

How to use the My Mental Health Services eReferral – eLink

This guide will assist referrers to generate a My Mental Health Service eReferral through the e-Link <https://phnbnws.redicase.com.au/#!/referral/create>.

Through the My Mental Health Services eReferral GPs and other health professionals can access an expanded range of Brisbane North PHN commissioned mental health, alcohol and other drugs and suicide prevention services.

Visit the following [Brisbane North PHN mental health program information](#) to access the following resources:

- My Mental Health Services Map – quick guide to services and eligibility criteria
- Services Magazine – full list of service providers
- Stepped care approach
- Initial Assessment and Referral guidance
- Referral instruction guides

For information about mental health services contact the My Mental Health Service Navigation team.

Phone: 1800 752 235 (8.30 am – 4.30 pm, Monday to Friday)

Email: navigation@brisbanenorthphn.org.au

The My Mental Health website may be of interest to referrers, consumers and their carers and family members: www.mymentalhealth.org.au



Step 1 – Add the following e-Link to your preferred internet browser:

<https://phnbnws.redicase.com.au/#!/referral/create>. The eReferral now appears. Please complete the eReferral (example completed below). Please note all mandatory fields have an asterisk*

Hint: provide your email address to receive referral updates.


✕ Cancel Referral

Print

Select Service Provider →

My Mental Health Services Referral

For all enquires and referral support, contact My Mental Health Service Navigation
Team 8:30am- 4:30pm Monday to Friday.
Call: 1800 752 235. Email: navigation@brisbanenorthphn.org.au



An Australian Government Initiative

Brisbane North PHN commissions a range of mental health, suicide prevention, and drug and alcohol services across the North Brisbane region. The information provided on this referral form will be used to assist you to select a service that is matched to your client's needs. Please note, services are restricted to people living in the North Brisbane PHN region.

Referrer Details

Referral Date*	Referrer Name*	Practice Name*
16/05/2021	Dr A Practitioner	Brisbane North PHN - Official 2017
Practice Postcode*	Provider Number*	Practice Email*
4670	24266218	
Phone*	Fax*	Client Consent?*
1300 788 802	07 4151 1896	Yes

***Please Observe the Following:**

By consenting to this referral, the person is consenting to the sharing of their personal information. This information is held in a referral system repository by the Brisbane North PHN. The information contained in the referral is used by Brisbane North PHN to: (1) deliver care, (2) for monitoring, aggregate reporting and evaluation purposes to improve quality and access to care. Personal information is never shared or reported by any staff at Brisbane North PHN. This information will be passed on to the referral organisation who will contact the person unless requested otherwise.

Reason for Referral*

Client Details

Client First Name*	Client Surname*	Preferred name
Penny	Anderson	
Date of Birth*	Phone Number*	Email
04/07/1993	0412345678	
Suburb*	State*	Postcode*
LUTWYCHE	QLD	4030
Concession Card?*	Preferred Location for Service*	Gender*
No	CHERMSIDE, QLD, 4032	Female

A Health Care or Pension Card is required for access to Brisbane MIND services. If you believe the person still qualifies but does not have a Concession Card, please contact My Mental Health Service Navigation on 1800 752 235

Indigenous Status*	LGBTIQ*	Culturally And/Or Linguistically Diverse*
Aboriginal but not Torres Strait Islander origin	Heterosexual/straight	Yes
Country of Birth	Proficiency in Spoken English	Preferred Language
Australia	Not applicable (persons under 5 years of age or who :)	English

Interpreter Required ☐

Recent transition to parenthood?	Are present symptoms related to a history of trauma?	Detail the impact symptoms are having on daily functioning:
Yes	Yes	Significant impact

Step 2– The assessment area contains the Initial Assessment and Referral logic. For more information, refer to the full guidance or the 'info' links within the domains.

Hint: The Primary Domains and Contextual Domains are required to calculate Level of Care.

Assessment Areas

Brisbane North PHN utilises the Initial Assessment and Referral Guidance from the Department of Health to support referrers in determining the best level of care for a person. The guidance features eight assessment areas that assist in rating an individual's current situation, as well as a decision-support logic that determines the most appropriate level of care required within a stepped care approach. For more information, a copy of the full guidance is [available here](#).

