Mental Health RECOVERY UNIT

NSW GOVERNMENT Health Murrumbidgee Local Health District

The Mental Health Recovery Unit's (MHRU) vision is to support individuals' unique and personal journeys to wellness.

This will be achieved by providing consumers with diverse and varied opportunities for engagement in therapeutic and regenerative activities; adopting an optimistic and positive approach when supporting people with mental health issues to live, work and participate in their community; and planning and delivering care in partnership with key service providers, consumers, families and carers.

Referral Form: Part A

Must be completed by the primary support person other than family/carers; such as GP, Counsellor, Support worker or Community Mental Health Teams.

Referral Form: Part B

Must be completed by the individual seeking admission to the program.

(Please note that incomplete forms will delay progress.)

Eligibility Criteria:

1. Are at least 16 years of age. The MHRU will be targeted at adults, however individuals who are less than 18 years of age or older than 65 years may be admitted if other inclusion criteria are met. Admission of individuals outside of the 18-65 year old age range will occur at the discretion of the Unit Clinical Director
2. Whose primary need for care is for optimisation of function and quality of life
3. Mental health related principle diagnosis
4. Have an established goal(s) for their admission
5. Demonstrate a willingness to participate in at least some aspects of the program
6. Have the cognitive abilities required to benefit from the program
7. Have been deemed likely to benefit from the program
8. Have been deemed eligible for overnight leave by the treating psychiatrist (if being admitted from an acute mental health facility); or
9. Are at risk of frequent re-admission to hospital due to their mental health issues
10. Resident within the Murrumbidgee Local Health District.

Referral and Assessment Process

Referrals are reviewed weekly upon receipt of both Part A and B. Unsuccessful applicants are notified via the nominated support (Part A) in writing. Referrals that are deemed appropriate will result in an invitation to meet with the senior team for an interview and discussion of the program.

Please send referrals to:

MLHD-wwrrh-mhadmin@health.nsw.gov.au

Or - in person Mental Health Building, Wagga Wagga Rural Referral Hospital

Telephone enquiries: (02) 5943 1820

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NSW GOVERNMENT Health Murrumbidgee Local Health District

Date: _____

PART A – Support Person to Complete

REFERRER INFORMATION	
Referring Clinician: (Counsellor, CMH, Support Worker, GP etc.)	
Service:	
Address:	
Phone:	
Email:	
PARTICIPANT INFORMATION	
Name:	
Date of Birth:	Gender:
Phone:	
Address:	
Is this accommodation *Permanent* – Yes No *Stable* (can you return to this accommodation) – Yes No	
Own ◯ Private Rental ◯ NSW Housing ◯ Share ◯ Boarding House ◯ Family ◯ Caravan Park ◯ Other ◯	
NEXT OF KIN / PRIMARY CARER INFORMATION	
Name:	
Relationship:	
Phone:	
Address:	
Email:	

DIAGNOSES
Primary:
When was this first diagnosed: By who?: Number of Major Relapses:
Date of last Mental Health admission: Duration of admission:
Physical / Intellectual Disability:
Cognitive or learning disabilities that my interfere with participation:
Comments:

COUNTRY OF ORIGIN / ATSI
Country of Birth:
Preferred Language:
Please Circle: Aboriginal and Torres Strait Islander: Neither Not Known Culturally and Linguistically Diverse background: Yes No Interpreter Required? Yes No
Connected with Aboriginal Health Service / Aboriginal Medical Service: Yes No (please circle)
Culturally and Linguistically Diverse Services: Yes No (please circle) Name & Contact details for service:
JUSTICE
Intervention Order (AVO) against you: Yes No Unknown (please circle)
Circumstances:
History of Criminal/Antisocial Behaviour (Assault, Theft etc..) – Yes No Circumstances: Time in Jail:
GUARDIAN / PUBLIC ADVOCATE
Currently supported by a Guardian / Public Advocate: Yes No (please circle)
If yes, provide relevant contact details:

What do you think this person can achieve in the program?

Please Complete:

What involvement have you had with this person? Has your contact shown motivation, reliability and a preparedness to work on goals?

OR Attach Mental Health Review/Mental Health Assessment form or other Relevant assessments

Medication

Name	Dose	Route	Frequency

Comments: What have you tried? What didn't work?

OR Attach Current Treatment Plan

Allergies
Please Circle: Yes No Unknown (please circle) Details:

Support Services			
Service:	Worker Name	Email:	Phone:

Risk	Yes	No	Comments
Previous **suicide** attempts (if yes please provide timeframe)			
Previous high lethality suicide attempts			
Family history of Suicide			
Previous **self-harm** attempts (if yes please provide timeframe)			
Previous **threats or actual violence** towards others:			
Anger is an area to be addressed?			

SUBSTANCE USE			
Past Risk History	Yes	No	Comments
Substance use in the past 3 months:			Type and quantity per week:
Alcohol			
Marijuana			
Stimulants			
Other:			
Previous or current treatment with Drug & Alcohol program or support staff?			Details:

Income/Vocational Status

Employed – Full time ◯ Part time ◯ Casual ◯ Never worked ◯ Volunteer ◯

DSP ◯ Carer Payment ◯

Newstart ◯

Youth Allowance ◯ Other ◯

Education Level

< Year 10 ◯ Yr 10 ◯ Year 12 ◯ Short Courses ◯ TAFE ◯ University ◯

Previous Rehabilitation/Group Work Experience

Mental Health ◯ _____

Drug & Alcohol ◯ _____

Day Program ◯ _____

Achievements/Gains:

Challenges/Issues:

ADDITIONAL INFORMATION

REFERRING CLINICIAN TO COMPLETE

Name:
Phone:
Signature:
Date:

PART B – Participant/Applicant to complete

Participant Information	
Name:	
Date of Birth:	Gender:
Phone:	
Address:	

Contact with Mental Health Services
What diagnosis do you get support for? Who do you see, how often, how has it been assisting you?

Describe a typical day for you.

What would you like your day to look like?

What do you hope to achieve in the Recovery Program?

Thoughts of Suicide or Self Harm – if applicable.
If you have these thoughts, how often are these thoughts occurring? Do you act on these thoughts? If so, how long ago? What happened? How will you manage these thoughts whilst in the Recovery Program?

Living in a close community
What challenges will living with a diverse group of people for 2 months bring you?

Signature:_____

Date:_____