

Self-Referral Form

Complete this form for self-referral and referral from other healthcare providers, colleagues, industrial organisations, learning institutions, family and friends.

Referral Date: _____

Referrer's Name: _____

Contact Phone: _____ Contact Email: _____

REFERRED NURSE, MIDWIFE OR STUDENT DETAILS

Nurse's Name: _____ Contact Phone: _____

Presenting Issue: _____

Other Relevant Issues: _____

Would you like confirmation of receipt of this referral: YES NO

Email your completed form to: admin@nmhp.org.au. One of our staff will contact the referred person within the next business day following receipt of this referral.

OFFICE USE ONLY

NMHP Contact Date: _____ NMHP Staff: _____

Outcome: _____

Self-Referral: Mental Health Brief Intervention and Support

Self-referral also includes referral from other healthcare providers, colleagues, industrial organisations, learning institutions, family and friends.

PURPOSE

- Provide a discreet supportive brief intervention for nurses, midwives and students or nursing and midwifery seeking assistance and advice regarding their psychological health. This intervention includes assessment; individual support sessions (up to 6) and referral to appropriate community based mental health services and / or other support resources.
- Maximise opportunity for full return to health.

PROCESS

Appointments can be made by calling 03 9415 7551 or via the website at: www.nmhp.org.au/referral

During the first appointment the nurse or midwife is provided with information about the program. A brief mental health screening is completed at this appointment and the Senior Clinician will make an assessment of the presentation and recommendations for treatment. At this stage the nurse or midwife may engage further with the program or decide to accept the information and referral and self-manage their own health.

If the nurse or midwife becomes a registered participant of the NMHP, they are asked to complete and sign:

- A Consent to Participate Agreement; and
- A Release of Information consent form (if indicated).

These documents describe the responsibilities of the participant and the NMHPV and ensure clarity is established and maintained. They outline circumstances where information can be exchanged or given to other services and require a signed agreement on the part of the participant. The nurse or midwife may request that the NMHPV make a short, written report to their employer regarding their attendance at the NMHPV however the Senior Clinician is unable to provide formal assessment information. The nurse or midwife will be referred to a specialist service if they require such review and documentation.

At the subsequent session a care plan will be developed, referrals made and the nurse or midwife will be given the opportunity to receive support and advice regarding their concerns.

The nurse or midwife will also be given the opportunity to attend the Peer Support and Wellness Group to receive support while they address their personal concerns.

Self-Referral: Alcohol and Drug Concerns

Self-referral also includes referral from other healthcare providers, colleagues, industrial organisations, learning institutions, family and friends.

PURPOSE

- Provide a discreet supportive case management system for early intervention in substance disorder for nurses, midwives and students of nursing and midwifery.
- Protect the community from potential risks of the progression of substance disorder if left untreated and the nurse or midwife develops impairment in work practice.
- Maximise opportunity for full return to health for the nurse or midwife.

PROCESS

Appointments can be made by calling 03 9415 7551 or via the website at: www.nmhp.org.au/referral

During the first appointment the nurse or midwife is provided with information about the program. A brief triage exercise is completed at this appointment and the Senior Clinician will make an assessment of the presentation and recommendations for treatment. At this stage the nurse or midwife may wish not to participate longer term and accept information and referral.

If the nurse or midwife becomes a registered participant of the NMHP, they are asked to complete and sign:

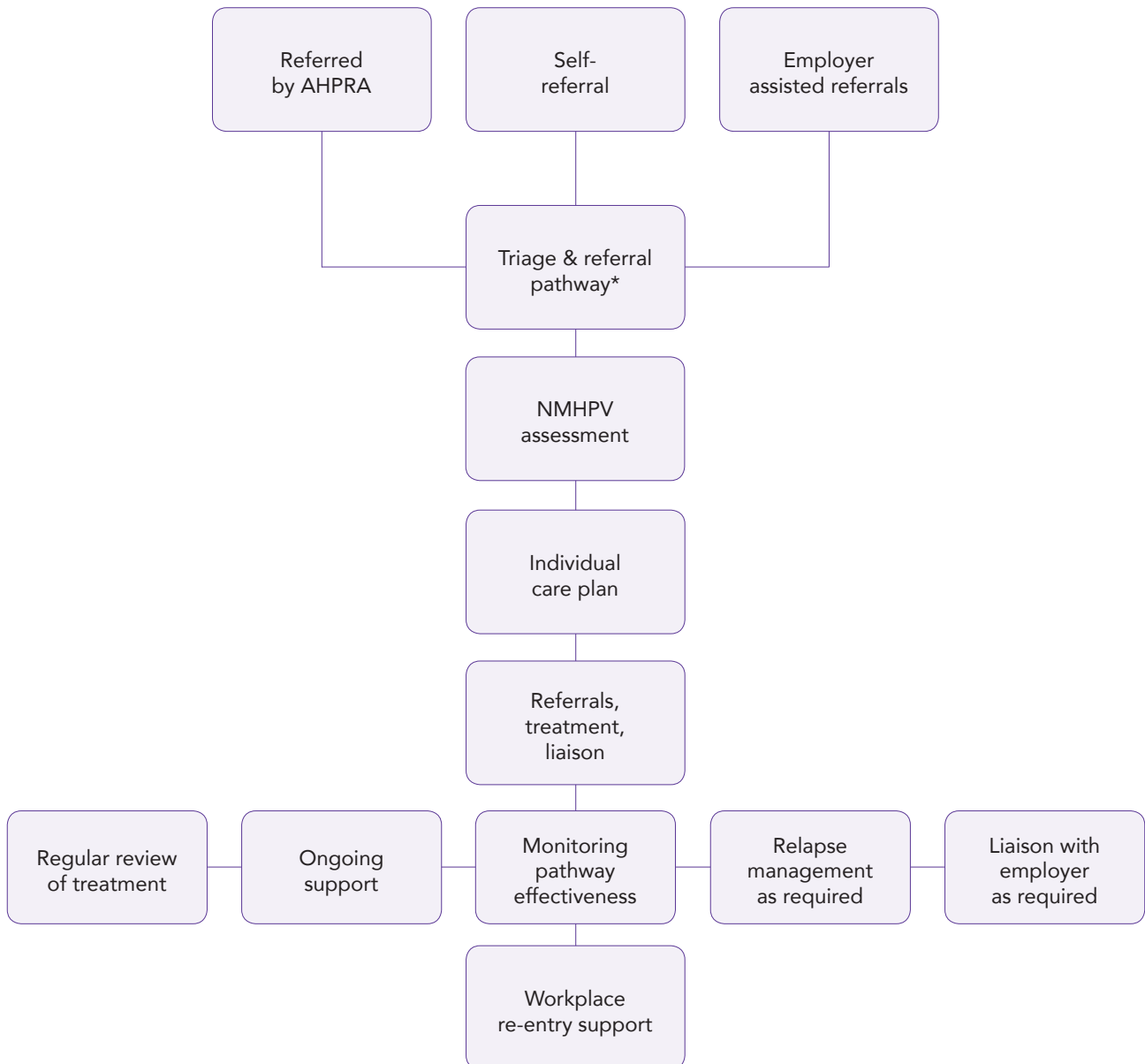
- A Consent to Participate Agreement; and
- A Release of Information consent form (if indicated).

These documents describe the responsibilities of the participant and the NMHPV and ensure clarity is established and maintained. They outline circumstances where information can be exchanged or given to other services and require a signed agreement on the part of the participant.

At the second session a comprehensive assessment is completed, care plan developed and any relevant referrals made.

The NMHPV will continue to support the nurse, midwife or student in their pathway of care, including review and care plan adjustment if required.

Model of Care



*Referral pathway options

- NMHPV (assessment)
- N&MS (as required)
- Employer (EAP)
- General practitioner
- Specialist services (eg. AOD, FV)
- Community based services (eg. AA/NA, CHS)