

How to use the My Mental Health Services eReferral

Use this tool to refer patients to Brisbane North PHN mental health and suicide prevention commissioned services. These services include:

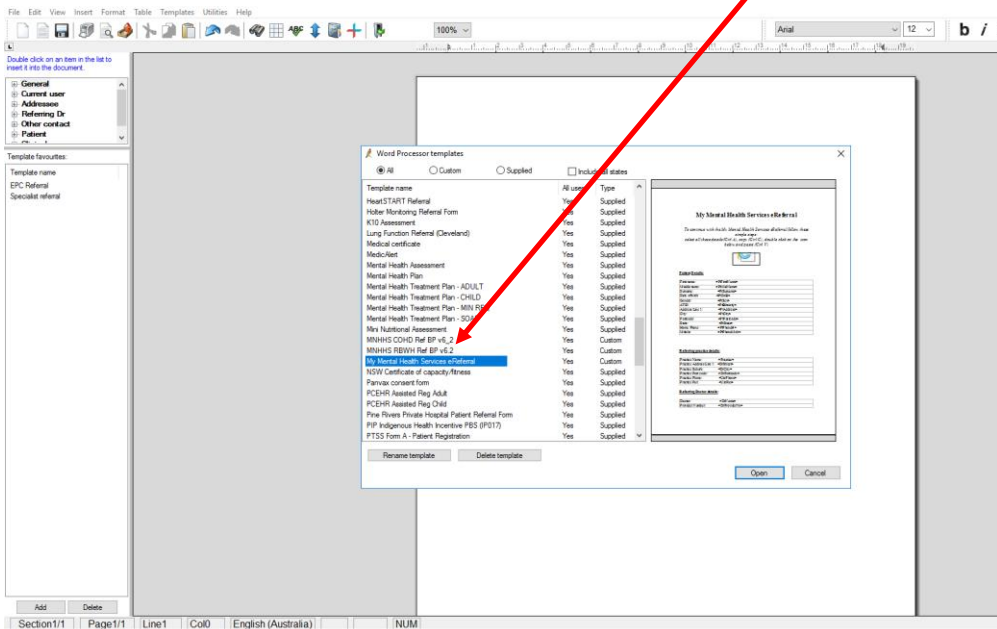
- **Suicide Prevention Services-National Suicide Prevention Trial (NSPT)**
 - Kurbingui
 - Queensland Council for LGBTI Health
 - Open Doors Youth Service
 - Centre for Human Potential
- **Aboriginal and Torres Strait Islander people**
 - UIIH Connect (Institute for Urban and Indigenous Health)
- **Brief Therapy Psychological Services**
 - NewAccess program - Richmond Fellowship Queensland RFQ
 - Optimal Health and Wise Choices programs - Neami National
 - Problem Management Plus program - World Wellness Group
 - Sunshine Parenting program - Peach Tree Perinatal Wellness
- **12-25 years**
 - Headspace Level 3
 - Caboolture
 - Redcliffe
 - Nundah
 - Taringa
 - Strathpine
 - ASHA - Mobile outreach support.
- **Psychological therapies**
 - Brisbane MIND - Culturally and Linguistically Diverse populations
 - Brisbane MIND - Suicide Prevention
 - Brisbane MIND - LGBTI+
 - Brisbane MIND - People who have experienced Trauma or Abuse
 - Brisbane MIND4KiDS
 - Brisbane MIND - Geographically isolated communities (Bribie Island and Kilcoy)
- **Severe Mental Illness - Integrated Mental Health Hubs**
 - RBWH Catchment - Communify. The Recovery and Discovery Centre
 - TPCH Catchment - Neami National. The Living and Learning Centre
 - Redcliffe/Caboolture Catchment – Stride Hub Caboolture.
- **Alcohol and other Drug Services**
 - Brisbane Youth Service
 - Lives Lived Well
 - Queensland Aboriginal and Islander Corp Alcohol and Drug Dependence Service
 - QuIHN - Queensland Injectors Health Network

A selection of service providers will be offered depending on financial situation, location, age, severity of symptoms and suicide risk. Some programs such as Brisbane MIND (all programs) have strict eligibility criteria and will only accept patients who are financially disadvantaged and have a healthcare or pension card. Further information on patient eligibility of each program can be found at our website <https://www.brisbanenorthphn.org.au/page/health-professionals/mental-health-services/> or by contacting the **My Mental Health Service Navigators on 1800 752 235.**

