

# **Consumer Referral Form**

| Referrer Details          |                      |
|---------------------------|----------------------|
|                           |                      |
| First Name                | Last Name            |
| Agency                    | Support Role         |
| Phone E                   | mail                 |
| Date of Referral//        |                      |
| Consumer Details          |                      |
| First Name                | _ Last Name          |
| Date of birth///          | Age Gender           |
| Ethnicity                 | Language most spoken |
| Interpreter needed? Y / N |                      |
| Consumer Contact Details  |                      |
| Address                   | Suburb               |
| Postcode                  | Phone                |
| Email                     |                      |

Mental Health Concerns (brief history, diagnosis, support needs)

Alcohol and/or other drug concerns (brief history, diagnosis, support needs)

Any risk of harm to self or others

Other relevant information

Please email the completed referral to <u>outreach@harmreductionwa.org</u> or call (08) 9325 8387

# Peer Based Harm Reduction WA Outreach (Strength in Community Project) Referral Process and Referral Criteria

#### Services available;

Peer Based Harm Reduction WA is exploring opportunities to provide a consumer focused Intensive Outreach service to vulnerable and disadvantaged people in and around the City of Stirling (particularly Mirabooka, Girrawheen, Koondoola, Balga, and Westminster). We aim to improve flexible access to services and to provide adaptive service provision to people who have mental health problems, including alcohol and other drug use. We plan to do this through a multi-level approach including referral pathways, transport and support in the community.

# Referral Criteria;

1. Identify as culturally and linguistically diverse

2. Have problems with mental health, including alcohol or other drug use

3. Live in or around the City of Stirling (particularly Mirabooka, Girrawheen, Koondoola, Balga, and Westminster)

# Harm Reduction Model;

# **Our team works from a consumer-directed, harm reduction model.** The consumer being referred must know that they are being referred to the service. Consumers can choose to withdraw from the program at any time.

# PBHRWA utilizes a "stepped care" approach. For example, with consumer drug use...

- Consumers who wish to cease or reduce their drug use will be offered immediate support in the community and supported referral where appropriate.
- Consumers who are presently unable to cease drug use will be offered information, education and support that may reduce the impact of substance use on both physical and mental health.
- PBHRWA can act as a "safety net" in case of relapse to substance use, and provide support in the community and supported referrals for consumers.

#### PBHRWA protects the confidentiality of all consumers.

PBHRWA workers can only divulge information to other agencies that relates to immediate concerns around the safety of the patient or any third party. PBHRWA workers can only share other information with the consent of the consumer.

PBHRWA provides a non-judgmental, consumer-directed service model which can foster a high level of engagement with the service.

#### How to make a referral;

# 1. Fill in the attached form.

2. Provide adequate detail of previous history and presenting issues to enable an immediate assessment.

# 3. Please ensure that your contact details are clearly recorded at the bottom of the form.

#### 4. Send email to outreach@harmreductionwa.org

**5. Organise a meeting between yourself, PBHRWA worker/s and the consumer** for a meet and greet and pass-over, to make the process as smooth and comfortable as possible.

# We aim to reply to all emails as soon as possible, but please be aware we are not usually in the office after hours or on weekends.