Mental Health Care Pathways

Who is this document for?
This document has been developed for settlement workers, primary health care workers and other social and community agencies delivering services to refugee and asylum seeker clients in the South Eastern region of Melbourne.

What is this document for?
This document has been developed to assist settlement agencies, primary care and community workers to determine the most appropriate referral service for client mental health support. It is also hoped that it will assist the referrer in communicating effectively with the mental health service they are referring to and that they may provide some advice about effectively engaging with people from refugee backgrounds.

How to use this document?
This document has distinct levels aimed to address the severity of the client’s current presentation.

- **Level 1** Emergency presentations require immediate action. Severe mental health disturbance, there is a significant impact on a person’s functioning, they are experiencing outward symptoms or a risk to themselves or other people due to their mental state.

- **Level 2** Acute presentations also require immediate action. Serious mental health disturbance, there is a marked impact on a person’s functioning, they are experiencing outward symptoms however not of immediate risk to themselves or other people due to their mental state.

- **Level 3a & 3b** More composed presentation a timely, non-emergency referral is required. Mild-moderate mental health disturbance, with mild to moderate impact on daily functioning. Referral agency will be dependent on clients presenting issue

- **Level 3c** Clients requiring counselling for a specific issue: Sexual Assault, Victims of Crime, Substance use including Alcohol, or Gambling issues.

- **Level 4** These services are aimed at prevention of poor mental health by increasing social and community engagement for individuals. These are non-emergency referrals. Please contact agencies directly for program availability.

Page 3 depicts the referral pathway for each level to aid referral decision making. Page 4 provides referral processes and contact details for each level. There are also details of other, non-emergency referral services which may be useful to clients mental health needs.

Why has this document been developed?
There are known barriers to accessing mental health services including: limited access to interpreters, poor skills in working cross culturally and with other conceptions of mental illness and treatment, clients experience difficulty in logistically accessing service (i.e. location, time of appointment, child care), clients fear of service and mistrust for service, confidentiality and mental health literacy. Referrers can use the referral process as a time to discuss with services ways to overcome some of these barriers.
Psychiatric Emergencies

If a person is an imminent danger to themselves or others and you require an immediate response, consider the safety of yourself and others then call Emergency Services Ph. 000 and communicate:

1. Which service you require (generally Police &/or Ambulance)
2. Communicate what is occurring and why you need the emergency service
3. Provide the address and your contact number
4. Ask for the estimated time and follow instructions from the call centre (i.e. stay on the line if requested)
5. Wait out front (or down the street) to flag down emergency services and brief them about the situation
6. When emergency services arrive they are now in charge of resolving the situation

If a person is expressing suicidal thoughts, describes a plan to commit suicide, an intent to harm other or is harming themselves or others through ongoing neglect and there is not an imminent danger to themselves or others contact Monash Health Psychiatric Triage Service (1300 369 012) to discuss the appropriate service and communicate:

1. A person’s consent to make the referral. A person’s consent is not required if there is a serious risk of harm to themselves or others.
2. Name of the person (ensure correct spelling)
3. Date of Birth
4. Explain what is currently occurring
5. Relevant psychiatric, trauma and self harm history, including if medical attentions was required in previous attempts. Current treatments (psychiatric and physical medications and who prescribed the treatment).
6. What caused the sudden need for help? Why is further support required?
7. A persons current location, contact details (i.e. check if they are staying with a friend or family), who they live with and other social supports.

NB: If requesting a call back from triage because you are unable to stay on hold, ensure that the receptionist is informed to expect the call and provided instructions about who they should forward the call to.

Communicating a client’s presentation to mental health services assists with appropriate mental health referral. The mental state examination (World Health Organisation, 1997) is widely used in Victorian mental health services to communicate a client’s presentation. Some elements are more technical than others.

