

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 is 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.

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| 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

Severity Level		Possible Intervention	Referral Service	Feedback following intervention
Level 1	Acute Mental Health Presentation. Client is at risk: potential harm to self or others	CAT Team, Welfare Check (phone/police), GP notification, Short term intervention, Continuing Care Team, In patient psychiatric, PARCS, ED/Refugee Health Nurse Liaison	MRHW Psychiatry, GP ATAPS Program, Foundation House Counselling, CH Counselling, ERMHA ORIGINS & Case Management, SECADA, Primary Mental Health, ELMHS, Headspace, Adult Ment Health Services	Discharge letter to referring agency, e.g. GP, ERMHA Origins, Settlement Case Manager, Refugee Health Nurse
Level 2	Identified Mental Health issue, though not at immediate risk	CAT Team, Welfare Check (phone/police), GP notification, Short term intervention, Continuing Care Team, In patient psychiatric, PARCS, ED/Refugee Health Nurse Liaison		
Level 3	a. Presenting issue is Torture & Trauma (War/Refugee Related)	Counselling	Foundation House: Counselling and Advocacy, Psychiatry Service	
	b. Other Mental Health Issues, e.g. depression, anxiety, grief & loss, journey related to trauma, may include torture & trauma, though not the most immediate issue for client		Community Health Counselling, Psychology via GP Referral to ATAPS	
	c. Specific issues, e.g. sexual assault, gambling, addiction, family violence		Sexual assault - SECASA, victims of crime, gamblers help, SECADA,	
Level 4	Prevention	Community Engagement	ERMHA Origins, Headspace, City of Greater Dandenong, City of Casey, Monash Health community health programs,	
		Health Promotion		

Key:
 MRHW = Monash Refugee Health & Wellbeing
 ATAPS = Access to Allied Psychological Services
 CATT = Crisis Assessment Treatment Team
 CH = Community Health
 ermha = Eastern Regions Mental Health Association
 SECADA = South East Alcohol & Drug Service
 SEMML = South Eastern Melbourne Medicare Local

Level	Service	Description	How to access service	Telephone No.	other referral options?	Interpreter Provided?	Hours of operation	
1	Emergency Mental Health Presentation: Client is at Risk potential Harm to self or others	Psychiatric Triage*		1300 369 012			24/7	
		E.D.*		000			24/7	
		GP AT Risk	GP phone line (Dandenong & Casey) for clients at risk	TBA by SEMML	SEMML to advise			
2	Acute Mental Health Presentation: Identified Mental Health Need though not at immediate risk	Adult Mental Health Services*	acute mental health (e.g. psychotic, bipolar, severe depression, risk of harm)	via Psychiatric Triage	1300 369 012			
		ELMHS* (Early in Life Mental Health Services)	young people with emotional, behavioural or mental health problems					
		Asylum Seeker Refugee Health Clinic*	Nurse led medical clinic for newly arrived AS/R	Nurse on Triage	9212 5700	Fax ScTT referral	yes	9am-5pm Mon - Fri
		GP ATAPs Program	Access to Psychological Counselling	GP Will access services for patients	8792 1911	Local Hospital E.D. s	if required	GP Clinic Hours
		Community Health*	Community Health Counselling	through Access & Intake	8768 5147	ASRHC, Doveton	Yes	9am-5pm Mon - Fri
	ermha	Individuals with Mental Health diagnosis, requiring intensive to low support	Intake	9706 7388	GP/secondary Service Providers	Yes	9am-5pm Mon - Fri 9.30-6pm M, W, F; 11-6pm T/T; 9.30-3pm Sat	
	HeadSpace	Engagement and support for young people (12-25 years)	Self referral through Intake	1800 ... TBA	info@headspace.org.au			
3a	Presenting issue is Torture & Trauma (War/refugee related)	Victorian Foundation for Survivors of Torture: Foundation House	Torture & Trauma Counselling	Call Brunswick office; different service options available (Asylum Seekers; CD; HSS; Post HSS)	9389 8900	Yes	9am-5pm Mon - Fri	
3b	General Mental Health Issues: e.g. Depression, anxiety, grief & loss, journey related trauma may include torture & trauma though NOT most immediate issue for client	Community Health Counselling*	Community Health Counselling	through Access & Intake	8768 5147	ASRHC, Doveton	Yes	9am-5pm Mon - Fri
		Psychology through ATAPS#	Access to Psychological Counselling	GP Will access services for patients		Local Hospital E.D. s	if required	GP Clinic Hours
		Primary Mental Health*	treatment of: depression, anxiety, or feelings of sadness, or cannot cope	non-emergency	9767 4400			
3C	Specific Counselling Issue	SECASA*	Counselling for victims of sexual assault	Phone central intake phone number	1800 806 292			
		Victims of Crime Compensation & Counselling Service			1800 000 055			
		SEADS*	a comprehensive program for the management of Alcohol and Drug use	Self referral through Intake	8792 2330	drop in Thomas St		8am-5pm Mon-Fri
		Gamblers Help			1800 858 8585 / 9767 4400			
4	Prevention & Support: Community Engagement & Health Promotion	ermha	Individuals with Mental Health diagnosis, requiring intensive to low support	Intake	9706 7388	GP/secondary Service Providers	Yes	9am-5pm Mon - Fri 9.30-6pm M, W, F; 11-6pm T/T; 9.30-3pm Sat
		Headspace	engagement and support for young people (12-25 years)	http://www.headspace.org.au/	1800 ... TBA	info@headspace.org.au		
		Health Promotion*	A variety of Health Promotion and Community Engagement programs exist facilitated via neighbourhood houses, city & shire councils, and health services. Please check websites for details	http://www.monashhealth.org				
		Shire of Cardinia		http://www.cardinia.vic.gov.au				
		City of Casey		http://www.casey.vic.gov.au				

* = Monash Health
= SEMML

Additional Specialist Mental Health Services	The Bouverie 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)	(No direct Service)	9288 2950			
	The Royal Rehabilitation Centre	Community Brain Disorder Assessment & Treatment Services		9490 7366			
	Beyond Blue	Depression & Anxiety support	phone support and website support	1300 22 4636	www.beyondblue.org.au		
	The Black Dog Institute		website offering fact sheets	(02) 9382 2991	www.blackdoginstitute.org.au		
Dual Diagnosis Service (Dual mental health & Drug & Alcohol)	directory of dual diagnosis services				http://www.dualdiagnosis.org.au/home/index.php?option=com_contact&catid=24&itemid=3		

Mother & Baby Units	Monash Medical Centre	Clayton		9594 1414			
	Austin Hospital	Heidelberg		9496 6407			
	Mercy Hospital	Werribee		9216 8465			
Post Natal Depression	GP Peri-Natal ATAPs Program	Access to Post Natal Psychological Counselling for either parent	GP Will access services for patients	8792 1911	Local Hospital E.D. s	if required	GP Clinic Hours
	PANDA	Post and Ante Natal Depression Association		1300 726 306 / 9428 4600			Mon-Fri 9am-7pm

additional services	Asylum Seeker Resource Centre	12 Batman Street, Flagstaff	service for Asylum seekers with no other support	9326 6066	http://www.asrc.org.au/		
	ATAPS After-Hours Suicide Support Line	Client self service suicide prevention phone number		1800 859 585	email: ataps-afterhours@crisisupport.org.au		
	PHaM (Personal Helpers and Mentors)	aims to provide increased opportunities for recovery for people whose lives are severely affected by mental illness			http://www.fahcsia.gov.au/our-responsibilities/mental-health/programs-services/personal-helpers-and-mentors		