

Referral and Consent form

- Please first read through the inclusion and exclusion criteria to assess if tangata whai ora meets the criteria.
- Please indicate how tangata what ora will provide funding.
- GP/health professional to sign the bottom of the referral form.
- Please have the tangata what ora complete the consent form on the last page.

Inclusion and exclusion criteria

The programme is designed for tangata what or a experiencing a range of mental health difficulties including, but not limited to:

- Major depressive disorder
- Anxiety disorders (GAD, social anxiety, OCD, PTSD)
- Mood disorder resulting from chronic disease, multiple comorbidities, chronic pain, challenging environmental factors
- Enduring mental ill health

Tāngata whai ora with other diagnosed problems may also benefit from the programme, and their suitability will be assessed on an individual basis. We are happy to take enquiries where a diagnosis is unclear or not included in the criteria above. Please send your enquiries to <u>enquiries@whakamātūtū.org.nz</u>

The programme is not suited for those who are:

- under 18 years of age
- acutely mentally unwell and need a higher level of support
- experiencing active psychosis or in active addiction
- have cognitive deficits or language difficulties that would limit their ability to participate in talk therapy
- have significant recent forensic history
- are not available to attend daily Monday to Friday for six weeks

<u>Funding</u>

Please tick the payment method

1. Accident Compensation Corporation (ACC) $\ \square$

ACC will fund the full cost of the programme for those who have a covered mental injury diagnosis:

- Sensitive Claims (Mental Injury Caused by Sexual Violence)
- Mental Injury caused by Physical Injury (MICPI)
- Work Related Mental Injury (WRMI)
- Treatment Injury Mental Injury (TIMI)

ACC Claim number: _____

2. Private Insurance

We have received support from a number of private life insurance companies who will fund the full cost of the programme for claimants who meet the referral criteria. If your patient has a covered claim and is currently off work, please email us for further information on how to make a referral under this funding stream.

3. Self-funded referrals □

We welcome referrals for those who can self-fund their treatment. The cost of this is \$12,500 excluding gst (\$14,375 including gst). This fee would cover all three stages of the programme.

Intake Dates

Whakamātūtū's groups run on a rolling intake system with a new group starting every few weeks. We welcome referrals at any point in the year.

How to submit a referral

Email this form, along with your patient notes to <u>enquiries@whakamātūtū.org.nz</u> We will review it and let you know the outcome within a week. If you have any questions about our referral process or the Centre, please don't hesitate to email us.

Referral Form

GP/healthcare provider's name:	
GP Practice/Health Practice:	
Contact number:	
Name of person being referred:	
NHI:	DoB:
What is the reason for referral?	

Risk screening checklist, tick the relevant boxes. When marking "yes" or "don't know" please provide a comment and attach any relevant clinical notes.

Screening questions	Yes	No	Don't know	Comment
Is there a current risk of self-harm or suicide?				
If yes, have there been any attempts in the past 3 months?				
Is there recent violence or current risk of harm to others identified?				
Does the person have any bail or probation conditions?				
Is there a history of sexual offending, serious violent offending, arson or fire setting?				
Does the person have active substance abuse issues?				
Does the person have a history of psychotic episodes? If yes, when was the last?				

Before submitting your referral, please ensure you have provided the following documentation:

- Relevant clinical notes
- Drug or food allergies
- MHAIDS Comprehensive Plan (if applicable)
- Current medications
- Relevant discharge summaries
- MHAIDS Wellness Plan (if applicable)

Your practice will remain the key clinical lead for all matters relating to your patient. Our clinicians will contact you to discuss any medication queries or concerns around your patient's mental state.

I am aware I will remain the key clin	ical lead for my client during their time in the
Whakamātūtū programme.	Yes □ (referrer to tick)
Referrer signature:	

Consent to obtain and release information

At Whakamātūtū, it is important to us that you feel safe and comfortable. This handout includes information about your rights as somebody accessing our service and also outlines how we use your information to provide you with the best care that we can.

Rights and consent				
 As part of your welcome pack, you'll get a copy of the Health and Disabil Rights, which tells you how you can expect to be treated in any health or service in Aotearoa New Zealand. 	•			
 Your personal information will be stored in accordance with the Health In Privacy Code, which you can find online, or by asking a Whakamātūtū sta 				
 If things aren't going how you'd like, you can share a concern or complain Practice Manager. Check your welcome pack FAQs for other ways of har 				
 You can ask to review your consents at any time and change your mind a you've consented to; just let us know. 	about anything			
Collecting and storing information				
 All the information we collect will be relevant to the work we are doing wit It's up to you how much or how little you tell us, but some things are nece offer you the best programme. Staff can tell you more about this. We keep your information private and safely stored on a customised syst Recordbase, or in a paper file that is securely locked away. You can ask to review or correct this information or get a printed version contacting your key worker, your therapist, or the Practice Manager. For more details, see the Whakamātūtū Confidentiality and Consent Polic 	essary for us to em called of it by			
 We share information across the staff team at Whakamātūtū. This is so e 	veryone can			
understand how best to support you.	,			
 Information will only be shared with people you agree to share it with, but cases we are required to share information about you. This could be beck concerns for your or someone else's safety, or when we are directed by concerns 	ause of serious			

Oranga Tamariki, Police or the Courts.

- We support health students and interns to gain practical experience at Whakamātūtū. They are studying recognised courses at local universities and are here as learners. Each is supervised by qualified and experienced staff. Please inform staff if you do not wish to work with students or interns.
- We are also working with AUT (Auckland University of Technology) to track the effectiveness of our programme. All participant information is anonymous, but please inform staff if you do not want to be part of this research.
- We work alongside and share information with other services and government agencies. You can tell us if there is any person or agency who you do not want Whakamātūtū staff to share information with.
- Other mental health services, GPs and pharmacists are part of our healthcare system and we share information with them so that you can get the right support.
- When you finish your programme, you will receive a summary of your treatment. This will also be sent to your referring health professional (usually your GP).

I have had this form explained to me and had my questions answered.

Tāngata whai ora _____

Date _____