****

**Registration forms can be forwarded to the West Vic PHN**

**EMAIL AND PHONE:**

**Ballarat/Maryborough and surrounds:** referc2c@bchc.org.au **(PH)** 03 5338 4500

**Horsham/Stawell/Ararat and surrounds:** refer@gch.org.au **(PH)** 03 5358 7400

|  |
| --- |
| **What is Community Mental Health Support?**  |
| This is a clinical and non-clinical community-based program that will work with individuals to achieve their recovery goals such as * Increase personal capacity, confidence, and self-reliance
* Increase family and social connectedness
* Maintain physical wellbeing, including exercise

Services included in the program includes:* Connecting2community - service co-designed by consumers, for consumers and delivered by peer workers
* Individual sessions delivered by peer workers, mental health support workers and mental health clinician
* Group based programs targeting a range of social needs

The intensity of support provided to clients is flexible and based on client need.  |
| **Who is eligible?** |
| To be eligible clients must:* Not be receiving NDIS support
* Identify as having mental health difficulties
* Reside within the catchment area of the Grampians/Wimmera region of the Western Victoria Primary Health Network
 |
|  |

|  |
| --- |
| **Referral details** |

Referring Agency: Date of referral:

Worker’s name: Telephone:

Email: Fax: Click here to enter text.

Identifies as LGBTQI? Yes [ ]  No [ ]

Country of birth: Indigenous status: Not stated/inadequately described

Main Language spoken: English proficiency: Choose an item.

Interpreter required? Yes [ ]  No [ ]

Homelessness: Work status: Choose an item.

Employment status: Source of income:

Health care card: Yes [ ]  No [ ]  NDIS participant: Yes [ ]  No [ ]

Marital status:

**Reason for referral:** (i.e. increase community engagement, reduce isolation, NDIS/DSP application etc)

**Identified Mental Health Difficulty (or diagnosis):**

Does the individual have a recent history of suicide attempt, or suicide risk that underpinned the person’s need for assistance? Yes [ ]  No [ ]

Prior mental health care? Yes [ ]  No [ ]

Is consumer on Antipsychotics? Yes [ ]  No [ ]

Is consumer on Anxiolytics? Yes [ ]  No [ ]

Is consumer on Hypnotics? Yes [ ]  No [ ]

Is consumer on Antidepressants? Yes [ ]  No [ ]

Is consumer on Psychostimulants? Yes [ ]  No [ ]

**Other presenting issues:** (physical health concerns, AOD use etc)

**Additional Information:** (i.e. other services involved, mental health supports involved etc)

|  |
| --- |
| **Consent** |

1. The consumer understands that their GP/(other referrer) is required to provide some information to Western Victoria Primary Health Network and health professionals involved in their care to ensure the service best meets their needs.

The consumer consents to their personal information being collected/used/stored by the service provider, partner provider agencies,andWestern Victoria Primary Health Network to assess eligibility, record and report on service delivery, evaluate programs and manage referrals.

The consumer has been made aware of who to contact to withdraw their consent or to discuss any privacy concerns.

[ ]  **Yes** [ ]  **No**

***For a consumer to be eligible for C2c this consent must be marked as ‘Yes’ (see below for circumstances where consumer declines)***

1. The consumer consents to their personal information being provided by Western Victoria Primary Health Network to the Department of Health and Aged Care to be used for statistical and evaluation purposes designed to improve mental health services in Australia. They understand that this will include details about them such as date of birth and gender but will not include their name, address or Medicare number. They understand that their personal information will not be provided to the Department of Health if they do not give their consent. They also understand that consent is not required for the Department of Health and Aged Care 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.

[ ]  **Yes** [ ]  **No**

1. The consumer consents to participating in any program evaluation activities (such as a survey) and being contacted for this purpose, including by an authorised third party.

[ ]  **Yes** [ ]  **No**

1. The consumer consents to receiving the Your Experience of Service (YES) Survey/Client Experience Survey for their voluntary completion from either Western Victoria Primary Health Network or by an authorised third party.

[ ]  **Yes** [ ]  **No**

1. The consumer (if applicable) consents to their personal information being shared with a selected professional contracted by BCH to provide further support to the consumer. The consumer also consents to this provider sharing progress updates and outcome data collection to BCH.

 **☐ Yes ☐ No ☐ N/A**

**Client signature:**

**Date of Consent:**

Note to the clinician discussing with the consumer around consent: What happens if a consumer declines consent?

* Consent **item 1** is mandatory for the consumer in order to be able to receive services under C2c. If the consumer does not consent to **item 1** they will not be eligible for the program. In this circumstance the clinician will need to work with the consumer so they can be warmly transitioned to an alternative service.

☐  The consumer has been advised and understands that if they do not consent to **item 1** they will not be eligible for services under C2c