Complete Referral

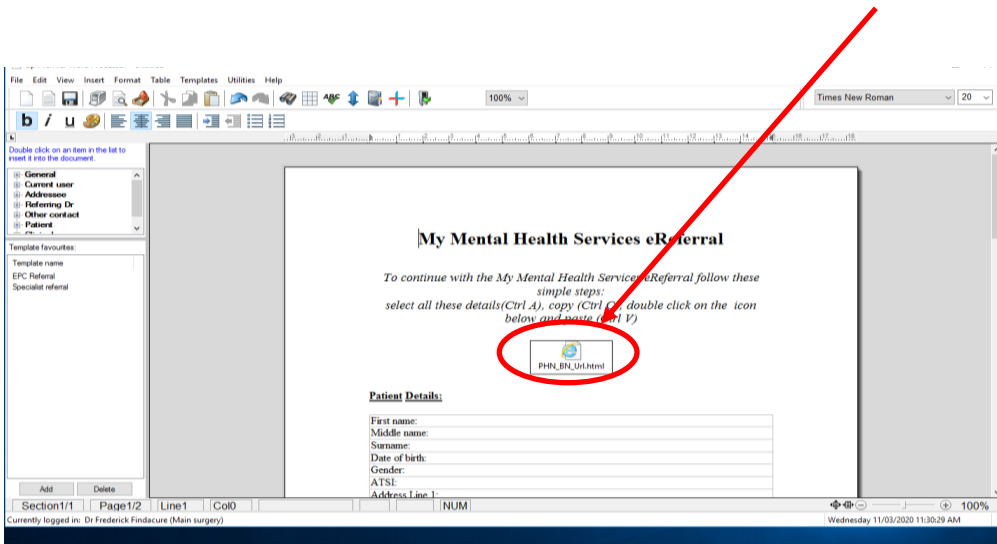
Step 1

Open patient chart – Templates- select **My Mental Health eReferral**



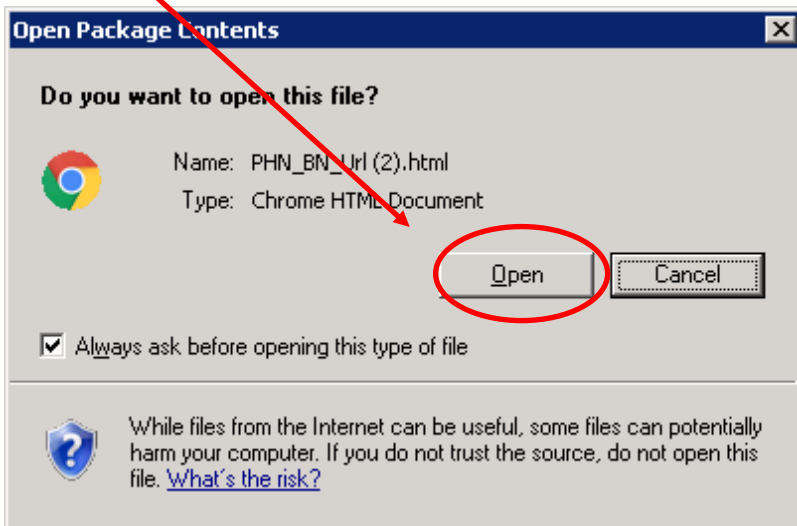
Step 2

Click **Ctrl A** (select), **Ctrl C** (copy), this will highlight the details, double click on the icon.



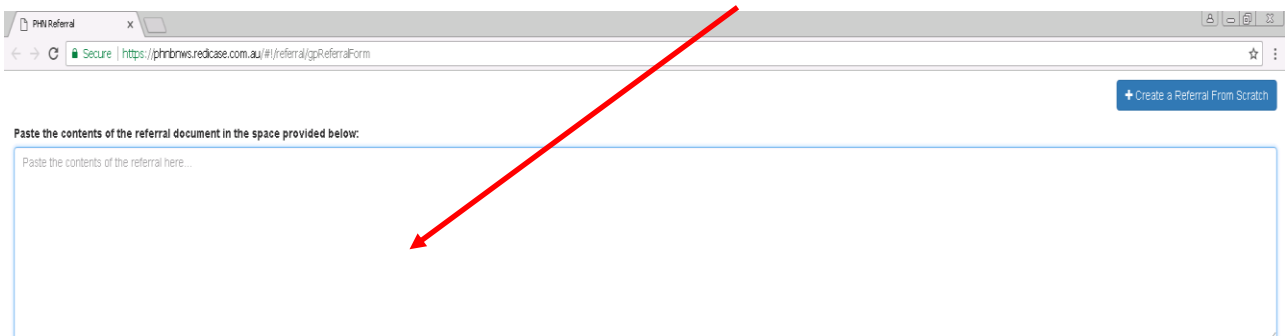
Step 3

Click **Open** to launch the smart referral



Step 4

Click in the box and press **Ctrl V** to paste the information you have copied




Step 5

The smart referral now appears (see below) with some pre-populated patient and GP information.

