Richmond Wellbeing

NGULLA MIA REFERRAL FORM

RESIDENTIAL ACCOMMODATION SERVICE

NGULLA MIA REFERRAL FORM

Please note, admission to Ngulla Mia is determined by a selection panel consisting of three members. A current Mental Health Care/Treatment Plan and completed brief risk assessment must be included in your application submission.

REFERRER DETAILS

Name:	Agency / Position:
Postal Address:	Postcode:
Phone:	Email:

Before submitting the referral, please ensure each box below has been addressed

Have you and the applicant (tick if task is complete)**:**

- ☐ Visited Ngulla Mia (by appointment) and discussed expectations and support needs

Please refer to the following checklist to ensure your referral is complete and all relevant information is attached. Your referral must include:

- ☐ Primary Diagnosis of Mental Health disorder
- ☐ Brief Risk Assessment completed by a clinician
- ☐ Current Mental Health Treatment/Care Plan
- ☐ Recent Discharge Summaries
- ☐ Details of Forensic History (if relevant)
- ☐ Any current Community Treatment Order (CTO)
- ☐ Medication regime
- ☐ NDIS plan (if applicable)
- ☐ Physical Health Assessment completed by a GP or attending Doctor

A referral will be deemed incomplete until we have received all of this information.

If you have any questions regarding referrals to Ngulla Mia, please contact Richmond Wellbeing on 1800 742 466.

APPLICANT TO COMPLETE WITH THE REFERRER

1. Applicant Details

First Name: Family Name: Date of Birth:

Preferred Name: Ethnicity:

Gender: ☐ Male ☐ Female ☐ LGBTIQ+ ☐ Other ☐ Decline to answer

Current Address: Post Code:

Phone: Mobile: Email:

Difficulty reading or writing: ☐ Yes ☐ No

Aboriginal: ☐ Yes ☐ No Torres Strait origin: ☐ Yes ☐ No

Culturally and Linguistically Diverse: ☐ Yes ☐ No Country of Birth:

Main Language spoken: ☐ English ☐ Other:

Interpreter required: ☐ Yes ☐ No Visa Status:

Current Accommodation (Tick all that apply):

☐ Privately owned ☐ Rental ☐ Family

☐ Homeless ☐ Hospital ☐ Hostel

☐ Short term / Crisis accommodation ☐ Homeswest ☐ Friends

☐ Other

How long have you lived in current accommodations:

If less than 3 months, where did you live previously:

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Defacto

Children: ☐ Yes ☐ No Frequency of contact: Occupation:

Source of Income:

☐ Age Pension ☐ Carer Allowance

☐ Disability Pension ☐ Department of Veteran's Affairs

☐ Family Assistance ☐ Unemployment

☐ Youth Allowance ☐ Paid work

☐ Other (please specify):

Hold a DVA Card? ☐ Yes ☐ No If yes, what type? ☐ Gold ☐ White ☐ Other

Centrelink Number: Expiry:

Medicare Number: Expiry:

Private Health Cover: ☐ Yes ☐ No Provider:

Member ID:

Existing NDIS Plan? ☐ Yes ☐ No NDIS Plan Number: (*Attach plan*)

Does someone else manage your money? ☐ Yes ☐ No

If yes, who (e.g. Public Trustee, include TM):

Address:	Phone No:
	Mobile:

2. Contacts

Nominated support person (Next of kin / Alternative contact)

Name:	Relationship:	
Email:	Phone:	Mobile:
Address:		

Contact Person in Case of Emergency

Name:	Relationship:	
Email:	Phone:	Mobile:
Address:		

General Practitioner:

Name:	Phone:
Address:	

Chemist / Pharmacy:

Name:	Phone:
Address:	

Do you have a guardian? ☐ Yes ☐ No	Name:	
Email:	Phone:	Mobile:

Do you have a Case Manager? ☐ Yes ☐ No	Name:	
Email:	Phone:	Mobile:

Do you have a current support network? ☐ Yes ☐ No

Name:		
Email:	Phone:	Mobile:

3. Support and Areas of Need

Family support person

How involved is your family in your treatment? Include positive and negative influences:

Social Network

Who are your key support people?

Are there any support services that you are involved with? If so, please describe their role / how they help you:

Typical Day

What time do you get up, what hobbies / interests do you have, do you attend social outings or structured day activities?

What transportation do you use (*tick all that apply*)

- ☐ Drive own car
- ☐ Access public transport independently
- ☐ Access public transport with prompting or support
- ☐ Prefer to walk
- ☐ Ride a bike
- ☐ Require transport assistance
- ☐ Use taxis
- ☐ Other:

Daily Living – Identify the level of support required and make a comment for each.

