



Stronger Ground referral information

Thank you for your enquiry regarding a referral to the Ruah Stronger Ground Program.

The Ruah Stronger Ground Program offers a functional recovery-oriented psychosocial support service tailored to individuals facing severe and persistent mental health challenges. Our aim is to assist individuals in their recovery journey by addressing the social factors impacting their mental health in a manner that is meaningful and fulfilling to them. Stronger Ground operates as an intensive, recovery-focused, and goal-oriented service. It is important to note that not all clients may be immediately 'recovery ready,' and we take this into consideration when reviewing potential referrals.

As part of our approach, Stronger Ground typically engages with clients for up to 2 years, conducting reviews every three months. Our multidisciplinary teams comprise qualified Support Coordinators, Support Workers, Peer Recovery Workers, Recreation specialists, Vocational specialists, Financial Counsellors, and Counsellors, ensuring comprehensive support for our clients. We do not provide ongoing maintenance support, ie: personal care and support with activities of daily living, as this falls under the remit of NDIS, and we do not provide transport unless it contributes towards achieving an overarching goal. Additionally, given that our staff provide non-clinical outreach support in the community, it is a requirement that each client has an active clinical case manager who collaborates with Ruah to ensure the best possible outcomes. Therefore, we are unable to accept referrals without an assigned clinical case manager.

Referrals from clinics need to include an up-to-date Risk Assessment, Case Management Plan, and details of any PSOLIS alerts. Provision of detailed information on the referral form assists with the initial assessment process and in expediting our screening process. Thereby enabling a prompt response regarding eligibility for the program. Detailed information regarding the specific psychosocial support the individual seeks, such as public transport training or graded exposure to attend groups independently, is an example of useful information that may be included in the referral.



Stronger Ground referral information

People referred to the program must:

- Be between 16 and 65 years of age.
- Be considered Recovery Ready – wanting to engage in their recovery journey, and open to planning and goal setting.
- Ongoing clinical case manager to provide clinical support in the community (GP, Community Mental Health Clinic, Psychiatrist).
- Experiencing severe and persistent mental health challenges.
- Client's informed consent to the referral.
- Not currently receiving psychosocial NDIS support or awaiting an outcome for psychosocial NDIS access.
- Client residing in the catchment area. **Full suburb list available here.**

The focus of engagement is determined by the client and can include:

- One to one individual support, goal setting and recovery planning.
- Evidence-based recovery focused support.
- Peer support by individuals who have lived experience, addressing stigma, enhancing engagement and instilling hope and optimism.
- Coordination, liaison and engagement support.

For more information:

☎ 13 78 24

✉ StrongerGroundReferrals@ruah.org.au

Completing this form does not guarantee access to Ruah services. Please call 13 RUAH (13 7824) if you have any queries about the referral process or timeframes.

Referral Form

PERSONAL INFORMATION

Date of Referral

UMRN

Age

First Name

Last Name

Preferred Name

Pronouns (he/she/they)

D.O.B

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

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

Country of birth

Aboriginal

Yes

No

Torres Strait Islander

Yes

No

Main language

Dialect

Interpreter required

Yes

No

NEXT OF KIN/GUARDIAN

Relationship

Parent

Legal guardian

Partner

Next of kin

Nominated person

Other

First Name

Last name

Telephone

Address

ELIGIBILITY

To be eligible for the Stronger Ground Program, the following criteria must be met:

Be between 16 and 65 years of age

Client's informed consent to the referral

Be considered Recovery Ready – wanting to engage in their recovery journey, and open to planning and goal setting

Not currently receiving NDIS support or awaiting an outcome for NDIS access

Access to a clinical case manager for community clinical support i.e. GP, Community Mental Health Clinic or Psychiatrist

Client residing in the catchment area.
Full suburb list available here.

Experiencing severe and persistent mental health challenges

Referral Form



ELIGIBILITY (CONTINUED)

If the above 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:

- Current mental health diagnosis and experience of diagnosis:
- Any other potential mental health experiences:
- Current understanding of functional recovery goals:
- Relevant developmental, relationship and occupational history:
- Any barriers identified that may impede functional recovery (if applicable):

Please indicate here the type of functional recovery services requested:

- | | |
|--|--|
| Vocational and educational support | Counselling |
| Linking in with physical health supports | Financial Counselling |
| Graded exposure ie: transport training | Linking in and liaison support with other organisations |
| Peer support | Group Program – ie: referral to Ruah Good Days or other community groups |

Please provide further information (if applicable)

Are there any factors that may impact on the person’s ability to achieve their goals?

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



Referral Form

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:

Referral Form



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:

Suicidal ideation	Yes	No	Safety plan attached	Yes	No
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Additional information:

Self-harm	Yes	No	Unknown	Is there risk of harm from someone else?	Yes	No	Unknown
Violence to others	Yes	No	Unknown	Community Treatment Order	Yes	No	Unknown
Vulnerable to exploitation	Yes	No	Unknown	Family or domestic violence	Yes	No	Unknown
Justice/legal issues	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.

Referral Form

CURRENT RISK/SAFETY ISSUES (CONTINUED)

Substance use

- Tobacco Alcohol Cannabis Amphetamines Inhalants Prescription Opioids
- Cocaine 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 Living with family Private Rental with others Crisis Accommodation
- Public/Community Housing Couch surfing Private Rental alone Supported accommodation

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

Current use of time

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

Please tell us more (if applicable):

MEDICAL HISTORY

Does the 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
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Any further details:

Referral Form

OTHER SIGNIFICANT CONTACTS/SERVICES INVOLVED

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

Contact Person

Address

Telephone

Any further details:

SUPPLEMENTARY DOCUMENTATION

Please provide the following:

Risk Assessment

Discharge Summary (if available)

Case Management Plan

Crisis Plan

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

PERSON'S CONSENT

Is the person aware and have they given consent for this referral to be completed? Yes No

Does the person give permission for the release of their information to Ruah? Yes No

Does the person give permission for Ruah to contact them? Yes No

Please note that the referral will not be processed unless the above is confirmed.

Client's signature

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

REFERRER DETAILS

Is the person aware and have they given consent for this referral to be completed?

Name

Position

Contact Number

Email

Agency/address