Create Manual Referral ✕ Cancel Referral Save as Draft Print Select Service Provider →

My Mental Health Services Referral

For all enquires and referral support, contact My Mental Health Service Navigation
Team 8:30am- 4:30pm Monday to Friday.
Call: 1800 752 235. Email: navigation@brisbanenorthphn.org.au



An Australian Government Initiative

Brisbane North PHN commissions a range of mental health, suicide prevention, and drug and alcohol services across the North Brisbane region. The information provided on this referral form will be used to assist you to select a service that is matched to your client's needs. Please note, services are restricted to people living in the North Brisbane PHN region.

Referrer Details

Referral Date*	Referrer Name*	Practice Name
18/02/2020	Dr	test
Practice Postcode*	Provider Number	Practice Email
	XYZ123	
Phone	Fax	Client Consent?*
07 3333 3333	07 3333 3333	--Select--

***Please Observe the Following:**
By consenting to this referral, the person is consenting to the sharing of their personal information. This information is held in a referral system repository by the Brisbane North PHN – the funder of all Brisbane MIND Plus services. The information contained in the referral is used by Brisbane North PHN to: (1) deliver care, (2) for monitoring, aggregate reporting and evaluation purposes to improve quality and access to care. Personal information is never shared or reported by any staff at Brisbane North PHN. This information will be passed on to the referral organisation who will contact the person unless requested otherwise.

Reason for Referral*

Client requires psychological therapy

Step 6

Please answer the questions in the referral.

Please note: All mandatory fields have an *. You will not be able to select a service provider until these fields are complete.

Client Details		
Client First Name*	Client Surname*	Preferred name
<input type="text" value="test"/>	<input type="text" value="test"/>	<input type="text"/>
Date of Birth*	Phone Number*	Email
<input type="text" value="01/02/2020"/>	<input type="text" value="123456789"/>	<input type="text"/>
Suburb*	State*	Postcode*
<input type="text" value="CHERMSIDE BC"/>	<input type="text" value="QLD"/>	<input type="text" value="4032"/>
Concession Card?*	Preferred Location for Service	Gender*
<input type="text" value="No"/>	<input type="text" value="Start typing suburb name"/>	<input type="text" value="Male"/>
*A Health Care or Pension Card is required for free access to psychological services.		
Indigenous Status*	Sexuality	Culturally And/Or Linguistically Diverse
<input type="text" value="Neither Aboriginal nor Torres Strait Islander origin"/>	<input type="text" value="Straight or heterosexual"/>	<input type="text" value="Yes"/>
Country of Birth	Proficiency in Spoken English	Preferred Language
<input type="text" value="Australia"/>	<input type="text" value="Very well"/>	<input type="text" value="English"/>
Interpreter Required <input type="checkbox"/>		

Assessment Areas

Brisbane North PHN is participating in a trial of the Commonwealth Department of Health's *Initial Assessment and Referral* Project. Guidance material has been designed to support referrers in determining the best level of care for a person. The guidance features eight assessment areas that assist in rating an individual's current situation, as well as a decision-support logic that determines the most appropriate level of care required within a stepped care approach. **The first four assessment areas are mandatory for all referrals**, with assessment areas five to eight useful for consideration to ensure the most appropriate level of care is determined. The full guidance is [available here](#).

