Online Portal**](https://gcphn.org.au/commissionedservices/web-based-services-head-to-health-online-portal/) | **NewAccess** is a mental health coaching program, designed to provide accessible, quality services for anyone finding it hard to manage life stress. People can access six coaching sessions delivered over the phone, via Skype or in person by trained mental health coaches.  The **Head to Health** portal brings together apps, online programs, online forums, and phone services, as well as a range of digital information resources and is provided by the Australian Department of Health. |
| **Moderate Intensity Mental Health** | **Psychological Services Program** | The **Psychological Services Program (PSP)** offers short term structured psychological therapies delivered by a range of providers contracted by the GCPHN. This program supports people who would benefit from receiving short term therapy and is not suitable for people that may need longer term and more comprehensive interventions. A CURRENT Health Care/Pension Card is mandatory to access the Psychological Services Program (exceptions: suicide prevention, homelessness and children in out of home care).  The program is available for people who identify with any of the following groups:  ****General (COVID-19 response)  ****Suicide Prevention\*  ****LGBTIQAP+  ****Perinatal - Postnatal - Infant DOB:  *(up to 1 year of age to be eligible)*  ****Children (0-12 years)  ****Children in out of home care (0-12 years)\*  ****Aboriginal and Torres Strait Islanders  ****Culturally and Linguistically Diverse Population (CALD)  ****Homelessness\*  ***\* does not require Health Care/Pension Card***  **Preferred Provider *(if applicable)*:** |
| **High Intensity Mental Health** | **Clinical Care Coordination - Plus Social**  **Psychosocial Support** | **Plus Social Clinical Care Coordination** is a comprehensive, high intensity clinical support service for people who experience the impact of severe mental illness and are not currently case managed or accessing Gold Coast Health mental health services.  Up to 26 weeks clinical care coordination and wellbeing program that is structured, recovery and goal orientated focused on creating significant improvements in quality of life, health and wellbeing. For ages 12-65.  **Psychosocial Support** is a high intensity service which provides practical assistance and personalised support to people experiencing the impacts of significant mental health needs and who would like assistance with their recovery journey. |

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