PERSONAL CARE:

☐ Independent ☐ Require verbal prompt ☐ Require physical assistance

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DIET:
☐ Independent ☐ Require verbal prompt ☐ Require physical assistance

HOME CARE:
☐ Independent ☐ Require verbal prompt ☐ Require physical assistance

SHOPPING:
☐ Independent ☐ Require verbal prompt ☐ Require physical assistance

LEISURE INTERESTS:
☐ Independent ☐ Require some support ☐ Require individual support

FINANCES / EMPLOYMENT:
☐ Independent ☐ Require some support ☐ Finances managed on my behalf

MOBILITY:
☐ Independent ☐ Require physical assistance ☐ Unsteady gait / history of falls

4. Health & Wellbeing

Do you have any physical/health issues or disabilities

Diabetes	☐ Yes	☐ No	Podiatry	☐ Yes	☐ No
Bruise or bleed easily	☐ Yes	☐ No	Dental	☐ Yes	☐ No
Heart complaints	☐ Yes	☐ No	Ulcerations	☐ Yes	☐ No
Liver disease	☐ Yes	☐ No	Asthma	☐ Yes	☐ No
Epilepsy	☐ Yes	☐ No	Allergies	☐ Yes	☐ No
HIV / AIDS	☐ Yes	☐ No	Allergic to medication	☐ Yes	☐ No
Hepatitis A, B or C	☐ Yes	☐ No	Pregnant	☐ Yes	☐ No
Blood pressure	☐ Yes	☐ No	Acquired Head Injury	☐ Yes	☐ No
Speech	☐ Yes	☐ No	Thyroid problems	☐ Yes	☐ No
Visual	☐ Yes	☐ No	Eating Disorders	☐ Yes	☐ No
Hearing	☐ Yes	☐ No	Substance abuse	☐ Yes	☐ No
Mobility impairments	☐ Yes	☐ No	Women's Health screens	☐ Yes	☐ No
Respiratory disease	☐ Yes	☐ No	Men's Health screens	☐ Yes	☐ No

If yes, please provide details. Include the impact on your life and relating support needs:

Drug and Alcohol Use – Provide details where appropriate

Drug Type	History of Use	Current Use & View of Use
ALCOHOL		
T.H.C. (CANNABIS)		
BENZODIAZAPINES		
OPIOIDS		
STIMULANTS		

☐ Amphetamines
☐ Dexamphetamines

OTHER

- ☐ Hallucinogens
- ☐ MDMA - Ecstasy
- ☐ Prescription Drugs
- ☐ Solvents
- ☐ _____

Any Associated Risk Behaviours or Problems (injecting, overdoses, hepatitis status):

While I am a resident of Ngulla Mia, if I am considered to be using Drugs and Alcohol to misuse, I agree to work with an appropriate Drug and Alcohol Service ☐

5. Stressful & Unwell Times

Do you know when you are becoming unwell? Provide any warning signs you know of:

What are your coping strategies in stressful times? Provide details:

Medication

How do you feel about taking medication?

Do you require support taking your medication? ☐ Yes ☐ No

Do you take regular medication? ☐ Yes ☐ No *(Attach your medication regime)*

Do you use a Webster pack? ☐ Yes ☐ No

Any hospital admissions in the last 12 months? ☐ Yes ☐ No Provide full details:

6. History

Forensic History

Legal Issues

Do you have any past or current legal issues Select...

Provide details:

7. Comments

Additional Comments

Is there anything else you would like to add:

Aims & Outcomes

What would you like to achieve in partnership with the staff at Ngulla Mia?

- ☐ Find work / volunteer opportunities
- ☐ Join a local sporting clubs / gym
- ☐ Look after my physical health more
- ☐ Look at money management
- ☐ Make new friends / relationships
- ☐ Further my education
- ☐ Gain stable accommodation
- ☐ Develop homecare skills
- ☐ Work towards my recovery
- ☐ Other:

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THIS SECTION IS TO BE COMPLETED BY THE REFERRER

Diagnosis: _____

Treating Psychiatrist or previous Psychiatrist/s:

_____

_____

_____

History of needs, signs and symptoms:

_____

_____

_____

Current mental health presentation:

_____

_____

_____

Why is this Applicant suitable for Ngulla Mia:

_____

_____

_____

_____

Key areas in which this Applicant would benefit from support:

- ☐ Homecare skills
- ☐ Improving personal care
- ☐ Community integration / linkages
- ☐ Development of day structure / activities
- ☐ Improving or maintaining mental health
- ☐ Improving or maintaining physical health
- ☐ Managing medications
- ☐ Symptom management / relapse prevention

Are there any compliance difficulties with treatment: ☐ Yes ☐ No

If yes, please describe:

_____

_____

_____

Is the Applicant on a Community Treatment Order: ☐ Yes ☐ No

Expiry Date: _____ *(attach copy)*

Comments / Additional information to assist this referral:

NGULLA MIA - CONSENT TO RELEASE INFORMATION

I _____, (DOB) _____ authorise Richmond Wellbeing to release information to and communicate with the people/ organisations listed below, and/or for these people/organisations to release information to and communicate with Richmond Wellbeing.