D1. Symptom severity and distress*

- 0 = No descriptors below apply
1 = Some (but not all) symptoms of anxiety or depressive disorder, and/or mild distress for <6 months
2 = Symptoms indicative of anxiety/depressive disorder for >6 months and/or mod-high distress
3 = Significant ongoing mental health symptoms resulting in very high distress or recent hospitalisation
4 = Significant and persistent symptoms which are poorly managed and are with significant complexity

Diagnosis

D3. Functioning*

- 0 = No descriptors apply
1 = Diminished ability to function in roles without adverse consequences
2 = Functioning in roles is impaired to the extent that they are unable to meet the role requirements
3 = Significant difficulties with everyday functioning resulting in disruption to many areas of life
4 = Profound difficulties with everyday functioning resulting in disruption to virtually all areas of life

D2. Risk of harm*

- 0 = No below descriptors apply
1 = Past ideation, no current or past risk of harm to self or others
2 = Current ideation without plan or intent; hx of attempt or previous dangerous behaviour
3 = Current ideation with intent; recent self-harm or dangerous behaviour; compromised self-care ability
4 = Suicide plan and means; severely dysfunctional mental state or self-care ability; L/T hx of self-harm -> ***Referral should be made directly to the hospital Emergency Department***

Suicidal ideation
Self-injury
Risk to others
Psychosis

D4. Impact of co-existing conditions*

- 0 = No co-existing conditions are present
1 = Co-existing conditions may be present but have limited impact
2 = Co-existing conditions may be present and are impacting significantly
3 = Co-existing conditions pose a threat to health or are seriously impacting
4 = Co-existing condition is severe, poorly managed, life-threatening and impacts significantly

Physical Health Condition
Alcohol and/or Drug
Intellectual Impairment

Additional Contextual Information (optional)

D5. Treatment and recovery history

2 - Moderate recovery with previous treatment

- 0 = No prior treatment history
1 = Full recovery with previous treatment
2 = Moderate recovery with previous treatment
3 = Minor recovery with previous or current treatment and previous limited response to specialist support
4 = Negligible recovery with recent or current treatment and ongoing need for specialist support

D6. Social and environmental stressors

1 - Mildly stressful

- 0 = No problem
1 = Mildly stressful
2 = Moderately stressful
3 = Highly stressful
4 = Extremely stressful

Trauma history Relevant details

D7. Family and other supports

1 - Well supported

- 0 = Substantial and useful supports are available, capable and willing
1 = A few useful supports are available, capable or willing
2 = Sources of support are reluctant or unable to provide consistent support
3 = Very few actual or potential sources of support available
4 = No useful supports are available

D8. Engagement and motivation

1 - Positive

- 0 = Complete understanding of condition; active/motivated management; accesses supports
1 = Good understanding of condition; capable of active mgmt; mostly willing to access support
2 = Limited understanding and interest in taking an active role; needs encouragement
3 = No ability or interest in managing condition; reluctance to accept supports
4 = No awareness; active avoidance of managing condition or accessing supports

Calculated Level of Care

Level 3

The calculated level of care above should be used in conjunction with your clinical judgment to nominate the final Practitioner Determined Level of Care.

Practitioner Determined Level of Care*

Level 3 - Psychological Therapies

LEVEL 3 REFERRALS

Additional Eligibility Criteria for PHN funded Psychological Therapies: The patient must also have a health care card AND be a member of one of the following vulnerable groups: children (0-11), LGBTIQ+, CALD, at risk of suicide or have experienced trauma and abuse.

If the person does not meet the eligibility criteria, please complete a referral to Better Access.

Further notes/info about Primary Assessment Domains

Step 7

If the referral is for Brisbane MIND or Brisbane MIND4KiDS there is no longer the requirement to attach the Mental Health Treatment Plan. However you can do so if you wish.

You have the option to do **one or all** of the following actions:

- Attach the MHTP to the referral. See steps 8 to 12.
- Give a copy of the MHTP to the client. (We encourage GPs to give a copy of the MHTP to the client.)
- Make the MHTP available on request from the provider.

Supporting Documentation

Mental Health Treatment Plan?
Yes

Upload documents
Select a File

With Client Available on request Attached

Optional: Copy/Paste GP Mental Health Treatment Plan [?](#)

Create Manual Referral

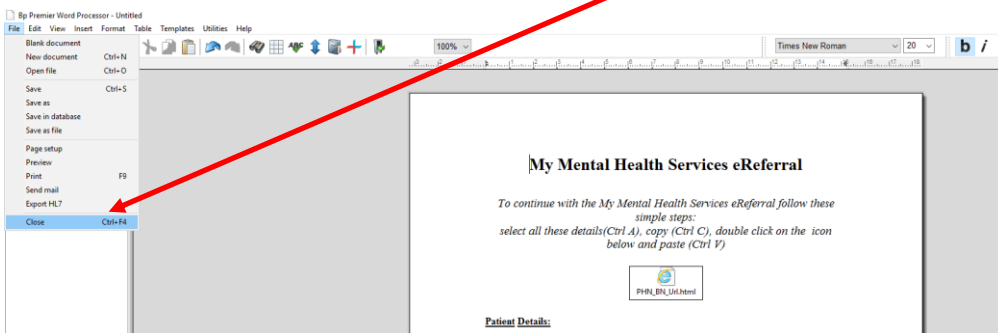
Step 8 (Optional). Go to Step 13 if not attaching MHTP

