



Pathways SOUTHWEST Mental Health Recovery Support Referral Form

What We Do

Pathways SouthWest is a community mental health service, providing non-clinical recovery support for adults (over 18 years old) with severe and persistent mental health disorders. Individuals will receive individual engagement with a Recovery Worker to assist you through the mental health system. We will advocate for you, help you achieve your recovery and wellbeing goals, address self-stigma issues and strengthen illness management skills. Social peer group and support programs are also available.

Section 1 of the referral is to be completed by the individual, in collaboration with their treating mental health professional (NB: referrer must be a clinical case manager, GP or psychiatrist). Referrer must complete Section 2.

Eligibility (tick if applicable):

- A severe and persistent mental illness (for example psychosis);
- High risk of relapse and associated history of multiple hospitalisations;
- Significant impairments in social, family, personal and occupational functioning that require intensive, ongoing support to enhance and maintain recovery;
- Limited family and social support networks;
- Comorbid substance use and/or physical illness;
- Reliance upon, and contact with, multiple agencies;
- Requirement for support from multiple sectors – such as housing and employment.



SECTION 1: INDIVIDUAL TO COMPLETE			
Title	First Name:	Surname:	Date of Birth:
Address:			Gender:
Phone number:		Mobile:	Country of Birth:
Email:			Languages:
Do you have any pets?			
Emergency contact (next of kin):			
First Name:		Surname:	Relationship:
Address:			
Phone number:		Mobile:	
Email:			
How can a Recovery Worker support you?			
Please briefly describe your mental health issue.			
What is causing you most distress at the moment, with which you would like support?			



What sort of things would you like help with from a Pathways Recovery Worker?

List 3 recovery goals that you would like to work on over the next 6 months.

- 1.
- 2.
- 3.

Do you have any religious/spiritual/cultural beliefs that are important to you?

What are your main triggers to relapse (becoming unwell)?

What things help you stay well?

Is there anything else you would like Pathways to know about you and your hopes and dreams for your recovery journey?



SECTION 2: REFERRER (Health Professional) TO COMPLETE		
Please complete <u>Brief Risk Assessment form</u> to detail any substance abuse issues and/or history of verbal or physical aggression		
Primary Diagnosis	Secondary Diagnosis/ Comorbidities:	Onset of illness:
General Medical History.		
Are there special concerns e.g. Hep C, HIV, epilepsy, diabetes, allergies, etc?		
History of self harm? Note relevant details including triggers and recent occurrences, or refer to Risk Assessment.		
Hospitalisation in the last 2 years?		
Please detail factors that may increase risk of relapse (i.e early warning signs/triggers):		
Home visiting hazards/alerts:		
Living situation (alone, family, friend, group home, hostel, homeless, private rental, housing etc.)		
Children?		



Transport capacity?		
Skills / Abilities?		
Employment / Source of income?		
Social / Leisure interests?		
Nominated family/carer/or significant support person? IF YES, please provide contact details:		
Please list any other Agencies involved in clients' recovery journey:		
Any other comments?		
Your name:	What is your professional relationship in relation to this person?	Your Address:
Your contact numbers:	(w)	Mob:
Your email address:		
Signature:		Date:



**PATHWAYS SOUTHWEST
CARE-COORDINATION AGREEMENT WITH CASE MANAGER (REFERRER)**

This agreement supports the care-coordination between you (the referrer) and Pathways staff. Pathways is a non-clinical mental health recovery service with no capacity to provide medical support services. As a referrer, you are responsible for ensuring ongoing case management/clinical care and/or consultation of the referred client, to assist their overall mental health care.

Please complete the following if you agree to provide ongoing clinical support:

I agree to provide the following case management responsibilities for the referred client

1. Be available for liaison / consultation regarding the client during business hours.
2. Be able to provide detailed information about the client being referred to Pathways.
3. Be able to provide follow-up care / counselling / consultation re: clinical matters or emergencies that may arise whilst the client is engaged with Pathways.
4. Be available to meet regularly with their client whilst that client is engaged with Pathways.
5. Keep Pathways informed of any change in case management or the client circumstances which may impact on the level of risk presented by the client. (Please note that clients who refuse to allow Pathways release of information rights with their case manager will not be accepted, as consultation with case managers is essential).

Case Manager signature: *Date:*

Please return to -

Postal: Service Delivery Manager, PO Box 275 BUNBURY WA 6231

Email: info@pathwayssouthwest.org.au **Fax:** 08 9791 3804



[MENTAL HEALTH SERVICE] BRIEF RISK ASSESSMENT				SURNAME:		UMRN:	SEX:	
				FORENAMES:		BIRTHDATE:		
				PATIENT'S ADDRESS:				
SOURCE OF INFORMATION		<input type="checkbox"/> The consumer		<input type="checkbox"/> Immediate carer (parent, spouse, child)				
<input type="checkbox"/> Other informants (family, friends)		<input type="checkbox"/> Previous clinical records		<input type="checkbox"/> Assessing clinician's knowledge of consumer's past behaviour/current clinical presentation				
<input type="checkbox"/> Police/ambulance/other agencies		<input type="checkbox"/> Other (please specify) _____						
SUICIDALITY Static (historical) factors		Yes (1)	No (0)	Not Known	Dynamic (current) risk factor	Yes (2)	No (0)	Not Known
Previous attempt(s) on own life		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Expressing suicidal ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Previous serious attempt		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has plan/intent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family history of suicide		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Expresses high level of distress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Major psychiatric diagnosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hopelessness/perceived loss of coping or control over life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Major physical disability/illness		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recent significant life event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Separated/Widowed/Divorced		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reduced ability to control self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loss of job/retired		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current misuse of drugs/alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PROTECTIVE FACTORS (describe) :								
LEVEL OF SUICIDE RISK (total score): <input type="checkbox"/> LOW (<7) <input type="checkbox"/> MODERATE (7-14) <input type="checkbox"/> HIGH (>14)								
AGGRESSION/VIOLENCE Static (historical) factors		Yes (1)	No (0)	Not Known	Dynamic (current) risk factor	Yes (1)	No (0)	Not Known
Recent incidents of violence		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Expressing intent to harm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Previous use of weapons		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Access to available means	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Male		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paranoid ideation about others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Under 35 years old		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Violent command	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Criminal history		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anger, frustration or agitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Previous dangerous acts		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Preoccupation with violent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childhood abuse		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inappropriate sexual behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Role instability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reduced ability to control self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History of drug/alcohol misuse		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current misuse of drugs/alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



PROTECTIVE FACTORS <i>(describe)</i> :		
LEVEL OF VIOLENCE RISK (total score): <input type="checkbox"/> LOW (<7) <input type="checkbox"/> MODERATE (7-14) <input type="checkbox"/>		
OTHER RISKS IDENTIFIED (AND RISK FACTORS)		
RISK MANAGEMENT ISSUES <i>(please ensure alerts are noted here)</i>		
<i>(To be completed by assessing clinician)</i>		
PRINT NAME: DATE:	DESIGNATION:	SIGNATURE:
<i>(Where appropriate, management plan to be acknowledged by requesting medical practitioner)</i>		
PRINT NAME: DATE:	DESIGNATION:	SIGNATURE: