

My Mental Health Services eReferral – Accessible via HealthPathways

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 Youth Development
 - 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)
- **Low Intensity Psychological Services**
 - NewAccess program - Richmond Fellowship Queensland RFQ
 - Optimal Health and Wise Choices program - Neami National
 - Problem Management Plus program - World Wellness Group
 - Sunshine Parenting program - Peach Tree Perinatal Wellness
- **12-25 years**
 - headspace
 - Caboolture
 - Redcliffe
 - Nundah
 - Taringa
 - ASHA - Mobile outreach support.
- **Psychological therapies**
 - Brisbane MIND - Culturally and Linguistically Diverse populations
 - Brisbane MIND - Suicide Prevention
 - Brisbane MIND - LGBTIQ+
 - 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 - Communitify. 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**.

The below instruction details how to access, complete and send the online referral form using HealthPathways:

Step 1

Navigate to Brisbane North PHN HealthPathways website by entering in the following address into your browser:

<https://brisbanenorth.communityhealthpathways.org/>



Step 2

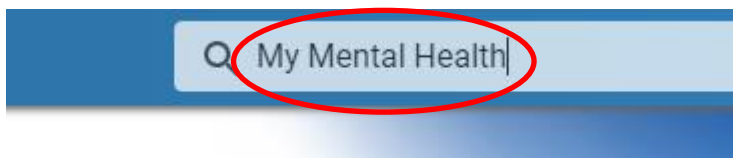
Use the following details to sign in:

- Username: **Brisbane**
- Password: **North**
- Click sign in.



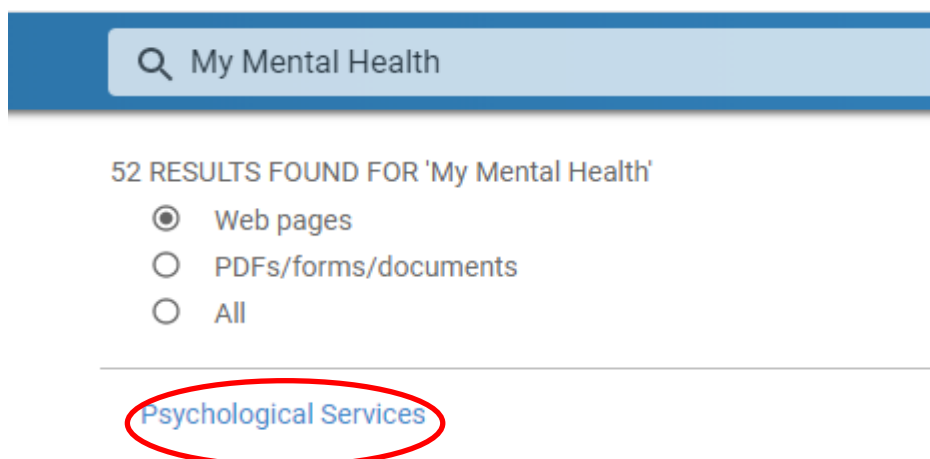
Step 3

Use the search function of the webpage. Type **'My Mental Health'**, then hit enter.



Step 4

Click on the option **'Psychological Services'**.



Step 5

Click on the 'Online My Mental Health Services eReferral form' link.

Brisbane MIND Program

Manages access to allied psychological [services](#) in Metro North Brisbane for under-served and hard-to-reach populations.

1. Check the [criteria and exclusions](#).
2. Contact the service – complete a [GP Mental Health Treatment Plan](#) and [Online My Mental Health Services eReferral](#).
3. Inform the patient of [service details](#).


Step 6

The smart referral now appears (see below). Please complete the referral form.

[x Cancel Referral](#) [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



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 attached 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
<input type="text" value="20/03/2020"/>	<input type="text"/>	<input type="text"/>
Practice Postcode*	Provider Number	Practice Email
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone	Fax	Client Consent?*
<input type="text"/>	<input type="text"/>	--Select--

Please ensure you have completed the referrer email address as a de-identified acknowledgement notification email will be sent to this address once the provider has accepted the referral. Below is an example of the email.

Dear ,

Brisbane MIND (Transition) REFERRAL NOTIFICATION

This email is to confirm that your referral on 15/11/2019 for services through the program for Referral: BNE_NTH18313, client T T, DOB 01/01/1990, Gender Female has been accepted and is being processed by TEST Organisation (PHN use only) - .

If you require any further information, please contact the team on:

Telephone: 1800752235

Email: brisbanemind@brisbanenorthphn.org.au

Regards,
rediCASE

This email has been automatically generated by rediCASE

Step 7

Please answer the questions in the referral. **Please note: All mandatory fields have an ***.