When you reach the **Mental Health Treatment Plan** section, you may need to supply a copy of the MHTP. To do this go back to your clinical software icon BP, MD, on your task bar.



Step 9

Select **File** then **Close** and **Save** letter, then click **Save** again



Step 10

Open the Mental Health Treatment Plan; click **Ctrl A**, **Ctrl C** (select all, copy)

MENTAL HEALTH ASSESSMENT			
Patient name	Mr Fred Andrews	Outcome Tool	Score
DOB	23/2/1973		
Date of Assessment	20/2/2017		
GP	Dr A Practitioner		
Problem Diagnosis			
Number 1			
Number 2			
Number 3			
Mental Health History/Treatment		Medications	
Family history of Mental Illness		Medical Conditions	
Social History		Substance Use/Lifestyle Factors	
		Allergies/Adverse Reactions	
		BEE STING	
Personal History (eg childhood, education, relationship history, coping with previous stressors)			
Mental Status Examination		Relevant physical examination	
Appearance and General Behaviour			

Step 11

Go back to the smart form by clicking on your internet explorer e.g. **Google Chrome**



Step 12

Click in the Mental Health Treatment Plan box and press **CTRL V** (paste)

Supporting Documentation

Please copy/paste GP Mental Health Treatment Plan information (if you haven't attached above)

Patient name
Mr Fred Andrews
Outcome Tool
Score
DOB
23/2/1923

Date of Assessment
20/9/2017

GP
Dr A Practitioner

Problem Diagnosis
Number 1

Number 2

Number 3

Mental Health History/Treatment
Medications

Step 13

Now click on **Select Service Provider**

Supporting Documentation

Mental Health Treatment Plan?
Yes

Upload documents
Select a File

With Client Available on request Attached

Optional: Copy/Paste GP Mental Health Treatment Plan ⓘ

Create Manual Referral

Cancel Referral Save as Draft Print **Select Service Provider →**

Step 14

You will get a list of relevant programs and service provider organisations – see below.

Select Service Provider

Cancel Referral < Back Show All Send Referral >

Referral Date*: 02/03/2020, Client First Name*: Test Brisbane MIND Suicide Prevention, Client Surname*: Test, Date of Birth*: 01/01/1990, Suburb*: CHERMSIDE,
Concession Card?: Yes

Program	Organisation	Profile	Location of Service	Distance from Client Location
<input type="checkbox"/> Brisbane MIND - Kids	TEST Organisation (PHN use only)	View	Hobart 7000	1621.5km
<input type="checkbox"/> Optimal Health Program	TEST Organisation (PHN use only)	View	Hobart 7000	1621.5km
<input type="checkbox"/> headspace	TEST Organisation (PHN use only)	View	Hobart 7000	1621.5km
<input type="checkbox"/> Test Program PHN	TEST Organisation (PHN use only)	View	Hobart 7000	1621.5km
<input type="checkbox"/> Mental Health Hub - Mental Health Nursing	TEST Organisation (PHN use only)	View	Hobart 7000	1621.5km
<input type="checkbox"/> Brisbane MIND - Trauma	TEST Organisation (PHN use only)	View	Hobart 7000	1621.5km

1 - 8 of 8 items

Step 15

You can search for a provider if they are not listed. To do this click on the **down arrow** on any of the fields, select **Filter** and type in the relevant information, click **Enter** or **Filter**

Program	Organisation	Profile	Location of Service	Distance from Client Location
<input type="checkbox"/> Brisbane MIND - Kids	TEST Organisation (PHN use only)			1621.5km
<input type="checkbox"/> Optimal Health Program	TEST Organisation (PHN use only)			1621.5km
<input type="checkbox"/> headspace	TEST Organisation (PHN use only)			1621.5km
<input type="checkbox"/> Test Program PHN	TEST Organisation (PHN use only)	View	Hobart 700	1621.5km
<input type="checkbox"/> Mental Health Hub - Mental Health Nursing	TEST Organisation (PHN use only)	View	Hobart 700	1621.5km
<input type="checkbox"/> Brisbane MIND - Trauma	TEST Organisation (PHN use only)	View	Hobart 7000	1621.5km

Note: No referral options are displayed in Step 14

If the 'Select Service Provider' screen appears like this there are no PHN commissioned referral options based on the client demographics and assessment criteria. Click on the **Back** icon and review referral details. Some clients will not be suitable for PHN commissioned services.