Primary Domains

1. Symptom severity and distress (info)	2. Risk of harm (info)	3. Functioning (info)	4. Impact of co-existing conditions (info)
2 - Moderate	0 - No identified risk	3 - Severe impact	2 - Moderate impact
Comments Excessive worry, panic and sadness	Comments	Comments Unable to self-care, relationships difficult	Comments Intermittent drug use
Diagnosis Mixed anxiety and depressive symptoms	<input type="checkbox"/> Risk to others <input type="checkbox"/> Suicidal ideation <input type="checkbox"/> Psychosis <input type="checkbox"/> Self-injury		

Contextual Domains

5. Treatment and recovery history (info)	6. Social and environmental stressors (info)	7. Family and other supports (info)	8. Engagement and motivation (info)
3 - Minor recovery with previous	2 - Moderately stressful	2 - Limited supports	0 - Optimal
Comments Previous psychologist	Comments Job loss, at risk of homelessness	Comments Socially isolated	Comments Very motivated

Step 3 – Based on the information provided, the eReferral will calculate level of care which then informs the available programs.

Hint: the Practitioner Determined Level of Care can override the calculated level of care field. Ensure to provide notes explaining the change.

Calculated Level of Care
Level 4 – Severe & Suicide Prevention

The calculated level of care above should be used in conjunction with your professional judgment to nominate the final Practitioner Determined Level of Care

Practitioner Determined Level of Care*
Level 4 - Severe/Complex Support (Mental Health Hubs: Psychosocial, Men)

Further notes/info about Primary Assessment Domains

Step 4 – Identify whether a Mental Health Treatment Plan (MHTP) is available.

Hint: if a MHTP is required for the intended program, the service provider will request a copy.

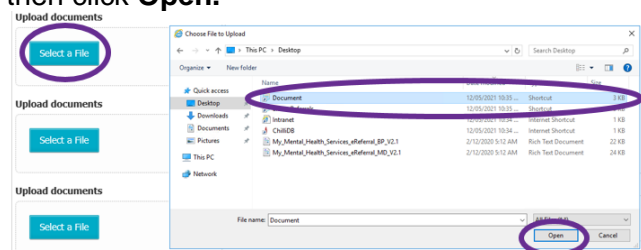
Mental Health Treatment Plan?

--Select--

Upload documents

Select a File

Step 5 – To attach a supporting document, click on **Select a File**, locate the document to upload and then click **Open**.

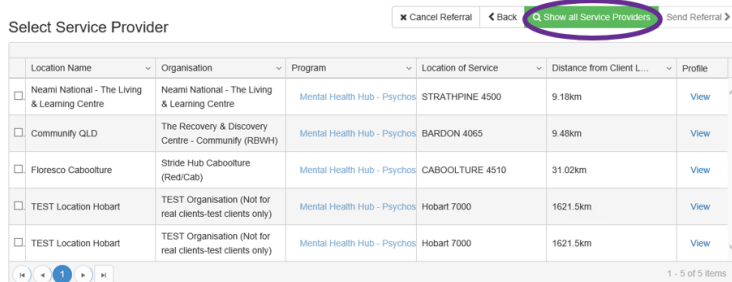


Step 6 – Click on **Select Service Provider** button at the bottom of eReferral.

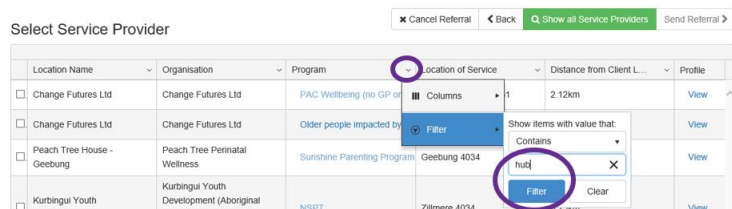


Step 7 – A list of recommended programs will now appear, based on the information provided. Please note: if a program is not listed, it is likely that the information provided does not meet program eligibility.

