**Mind Equality Centre**

Dear Referrer,

**Important information regarding referrals to   
the Mind Equality Centre *Aftercare* program**

In collaboration with North Western Melbourne Primary Health Network, Mind Australia has been contracted to deliver the *Aftercare* suicide prevention program.

*Aftercare* provides short term (up to three months) intensive outreach support with a peer worker and a clinician to people in the LGBTIQ+ community and their families (choice/origin) following a suicidal crisis. The program is available to those who would benefit from:

* Peer based counselling
* Support from a psychologist
* Case management and advocacy
* Social connectedness to the LGBTIQA+ community and affirmative practice
* Psychoeducation and support for families (choice/origin, carers, loved ones)
* Safety planning

Referrals to the program can be made via the attached referral form and emailed to [aftercare@mindaustralia.org.au](mailto:aftercare@mindaustralia.org.au). Please fill out the form with as much detail as possible as it helps us to provide the best possible service.

We are able to contact potential participants who have provided consent.

If there are any questions, please feel free to contact Aftercare via email.

We look forward to be able to continue to support our shared LGBTIQA+ community.

Kind regards

The Mind E**q**uality Centre team

**AFTERCARE REFERRAL FORM**

Date submitted:

**Demographics**

|  |  |  |
| --- | --- | --- |
| **Preferred First name:** | **Preferred Last name:** | |
|  | **Date of birth:** | |
| **Current address:** | |
| **Phone number:** | **Email address:** | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Pronouns - please circle/highlight all that apply:** | | | | | | | | | |
| She/her | They/them | | He/him | Name only | | Other pronouns: | | | |
| **Gender Identity:** | | | | | | | | | |
| **Sexuality or sexual orientation:** | | | | | | | | | |
| Asexual/ace | | Bisexual | | | Queer | | Lesbian | Gay | |
| Prefer not to say | | Questioning | | | Heterosexual | | Self-described: | | |
| **Do you identify as Aboriginal and/or Torres Strait Islander?** | | | | | | | | | |
| Yes – Aboriginal | | Yes- Torres Strait Islander | | | Yes- both Aboriginal and Torres Strait Islander | |  | Prefer not to say | |
| No - Neither Aboriginal or Torres Strait Islander | |  | | |  | |  | | |
| **Are there any other communities or cultures you belong to that are important in your journey?** | | | | | | | | |
| **What language do you speak at home?**  **Is an interpreter required /preferred?** | | | | | | | | |

**Service details**

|  |
| --- |
| **How did you hear about our service?** |
| **Do you have any accessibility needs or things we should know that would facilitate your engagement with us? For example, telehealth-only sessions, AUSLAN interpreted sessions, meeting in areas with no steps etc.** |

**Support**

|  |  |  |
| --- | --- | --- |
| **Have you received support from any of the below mental health professionals in the last five years?**  **Please circle/highlight:** | | |
| Psychiatrist | Psychologist | Alcohol and Drug Service PARC stay OT |
| Mental health nurse | Social Worker | Other: Inpatient at Hospital |
| Not applicable | Counsellor/Psychotherapist Community Mental Health Org | |
| **For what purpose did you see them?** | | |
| **Have you experienced thoughts of suicide and/or attempted to die by suicide? If comfortable, please describe:** | | |
| **Are you concerned about your drug/alcohol use? If yes, please describe:** | | |
| **Are you currently experiencing housing insecurity or homelessness?** | | |
| ***\* Required information for referral to be processed. We can update this and collaborate with you about this contact’s role is during intake.***  **In the event of an emergency, who is the main person we can contact on your behalf?**  **Name:**  **Name:**   **Relationship:** | | |
| **Contact number:**  **Is there anything further we should know about this contact, e.g. what to disclose/not disclose to them:**  **Any additional safety person contacts details:** | | |

**Mental Health Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Do you strongly and frequently experience any of the following? Please circle or highlight** | | | |
|  | Feeling out of control |  | Hopelessness |
| Anxiety |  | Depression |  |
|  | Overwhelming anger | Grief from recent loss |  |
| Loneliness  Thoughts of hurting others | Panic | Not trusting of others | Hearing or seeing things that other people don’t |
| **Is there anything you’d like to add to the above?** | | | |
| **Are you feeling alone or isolated? If yes, please describe:** | | | |
| **Do you have any medical (non-psychiatric) conditions or disabilities you’d like us to know about?** | | | |
| **Do you have a mental health diagnosis that you identify with and wish to disclose?**  **Are you on any medications that would be helpful for us to know about – and if so, how long have you been taking them?** | | | |
| **What supports do you currently have in place?**  **What would you like to get out of your Aftercare journey?**  **Do you accept phone calls or would you like a text message before ringing?**  **Is there anything else you would like to share about who you are or to add to the above information?** | | | |

If your mental health gets worse or you feel suicidal, please contact QLife on 1800 184 527, Lifeline on 13 11 14, the Suicide Call Back Service 1300 659 467, your GP, or **if you don't think you are safe call** **000 for emergency services**.

This form will be emailed to [aftercare@mindaustralia.org.au](mailto:aftercare@mindaustralia.org.au). We will aim to contact you via phone call and text message within 48 hours. An ‘e-signature’ is fine.

By submitting this form, I understand that Mind Australia will collect and securely store my personal information on this form and that it will only be used for the purpose of service provision and not be shared with other agencies, unless you provide informed consent.

|  |  |
| --- | --- |
| Name: |  |
|  |  |
| Signature: |  |