Client Details		
Client First Name*	Client Surname*	Preferred name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	Phone Number*	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb*	State*	Postcode*
<input type="text" value="Start typing suburb name"/>	--Select--	<input type="text"/>
Concession Card?*	Preferred Location for Service	Gender*
--Select--	<input type="text" value="Start typing suburb name"/>	--Select--
<p>A Health Care or Pension Card is required for access to Brisbane MIND services. If you believe the person still qualifies but does not have a Concession Card, please contact My Mental Health Service Navigation on 1800 752 235</p>		
Indigenous Status*	Sexuality	Culturally And/Or Linguistically Diverse
--Select--	--Select--	--Select--
Recent transition to parenthood?	History of trauma or abuse?	Relevant details:
--Select--	--Select--	<input type="text"/>

Assessment Areas	
<p>Brisbane North PHN is participating in a trial of the Commonwealth Department of Health's <i>Initial Assessment and Referral</i> 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.</p>	
D1. Symptom severity and distress* <input type="text" value="--Select--"/>	D2. Risk of harm* <input type="text" value="--Select--"/>
<p>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</p>	<p>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***</p>
Diagnosis <input type="text" value="--Select--"/>	Suicidal ideation <input type="checkbox"/> Self-injury <input type="checkbox"/> Risk to others <input type="checkbox"/> Psychosis <input type="checkbox"/>
D3. Functioning* <input type="text" value="--Select--"/>	D4. Impact of co-existing conditions* <input type="text" value="--Select--"/>
<p>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</p>	<p>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</p>
Additional Contextual Information (optional)	
D5. Treatment and recovery history <input type="text" value="0 - No prior treatment history"/>	D6. Social and environmental stressors <input type="text" value="0 - No problem"/>
<p>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</p>	<p>0 = No problem 1 = Mildly stressful 2 = Moderately stressful 3 = Highly stressful 4 = Extremely stressful</p>
Physical Health Condition <input type="checkbox"/> Alcohol and/or Drug <input type="checkbox"/> Intellectual Impairment <input type="checkbox"/>	

D7. Family and other supports

0 - Highly 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

0 - Optimal ▼

- 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

--Select-- ▼

Has the person provided consent to share their deidentified referral with the University of Melbourne evaluation team?

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*

--Select-- ▼

Further notes/info about Primary Assessment Domains

Supporting Documentation

Mental Health Treatment Plan?

--Select-- ▼

Upload documents

Select a File

Drop Files Here

Upload documents

Select a File

Drop Files Here

Upload documents

Select a File

Drop Files Here

Step 8

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 9 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? With Client Available on request Attached

Yes

Upload documents

Select a File

Drop Files Here

Step 9 (Optional). Go to Step 13 if not attaching MHTP

To copy and paste MHTP into the referral form, go back to your clinical software icon on your task bar.

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	23/2/1933		
Date of Assessment	20/6/2017		
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			

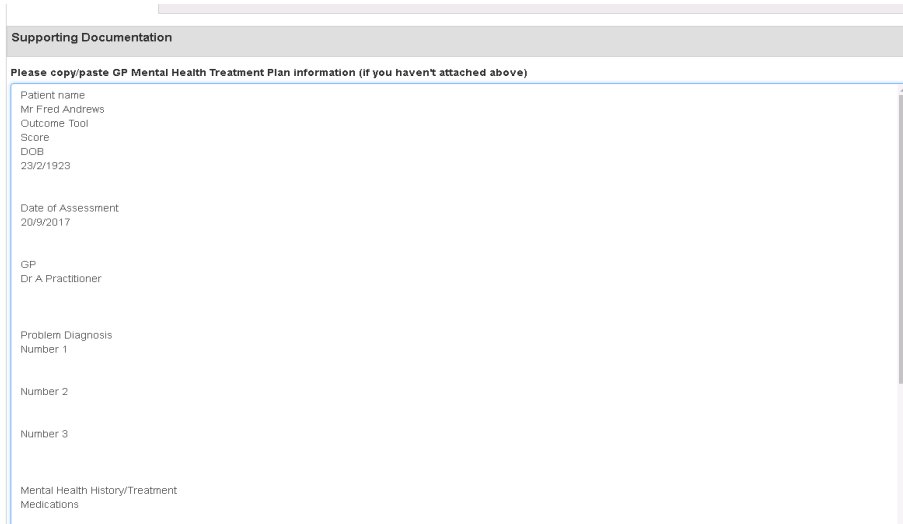
Step 11

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



Step 12

Click in the **'Optional: Copy/Paste GP Mental Health Treatment Plan'** box and press **CTRL V** (paste)

