multicultural psychological therapies group

WorldWellness Group

CALD Referral for mild to moderate mental health support for vulnerable populations

Culturally And Linguistically Diverse
CALD refers to people from one or more of the eligible vulnerable population groups born in or of heritage of non English speaking cultures where there are language and/or cultural barriers to accessing mainstream psychological services

Referral Category

Date: / / 20

(Please select one or more categories from the below list)

- ☐ **Language and/or cultural barrier**
- ☐ **Child (< 12)**
- ☐ **Aboriginal and Torres Strait Islander**
- ☐ **Homelessness or at-risk of homelessness**
- ☐ **LGBTIQAP+**
- ☐ **Suicide prevention/self-harm**
- ☐ **Rural and remote**
- ☐ **Domestic and family violence**
- ☐ **Perinatal or postnatal** (EPDS needs to be completed)

Perinatal or Postnatal Details

Weeks pregnant: **Due Date:**

Weeks postnatal: **Birth Date:**

Patient Details

Name:

Gender: M / F **D.O.B:**

Address:

Mobile:

Home Phone:

Work Phone:

Medicare No: **Expiry:**

Healthcare Card No: **Expiry:**

Ethnicity:

How well does the person speak English?

Language spoken at home?

Language support required: Y / N

Visa Status:

Other Details

Next of kin

Name:

Ph: **Relationship:**

Previous psychological therapies provided? Y / N

Agency: **Number of Sessions:**

Practitioner:

Additional agencies involved in care: Y / N
Agency Names:

Main contacts from agencies:
Name: **Ph:**

Name: **Ph:**

Reason for Referral / Presenting Concerns

(e.g. Diagnosis or cultural, social and financial considerations)
Please note: No Mental Health Treatment Plan is required with this document if thoroughly completed

Plan and Referral

Patient Concerns	Patient and GP Goals	Plans

Mental Status Examination

Appearance:	Mood:
Thinking:	Affect:
Attention/Concentration:	Sleep:
Appetite:	Motivation/Energy:
Memory:	Judgement/Insight:
Orientation:	Speech:

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Diagnosis and Psychotropic Medication

Unexplained Somatic Complaints: ☐ Sleep problems ☐ Chronic fatigue ☐ Sexual disorders ☐ Bereavement disorder ☐ Eating/Feeding disorders ☐ Behaviour management ☐ Bipolar disorder ☐ Enuresis/Encopresis ☐ Attachment disorder ☐ Conduct disorder ☐ Elective/Selective Mutism ☐ Attention Deficit (ADD) ☐ Hyperactivity Disorder (ADHD) ☐ Oppositional Defiant Disorder ☐ Disruptive Behaviour Disorder Other:	**Anxiety Disorders:** ☐ Post Traumatic Stress Disorder ☐ Generalised anxiety ☐ Adjustment disorder ☐ Panic disorder ☐ Phobic disorder ☐ Dissociative (conversion) disorder ☐ Suicidal/Self Harm Risk (Low, Moderate, High) Other:
Mood Disorders ☐ Bipolar Disorder ☐ Depressive Disorder (MDD, PostPartum Depression, Psychotic Depression, Dysthymia, Other)	**Psychotic Disorders:** ☐ Acute psychotic disorder ☐ Chronic psychotic disorder ☐ Drug induced psychosis Schizophrenia Other:
Has Psychotropic Medication been prescribed? Y/N	**Alcohol and Drug Use:** ☐ Drug use disorders ☐ Alcohol use disorders
Psychotropic Medication:	**Other Current Medications:**

Outcome Tool Used: **Outcome Score:**

Recommended Focussed Psychological Strategies

☐ Diagnostic Assessment
☐ Psycho Education (including motivation)
☐ Cognitive Intervention (CBT)
☐ Behavioural Intervention (CBT)
☐ Relaxation Strategies (CBT)
☐ Skills Training (CBT)
☐ Other CBT Interventions
☐ Interpersonal Therapies
☐ Family Therapy (Perinatal Depression/ Children)
☐ Parenting Training in Behavioural Management (Children)
☐ Play therapy (Children)
☐ Art Therapy
☐ Other (Please specify) ________________________________

Further GP comments

Risk Assessment

Suicidal Thoughts: ☐Yes ☐No	Suicidal Intent: ☐Yes ☐No
Current Plan: ☐Yes ☐No	Risk to Others: ☐Yes ☐No

Is there anyone the patient specifically does not wish to be informed about this referral? Y / N

Name:

Relationship:

Referrer Details (if not General Practitioner)

Name: **Ph:**

Agency:

Relationship:

General Practitioner Details

GP Name:

Provider Number:

Clinic Address:

Ph: **Fax:**

Item Number Claimed:

GP Signature:

GP Stamp:

Client Consent for referral obtained: Y/N

Client Consent for sharing information obtained: Y/N

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Giving consent and your rights and responsibilities
The Multicultural Psychological Therapies Program is offered by the World Wellness Group which is funded by the Australian Government Department of Health. This Program allows your doctor (GP) to refer you to Psychological Therapies for a fixed number of Psychological sessions with a Mental Health Plan (MHP).By agreeing to participate in this program you will receive access to psychological services from qualified practitioners with cross cultural expertise. It is important that you understand that by participating in this program that you consent to the following outlined below.

What we will do with your information
As a part of the reporting and evaluation of this program, we will be reporting some non identifying information about you such as your age, gender, ethnicity, social situation and diagnosis. Your personal details obtained by the Multicultural Psychological Therapies Program will remain confidential. *Please note all your referral details are stored in a secure patient database that is only accessible to those working in the program.*

Confidentiality
We will maintain confidential records of your contact with our Program and the services provided to you in order to provide continuity and coordination of your care. No one will reveal information about your use of our Program to anyone outside the program except as follows:

(1) With your consent in writing;
(2) When life or safety is seriously threatened;
(3) When disclosure is required by law

Service quality
Your participation with the Multicultural Psychological Therapies Program is voluntary and you can decide to withdraw from the program anytime. Please discuss with us before you withdraw so that we can make the necessary arrangements. We will also assist you to participate in our quality assurance process by providing you with a Patient Feedback Form providing you with an opportunity to express compliments, complaints or any new suggestions to improve our services. If you believe you are not receiving the best possible treatment and you would like to talk to us, we encourage you to speak with us or contact your GP. You can phone us on (07) 3333 2100 and ask to speak with the Psychological Service Program Senior Allied Health Worker or email us on mentalhealth@worldwellnessgroup.org.au

I, declare I have been informed about the Multicultural Psychological Therapies Program and consent to a GP Mental Health Treatment Plan.
I understand that:

- *It is my responsibility to attend mental health professional appointment and that I will provide at least 24 hrs notice to cancel should I not be able to attend an appointment;*
- *my GP and the practitioners from Multicultural Psychological Therapies Program will share information (including my Mental Health Plan/Review and related details) regarding my diagnosis and treatment;*
- *Information about my age, gender, social situation, diagnosis, and treatment may be used in the evaluation of the program which are non identifying and will not identify me personally*
- *I understand that I can contact the Multicultural Psychological Therapies Program team if I need to ask any questions or have any concerns*

Date:

Patient name:

Patient signature:

Care giver's Name:

Care giver's signature:

Please use caregiver's signature if applicable
Please note: GP to provide the patient with a copy of this form and keep the original on file

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