

MH - COPMI Referral Form

REFERRAL PROCESS

- Referral forms can be accessed from the Wanslea website – www.wanslea.org.au
- The first point of contact for referrals to the COPMI program is through the Duty Social Worker on Phone: 9245 2441: **8:30am – 5:00pm Monday to Friday.**
- Referrals can be emailed to dutysw@wanslea.org.au

The COPMI (Children of Parents with a Mental Illness) Program is a child focused, family centred, strengths-based and recovery oriented program that aims to support children of parents with mental illness to develop knowledge and skills to enhance their mental health.

Guidelines for referral to the COPMI program:

- Children and young people aged up to 18 years whose parent/s have a mental illness;
- Children or young person's involvement is voluntary;
- Parent/Guardian agreement for their child/ren's involvement in the COPMI program;
- Wanslea acknowledges the importance of the family's involvement in all stages of the referral process. Completion of the referral form in partnership with the family is required;
- Mental Health case management for their Parent/s or Guardian/s is a requirement of referral to the COPMI program;
- A completed referral form is required

Wanslea's Mental Health programs are guided by the Australian Research Alliance for Children and Youth (ARACY) Common Approach. It provides a framework for the assessment, referral and support of children, young people and their families to improve their wellbeing.

Children (please provide details of the children below)

Surname	First Name	DOB	Age	M/F Diverse Gender Identity	Ethnicity	Aboriginal or Torres Strait Islander	Current living situation

Please direct all enquiries to the Duty Social Worker:
Phone (08) 9245 2441 or documents can be emailed dutysw@wanslea.org.au

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Referrer			
Name		Agency/School	
Telephone		Mobile	
Email Address			
Are you the parent/s Mental Health Case Manager?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If No , please provide details of the Mental Health Case Manager			
Name		Agency/Clinic	
Telephone		Mobile	
Email Address			
Has the family agreed to this information being shared?		Yes <input type="checkbox"/> No <input type="checkbox"/>	

Family			
Parent/Caregiver		Parent/Caregiver	
DOB		DOB	
Gender Male <input type="checkbox"/> Female <input type="checkbox"/>		Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	
Intersex/indeterminate <input type="checkbox"/>		Intersex/indeterminate <input type="checkbox"/>	
Address		Address	
Mobile & Land		Mobile & Land	
Email		Email	
Australian Aboriginal Yes <input type="checkbox"/> No <input type="checkbox"/>		Australian Aboriginal Yes <input type="checkbox"/> No <input type="checkbox"/>	
Torres Strait Islander Yes <input type="checkbox"/> No <input type="checkbox"/>		Torres Strait Islander Yes <input type="checkbox"/> No <input type="checkbox"/>	
Country of Birth		Country of Birth	
Ethnicity		Ethnicity	
Language spoken at home		Language spoken at home	
Interpreter required Yes <input type="checkbox"/> No <input type="checkbox"/>		Interpreter required Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other Significant Adults			
Relationship to Child		Relationship to Child	
DOB		DOB	
Address		Address	
Telephone		Telephone	
Australian Aboriginal Yes <input type="checkbox"/> No <input type="checkbox"/>		Australian Aboriginal Yes <input type="checkbox"/> No <input type="checkbox"/>	
Torres Strait Islander Yes <input type="checkbox"/> No <input type="checkbox"/>		Torres Strait Islander Yes <input type="checkbox"/> No <input type="checkbox"/>	
Interpreter required Yes <input type="checkbox"/> No <input type="checkbox"/>		Interpreter required Yes <input type="checkbox"/> No <input type="checkbox"/>	
Ethnicity		Ethnicity	
Language spoken at home		Language spoken at home	

In accordance with the Commonwealth Privacy Act (1988) the personal information collected about families will be used in a confidential manner by Wanslea staff strictly for the purpose of facilitating the Cusp program. Clients are able to access their own information

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Safety and Health

Are there any known risks to a worker's safety in this family? Yes No

If yes, please elaborate below:

Are there any known court orders relating to this family? Yes No

If yes, please elaborate below:

Is there any known communicable (infectious) disease in the family? Yes No

If yes, please elaborate below:

Is there a physical disability in the family? Yes No

If yes, please elaborate below:

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Is there an intellectual disability in the family? Yes No

If yes, please elaborate below:

What is the diagnosis of the parent/s? Please provide details and the duration and severity of the condition.

Please indicate the family's strengths:

Has the family identified what they see as the challenges affecting them? Yes No

If yes, please elaborate below:

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Please comment on the challenges impacting on the child/ren as a result of their parents' mental illness. Are they recent in origin or do they reflect a chronic situation?

What strategies have the family tried to overcome these challenges? Please list other agencies that have been or are currently involved with the family.

What supports are currently in place that:

- Support children to respond to challenges
- Minimise the risk factors for children
- Reduce the impact of parental hospitalisation
- Assist parents in their parenting

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Is the family currently involved with Child Protection and Family Support? Yes No

If yes, please elaborate below:

What does the child/children and family understand are the reasons for the referral to Wanslea's COPMI program?

What evidence is there that the child/ren and their family are willing to work with Wanslea on issues causing concern?

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These questions are to be completed by the family being referred to the program

Name of person providing the information	
Family Name	

What are the issues that currently worry your family?

What are your family's strengths?

What do you hope to achieve with Wanslea's support?

Signature: _____ Date: _____

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CONSENT TO RELEASE INFORMATION

I, _____

give permission for Wanslea to exchange information with the agencies I nominate below in relation to Wanslea's work with my family.

I also give Wanslea permission to collect and use the information for the purposes of program management. This includes the understanding that Wanslea may disclose de-identified information to the Mental Health Commission of WA for the administration of its Mental Health support services.

Signature: _____ Date: _____

Please direct all enquiries to the Duty Social Worker:
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Notification

The information that you provide on this form includes your personal information. Your personal information is protected by law, including the Privacy Act 1988. Your personal information collected on this form is used primarily for Wanslea Limited's program management purposes. We use the information that you provide on this form to better understand the profile of the children and families referred to the COPMI program, to help plan and improve activities delivered and to make sure they are easy to access and delivering good outcomes for the local community. You can find more information about the way the Wanslea Limited will manage your personal information, including information about accessing and correcting personal information held on its client management system and making privacy complaints on the Wanslea website. For information about how and Wanslea Limited manages your personal information, please contact us on (08) 92452441.

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