# **Multisystemic Therapy Referral Form**

An intensive intervention helping families with young people aged 11 to 16 years experiencing serious behavioural and mental health difficulties

**Please make sure you have read the** [**referral criteria**](https://cahs.health.wa.gov.au/Our-services/Mental-Health/Specialist-services-and-day-programs/Multisystemic-therapy/Referral-guidelines) **before referring**. This form must be completed by a medical or mental health professional, either in Word or printed using a black pen.

**Referred young person details**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Surname: |  | | | | | First Name: | |  | | | |
| Date of birth: |  | | | | | Age: | |  | | | |
| Gender: | Male  Female  Intersex | | | | | | | | | | |
| Address: |  | | | | | | | | | | |
| Medicare No: |  | | | Ref: |  | | Expiry: | |  | | |
| Ethnicity: Aboriginal and Torres Strait Islander: | | | | Y  N | | | Other Ethnicity: | | | |  |
| Interpreter required: | | Y  N | Requested gender of Interpreter: | | | | | | | Male  Female | |
| Preferred language: | |  | | | | | | | | | |

**Parent or carer agreement to referral**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Surname (# 1): |  | | First Name: |  |
| Phone: |  | | Email: |  |
| Surname: (#2): |  | | First Name: |  |
| Phone: |  | | Email: |  |
| Guardian Surname: |  | | First Name: |  |
| Phone: |  | | Email: |  |
| Relationship to young person: | |  | | |

**Referral details**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| MST Referral Manager’s name: | | | | | |  | | | | | |
| Agency: |  | | | | | | | | | | |
| Referrer’s name: | | | |  | | | | | | | |
| Profession: | | |  | | | | | | | | |
| Agency (if different to above): | | | | |  | | | | | | |
| Address: | |  | | | | | | | | | |
| Phone: | |  | | | | Mobile: |  | | | Fax: |  |
| Email: | |  | | | | | | | | | |
| Length of time this agency has been involved with this young person: | | | | | | | | |  | | |
| Date of last contact with this young person: | | | | | | | |  | | | |

**Reasons for referral**

*Tick/circle/highlight the level of severity from early signs to extremely severe.*

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| --- | --- | --- | --- | --- | --- |
| 1. Alcohol and or other drug use or abuse | | | | | |
| Factor | Early signs of substance abuse | **Level of severity** | | | Extreme substance abuse |
| Substance use | **1** | **2** | **3** | **4** | **5** |
| Experimentation | More regular using | Drug usage interfering with school (coming to school intoxicated) | Substance abuse key coping strategy | Substance abuse substantially impeding interventions |

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| Comment |  |

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| 1. Domestic violence and aggression involving the young person | | | | | |
| Factor | Early signs of aggression | **Level of severity** | | | Extreme aggression |
| Verbal or physical aggression | **1** | **2** | **3** | **4** | **5** |
| Verbal aggression occurring at least twice a week | Verbal aggression occurring at least four times a week | Verbal aggression occurring daily | Verbal aggression occurring daily and physical occurring at least twice a week | Verbal and physical aggression occurring on a daily or near daily basis |

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| Comment |  |

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| 1. Youth offending | | | | | | |
| Factor | Early signs of police contact | Level of severity | | | Chronic police contact | |
| Justice or police involvement | **1** | **2** | **3** | **4** | **5** | |
|  | Possible youth cautions | Students likely to be known to police. Possibly committed minor offences, youth cautions, first offences | Likely to have offended. Possible increase in severity or frequency of offending behaviour | | Possible periods of detention or incarceration |

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| --- | --- |
| Comment |  |

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| --- | --- | --- | --- | --- | --- |
| 1. Associated issues | | | | | |
| Factor | Early signs of disengagement | Level of engagement | | | Extremely disengaged |
| Associated issues | **1** | **2** | **3** | **4** | **5** |
| Higher than normal family conflict (with teenagers) | Conflict substantially impacting on the wellbeing of the family unit | Parents not coping – expressing that they may kick child out of home | At strong risk of homelessness | Young person cannot be located / homeless |

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| --- | --- |
| Comment |  |