I understand that the information will only be shared between Richmond Wellbeing and the people/ organisations listed below for the purpose of supporting or assisting my referral, placement and/or recovery at Ngulla Mia.

I am aware that any alterations to this form are only made with my consent, which would be indicated by my initials, signature and date of the alteration(s).

- **Western Australian Area Health Services - Mental Health**
  (NMAHS-MH, SMAHS-MH, WACHS-MH)

General Practitioners: _____

_____

_____

Parents / Advocate / Guardian / Carer:

_____

_____

Others:

_____

_____

_____

Signature: _____ Date: _____

Name of Witness: _____ Relationship to Applicant: _____

Signature: _____ Date: _____

DECLARATIONS

Declaration by Applicant / Guardian

I declare the Applicant information in this application is true and correct.

Name: _____

Signature: _____ Date: _____

PLEASE COMPLETE FORM & RETURN TO RICHMOND WELLBEING
F (08) 9258 3090
E intake@rw.org.au

Declaration by Referrer

I declare that all information in this referral has been checked and is correct, as of date _____.

Name: _____

Signature: _____ Date: _____

Ngulla Mia Referral

Richmond Wellbeing

BRIEF RISK ASSESSMENT

SURNAME:	UMRN:	SEX:
FORENAMES:	BIRTHDATE:	
PATIENT'S ADDRESS:		

SOURCE OF INFORMATION

☐ Previous clinical records ☐ Assessing clinician's knowledge of consumer's past behaviour/current clinical presentation

☐ Medical Practitioner ☐ Police/ambulance/other agencies ☐ Other (please specify) _____

SUICIDALITY Static (historical) factors	Yes (1)	No (0)	Not Known	**Dynamic (current) risk factor**	Yes (2)	No (0)	Not Known
Previous attempt(s) on own life	☐	☐	☐	Expressing suicidal ideas	☐	☐	☐
Previous serious attempt	☐	☐	☐	Has plan/intent	☐	☐	☐
Family history of suicide	☐	☐	☐	Expresses high level of distress	☐	☐	☐
Major psychiatric diagnosis	☐	☐	☐	Hopelessness/perceived loss of coping or control over life	☐	☐	☐
Major physical disability/illness	☐	☐	☐	Recent significant life event	☐	☐	☐
Separated/Widowed/Divorced	☐	☐	☐	Reduced ability to control self	☐	☐	☐
Loss of job/retired	☐	☐	☐	Current misuse of drugs/alcohol	☐	☐	☐

PROTECTIVE FACTORS *(describe)* **:**

LEVEL OF SUICIDE RISK (total score): ☐ **LOW (<7)** ☐ **MODERATE (7-14)** ☐ **HIGH (>14)**

AGGRESSION/VIOLENCE Static (historical) factors	Yes (1)	No (0)	Not Known	**Dynamic (current) risk factor**	Yes (1)	No (0)	Not Known
Recent incidents of violence	☐	☐	☐	Expressing intent to harm others	☐	☐	☐
Previous use of weapons	☐	☐	☐	Access to available means	☐	☐	☐
Male	☐	☐	☐	Paranoid ideation about others	☐	☐	☐
Under 35 years old	☐	☐	☐	Violent command hallucinations	☐	☐	☐
Criminal history	☐	☐	☐	Anger, frustration or agitation	☐	☐	☐
Previous dangerous acts	☐	☐	☐	Preoccupation with violent ideas	☐	☐	☐
Childhood abuse	☐	☐	☐	Inappropriate sexual behaviour	☐	☐	☐
Role instability	☐	☐	☐	Reduced ability to control self	☐	☐	☐
History of drug/alcohol misuse	☐	☐	☐	Current misuse of drugs/alcohol	☐	☐	☐

PROTECTIVE FACTORS *(describe)* **:**

BRIEF RISK ASSESSMENT

Ngulla Mia Referral

LEVEL OF SUICIDE RISK (total score): ☐ **LOW (<7)** ☐ **MODERATE (7-14)** ☐ **HIGH (>14)**	
OTHER RISKS IDENTIFIED (AND RISK FACTORS)	
RISK MANAGEMENT ISSUES (please ensure alerts are noted here)	
(To be completed by assessing clinician) **FULL NAME:** **SIGNATURE:** **DATE:**	
ORGANISATION/ FACILITY: **POSITION HELD:**	
ADDRESS: **PHONE:**	
(Where appropriate, management plan to be acknowledged by requesting medical practitioner) **FULL NAME:** **DESIGNATION:** **SIGNATURE:** **DATE:**	