A screenshot of a web form titled 'Supporting Documentation'. Below the title is a text area with the instruction 'Please copy/paste GP Mental Health Treatment Plan information (if you haven't attached above)'. The text area contains the following text:

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

Date of Assessment
20/8/2017

GP
Dr A Practitioner

Problem Diagnosis
Number 1

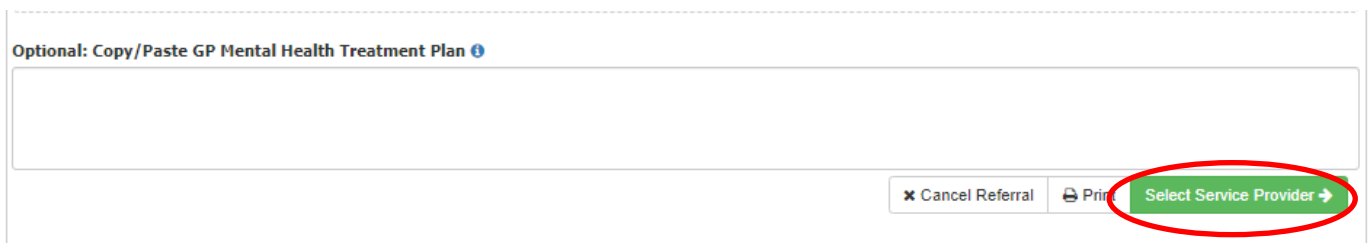
Number 2

Number 3

Mental Health History/Treatment
Medications

Step 13

Now click on **'Select Service Provider'**

A screenshot of the 'Optional: Copy/Paste GP Mental Health Treatment Plan' form. The form has a large empty text area for pasting information. At the bottom right of the form, there are three buttons: 'Cancel Referral', 'Print', and 'Select Service Provider'. The 'Select Service Provider' button is circled in red.

Step 14

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

Referral Date*: 14/10/2019, Client First Name*: Test, Client Surname*: Test, Date of Birth*: 01/01/1966, Suburb*: BRIBIE ISLAND, Concession Card?: Yes,
1. Symptom severity and distress*: 2 - Moderate, 2. Risk of harm*: 2 - Moderate Risk, 3. Functional Impact*: 2 - Moderate

Program	Organisation	Profile	Location	Distance
<input type="checkbox"/> Brisbane MIND (Transition)	TEST Organisation (PHN use only)	View	Hobart 7000	1659.95km
<input type="checkbox"/> Brisbane MIND - Kids	TEST Organisation (PHN use only)	View	Hobart 7000	1659.95km
<input type="checkbox"/> Optimal Health Program	TEST Organisation (PHN use only)	View	Hobart 7000	1659.95km
<input type="checkbox"/> headspace	TEST Organisation (PHN use only)	View	Hobart 7000	1659.95km
<input type="checkbox"/> Test Program PHN	TEST Organisation (PHN use only)	View	Hobart 7000	1659.95km
<input type="checkbox"/> Mental Health Hub - Mental Health Nursing	TEST Organisation (PHN use only)	View	Hobart 7000	1659.95km
<input type="checkbox"/> Brisbane MIND - Trauma	TEST Organisation (PHN use only)	View	Hobart 7000	1659.95km
<input type="checkbox"/> Brisbane MIND - Suicide Prevention	TEST Organisation (PHN use only)	View	Hobart 7000	1659.95km

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**

Select Service Provider

Referral Date*: 14/10/2019, Client First Name*: Test, Client Surname*: Test, Date of Birth*: 01/01/1966, Suburb*: BRIBIE ISLAND, Concession Card?: Yes, 1. Symptom severity and distress*: 2 - Moderate, 2. Risk of harm*: 2 - Moderate Risk, 3. Functional Impact*: 2 - Moderate

Program	Organisation	Profile	Location	Distance
<input type="checkbox"/> Brisbane MIND (Transition)	TEST Organisation (PHN use only)	Columns	Hobart 7000	1659.95km
<input type="checkbox"/> Brisbane MIND - Kids	TEST Organisation (PHN use only)	Filter	Hobart 7000	1659.95km
<input type="checkbox"/> Optimal Health Program	TEST Organisation (PHN use only)	View	Hobart 7000	1659.95km
<input type="checkbox"/> headspace	TEST Organisation (PHN use only)	View	Hobart 7000	1659.95km
<input type="checkbox"/> Test Program PHN	TEST Organisation (PHN use only)	View	Hobart 7000	1659.95km
<input type="checkbox"/> Mental Health Hub - Mental Health Nursing	TEST Organisation (PHN use only)	View	Hobart 7000	1659.95km
<input type="checkbox"/> Brisbane MIND - Trauma	TEST Organisation (PHN use only)	View	Hobart 7000	1659.95km
<input type="checkbox"/> Brisbane MIND - Suicide Prevention	TEST Organisation (PHN use only)	View	Hobart 7000	1659.95km

