

EPYCentre Referral Information

Thank you for your enquiry regarding a referral to the EPYCentre Functional Recovery Team.

The EPYCentre Early Psychosis Youth Service provides support to young people and their families who are referred from State Health Service Providers (HSPs) within the Perth South Metro area, after being stabilised from a first episode of psychosis.

The team provides specific functional recovery supports and/or services that are complementary to the care they are receiving from HSPs to support the young person and their family in the community.

Young people referred to the program must:

- Be between 12 and 25 years of age (at the time of referral).
- Have experienced a first episode of psychosis, characterised by a severe level of clinical symptoms and degree of impairment to social, personal, family and occupational functioning.
- Have not received treatment for psychosis by a mental health service (public or private) for a duration of 24 months or more (at the time of referral).
- Be referred from a HSP, where functional recovery is identified as a component of a care plan.
- Have their ongoing case management retained by the HSP.

Through a recovery oriented case-management framework EPYCentre provides person-centered and developmentally appropriate functional recovery support. Care coordination by the EPYCentre team is offered in conjunction with clinical services provided by the referring HSP, and in collaboration with the young person and their family (as appropriate).

The focus of engagement is determined by the young person and may include:

- One-one goal setting and recovery planning.
- Evidence-based vocational and educational support.
- A weekly structured group program, both at EPYCentre and within the community. Activities are focused on skills development, socialisation and are complementary to individual support provided by Community Mental Health Workers.
- Family support that empowers the family to cope and adjust to the young person's experience.
- Peer support provided to young people by young people who have themselves had a lived experience and that addresses stigma, enhances engagement and instils hope and optimism.
- Alcohol and other drug (AOD) support in parallel with an AOD specialist service where required.
- Coordination, liaison and engagement support.

Young people are eligible for support by EPYCentre for a maximum of two years. In the event that the young person identifies they would benefit from support with a specific goal, and will only require time-limited intervention, they can be supported through the 'Brief Intervention' stream which carries a maximum term of engagement of three-months.

Exclusion criteria:

- Ultra-high risk
- Engaged in treatment for longer than 24-months
- Not engaged with a state mental health service provider (at any point of treatment)
- Needs are better met by another service



EPYCentre Referral Form

EPYCentre provides services to young people aged between 12 and 25 years who have had a first episode of psychosis and are referred for functional recovery services as part of a continuing care plan initiated by the state area Health Service Provider (HSP).

EPYCentre (Ruah Community Services) Address: 5E/817 Beeliar Drive, Cockburn Central, WA 6164
Email referral to: EPYCentreReferrals@ruah.org.au

YOUNG PERSON - PERSONAL INFORMATION

Date of referral	UMRN	Age (at time of referral)
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First name*	Last name*
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Preferred name	Pronouns (he/she/they)	D.O.B.
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Gender
 Male Female Gender diverse/non gendered Transgender male
 Transgender female Non binary Gender fluid Prefer not to say Self identity

Intersex variaton Yes No Prefer not to say

Address*

Email	Telephone
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**Please note, at least one method of contacting the person must be provided*

Country of birth	Aboriginal <input type="checkbox"/> Yes <input type="checkbox"/> No	Torres Strait Islander <input type="checkbox"/> Yes <input type="checkbox"/> No
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Main language	Dialect
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Interpreter required Yes No

NEXT OF KIN / GUARDIAN

Relationship Parent Legal guardian Partner Next of kin Nominated person Other

First name	Last name	Telephone
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Address

YOUNG PERSON CURRENT SITUATION

To be eligible, the following criteria must be met:

- | | |
|---|---|
| <input type="checkbox"/> Has experienced a first episode of psychosis | <input type="checkbox"/> Is between 12-25 years old |
| <input type="checkbox"/> Not had active treatment for psychosis for more than 24 months | <input type="checkbox"/> If under 18, a parent or guardian consents to the referral |
| | <input type="checkbox"/> Will have ongoing case management retained by the HSP |

If these criteria are not met, please explain below:

SUPPLEMENTARY DOCUMENTATION

Please provide the following:

- | | |
|---|---|
| <input type="checkbox"/> BRA | <input type="checkbox"/> Discharge Summary (if available) |
| <input type="checkbox"/> Case Management Plan | <input type="checkbox"/> K10* |
| <input type="checkbox"/> Crisis Plan | |

**Please include a copy of the most recent K10. EPYCentre funders require a K10 at commencement and conclusion of service, which also assists with our intake, triage and allocation process.*

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CURRENT RISK/SAFETY ISSUES

Please indicate the level of risk for the following:

- | | | | | |
|----------------------------|------------------------------|---------------------------------|-------------------------------|----------------------------------|
| Suicide | <input type="checkbox"/> Low | <input type="checkbox"/> Medium | <input type="checkbox"/> High | <input type="checkbox"/> Unknown |
| Self-harm | <input type="checkbox"/> Low | <input type="checkbox"/> Medium | <input type="checkbox"/> High | <input type="checkbox"/> Unknown |
| Violence to others | <input type="checkbox"/> Low | <input type="checkbox"/> Medium | <input type="checkbox"/> High | <input type="checkbox"/> Unknown |
| Vulnerable to exploitation | <input type="checkbox"/> Low | <input type="checkbox"/> Medium | <input type="checkbox"/> High | <input type="checkbox"/> Unknown |
| Justice/ legal issues | <input type="checkbox"/> Low | <input type="checkbox"/> Medium | <input type="checkbox"/> High | <input type="checkbox"/> Unknown |
| CTO | <input type="checkbox"/> Low | <input type="checkbox"/> Medium | <input type="checkbox"/> High | <input type="checkbox"/> Unknown |

Please detail historical and current risk/safety issues **and** attach recent risk assessment (BRA):

SUBSTANCE USE

- Tobacco Alcohol Cannabis Amphetamines Inhalants Prescription Opioids Cocaine
 Other (please specify)

Please specify quantity, duration and impact of use if known:

REASON FOR REFERRAL

Please include any pertinent and relevant information that is important to know at time of referral, including:

- Experience of psychosis and current mental health
- Current understanding of functional recovery goals
- Relevant developmental, relationship and occupational history
- Any barriers identified that may impede functional recovery

Diagnosis (if applicable):

Please indicate here the type of functional recovery services requested:

- | | |
|---|---|
| <input type="checkbox"/> Vocational and educational support | <input type="checkbox"/> Peer support |
| <input type="checkbox"/> Physical health programs | <input type="checkbox"/> Family support |
| <input type="checkbox"/> Group programs | <input type="checkbox"/> Alcohol and Other Drug (AOD) support |

Please provide further information:

DO YOU INTEND TO REFER THE CLIENT FOR 'BRIEF INTERVENTION' SUPPORT? (Max. term is three-months)

- Yes No

If YES, please answer the following questions:

What is the identified recovery goal of the young person?

- Vocational and education and/or employment
 Physical health programs
 Group participation
 Peer support
 Alcohol and other drug (AOD)

Please provide further information regarding the young person's goal:

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Are there any additional factors that may impact on the young person's ability to achieve this goal within three-months?

- Accommodation (home and environment)
- School/education/employment
- Relationships
- Risk taking (NSSI, legal issues, convictions)
- Alcohol and other drug use (AOD)
- Income/finances
- English proficiency (reading writing, language)
- Transport
- Health issues (other than Mental Health)
- Other (*please define*):

LIVING / SOCIAL SITUATION

Current living situation Secure Tenuous Homeless Unsafe

Accommodation type

- Living alone
- Living with family
- Crisis Accommodation
- Hostel Accommodation
- Rental with friends
- CPFS placement
- Couch surfing
- Rental alone
- Supported accommodation
- Transient
- Homeless
- Public Housing
- Rental with others

Is it safe and appropriate for Ruah workers to attend the property? Yes No

List any other services involved (e.g. Job Network Agency)

MEDICAL HISTORY

Does the young person have any ongoing illnesses or conditions? Yes No

Specify below and attach any additional information:

CURRENT MEDICATIONS

Medications	Dose/frequency	Date commenced/duration of use

Any further details:

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OTHER SIGNIFICANT CONTACTS/SERVICES INVOLVED

Contact Person	Address	Telephone
Usual GP		

Any further details:

Please provide most recent BRA, Case Management Plan, Crisis Plan and if available Discharge Summary:
The EPYCentre is also required to submit a K10 at the commencement and conclusion of service.
Please include your most recent copy of K10. This will support with our intake, triage and allocation process.

Please provide any further information you may consider relevant to assist in comprehensive service provision:

YOUNG PERSON'S CONSENT

- Do you consent to your information being stored in Ruah's secure client database? Yes No
- Do you consent to anonymised data being supplied to the Department of Health? Yes No
- Do you consent to Ruah contacting your referrer? (*details below*) Yes No

Client's signature

If the client is not present, please indicate if they provided verbal consent to the above Yes No

REFERRER DETAILS

Name	Position
Contact number	Email
Agency/address	