PLEASE COMPLETE THE FORM AND RETURN TO RICHMOND WELLBEING

F: (08) 9258 3090
E: intake@rw.org.au
P: PO Box 682, Bentley WA 6982

Richmond Wellbeing Inc.
ABN: 36 658 041 325
Charitable Collections Licence No: 20566
P: PO Box 682, Bentley WA 6982
T: 1800 742 466

RESPECT CULTURE

TRANSLATING AND INTERPRETING SERVICE

NATIONAL RELAY SERVICE

Quality Improvement Council 'Yes ... we are a QIC accredited organisation'

NGULLA MIA ELIGIBILITY

To be eligible for the program, applicants must meet all of the following criteria:

1. Men or women aged between 18 - 65 years
2. Have signs and symptoms of a serious and persistent mental illness (*see Appendix 1*)
3. Be case managed by Community Mental Health Service, private psychiatrist or GP
4. Are homeless or at risk of homelessness (*see Appendix 2*)
5. Are experiencing difficulty accessing and engaging with appropriate services, exacerbated by homelessness. This might include repeated admission and discharge from hospitals and other support service
6. Require medium level support of between 4 - 6 hours of direct support per day.
7. The applicant expresses a commitment and willingness to participate in the program

NOTE: This facility is unable to accommodate residents with accompanying children

APPENDIX

Appendix 1.0

DEFINITION OF SEVERE AND PERSISTENT MENTAL ILLNESS

Based on the service level agreement (30/09/2012), in order to be assessed as having a mental illness that is serious and persistent, the following conditions need to apply.

The presence of one of the following diagnoses:

- Chronic or recurrent psychosis (such as schizophrenia, other psychotic disorders)
- Organic brain disorder associated with significant psychiatric features (such as some chronic sequala associated with brain injury and some medical conditions, e.g. Huntington's Disease)
- Chronic non-psychotic disorders that may result in functional impairment (such as Obsessive Compulsive Disorder, bi-polar disorders, depressive disorders, personality disorders which result in functional impairment, self-injury, significant behavioural problems)
- Severe and chronic impairment of daily life activities

To confirm the seriousness and persistence, a person must demonstrate:

- A level of functional impairment that is associated with having a diagnosed mental illness that interferes with the person's ability to live independently to the extent that they;
- Require support with the activities of daily life, and/or
- Support is not available and the essential activity does not occur, and
- Their level of impairment is long term and not the result of a short-term acute episode

The function of the diagnosis, as it relates to determining "serious and persistent", is to determine the type, duration and severity of the impairment and the existence of risk factors, which may exacerbate the person's condition.
Such risk factors include:

- Existence of co-morbidity (intellectual, physical and/or substance abuse)
- Lack of effective environmental support
- Lack of functional social networks (social isolation)
- Unstable accommodation

An evidenced based assessment is required to confirm "serious and persistent". This includes assessment to determine:

- Psychiatric diagnosis
- Intellectual capacity
- Medical status
- Evidence of psychosocial risk factors that are highly correlated with severe daily functional impairment
- Medical status

- Evidence of psychosocial risk factors that are highly correlated with severe daily functional impairment

As well, the person's impairment must have been in existence for over six months. During the past two years the person is likely to have had one or more admissions to an acute facility, particularly if there is inadequate life support given their level of functional impairment.

Appendix 2.0

DEFINITION OF HOMELESSNESS

Based on the service level agreement (30/09/2012), a person is defined as being homeless when they do not have adequate access to safe and secure housing. These people may be further classified as suffering:

1. Primary homelessness or sleeping rough or without conventional accommodation, such as:
    a. People living on the streets or in parks
    b. Squatting in vacant buildings
    c. Using cars or makeshift dwellings

2. Secondary homelessness or stop gap accommodation:
    a. People who move frequently from one form of transitional shelter to another. This group includes people using emergency accommodation, such as hostels for the homeless or night shelters
    b. Young people staying in youth refuges
    c. Women and children escaping relationship and family violence, staying in women's refuges and alternative support accommodation options
    d. Families residing in externally supported accommodation options and people residing temporarily with other families, acquaintances and friends because they have no accommodation of their own

3. Tertiary homelessness or insecure tenure / marginally housed:
    a. People whose living arrangements do not provide them with security of tenure as provided by a lease or who are living in accommodation that is unsafe or harmful to their health. Such accommodation might include some boarding houses, caravan parks, rooming houses or special accommodation houses
    b. It is also recognised that some people actively make a lifestyle choice to reside in boarding houses, rooming houses and caravan parks and should not be considered as either homeless or marginally housed

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