

EPYCentre referral information

Thank you for your enquiry regarding a referral to the EPYCentre Functional Recovery Team.

The Early Psychosis Youth Service (EPYCentre) provides functional recovery support to young people and their families, who are referred from State Health Service Providers (HSPs) within the Perth South Metro area as part of a continuing shared care plan, after being stabilised from a first episode of psychosis.

The team provides specific functional recovery services that are complementary to the care they are receiving from HSPs to support the young person and their family in the community, for up to two years. However, if a young person identifies they would benefit from support with a specific goal and only require time-limited intervention, the 'Brief Intervention' stream, of a maximum of three months of engagement, is available. Please indicate this in the relevant section below.

Young people referred to the program must:

- be between 12 and 25 years of age (at the time of referral);
- have experienced a first episode of psychosis, characterised by a severe level of clinical symptoms and degree of impairment to social, personal, family and occupational functioning;
- have not received treatment for psychosis by a mental health service (public or private) for a duration of 24 months or more (at the time of referral), except for circumstances when transferred from child-based service to adult psychosis-specific service, where the 24-month service period is reset at time of transfer;
- be referred from an HSP, where functional recovery is identified as a component of a care plan; and
- have their ongoing case management retained by the HSP and to conclude within three months of discharge from the HSP, as part of a Transition Support Plan.

Through a recovery-oriented case-management framework EPYCentre provides person-centred and developmentally appropriate functional recovery support. Care coordination by the EPYCentre team is offered in conjunction with clinical services provided by the referring HSP, and in collaboration with the young person and their family (as appropriate).

The focus of engagement is determined by the young person and may include:

- one-one individual support, goal setting and recovery planning;
- evidence-based vocational and educational support;
- a weekly structured group program, both at EPYCentre and within the community. Activities are focused on skills development, socialisation and are complementary to individual support;
- family-inclusive support that empowers the family to cope and adjust to the young person's experience;
- peer support by individuals who have themselves had a lived experience and that addresses stigma, enhances engagement and instils hope and optimism;
- alcohol and other drug (AOD) support in parallel with an AOD specialist service where required; and/or
- coordination, liaison and engagement support.

Exclusion criteria:

- ultra-high risk;
- engaged in treatment for longer than 24-months;
- not engaged with a state mental health service provider (at any point of treatment); or
- needs are better met by another service.

EPYCentre (Ruah Community Services)

Address: E5-6/817 Beeliar Drive, Cockburn Central, WA 6164

Email referral to: EPYCentreReferrals@ruah.org.au

YOUNG PERSON – PERSONAL INFORMATION

Date of referral	UMRN	Age (at time of referral)
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First name*	Last name*
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Preferred name	Pronouns (he/she/they)	D.O.B.
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Gender

Male Female Gender diverse/non gendered Self identify
 Transgender male Transgender female Gender fluid Prefer not to say

Intersex variation Yes No Prefer not to say

Sexuality

Heterosexual Homosexual Bisexual Asexual
 Pansexual Prefer not to say Self-describe _____

Address*

Email	Telephone
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***Please note, at least one method of contacting the person must be provided**

Country of birth	Aboriginal <input type="checkbox"/> Yes <input type="checkbox"/> No	Torres Strait Islander <input type="checkbox"/> Yes <input type="checkbox"/> No
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Main language	Dialect
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Interpreter required Yes No

NEXT OF KIN / GUARDIAN

Relationship Parent Legal guardian Partner Next of kin Nominated person Other

First name	Last name	Telephone
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Address*

ELIGIBILITY

To be eligible, the following criteria must be met:

Has experienced a first episode of psychosis
 Is between 12-25 years old
 Not had active treatment for psychosis for more than 24 months
 If under 18, a parent or guardian consents to the referral
 Will have ongoing case management retained by the HSP

If these criteria are not met, please explain below:

REASON FOR REFERRAL

Please include any pertinent and relevant information that is important to know at time of referral, including:

- experience of psychosis and current mental health;
- current understanding of functional recovery goals;
- relevant developmental, relationship and occupational history; and
- any barriers identified that may impede functional recovery (if applicable).