**Appearance:** Age, gender, race/ethnic background, build, hairstyle and colour, apparent health, level of hygiene, mode of dress, physical abnormalities. **Behaviour:** Eye contact, cooperativeness, motor activity, abnormal movements, expressive gestures. **Speech:** Articulation disturbances, rate (rapid, pressured, slow, retarded), volume (loud, quiet, whispered), quality (poverty of speech, monotonous, mutism). **Mood/affect:** Mood (subjective); affect (objective). e.g. Elevated, depressed, labile, angry, irritable, blunted, flattened, euphoric, incongruent, anxious; range and intensity, stability, appropriateness and congruity. **Thought stream:** Amount or speed of thought: Poverty of thought, pressure of thought; slow or hesitant thinking. **Thought Content, Thought form, Perception inc (Hallucinations). **Cognition. Insight** into what is happening and need for help. **Risk:** Summary of risks, including risks to self and others. Indicators of substance use. **Plan:** for ongoing management.

**Other important information:** Relevant psychiatric, trauma and self harm history, including if medical attentions was required in previous attempts. Current treatments (psychiatric and physical medications) and who prescribed the treatment.

What caused the sudden need for help? Why is further support required?
Many mental health services will not have specialist understanding of the refugee experience, referrers may need to spend some time explaining a person’s context to the intake worker.
## Asylum Seeker & Refugee Mental Health Care Pathways

<table>
<thead>
<tr>
<th>Severity Level</th>
<th>Possible Intervention</th>
<th>Referral Service</th>
<th>Feedback following intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level 1</strong></td>
<td>Acute Mental Health Presentation. Client is at risk: potential harm to self or others</td>
<td>CAT Team, Welfare Check (phone/police), GP notification, Short term intervention, Continuing Care Team, In patient psychiatric, PARCS, ED/Refugee Health Nurse Liaison</td>
<td>MRHW Psychiatry, GP ATAPS Program, Foundation House Counselling, CH Counselling, ERMHA ORIGINS &amp; Case Management, SECADA, Primary Mental Health, ELMHS, Headspace, Adult Ment Health Services</td>
</tr>
<tr>
<td><strong>Level 2</strong></td>
<td>Identified Mental Health issue, though not at immediate risk</td>
<td>CAT Team, Welfare Check (phone/police), GP notification, Short term intervention, Continuing Care Team, In patient psychiatric, PARCS, ED/Refugee Health Nurse Liaison</td>
<td></td>
</tr>
<tr>
<td><strong>Level 3</strong></td>
<td>a. Presenting issue is Torture &amp; Trauma (War/Refugee Related)</td>
<td>Foundation House: Counselling and Advocacy, Psychiatry Service</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. Other Mental Health Issues, e.g. depression, anxiety, grief &amp; loss, journey related to trauma, may include torture &amp; trauma, though not the most immediate issue for client</td>
<td>Community Health Counselling, Psychology via GP Referral to ATAPS</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. Specific issues, e.g. sexual assault, gambling, addiction, family violence</td>
<td>Sexual assault - SECASA, victims of crime, gamblers help, SECADA,</td>
<td></td>
</tr>
<tr>
<td><strong>Level 4</strong></td>
<td>Prevention</td>
<td>Community Engagement</td>
<td>ERMHA Origins, Headspace, City of Greater Dandenong, City of Casey, Monash Health community health programs,</td>
</tr>
<tr>
<td></td>
<td>Health Promotion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level</td>
<td>Service</td>
<td>Description</td>
<td>How to access service</td>
</tr>
<tr>
<td>-------</td>
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<td>-----------------------</td>
</tr>
<tr>
<td>1</td>
<td>Emergency Mental Health</td>
<td>Presentation: Client is at risk</td>
<td>Potential Harm to self or others</td>
</tr>
<tr>
<td>1</td>
<td>Adult Mental Health Services*</td>
<td>General Mental Health Issues: e.g. Depression, anxiety, grief &amp; loss, journey related trauma may include torture &amp; trauma though not at immediate risk</td>
<td>Adults with Mental Health (e.g. bipolar, severe depression, risk of harm)</td>
</tr>
<tr>
<td>1</td>
<td>ELMH{*} (Early Life Mental Health Services)</td>
<td>Other Referral Options?</td>
<td>Young people with emotional, behavioural or mental health problems</td>
</tr>
<tr>
<td>2</td>
<td>Adult Mental Health Services*</td>
<td>Presenting issue is Torture &amp; Trauma (War/refugee related)</td>
<td>Individuals with Mental Health diagnosis, requiring intensive to low support</td>
</tr>
<tr>
<td>2</td>
<td>Asylum Seeker Refugee Health Clinic*</td>
<td>Community Health Counselling*</td>
<td>Nurse on Triage</td>
</tr>
<tr>
<td>3a</td>
<td>Preventing issues are Torture &amp; Trauma (War/refugee related)</td>
<td>Community Health Counselling*</td>
<td>Community Health Counselling</td>
</tr>
<tr>
<td>3b</td>
<td>Adult Mental Health Services*</td>
<td>Identified Mental Health Needs though not at immediate risk</td>
<td>Engage and support for young people (12-25 years)</td>
</tr>
<tr>
<td>3c</td>
<td>General Mental Health Services*</td>
<td>Engaged &amp; supported for youth (12-25 years)</td>
<td>Torture &amp; Trauma Counselling</td>
</tr>
<tr>
<td>3c</td>
<td>Psychology through ATAPS*</td>
<td>Engaged &amp; supported for youth (12-25 years)</td>
<td>Access to Psychological Counselling</td>
</tr>
<tr>
<td>3c</td>
<td>Specific Counselling Issue</td>
<td>Engaged &amp; supported for youth (12-25 years)</td>
<td>Self-referral through Intake</td>
</tr>
<tr>
<td>4</td>
<td>Prevention &amp; Support: Community Engagement &amp; Health Promotion</td>
<td>Engaged &amp; supported for youth (12-25 years)</td>
<td>Habla</td>
</tr>
<tr>
<td>4</td>
<td>Community Health Counselling*</td>
<td>Engaged &amp; supported for young people (12-25 years)</td>
<td>Torture &amp; Trauma Counselling</td>
</tr>
<tr>
<td>4</td>
<td>Community Health Counselling*</td>
<td>Engaged &amp; supported for young people (12-25 years)</td>
<td>Access to Psychological Counselling</td>
</tr>
<tr>
<td>4</td>
<td>Community Health Counselling*</td>
<td>Engaged &amp; supported for young people (12-25 years)</td>
<td>Self-referral through Intake</td>
</tr>
</tbody>
</table>

