

An Australian Government Initiative

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)
 - o Kurbingui
 - Queensland Council for LGBTI Health
 - Open Doors Youth Service
 - Centre for Human Potential
- Aboriginal and Torres Strait Islander people
 - IUIH 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
 - o 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
 - o 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
 - o 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

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		Medicivert Mental Health Assessment	Yes	Supplied		
		Mental Health Plan	Yes	Supplied	Lawlash	
		Mental Health Treatment Plan - ADULT	Yes	Supplied	Presente de Californi Inserte de Californi Reserve et Sectore Res de Californi	
		Mental Health Treatment Plan - CHILD	Yes	Supplied	Saan disaan Sa daa disa	
		Mental Health Treatment Plan - MIN R5	Yes	Supplied	De deux defensionen de deux de deux de d	
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		MNHHS COHD Ref BP v6_2	Yes	Custom	Contraction Manager (
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		Panvax consent form	Yes	Supplied	Pasta Res Callaur Pasta Res Callaur	
		PCEHR Assisted Reg Adult	Yes	Supplied	Radwing Device Marke	
		PCEHR Assisted Reg Child	Yes	Supplied	Post - Officer Post Adv - Officer	
		Pine Rivers Private Hospital Patient Referral Form	Yea	Supplied		
		PIP Indigenous Health Incentive PBS (IP017)	Yes	Supplied		
		PTSS Form A - Patient Registration	Yes	Supplied Y	8	
		Rename template Delete template			Open Cancel	

Step 2

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

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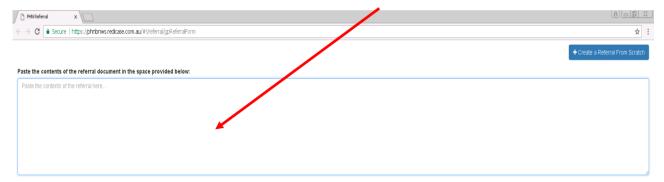
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Double click on an item in the list to insert it into the document.		
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Template favourites:		
Template name EPC Referral Specialist referral	To continue with the My Mental Health Service Referral follow these simple steps: select all these details(Cirl A), copy (Cirl Qr double click on the icon below rud paste (Erri V)	
Add Delete	Patient Details: First name: Middle name: Surnume: Date of birth: Gender: ATSE Addess Line 1:	
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Currently logged in: Dr Frederick Findacur	e (Main surgery)	Wednesday 11/03/2020 11:30:29 AM

Click Open to launch the smart referral

Open Pac	kage Contents	×
Do you	want to open this file?	
0	Name: PHN_BN_Url (2).html Type: Chrome HTMLDocument 	
🔽 Al <u>w</u> a	ays ask before opening this type of file	
0	While files from the Internet can be useful, some files can potentially harm your computer. If you do not trust the source, do not open this file. <u>What's the risk?</u>	

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	G Save as Draft	🖶 Print	Select Service Provider $ ightarrow$	
My Mental Health Services Refe	rral				
For all enquires and referral support, contact My	y Mental Health Service Naviga	tion	\mathbf{n}		
Team 8:30am- 4:30pm Monday to Friday.			BRIS	BANE I	NORTH
Call: 1800 752 235. Email: navigation@brisbane	northphn.org.au		An Austra	lian Governm	ent Initiative
Brisbane North PHN commissions a range of mental health, su North Brisbane region. The information provided on this refer matched to your client's needs. Please note, services are rest	ral form will be used to assist you to se	ect a service that is			
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					

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
test	test	
Date of Birth*	Phone Number*	Email
01/02/2020	123456789	
Suburb*	State*	Postcode*
CHERMSIDE BC	QLD 🔻	4032
Concession Card?* 0	Preferred Location for Service 3	Gender*
No	Start typing suburb name	Male 🔻
*A Health Care or Pension Card is required for free access to psychological services.		
Indigenous Status*	Sexuality	Culturally And/Or Linguistically Diverse
Neither Aboriginal nor Torres Strait Islander origin	Straight or heterosexual	Yes 🔻
Country of Birth	Proficiency in Spoken English	Preferred Language
Australia 🔹	Very well 🔻	English -
Interpreter Required 🗆		