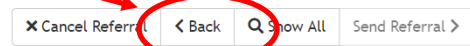
1 - 14 of 14 items

Filter dialog box details:

- Show items with value that:
- Contains
- test
- Filter
- Clear

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
- 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:

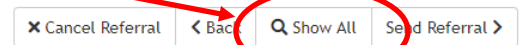
My Mental Health - For information about mental health services in the North Brisbane and Moreton Bay region: www.mymentalhealth.org.au.

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. Using the **Show all** icon, all referral options will be made available.

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



Select Service Provider

Referral Date*: 14/10/2019, Client First Name*: Test, Client Surname*: Test, Date of Birth*: 01/01/1966, Suburb*: BRIBIE ISLAND, Concession Card?: Yes,

1. Symptom severity and distress*: 2 - Moderate, 2. Risk of harm*: 2 - Moderate Risk, 3. Functional Impact*: 2 - Moderate

Program	Organisation	Profile	Location	Distance
<input type="checkbox"/> Brisbane MIND (Transition)	TEST Organisation (PHN use only)	View	Hobart 7000	1659.95km
<input type="checkbox"/> Brisbane MIND - Kids	TEST Organisation (PHN use only)	View	Hobart 7000	1659.95km
<input type="checkbox"/> Optimal Health Program	TEST Organisation (PHN use only)	View	Hobart 7000	1659.95km
<input type="checkbox"/> headspace	TEST Organisation (PHN use only)	View	Hobart 7000	1659.95km
<input type="checkbox"/> Test Program PHN	TEST Organisation (PHN use only)	View	Hobart 7000	1659.95km
<input type="checkbox"/> Mental Health Hub - Mental Health Nursing	TEST Organisation (PHN use only)	View	Hobart 7000	1659.95km
<input type="checkbox"/> Brisbane MIND - Trauma	TEST Organisation (PHN use only)	View	Hobart 7000	1659.95km
<input type="checkbox"/> Brisbane MIND - Suicide Prevention	TEST Organisation (PHN use only)	View	Hobart 7000	1659.95km

1 - 14 of 14 items

Step 16

Now select your service provider and click 'Send Referral'.

Select Service Provider

Referral Date*: 14/10/2019, Client First Name*: Test, Client Surname*: Test, Date of Birth*: 01/01/1966, Suburb*: BRIBIE ISLAND, Concession Card?: Yes, 1. Symptom severity and distress*: 2 - Moderate, 2. Risk of harm*: 2 - Moderate Risk, 3. Functional Impact*: 2 - Moderate

Program	Organisation	Profile	Location	Distance
<input type="checkbox"/> Brisbane MIND (Transition)	TEST Organisation (PHN use only)	View	Hobart 7000	1659.95km
<input type="checkbox"/> Brisbane MIND - Kids	TEST Organisation (PHN use only)	View	Hobart 7000	1659.95km
<input type="checkbox"/> Optimal Health Program	TEST Organisation (PHN use only)	View	Hobart 7000	1659.95km
<input type="checkbox"/> headspace	TEST Organisation (PHN use only)	View	Hobart 7000	1659.95km
<input checked="" type="checkbox"/> Test Program PHN	TEST Organisation (PHN use only)	View	Hobart 7000	1659.95km
<input type="checkbox"/> Mental Health Hub - Mental Health Nursing	TEST Organisation (PHN use only)	View	Hobart 7000	1659.95km
<input type="checkbox"/> Brisbane MIND - Trauma	TEST Organisation (PHN use only)	View	Hobart 7000	1659.95km
<input type="checkbox"/> Brisbane MIND - Suicide Prevention	TEST Organisation (PHN use only)	View	Hobart 7000	1659.95km

1 - 14 of 14 items

Step 17

A confirmation screen will appear with the referral number, client and provider. Click on 'Print' icon. Two PDF files will be downloaded. One will be the referral and the other will be the referral confirmation. Please save both PDF files for future reference.

Referral Sent Successfully

The referral has been successfully sent to TEST Organisation (Not for real clients-test clients only) for Test Program PHN (not for real clients) program.

The referral reference number is: BNE_NTH20622.

Referral Date: 08/06/2020.

Client Name: test Test.

Date of Birth: 01/01/1990.

Referrer Name: Test.

If the client meets all program specific eligibility criteria, the nominated provider will contact the client, accept the referral and commence therapy. 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