Please indicate here the type of functional recovery services requested:

- Vocational and educational support
- Physical health programs family support
- Group programs
- Alcohol and Other Drug (AOD) support
- Peer support
- Family support

Please provide further information (if applicable):

BRIEF INTERVENTION SUPPORT

Do you intend to refer the client for 'brief intervention' support? (Maximum term is three months)

- Yes No

If yes, please answer the following questions:

What is the identified recovery goal of the young person?

- Vocational and education and/or employment
- Physical health programs
- Group participation
- Peer support
- Alcohol and other drug (AOD)

Please provide further information regarding the young person's goal/s:

Are there any additional factors that may impact on the young person's ability to achieve this goal within three-months?

- Accommodation (home and environment)
- School/education/employment
- Relationships
- Risk taking (NSSI, legal issues, convictions)
- Alcohol and other drug use (AOD)
- Income/finances
- English proficiency (reading writing, language)
- Transport
- Health issues (other than Mental Health)
- Other (please define):

ABOUT ME

We'd like to get to know you. If you feel comfortable, we invite you to answer the below questions.

Who/what is important in your life?

What are your strengths?

What currently helps you or has helped you in the past?

Is there anything you would like us to know so that we can best support you?

Completed by:

CURRENT RISK/SAFETY ISSUES

Please indicate the current level of risk for the following:

Suicide risk

No disclosed suicidal ideation/history

Suicide attempts

Dates

Details

Suicide ideation Yes No

Safety plan attached Yes No

Additional information

Self-harm

Yes No Unknown

Violence to others

Yes No Unknown

Vulnerable to exploitation

Yes No Unknown

Justice/legal issues

Yes No Unknown

Community Treatment Order

Yes No Unknown

Family or domestic violence

Yes No Unknown

If unknown selected above, please provide details:

Are there any PSOLIS alerts? Yes No

If yes, please provide details:

Please detail historical and current risk/safety issues and attach recent risk assessment management plan (RAMP):

Note: If issues of safety and security exist, it will not necessarily preclude the individual from accessing services. Any safety and security issues identified will be further discussed with the referrer so that an appropriate support plan and/or risk management plan can be developed.

Substance Use

- Tobacco Alcohol Cannabis Amphetamines Inhalants Prescription
 Opioids Cocaine Other

Other (please specify):

Please specify quantity, duration and impact of use if known:

LIVING / SOCIAL SITUATION

Current living situation Secure Tenuous Homeless Unsafe

Accommodation type

- Living alone Crisis accomodation Living with family Rental with friends
 CPFS placement Couch surfing Rental alone Supported accommodation
 Transient Homeless Public housing Rental with others

Is it safe and appropriate for Ruah workers to attend the property? Yes No

Current use of time

- Seeking employment
 Interest in studying
 Volunteering
 Currently employed
 Active break from employment
 Studying
 Receiving Centrelink
 Resting and recovery
 Not looking for work
 Other

Please tell us more (if applicable):

MEDICAL HISTORY

Does the young person have any ongoing illnesses or conditions? Yes No

Specify below and attach any additional information:

Current medications	Dose/frequency	Date commenced/duration of use

Any further details:

OTHER SIGNIFICANT CONTACTS/SERVICES INVOLVED

Please list any other services involved (e.g. GP, Job Network Agency, private psychology, NDIS provider, legal services, education provider).

Contact Person	Address	Telephone
Usual GP		

Any further details:

SUPPLEMENTARY DOCUMENTATION

Please provide the following:

- RAMP
- Discharge Summary (if available)
- Case Management Plan
- K10*
- Crisis Plan

*Please include a copy of the most recent K10. EPYCentre funders require a K10 at commencement and conclusion of service, which also assists with our intake, triage and allocation process.

Please provide any further information you may consider relevant to assist in comprehensive service provision:

YOUNG PERSON'S CONSENT

Do you consent to your information being stored in Ruah's secure client database? Yes No

Do you consent to anonymised data being supplied to the Department of Health? Yes No

Do you consent to Ruah contacting your referrer? (details below) Yes No

Client's signature

If the client is not present, please indicate if they provided verbal consent to the above Yes No

REFERRER DETAILS

Name	Position
Contact number	Email
Agency/address	