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*	D2. Risk of	harm*			
2 - Moderate	2 - Modera	te risk of harm			۳
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 = Signficant ongoing mental health symptoms resulting in very high distress or recent hospitalisation 4 = Signficant and persistent symptoms which are poorly managed and are with significant complexity	2 = Current idea 3 = Current idea 4 = Suicide plan	n, no current or pas ation without plan o ation with intent; re and means; severe	r intent; hx of a cent self-harm (ly dysfunctiona	o self or others Ittempt or previous dangerous behaviour or dangerous behaviour; compromised self-care ability I mental state or self-care ability; L/T hx of self-harm - I Emergency Department***	
Diagnosis	Suicidal	Self-injury 🗌	Risk to	Psychosis 🗆	
Agoraphobia 🔹	ideation		others		
D3. Functioning*	D4. Impact	of co-existing	conditions	*	
2 - Moderate impact	2 - Modera	te impact			۳
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 wintually all areas of life 4 = Profound difficulties with everyday functioning resulting in disruption to virtually all areas of life	1 = Co-existing 2 = Co-existing 3 = Co-existing	conditions pose a th	present but hav present and are preat to health (e limited impact impacting significantly or are seriously impacting d, life-threatening and impacts significantly	
	Physical Hea Condition	lth Alcoho	l and/or Dru	ig Intellectual Impairment	

Additional Contextual Information (optional)		
D5. Treatment and recovery history	D6. Social and env	ironmental stressors
2 - Moderate recovery with previous treatment	1 - Mildly stressfu	1
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	0 = No problem 1 = Mildly stressful 2 = Moderately stressful 3 = Highly stressful 4 = Extremely stressful Trauma history	Relevant details
D7. Family and other supports	D8. Engagement a	nd motivation
1 - Well supported	1 - Positive	
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	1 = Good understanding 2 = Limited understandin 3 = No ability or interest	ling of condition; active/motivated management; accesses supports of condition; capable of active mgmt; mostly willing to access support g and interest in taking an active role; needs encouragement in managing condition; reluctance to accept supports avoidance of managing condition or accessing supports
Calculated Level of Care	Has the person j	provided consent to share their deidentified referra
Level 3 v	with the Univers	ity of Melbourne evaluation team?
The calculated level of care above should be used in conjunction with your clinical judgment Practitioner Determined Level of Care.	to nominate the final	
Practitioner Determined Level of Care*	7	
Level 3 - Psychological Therapies		
LEVEL 3 REFERRALS		
Additional Eligibility Criteria for PHN funded Psychological Therapies: The patient vulnerable groups: children (0-11), LGBTIQ+, CALD, at risk of suicide or have exp If the person does not meet the eligibility criteria, please complete a referral to B	perienced trauma and	
Further notes/info about Primary Assessment Domains		

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.

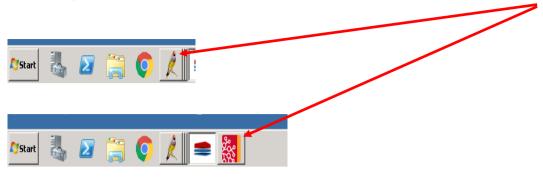
You have the option to do **<u>one or all</u>** of the following actions:

- 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	★ Cancel Referral General Save as Draft General General

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

Bp Premier Word Pro		d iabe Templates Utilities Help	
Blank document New document Open file	Ctrl+N Ctrl+0	Image New Roman 20 - March and	b i u
Save Save as Save in database Save as file	Ctrl+S		
Page setup Preview Print Send mail	F9	My Mental Health Services eReferral	
Export HL7 Close	Ctrl+F4	To continue with the My Mental Health Services eReferral follow these simple steps: select all these details(CrI A), copy (CrI C), double click on the icon below and paste (CrI V)	
		PHOL BIL UKIAmi	
		Patient Details:	

Step 10

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

Patient name Mr Fred Andrev DOB 23/2/1923 Date of Assessment 20/9/2017	WS Outcome Tool Score
GP Dr A Practition	ler l
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
	BEESTING
Personal History (eg childhood, <u>ed ucatio</u> r	n, relationship history,
coping with previous stressors	