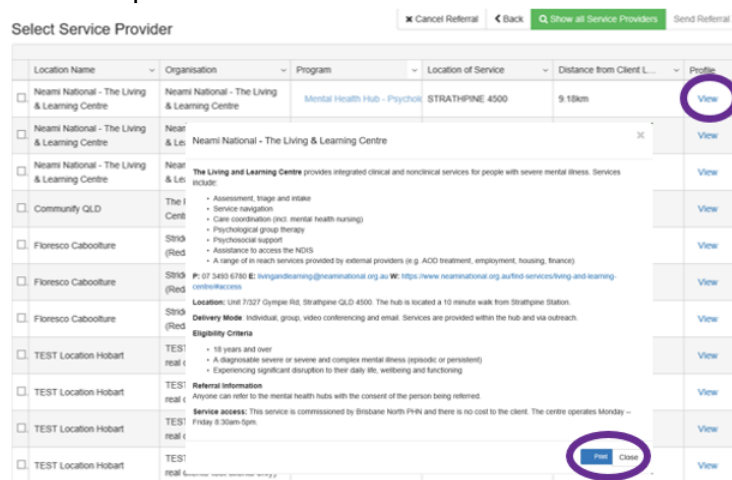
*Hint: the Show all Service Providers button will display all programs **regardless of eligibility**.*



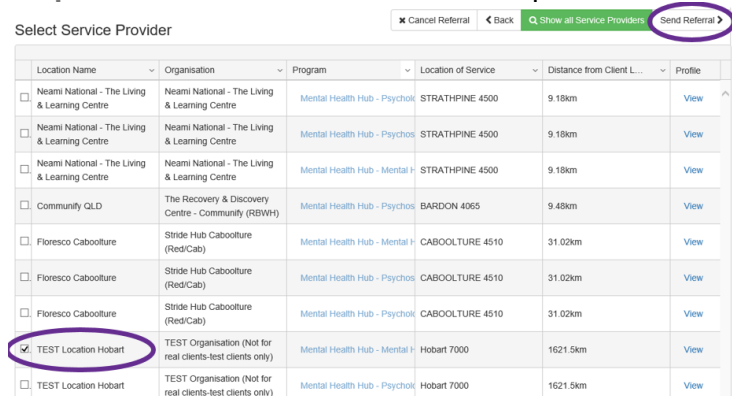
Step 8 – To search for a specific program, select **arrow** in the column you wish to filter, hover over the **Filter** icon and type the relevant search term. Select **Filter**.



Step 8.1 – If required, to provide the consumer with details of service provider select **View** and then **Print** the providers contact information.



Step 9 – Select the **tick box** next to the preferred service provider and select **Send Referral**.



Step 10 – Please note the confirmation screen. This information will be useful when enquiring about the referral in future. To download a copy of submitted eReferral and confirmation, select **Print**. A downloadable PDF version will then be available to print.

Referral Sent Successfully

The referral has been successfully sent to TEST Organisation (Not for real clients-test clients only) for Mental Health Hub - Mental Health Nursing program.

The referral reference number is: BNE_NTH25138.

Referral Date: 16/05/2021.

Client Name: Penny Anderson.

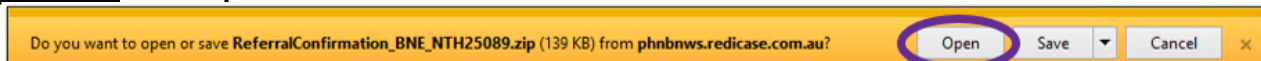
Date of Birth: 04/07/1993.

Referrer Name: Dr A Practitioner.

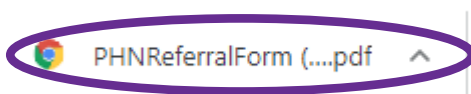


Step 11 – The downloaded document will display in two formats at the bottom of the web-browser window.

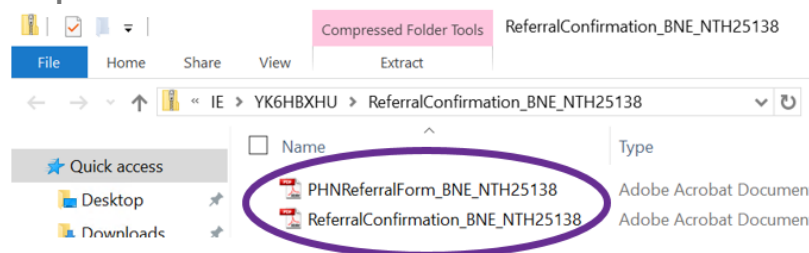
Option 1: Click **Open**



Option 2: Click on the downloaded item.



Step 12 – Please save both documents for future reference.



Step 13 – The nominated service provider will follow up with referrer and consumer directly.

Please contact the My Mental Health Service Navigation team for further information on 1800 752 235 or navigation@brisbanenorthphn.org.au