Select Service Provider

Referral Date*: 01/05/2020, Client First Name*: Test (Redicase Training), Client Surname*: Test, Date of Birth*: 01/01/1999, Suburb*: BEACHMERE, Concession Card?*: No

IN AN ACUTE EMERGENCY CALL '000'

The Brisbane MIND Plus referral tool is unable to find a Brisbane North PHN funded service provider that meets the needs of your patient. A range of other services may be available, for example:

Crisis services

In case of crisis, please contact:

- Lifeline - 13 11 14 (24 hour crisis hotline)
- Kids Help Line - 1800 55 1800
- Menline - 1300 78 99 78
- Suicide Call Back Service - 1300 659 467

For Metro North Hospital and Health Service mental health support, information, advice and referral. 1300 MHCALL (1300 64 2255)

GP Mental Health Treatment Plan and Team Care Arrangement

Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule

GP Management Plan

Individual Allied Health Services under Medicare for patients with a chronic medical condition and complex care needs

Other services:

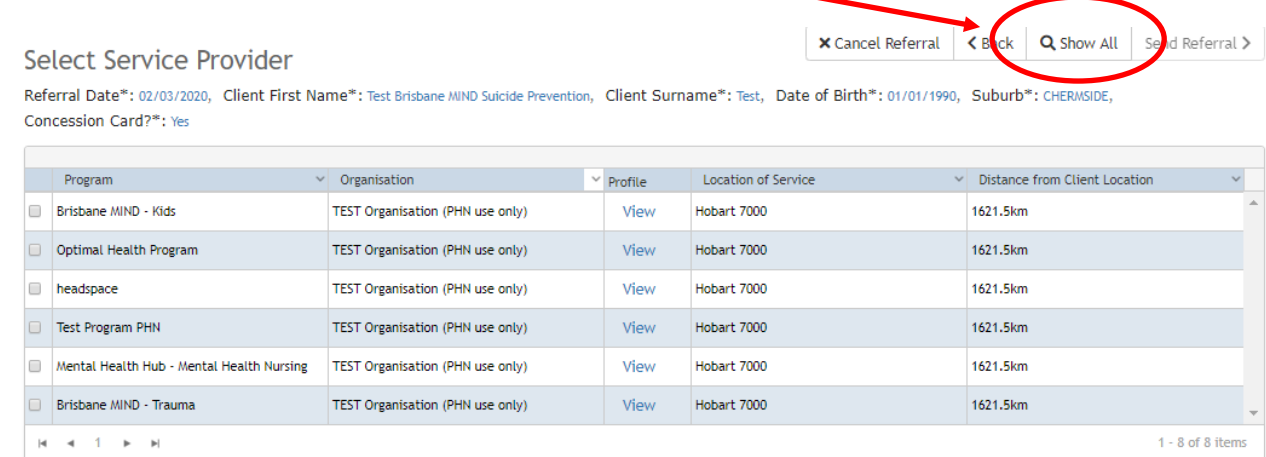
My Mental Health - For information about mental health services in the North Brisbane and Moreton Bay region: www.mymentalhealth.org.au.

For all other enquiries contact Brisbane North PHN: 1800 752 235

Note: To view all programs and organisations

Should the referral option not be available, it is likely that the client is unsuitable for that program based on details entered. Click on the **Show all** icon and all referral options will be made available.

If using the 'Show All' feature please ensure the referral is appropriate and meets program eligibility criteria.