Step 11

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



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

Supporting Documentation			
Supporting Documentation			
Please copy/paste GP Mental H	Health Treatment Plan information (if yo	u 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?	Upload documents
Yes	Select a File
	Seect a rie
With Client Available on request Attached	1
Optional: Copy/Paste GP Mental Health Treatment Plan 3	
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.

ar		× Cancel Refer	ral 🕻 Back	Q Show All	Send Referral
	ntion, Client Sur	name*: Test, Date of Birth*: 01/01	/1990, Suburb	*: CHERMSIDE,	
 Organisation 	Y Profile	Location of Service	 Distance 	e from Client Loca	tion ~
TEST Organisation (PHN use only)	View	Hobart 7000	1621.5km	n	
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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	Y Profile	Location of	of Service	Distance from Client Location
	Brisbane MIND - Kids	TEST Organisation (PHN use only)	III Columns	+	D	1621.5km
	Optimal Health Program	TEST Organisation (PHN use only)	🕤 Filter	•	Show items with value that:	1621.5km
	headspace	TEST Organisation (PHN use only)			Contains •	1621.5km
	Test Program PHN	TEST Organisation (PHN use only)	View	Hobart 700	test	1621.5km
	Mental Health Hub - Mental Health Nursing	TEST Organisation (PHN use only)	View	Hobart 700	Filter Clear	1621.5km
	Brisbane MIND - Trauma	TEST Organisation (PHN use only)	View	Hobart 700	0	1621.5km
14	∢ 1 ► ►					1 - 8 of 8 items

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

★ Cancel Referral Back Q.show All Send Referral >

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
- Mensline 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.

Se	lect Service Provider				×	Cancel Referral	< Blick	Q Show All	Send Referra	1>
	erral Date*: 02/03/2020, Client First Na cession Card?*: Yes	me*: Test Brisbane MIND Suicide Prevention	n,	Client Surna	ame*: Test, Date of	Birth*: 01/01/1990,	Suburb	*: CHERMSIDE,		
	Program 🗸	Organisation	×	Profile	Location of Service	~	Distance	from Client Locatio	on '	~
	Brisbane MIND - Kids	TEST Organisation (PHN use only)		View	Hobart 7000		1621.5km			4
	Optimal Health Program	TEST Organisation (PHN use only)		View	Hobart 7000		1621.5km			
	headspace	TEST Organisation (PHN use only)		View	Hobart 7000		1621.5km			
	Test Program PHN	TEST Organisation (PHN use only)		View	Hobart 7000		1621.5km			
	Mental Health Hub - Mental Health Nursing	TEST Organisation (PHN use only)		View	Hobart 7000		1621.5km			
	Brisbane MIND - Trauma	TEST Organisation (PHN use only)		View	Hobart 7000		1621.5km			
14	4 1 F F								1 - 8 of 8 iter	ms

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.

elect Service Provid	der		× Cancel	Referral 🕻 Back 🔍 Show All	Send Referral >
	t First Name*: Test Brisbane MIND Suicide Pre	evention, Client Surnam	e*: Test, Date of Birth*:	01/01/1990, Suburb*: CHERMSIDE,	
ncession Card?*: Vs					
Program	 Organisation 	Y Profile L	ocation of Service	 Distance from Client Location 	ion ~
Brisbane MIND - Kids	TEST Organisation (PHN use only)	View Ho	bart 7000	1621.5km	
Optimal Fealth Program	TEST Organisation (PHN use only)	View Ho	bart 7000	1621.5km	
headspace	TEST Organisation (PHN use only)	View Ho	bart 7000	1621.5km	
Test Program PHN	TEST Organisation (PHN use only)	View Ho	bart 7000	1621.5km	
Montal Health nub - Mental Health	Nursing TEST Organisation (PHN use only)	View Ho	bart 7000	1621.5km	
	TEST Organisation (PHN use only)	View Ho	bart 7000	1621.5km	

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 <u>navigation@brisbanenorthphn.org.au</u>