**Additional Specialist Mental Health Services**

- **The Bouvier Centre**: Family Therapy: 9385 5100 (office hours)
- **Victorian Transcultural Psychiatric Unit**: Secondary consultation and resources: 9288 3300
- **Victorian Dual Disability Service**: Dual Disability Services (Fitzroy): 9288 2950
- **The Royal Rehabilitation Centre**: Community Brain Disorder Assessment & Treatment Services: 9490 7366
- **Beyond Blue**: Depression & Anxiety support: 1300 20 4636
- **The Black Dog Institute**: website offering fact sheets (02) 9382 2991
- **Dual Diagnosis Service (Dual mental health & Drug & Alcohol)**: directory of dual diagnosis services

**Mother & Baby Units**

- **Monash Medical Centre**: Clayton: 9594 1414
- **Austin Hospital**: Heidelberg: 9406 6407
- **Mercy Hospital**: Werribee: 9216 8465

**Post Natal Depression**

- **GP Peri-Natal ATAPs Program**: Access to Post Natal Psychological Counselling for either parent: 8792 1911
- **PANDA**: Post and Ante Natal Depression Association: 1300 726 306 / 9493 4600

**Additional services**

- **Asylum Seeker Resource Centre**: 12 Batman Street, Flagstaff: 9326 0606
- **ATAPS After-Hours Suicide Support Line**: Client self service suicide prevention phone number: 1800 858 585
- **PHaM (Personal Helpers and Mentors)**: service for Asylum seekers with no other support: 9326 0606

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* = Monash Health
# = SEMML