RUAH COMMUNITY SERVICES

Mental Health and Wellness Referral Form

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

Email this Referral to: StrongerGroundReferrals@ruah.org.au

Completing this form does not guarantee access to Ruah services. Please call 13 78 24 if you have any queries about the referral process or timeframes.

Referral Form

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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
- ☐ Be considered Recovery Ready – wanting to engage in their recovery journey, and open to planning and goal setting
- ☐ Access to a clinical case manager for community clinical support i.e. GP, Community Mental Health Clinic or Psychiatrist
- ☐ Experiencing severe and persistent mental health challenges
- ☐ Client's informed consent to the referral
- ☐ Not currently receiving NDIS support or awaiting an outcome for NDIS access
- ☐ Client residing in the catchment area. **Full suburb list available here**.

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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
- ☐ Linking in with physical health supports
- ☐ Graded exposure ie: transport training
- ☐ Peer support
- ☐ Counselling
- ☐ Financial Counselling
- ☐ Linking in and liaison support with other organisations
- ☐ 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)
- ☐ 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):

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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:

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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

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.

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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

Any further details:

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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

Email this Referral to: **StrongerGroundReferrals@ruah.org.au**