



Referral to the Mother and Baby Unit

Date of Referral: ___/___/___

Who can refer to MBU?

Health professionals.

Eligibility criteria for referral:

- Women with severe mental health problems whose baby or babies are non-toddlers, aged up to 12 months and there is a major impact on their level of functioning and/or ability to parent.
- Substance abuse and alcohol use is not tolerated on the ward and women with substance and alcohol dependencies will only be considered following completion of withdrawal and detox.
- Medical clearance from infectious disease and illness with a minimum 48 hours symptom free.

Referral:

1. Initial contact should be by phone to discuss suitability /eligibility of the referral
2. Complete attached form and email to MBU@health.wa.gov.au or fax to MBU
3. Referrals will be discussed and prioritised

MBU is not an emergency service and admission is therefore Monday to Friday, if possible. For urgent assistance and intervention please contact Mental Health Emergency Response Line (MHERL) on 1300 555 788.

Waiting for admission:

- MBU will prioritise referrals with psychiatrically urgent admissions taking priority.
- Due to the priority admission process it is difficult to predict admission times and admission cannot be guaranteed.
- When a bed becomes available a MBU staff member will contact you and your patient.
- Prior to admission MBU is unable to take responsibility for the setting up of alternative supports, however we recommend the following support services:

Support services:

Women, children, fathers, partners and their families needing ongoing support whilst waiting for admission can access these services which have been identified as providing support and referral to other community services (please note that this list is not exhaustive):

- Emergency Departments of general hospitals
- MHERL 1300 555 788
- Crisis Care 08 223 111 or 1800 199 008 TTY 08 93251232
- NGALA 08 9368 9368 or 1800 111 546 (country callers)
- Various Mental Health services such as access to Clinical Psychologists are available through a *Mental Health Care Plan* from GPs. These services are covered by Medicare.

Receipt of this form does not imply that referral has been accepted.

MBU staff will contact you for further information and discussion of status of the referral.



Patient Details

Surname: _____ First Name: _____ Date of Birth: __/__/____

CALD Interpreter needed? ATSI Disability

Address:

Suburb: _____ Postcode: _____

Phone: Home _____ Mobile _____

Next of Kin: _____ Relationship to Client: _____

Phone: Home _____ Mobile _____

Children(s) Details

#	Child Name	DOB	Hospital of Birth	Sex	Breast feeding
1.		/ /		M or F	Y or N
2.		/ /		M or F	Y or N
3.		/ /		M or F	Y or N
4.		/ /		M or F	Y or N

Are there any concerns about the admitted baby's physical or mental health? Y N

Comment:

Risk Assessment (Circle the relevant box for each domain).

For explanation of categories, please see **Risk Assessment Guide** on the last page

RISK OF HARM TO SELF	None	Low	Moderate	Significant	Extreme
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RISK OF HARM TO OTHERS (INCLUDING BABY)	None	Low	Moderate	Significant	Extreme
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LEVEL OF PROBLEM WITH FUNCTIONING	None/Mild	Moderate	Significant Impairment in one area	Serious Impairment in several areas	Extreme Impairment
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LEVEL OF SUPPORT AVAILABLE	No problems / Highly Supportive	Moderately Supportive	Limited Support	Minimal	No support in all areas.
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ATTITUDE AND ENGAGEMENT TO TREATMENT	No Problem/ Very Constructive	Moderate Response	Poor Engagement	Minimal Response	No Response
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OVERALL ASSESSMENT OF RISK	LOW	MEDIUM	HIGH	EXTREME
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Mental Health Assessment

Has a Mental Health Care Plan been completed with this client? **Y** **N**

If yes, please attach most recent copy

Is the client currently taking Psychiatric Medication: **Y** **N**

Medication:	Dose:	Prescribing Dr. & contact number
1.		
2.		
3.		

Does the Client have any physical health issues or co-morbidities: **Y** **N**

If yes, please provide a detailed description below including medication

Does the client have any current drug or alcohol dependencies or known substance abuse:
Y **N**

If yes, please describe below

Presenting Issues

Please describe presenting issues and history. **(Note the patient must be suffering from an acute treatable moderate to severe mental health illness).**

Please identify goals of admission:

- 1.
- 2.
- 3.



Current Mental State

Appearance:

Behaviour:

Mood and Affect:

Speech:

Cognition:

Thoughts:

Perception:

Insight and Judgment:

Current Supports and Services

- Psychiatrist
 - Psychologist
 - GP
 - Family
 - Partner
 - Mental Health Nurse/Clinician
 - Adult Mental Health Service
 - Other
-
-
-

Has consent been granted from the client for this referral? **Y** **N**



Legal, Court Orders

Are there any current Forensic or Legal issues (incl. child protection orders): **Y** **N**
(If yes, please provide details below and attach copy of any orders)

To the best of your knowledge have any child protection notifications been made: **Y** **N**

Is the client aware of child protection issues: **Y** **N**

DCP Case Manager Name (if applicable):

Phone:

Office Location:

Referrer Details

Name:

Designation:

Service:

Contact address:

Suburb:

Postcode:

Telephone:

Fax:

General Practitioner:

Name:

Phone:

Name of Practice:

Please outline your intended ongoing plan of care with this client until admission to MBU:

The MBU is a tertiary referral centre and does not have an acute response service.
If you require urgent acute or crisis intervention, please call the
Mental Health Emergency Response Line (MHERL) ON 1300 555 788
or your nearest hospital emergency department.

This form last revised 20/11/2017



Risk Assessment Guide

Risk of harm to self/others				
0. None (no thoughts or action of harm).	1. Low (Fleeting thoughts of harming themselves or harming others but no plans/current low alcohol or drug use).	2. Moderate (current thoughts/distress/past actions without intent or plans/moderate alcohol or drug use).	3. Significant (current thoughts/past impulsive actions /recent impulsivity /some plans, but not well developed /increased alcohol or drug use).	4. Extreme (Current thoughts with expressed intentions/past history/plans/ unstable mental illness/ high alcohol or drug use, intoxicated/violent to self/others/ means at hand for harm to self /others).

Level of problem with functioning				
0. None/Mild (No more than everyday problems /slight impairment when distressed).	1. Moderate (Moderate difficulty in social /occupational or school functioning/reduced ability to cope unassisted).	2. Significant Impairment in one area (either social, occupational or school functioning).	3. Serious Impairment in several areas (Social, occupational or school functioning).	4. Extreme Impairment (inability to function in almost all areas).

Level of support available				
0. No problems/Highly Supportive (all aspects /most aspects highly supportive/self/ family /professional/ effective involvement).	1. Moderately Supportive (Variety of support available, able to help in times of need).	2. Limited Support (few sources of help, support system has incomplete ability to participate in treatment).	3. Minimal (few sources of support and not motivated)	4. No support in all areas.

Attitude and Engagement to treatment				
0. No Problem/ Very Constructive (Accepts illness and agrees with treatment/new client)	1. Moderate Response (Variable/ ambivalent response to treatment).	2. Poor Engagement (Rarely accepts diagnosis).	3. Minimal Response (Client never cooperates willingly).	4. No Response (Client has only been able to be treated in an involuntary capacity).