

Psychosocial Support Service Referral form

Date: _____

wellways

phn
WESTERN VICTORIA
An Australian Government Initiative

Psychosocial Support Services are delivered in the Western Victoria PHN catchment by Wellways.

Eligibility criteria (must be completed)

- ☐ Severe episodic mental illness with associated impact on psychosocial functioning
- ☐ Would benefit from time limited psychosocial support
- ☐ Does not have an active NDIS plan
- ☐ Not receiving clinical case management from an area mental health service.
- ☐ Lives or works within Barwon and Colac Otway or Greater South Coast catchments

1. REFERRER DETAILS

Referrer name: _____ Relationship to Consumer: _____

Organisation: _____

Address: _____

Phone: _____ Email: _____ Fax: _____

2. CONSUMER DETAILS

First Name: _____ Surname: _____

DOB: _____ Gender: _____ Pronoun/s: _____ Phone: _____

Address: _____

Suburb: _____ Postcode: _____

I do **NOT** consent for ☐ sending mail to above address ☐ leaving voice messages on phone ☐ receiving SMS

Homeless: ☐ Yes ☐ No Identifies as LGBTIQ+: Yes No unknown/ prefer not to say

☐ Aboriginal ☐ Torres Strait Islander background ☐ Culturally and Linguistically Diverse background

Country of Birth: _____ Interpreter required (Language/Auslan): _____

Health care card Yes No

Income source: _____ Health care number: _____

NDIS:

Have not applied and needs support

Applied and waiting access decision. Date of application: _____

Applied and found to be ineligible (Please provide reason and documentation)

☐ Do not intend to apply

Does not meet eligibility criteria (due to age, residency etc)

3. EMERGENCY CONTACT

If the consumer is a child, please write details of the parent or guardian who is responsible for decisions about treatment.

First Name: _____ Surname: _____

Phone: _____ Relationship to Consumer: _____

4. CONSUMER INFORMATION

Note: Please attach any relevant documentation - Discharge summaries, MHTP, NDIS supportive documentation

Mental health diagnosis (if known), presenting mental health need(s) & medications:
Current physical health diagnosis/ presenting physical health need/s: Mobility/Disability Needs:
Addictive Behaviours:
Complete below sections in context of: Impact of mental health on functioning and capacity building goals
Managing Daily Activities and Responsibilities (e.g. self care, cooking, parenting):
Social skills, friendships and family relationships:
Education/ Employment:
Physical wellbeing:
Life skills (e.g. self confidence, resilience):
List current services (e.g. psychologist or GP) and informal support (family, friend, carer) as per above areas:

RISK ASSESSMENT (MUST BE COMPLETED)

If presenting with an acute psychiatric crisis or risk is high, please call your psychiatric triage service

Current Suicidal Thoughts: No ☐ Yes : _____
Current Suicidal Plan: No ☐ Yes : _____
Current Suicidal Intent: No ☐ Yes : _____
Recent Suicide attempt in the last three months? ☐ Yes ☐ No
Relevant History: _____

Suicide Risk Level: ☐ Not Apparent ☐ Low ☐ Medium ☐ High

Current Self Harm Thoughts: ☐ No ☐ Yes : _____
Current Self Harm Plan: ☐ No ☐ Yes : _____
Current Self Harm Intent: ☐ No ☐ Yes : _____
Current behaviours: _____
Relevant History: _____

Self-Harm Risk Level: ☐ Not Apparent ☐ Low ☐ Medium ☐ High

Current Harm to Others Thoughts: ☐ No Yes _____
Current Harm to Others Plan: ☐ No Yes _____
Current Harm to Others Intent: ☐ No Yes _____
Relevant History: _____
Forensic History: Yes No Details: _____

Risk to others: Not Apparent Low Medium High

Risk of harm from others: Yes No
Details: _____

CURRENT RISK MANAGEMENT PLAN

☐ **Yes**, date of plan: _____
☐ **No**, preparation of plan will be completed on _____ By: _____
☐ **N/A** Please comment: _____

If eligible for PSS, please identify preferred gender of worker (although not able to be guaranteed)

Male Female No preference LGBTIQ+ worker

Any additional information that may support engagement:

