






# SWSPHN Mental Health Central Intake

Enquiries 1300 797 746 (1300 SWSPHN) Referrals confidential fax line 4623 1796

<b>Provisional (non-GP) Referral Form</b> <i>(For PHN Approved Referrers Only)</i>			
<b>Referrals cannot be accepted without a brief summary of mental health concerns (Section 5) and the consumer's, parent/carer or guardian signed consent (Section 6)</b>			
<b>1. Referrer Details</b> <span style="float: right;"><b>PLEASE PRINT CLEARLY</b></span>			
Date:	Name:	Organisation:	
Phone: Fax:	Position in organisation:		Suburb:
Relationship to consumer:			Email:
<b>2. Consumer Details</b>			
Title:	First Name:	Last Name:	
Address:		Suburb:	Postcode:
Phone: H:	DOB:	Male <input type="checkbox"/>	Female <input type="checkbox"/> Other <input type="checkbox"/>
M:	Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> Neither <input type="checkbox"/>		
Country of Birth:	Language spoken at home (other than English): Interpreter required?		
<b>3. Next of Kin:</b>			
Name:	Relationship:	Phone:	
<b>4. Current General Practitioner (GP):</b>			
Name:	Practice:	Phone:	
<b>5. Mental Health Concerns</b>			
<b>Past/Present diagnosis of mental health condition, if any:</b>			
			Past Hospital Admissions <input type="checkbox"/>
<b>How often does the consumer experience mental health issues (eg. Often throughout the day/once a day/weekly etc):</b>			
<b>Does the consumer's mental health impact on their everyday life? (eg. Social, personal or work life)</b>			
<b>Has the consumer received support by a Mental Health Professional in the past? If so, how recent was this support?</b>			

## STEPPED CARE *please tick required service*

Service Need	Indicative K10+ Score and Functional Impairment	Services available
Emerging or Low Needs	16-25 with no to mild functional impairment	<input type="checkbox"/> <b>New Access (18 years and over - no MHTP required)</b> 
Existing or Moderate Needs	26-30 with moderate functional impairment	<input type="checkbox"/> <b>You in Mind (Eligible target groups, over 12 years of age only)</b> <input type="checkbox"/> Aboriginal & Torres Strait Islander <input type="checkbox"/> Culturally & Linguistically Diverse <input type="checkbox"/> Disadvantaged areas of Airds, Claymore and 2168 postcode area <input type="checkbox"/> Residents of Wollondilly and Wingecarribee <input type="checkbox"/> Financial disadvantage <input type="checkbox"/> Prenatal and postnatal depression <input type="checkbox"/> Older persons mental health (65+) <input type="checkbox"/> LGBTIQ+ Community 
Severe or High Needs	31-50 with <i>moderate to high</i> functional impairment	<input type="checkbox"/> <b>Connect for Wellness (Persistent)</b> 
Complex and Multiservice Needs	31-50 with <i>high</i> functional impairment	<input type="checkbox"/> <b>Credentialed Mental Health Nurse Service (Complex)</b> Ongoing therapeutic interventions and coordination of clinical services including medication monitoring, physical health care information, and liaison with carers and relevant mental health support services as required.
Young People 12-25 years	Variable	<input type="checkbox"/> <b>ReFrame (Wollondilly and Wingecarribee)</b>  For young People residing in other areas of South Western Sydney refer directly to <u>headspace</u> Bankstown P:9393 9669, Campbelltown P:4627 9089 or Liverpool P:8785 3200. 

Other services available within the stepped care model that **require an alternative referral:**



**Clinical Suicide Prevention Service**

Priority access to services for people who have attempted suicide or have suicidal ideation of low to medium risk.

NOTE: Please refer to the SWSPHN Clinical Suicide Prevention GP referral form at <http://www.swsphn.com.au>

\*\* Please refer consumer to GP or Community Mental Health Emergency Team (CoMHET) for referral to this service \*\*

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## 6. Consent

I, \_\_\_\_\_, (consumer, parent/carer or guardian name - please print clearly)

**Consent to this referral and I agree to** information about my mental health being recorded in my medical file and shared between the GP, South Western Sydney PHN Central Intake to assist in the management of my health care and the Mental Health Professional to whom I am referred.

I understand that SWSPHN will provide information that does not identify me, such as the types of service I receive, to the Department of Health to assist improvement of mental health services in Australia. (Delete if you do not consent to sharing of information with the Department of Health)

\_\_\_\_\_ (consumer, parent/carer or guardian signature)

## 7. Additional Consent for young people attending school

I \_\_\_\_\_ (parent/carer or guardian signature) consent to information relating to my child/guardian, concerning their safety, welfare or wellbeing, being shared with the school, as is permitted with the Children and Young Persons (Care and Protection) Amendment 2016.

**PLEASE REFER TO K10+ (OVER PAGE) TO BE COMPLETED AND RETURNED WITH REFERRAL FORM.**

Our Mental Health Central Intake clinicians are happy to answer your questions regarding referral and treatment planning on **1300 797 746** (1300 SWS PHN)

Fax completed form with signed consumer consent to mental health central intake confidential fax line **4623 1796**

## Kessler 10 plus (K10+) measure of psychological distress

The following questions ask about how you have been feeling in the **last four weeks**.

For each question, mark the option that best describes the amount of time you felt that way.

Thinking about the last four (4) weeks	None of the time (1)	A little of the time (2)	Some of the time (3)	Most of the time (4)	All the time (5)
1. How often did you feel tired out for no good reason?					
2. How often did you feel nervous?					
3. How often did you feel so nervous that nothing could calm you down?					
4. How often did you feel hopeless?					
5. How often did you feel restless or fidgety?					
6. How often did you feel so restless you could not sit still?					
7. How often did you feel depressed?					
8. How often did you feel that everything was an effort?					
9. How often did you feel so sad that nothing could cheer you up?					
10. How often did you feel worthless?					
<b>Score</b>					
11. In the last four (4) weeks, how many days were you <b>Totally Unable</b> to work or study or manage your day to day activities because of these feelings?				Number of days	
12. Aside from those days, in the last four weeks, how many days were able to work or study or manage your day to day activities, but had to <b>CUT DOWN</b> on what you were doing because of these feelings?				Number of days	
13. In the past four weeks, how many times have you seen a doctor or any other health professional about these feelings?				Number of consultations?	
14. In the last four weeks, how often have physical health problems been the main cause of these feelings?	None of the time (1)	A little of the time (2)	Some of the time (3)	Most of the time (4)	All the time (5)

### Scoring and interpretation of the Kessler 10 plus (K10+) measure of psychological distress

The score for each response is as follows

None of the time = 1	A little of the time = 2	Some of the time = 3	Most of the time = 4	All the time = 5
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**PLEASE NOTE K5 MENTAL HEALTH ASSESSMENT MAY BE USED AS ALTERNATE MEASURE FOR ABORIGINAL & TORRES STRAIT ISLANDER PEOPLE**