

# MENTAL HEALTH CARE Referral Form

REFERRER DETAILS		Referral date:
Have you obtained client consent for th	iis referral? 🗌 Yes 🔲 No	
Referring organisation:		
Referrer name:	Role:	
<u>T: F:</u>	E:	
CLIENT DETAILS		☐ Male ☐ Female ☐ Other
Surname:		
First Name:		Date of birth:
Address:		
Mobile:	Year of arrival to Australia:	□ Boat or □ Plane arrival
Country of birth:		Ethnicity:
Languages spoken:		Interpreter required: Yes No
Current visa type:		Applied for Protection visa: Yes No
(please supp	ly/attach copy)	
Medicare: 🗌 Yes 🗌 No	Medicare Number:	
SRSS: Yes No	Medicare Expiry Date:	
SRSS provider (if relevant): 🛛 🗆 AMES	□ Life Without Barriers	
Work rights:	🗆 No	
Employment status:		
Income:		
Support from any other agency:		



## MENTAL HEALTH CARE Referral Form

#### **SECTION A: Reason for referral**

For example: mental health support, medication review, concerns regarding self-harm/suicide risk, substance use

Please complete the following STAR – MH tool with the individual:

Questions		No	Yes
1.	Before arriving in Australia, have you ever seen a doctor or health worker, gone to hospital, or taken medicines for your 'nerves'? (i.e. mental or emotional health)		
2.	Have you often wished you were dead, wanted to kill yourself or ever attempted suicide or harmed yourself?		
	If Yes to Q1 or Q2 (Tick)	No	Yes
"In the last 4 weeks"		No	Yes
3.	Have you felt very restless, like you can't keep still?		
4.	Have you lost interest in things? (prompt: things you usually enjoy)		
5.	Have you worried about going crazy or 'losing your mind'?		
6.	Have you felt very fearful? (prompt: scared or afraid)		
7.	Have you felt very trapped or caught? (prompt: like you are trapped in a situation you cannot get out of)		
8.	Have you had a lot of pain in your body?		
9.	Have you felt very worthless? (prompt: like you have no worth or value)		
	TOTAL Q3 – Q9	N=	Y=
If 'Yes' to ≥ 2 of Q3 – Q9 →Screen positive = Yes Screened positive? (Tick)		No	Yes

#### SECTION B - Referrals to psychiatry must have a GP referral letter attached

Does the client have a GP they have been attending?  $\square$  Yes  $\square$  No

GP practice name:

Phone:

Address:



## MENTAL HEALTH CARE Referral Form

#### Service description

- The Hub provides access to a range of health services for people seeking asylum. These services include nurse-led primary health care and assessments, immunisations, GP clinics, psychiatry (requires a GP referral), psychology, physiotherapy and specialist mental health support.
- The Hub works in partnership with other asylum seeker agencies and where able, assists with referrals to community health and specialist services such as dental, optometry, allied health, infectious diseases and paediatrics.

### **Priority of access**

People seeking asylum are eligible for health care at the Hub, and priority is given to people who:

- Do not have a Medicare card
- Have a Medicare card with limited or no income support
- Are receiving SRSS and require psychiatry, specialist mental health care or have complex medical needs
- Are in community detention

#### Cost

All services provided at the Hub will be free to all clients.

- Medicare ineligible clients will receive free service
- Medicare eligible clients will be bulk-billed (clients will need to present their Medicare card)

### **Referral process**

- Psychiatry services requires a GP referral letter
- Referrers may call (03) 8388 7874 to discuss referrals
- Hub staff will inform referrer of the acceptance of the referral and liaise with clients about their appointments

# Additional referral documentation

- Please attach a copy of any relevant medical documentation such as detention health records, arrival health screening, immunisation records, discharge summaries.
- Please attach relevant documents showing current visa status, lodgement of protection application, current placement in community detention or other supporting documents showing status as a person seeking asylum.