

## 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 - Community. The Recovery and Discovery Centre
  - TPCH Catchment - Neami National. The Living and Learning Centre
  - Redcliffe/Caboolture Catchment - Aftercare. Floresco Caboolture.
- **65 years and older**
  - Psychology in Aged Care (PAC) Wellbeing Program - Change Futures
- **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 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

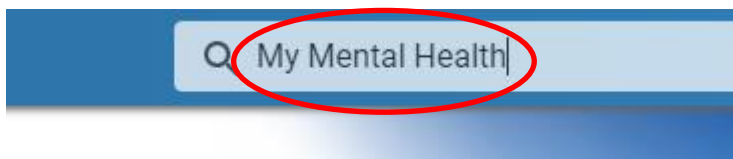
Use the following details to sign in:

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



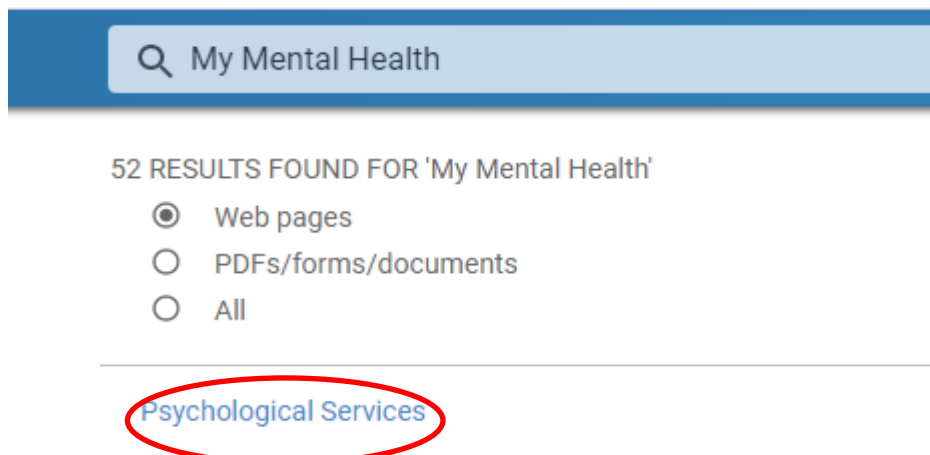
## Step 3

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.

[✕ 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](mailto: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](mailto: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**

<b>Client First Name*</b>	<b>Client Surname*</b>	<b>Preferred name</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Date of Birth*</b>	<b>Phone Number*</b>	<b>Email</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Suburb*</b>	<b>State*</b>	<b>Postcode*</b>
<input type="text" value="Start typing suburb name"/>	<input type="text" value="--Select--"/>	<input type="text"/>
<b>Concession Card?*</b> ⓘ	<b>Preferred Location for Service ⓘ</b>	<b>Gender*</b>
<input type="text" value="--Select--"/>	<input type="text" value="Start typing suburb name"/>	<input type="text" value="--Select--"/>

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

<b>Indigenous Status*</b>	<b>Sexuality</b>	<b>Culturally And/Or Linguistically Diverse</b>
<input type="text" value="--Select--"/>	<input type="text" value="--Select--"/>	<input type="text" value="--Select--"/>
<b>Recent transition to parenthood?</b>	<b>History of trauma or abuse?</b>	<b>Relevant details:</b>
<input type="text" value="--Select--"/>	<input type="text" value="--Select--"/>	<input type="text"/>

**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](#).

<p><b>D1. Symptom severity and distress*</b></p> <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 &lt;6 months  2 = Symptoms indicative of anxiety/depressive disorder for &gt;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><b>D2. Risk of harm*</b></p> <input type="text" value="--Select--"/> <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 -&gt; ***Referral should be made directly to the hospital Emergency Department***</p>
<p><b>Diagnosis</b></p> <input type="text" value="--Select--"/>	<p><b>Suicidal ideation</b> <input type="checkbox"/>  <b>Self-injury</b> <input type="checkbox"/>  <b>Risk to others</b> <input type="checkbox"/>  <b>Psychosis</b> <input type="checkbox"/></p>
<p><b>D3. Functioning*</b></p> <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><b>D4. Impact of co-existing conditions*</b></p> <input type="text" value="--Select--"/> <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> <p><b>Physical Health Condition</b> <input type="checkbox"/>  <b>Alcohol and/or Drug</b> <input type="checkbox"/>  <b>Intellectual Impairment</b> <input type="checkbox"/></p>

**Additional Contextual Information (optional)**

<p><b>D5. Treatment and recovery history</b></p> <input type="text" value="0 - No prior treatment history"/> <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><b>D6. Social and environmental stressors</b></p> <input type="text" value="0 - No problem"/> <p>0 = No problem  1 = Mildly stressful  2 = Moderately stressful  3 = Highly stressful  4 = Extremely stressful</p>
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**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

**Please make sure you answer the preliminary mandatory fields:**

**Referral Date, Consent has been provided for this referral, Client first name, Client surname, Date of Birth, Suburb/Postcode/State, Gender, Indigenous status, Symptom severity, Risk of harm, Functional impact, Impact of co-existing conditions. Practitioner Determined Level of Care, Mental Health Treatment Plan.**

## 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
DOR	23/7/1923		
Date of Assessment	20/9/2017		
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)

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

**Please Note: Saving the form to your files is a two stage process:**

Prior to selecting a provider, click on the '**Print**' icon at the top or bottom of the form and save the downloaded PDF file.

Optional: Copy/Paste GP Mental Health Treatment Plan ⓘ

✕ Cancel Referral **Print** Select Service Provider →

## Step 14

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

Optional: Copy/Paste GP Mental Health Treatment Plan ⓘ

✕ Cancel Referral **Select Service Provider** →

## Step 15

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

## Step 16

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**

Cancel Referral < Back Show All Send Referral >

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

1 - 14 of 14 items



## Step 17

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

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

Select Service Provider

✕ Cancel Referral < Back 🔍 Show All Send Referral >

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

1 - 14 of 14 items


A confirmation screen will appear with the referral number, client and provider. Click on 'Print' icon and save the downloaded PDF file.

Referral Sent Successfully

The referral has been successfully sent to Test Organisation (PHN USE ONLY).

The referral reference number is: BNE\_NTH16257.

You can now close this window.

 Print

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](mailto:navigation@brisbanenorthphn.org.au)