CONSENT – Must be completed and signed

Yes No

1. By consenting to services under this program the client understands the GP/(other referrer) is required to provide some information to WVPHN and health professionals involved in their care to ensure service best meets their needs .
2. The client has consented to their personal information being collected/used/stored by Western Victoria Primary Health Network to assess eligibility, record and report on service delivery, evaluate programs and manage referrals.
3. The client has been made aware of who to contact to withdraw their consent or to discuss any privacy concerns.
4. The client consents to receiving the Your Experience of Service (YES) survey for their voluntary completion from either Western Victoria Primary Health Network or by an authorised third party.
5. The client consents to participating in program evaluation, as well as being contacted for this purpose by Western Victoria Primary Health Network or by an authorised third party.
6. The client has consented to their personal information being provided by Western Victoria Primary Health Network to the Department of Health to be used for statistical and evaluation purposes designed to improve mental health services in Australia. The client understands that this will include details about them such as date of birth and gender but will not include their name, address or Medicare number. The client understands that their personal information will not be provided to the Department of Health if they do not give my consent.
7. The client also understands that consent is not required for the Department to include data about their use of services, combined with information about other clients, in summary reports about the activities funded by Western Victoria Primary Health Network because these do not require personal information.
8. Please list all the service providers, carers and supports you consent to being contacted by Well Connected to discuss your provision of support and planning (e.g.: GP, psychiatrist, CAT team, allied health, family, friends etc):

PROFESSION	NAME	ORGANISATION	CONTACT DETAILS
			Ph: Fax:
			Ph: Fax:
			Ph: Fax:

WVPHN-funded services are at times involved in evaluation and research to ensure they are meeting the needs of consumers and our community. You may be contacted to participate in additional evaluation or research activities associated with your care. If contacted, you can choose whether you wish to partake.

1. I/ parent/guardian consent to receive service and for the sharing of service delivery information, as outlined above. This consent condition is mandatory to receive services. Yes No
2. I / parent/guardian consent to share deidentified data with DoH and DHHS. I understand that my information will will not be shared if I do not consent. Yes No
3. I/ parent/guardian consent to the collection and sharing of all relevant information with other services, carers and supports relevant to assist my/dependent's overall provision of care. I understand that my information will not be shared if I do not consent. Yes No

Consumer signature:

Date:

or

Referrer signature

(verbal consent provided by consumer):

WELLWAYS TO COMPLETE

Meets eligibility criteria: Yes No

Referral faxed to Western Victoria Primary Health Network: Date:

Staff: Signature:

Email this completed form to wellconnectedwestvic@wellways.org or call 1300 111 400 for further information. 4 of 4

Your Experience of Service (YES) Survey – Consumer Flyer

What are Primary Health Networks?

Primary Health Networks (PHNs) are organisations that take a person-centred approach to medical services in their regions, commissioning health services to meet the identified and prioritised needs of people in their regions and address identified gaps in primary health care. They work closely with general practitioners (GPs) and other health professionals to build health workforce capacity and the delivery of high-quality care and they work collaboratively within their regions to integrate health services at the local level.

What is the YES Survey?

The YES Survey is designed to gather information directly from consumers about their experiences of care with services commissioned by PHNs. It aims to help PHNs, their commissioned services and consumers to work together to build better services.

The YES Survey was developed in consultation with mental health consumers. It is based on the recovery principles of the 2010 National Standards for Mental Health Services. The project to develop the YES Survey was funded by the Australian Government Department of Health, and was led by the Australian Mental Health Outcomes and Classification Network (AMHOCN). A trial of the questionnaire occurred in 2019. More information about the YES Survey project can be found at: <https://www.amhocn.org/your-experience-service-surveys>

PHNs are funded by the Commonwealth Government to design services that best meet the needs of the people who access them, which is why the YES survey is being collected by PHNs rather than service providers. We want to hear directly from those accessing PHN commissioned services about you and your experience of the care you have received.

Are my answers confidential?

The YES Survey does not record your name, date of birth or any other personal identifiers such as your medical record number. Your answers will not be used to identify you. Services will receive combined feedback based on groups of people. The service will also receive a list of all comments made by all clients, however, details such as your age, sex or cultural background will not be attached to those comments.

How will I receive the survey?

You will receive the survey by SMS. If you prefer to receive the survey via email or mail please speak to your program clinician.

Where can I get help to complete the survey?

Feel free to ask a friend, family member or carer to help you complete the YES Survey.

What will happen to my feedback?

Many PHNs and their commissioned services across Australia are using the same survey which will help us to develop better services regardless of where you live. Your feedback will be combined with other consumers' feedback in a report that helps services to identify what it is they do well and what they could do better. Services will then use these reports to identify areas where they can improve their service.

Are there other ways I can provide my feedback about services?

The YES Survey provides anonymous feedback to services. If you need to lodge a complaint or raise a specific allegation please use the WVPHN feedback form [Feedback | Western Victoria Primary Health Network \(westvicphn.com.au\)](http://Feedback | Western Victoria Primary Health Network (westvicphn.com.au)).

Protecting your privacy

WVPHN is committed to providing you with the highest level of service and confidentiality, and this includes protecting your privacy. WVPHN is bound by the Commonwealth Privacy Act 1988 and the Privacy Amendment (Private Sector) Act 2000, which outlines the principles concerning the protection of your personal information.