

REFERRAL FORM – PHN-Funded Mental Health Stepped Care Services



An Australian Government Initiative

| | |
|---|---|
| <p>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</p> | |
| <p>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.</p> <p>Please indicate the information in this form has been discussed with, and provided to, the patient. <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Patient or Parent/Guardian/Carer consents to referral? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Referrer consents to the collection and storage of referrer details on internal database? <input type="checkbox"/> Y <input type="checkbox"/> N</p> | |
| <p>Referral date:</p> | |
| <p>Referrer Details (Must be a GP, Paediatrician or Private Psychiatrist)</p> | |
| <input type="checkbox"/> General Practitioner <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Paediatrician Name: | Email: |
| Practice Name: (<i>practice stamp if available</i>) | Practice Suburb: |
| | Practice Ph: |
| | Practice Fax: |
| <p>Patient Details</p> | |
| <p><i>All information below is critical to support the triage and referral process. Please complete all fields.</i></p> | |
| Patient Name: | DOB: |
| Preferred Name: | Gender Identity: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other Identity _____ |
| Address: <input type="checkbox"/> Experiencing homelessness | Postcode: |
| Home Ph: | Mobile Ph: |
| <p>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.</p> | Health Care/Pension Card: <input type="checkbox"/> Y <input type="checkbox"/> N Expiry date: |
| Aboriginal or Torres Strait Islander status: <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> Neither | |
| Culturally or Linguistically Diverse (CALD): <input type="checkbox"/> Y <input type="checkbox"/> N Language spoken at home: Is an interpreter required? <input type="checkbox"/> Y <input type="checkbox"/> N | |
| Is there a current Mental Health Treatment Plan in place? <input type="checkbox"/> Y <input type="checkbox"/> N | |
| Emergency Contact Name: | Relationship to person: |
| Phone Number: | Parent/Guardian/Carer |
| <p>Clinical Information</p> | |
| Mental Health Diagnosis | |
| Symptom Severity and Distress | Severity of current symptoms and associated level of distress: <input type="checkbox"/> 0- no problem <input type="checkbox"/> 1- mild or sub-diagnostic <input type="checkbox"/> 2- moderate <input type="checkbox"/> 3- severe <input type="checkbox"/> 4- very severe |

| | |
|---|--|
| | Kessler 10 score: |
| Family History of Mental Illness | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Risk of Harm | <p>Potential for harm to self or others:</p> <p><input type="checkbox"/> 0- no identified risk <input type="checkbox"/> 1- low risk <input type="checkbox"/> 2- moderate risk <input type="checkbox"/> 3- high risk <input type="checkbox"/> 4- very high risk**</p> <p>Is the person currently self-harming? <input type="checkbox"/> Y* <input type="checkbox"/> N</p> <p>Is the person at increased risk of suicide? <input type="checkbox"/> Y* <input type="checkbox"/> N</p> <p>Is this a referral for intensive suicide prevention support (8 sessions over 2 months)? <input type="checkbox"/> Y* <input type="checkbox"/> N</p> <p>Is there a risk of harm to others? <input type="checkbox"/> Y* <input type="checkbox"/> N</p> <p>*If yes please provide details of action taken and attach risk assessment:</p> <p>**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.</p> |
| Crisis Intervention and/or Relapse Prevention Plan | |
| Functional Impairment | <p>Functional impairment caused or exacerbated by the mental health condition:</p> <p><input type="checkbox"/> 0- no problems <input type="checkbox"/> 1- mild impact <input type="checkbox"/> 2- moderate impact <input type="checkbox"/> 3- severe impact</p> <p><input type="checkbox"/> 4- very severe to extreme impact</p> |
| Impact of Co-existing Conditions <i>(e.g. chronic disease; substance use, cognitive impairment, etc.)</i> | <p>Condition/s:</p> <p>Impact of co-existing condition/s on severity of mental health condition or ability to participate in treatment:</p> <p><input type="checkbox"/> 0- no problems <input type="checkbox"/> 1- mild impact <input type="checkbox"/> 2- moderate impact <input type="checkbox"/> 3- severe impact</p> <p><input type="checkbox"/> 4- very severe impact</p> |
| Treatment Goals and Hopes of the Patient | |
| Medications | |
| Other Services | What existing services are being accessed? |
| Preferred Provider Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not applicable | |
| Psycho-education provided: <input type="checkbox"/> Y <input type="checkbox"/> N | |
| Mental Health Treatment Plan Review date (if applicable): | |

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](#).

| Service Need | Services Available | Service Description |
|--------------|--------------------|---------------------|
|--------------|--------------------|---------------------|

| | | |
|---|--|---|
| <p>Aboriginal and Torres Strait Islander Mental Health</p> | <p><input type="checkbox"/> Clinical Care Coordination - Kalwun Social Health</p> | <p>Kalwun Social Health is 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.</p> |
| <p>Moderate to High Intensity Youth Mental Health</p> | <p><input type="checkbox"/> Youth Psychosocial Support (12-25 LGBTIQAP+)</p> <p><input type="checkbox"/> headspace (12-25)</p> <p><input type="checkbox"/> headspace Early Psychosis (12-25)</p> <p><input type="checkbox"/> Youth Clinical Care Coordination (12-18) - Lighthouse Program</p> | <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> |
| <p>Low Intensity Mental Health</p> | <p><input type="checkbox"/> Structured Psychological Therapy Services - Coaching Program</p> <p><input type="checkbox"/> Web-based Services: Head to Health Online Portal</p> | <p>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.</p> <p>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.</p> |
| <p>Moderate Intensity Mental Health</p> | <p><input type="checkbox"/> Psychological Services Program</p> | <p>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).</p> <p>The program is available for people who identify with any of the following groups:</p> <ul style="list-style-type: none"> <input type="checkbox"/> General (COVID-19 response) <input type="checkbox"/> Suicide Prevention* <input type="checkbox"/> LGBTIQAP+ <input type="checkbox"/> Perinatal - Postnatal - Infant DOB: (up to 1 year of age to be eligible) <input type="checkbox"/> Children (0-12 years) <input type="checkbox"/> Children in out of home care (0-12 years)* <input type="checkbox"/> Aboriginal and Torres Strait Islanders <input type="checkbox"/> Culturally and Linguistically Diverse Population (CALD) <input type="checkbox"/> Homelessness* <p>* does not require Health Care/Pension Card</p> |

| | | |
|-------------------------------------|--|--|
| | | Preferred Provider (if applicable): |
| High Intensity Mental Health | <input type="checkbox"/> Clinical Care Coordination - Plus Social <input type="checkbox"/> Psychosocial Support | <p>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.</p> <p>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.</p> <p>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.</p> |

Forward completed Referral via Medical Objects to: **GCPHN Referrals** or Fax: 07 3186 4099