× Cancel Referral < Back **Q Show All** Send Referral >

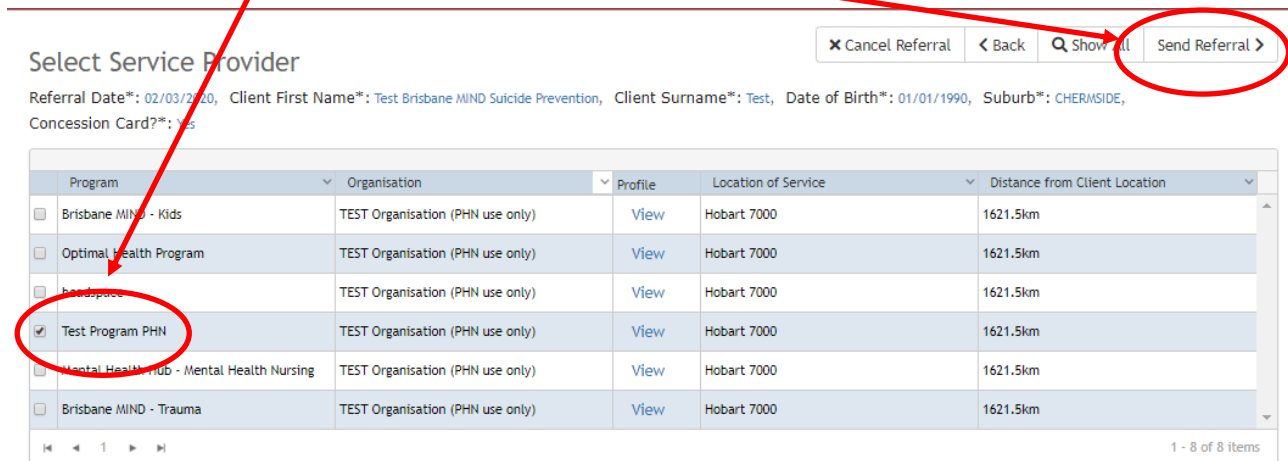
Referral Date*: 02/03/2020, Client First Name*: Test Brisbane MIND Suicide Prevention, Client Surname*: Test, Date of Birth*: 01/01/1990, Suburb*: CHERMSIDE, Concession Card?*: Yes

Program	Organisation	Profile	Location of Service	Distance from Client Location
<input type="checkbox"/> Brisbane MIND - Kids	TEST Organisation (PHN use only)	View	Hobart 7000	1621.5km
<input type="checkbox"/> Optimal Health Program	TEST Organisation (PHN use only)	View	Hobart 7000	1621.5km
<input type="checkbox"/> headspace	TEST Organisation (PHN use only)	View	Hobart 7000	1621.5km
<input type="checkbox"/> Test Program PHN	TEST Organisation (PHN use only)	View	Hobart 7000	1621.5km
<input type="checkbox"/> Mental Health Hub - Mental Health Nursing	TEST Organisation (PHN use only)	View	Hobart 7000	1621.5km
<input type="checkbox"/> Brisbane MIND - Trauma	TEST Organisation (PHN use only)	View	Hobart 7000	1621.5km

1 - 8 of 8 items

Step 16

Now select your service provider and click **Send Referral**. You will receive a copy of your referral back into your correspondence/inbox/holding file.



× Cancel Referral < Back **Q Show All** **Send Referral >**

Referral Date*: 02/03/2020, Client First Name*: Test Brisbane MIND Suicide Prevention, Client Surname*: Test, Date of Birth*: 01/01/1990, Suburb*: CHERMSIDE, Concession Card?*: Yes

Program	Organisation	Profile	Location of Service	Distance from Client Location
<input type="checkbox"/> Brisbane MIND - Kids	TEST Organisation (PHN use only)	View	Hobart 7000	1621.5km
<input type="checkbox"/> Optimal Health Program	TEST Organisation (PHN use only)	View	Hobart 7000	1621.5km
<input type="checkbox"/> headspace	TEST Organisation (PHN use only)	View	Hobart 7000	1621.5km
<input checked="" type="checkbox"/> Test Program PHN	TEST Organisation (PHN use only)	View	Hobart 7000	1621.5km
<input type="checkbox"/> Mental Health Hub - Mental Health Nursing	TEST Organisation (PHN use only)	View	Hobart 7000	1621.5km
<input type="checkbox"/> Brisbane MIND - Trauma	TEST Organisation (PHN use only)	View	Hobart 7000	1621.5km

1 - 8 of 8 items

If the client meets all program specific eligibility criteria, the nominated provider will contact the client, accept the referral and commence therapy. You will receive notifications when the provider accepts the referral and when sessions are complete, and the referral is closed. In some cases, the nominated provider or Brisbane North PHN may contact you if further information is required.

Please contact the My Mental Health Service Navigators for further information on 1800 752 235 or navigation@brisbanenorthphn.org.au