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| --- | --- | --- | --- | --- | --- |
| 1. Out of home placements/risk of out of home placement | | | | | |
| Factor | Early signs of disengagement | Level of engagement | | | Extremely disengaged |
| Out of home placement | **1** | **2** | **3** | **4** | **5** |
| Never had an out of home placement | Ongoing threats of out of home placement | Had one previous episode of out of home placement | Had more than one occasion of being out of the home | Currently young person is living out of the home |

|  |  |
| --- | --- |
| Comment |  |

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| --- | --- | --- | --- | --- | --- |
| 1. School attendance/behaviour/suspensions/family factors | | | | | |
| Factor | Early signs of disengagement | Level of engagement | | | Extremely disengaged |
| Attendance | **1** | **2** | **3** | **4** | **5** |
| Occasional absences ~ 75-80% attendance (~ 1 day/week) | Can be absent 1 to 3 days a week on term average | Sporadic attendance – away for up to 3 to 4 consecutive days in a 2 week | Student attending less than 50% of the time | Student not attending or enrolled at school / formally excluded from school / whereabouts unknown. |
| **1** | **2** | **3** | **4** | **5** |
| Disruptive in some classes, e.g. attention seeking, provocative, inappropriate language or comments | Disruptive behaviour that impacts on other student’s learning (throwing things, pushing, confrontational) | Significant disruption in most classes | Perceived risk of behaviour threatening the safety of self, other students or staff | Behaviour (physical/verbal) that has impacted on the safety of students (e.g. physical assault, threats of serious harm) |
| Frequency of behaviour | **1** | **2** | **3** | **4** | **5** |
| Rarely | Several times each term | Approximately weekly | Several days each week | Almost everyday |
| Suspensions | **1** | **2** | **3** | **4** | **5** |
| 1 to 2 suspensions per term – student doesn’t want to be suspended | 2 to 3 suspensions per term – student likes being in some classes (subject or social reasons) | 4 to 5 suspensions a term / gaps in suspension / suspensions are increasing in length and category severity | Student being suspended within few days of returning to school / schools only response to behaviour / exclusion considered | Recommended for exclusion order made by school / exclusion imminent, without significant intervention |
| Family factors | **1** | **2** | **3** | **4** | **5** |
| Family concerned by limited contact between school and home / home concerned about suspensions and attendance | School contact home more frequently (1 to 2 times per week) / home concerned about increasing suspensions/attendance | Home feels school suspending child is ineffectual / parents may attend school meetings but there is high level of frustration or anger / parents express that they can’t get child to school or appointments etc. | Home difficulty to contact or notify of suspension / parents will not attend school meetings | Parents actively avoid communication with school / family issues significantly impede interventions |
| Comment |  | | | | |

1. **School situation**

|  |  |  |
| --- | --- | --- |
| Enrolled school: |  | |
| Attendance record: |  | |
| Address: |  | |
| Phone: |  | |
| Contact name (*School psychologist, RAP team, Year Coordinator, SPER staff):* | |  |
| Comments regarding school achievement or learning difficulties: | |  |

1. **Medical information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Medications: | |  | | |
| Prescribing doctor: | |  | | |
| Address: | |  | | |
| Phone: |  | | Email: |  |
| *Please attach signed Release of Information form and copies of previous assessments of referred young person.* | | | | |

1. **Mental health issues or diagnoses including inpatient admissions**

*Please attach copy of most recent assessment report of referred young person.*

1. **Threat or actual to harm self or others**

*If this has occurred in the last 12 months, please attach the details about the incidents to help us assess the future risk.*

*Please provide copy of the most recent risk report or assessment.*

|  |
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|  |

1. **Current agencies or care providers**

|  |  |  |  |
| --- | --- | --- | --- |
| Agency 1: |  | When: |  |
| Contact Person: |  | Phone: |  |
| Agency 2: |  | When: |  |
| Contact Person: |  | Phone: |  |
| Agency 3: |  | When: |  |
| Contact Person: |  | Phone: |  |
| If any of these agencies are current, are they aware of your referral? | | | Y N |

**F. Previous agencies**

|  |  |
| --- | --- |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |

**G. Home situation**

|  |  |  |
| --- | --- | --- |
| 1. | Who does the young person live with? |  |
| 2. | Where has the young person lived most in the last 6 months? |  |
| 3. | What is the primary language of the caregiver? |  |
| 4. | What is the primary language of the young person? |  |
| 5. | Does a parent or caregiver have mental health or other difficulties affecting their functioning? |  |
| 6. | Are there any significant risk factors in the home that we need to be aware of? |  |
| 7. | Current family situation:  *Genogram, stability of family, nuclear/blended/single parent family. Please add genogram below or attach copy of genogram.* | |

**H. Further comments and/or matters of concern**

|  |
| --- |
|  |

1. **Consent for referral**

|  |  |  |
| --- | --- | --- |
| I (name of parent or guardian of young person) : | |  |
| Name of young person: | |  |
| give my consent for the referral to the Multisystemic Therapy program for consideration by the MST Referral Review Committee which is represented by multiple agencies. | | |
| **Signed**: |  | |
| **Date**: |  | |

**J. Preferred meeting days/times**

If your referral is successful, please select your availability for the clinician to do home visits

(3 x week).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Before work hours  (7am – 9am) | | During work hours 9am – 5pm | | After work hours  5pm – 8pm | |
| Monday |  | Monday |  | Monday |  |
| Tuesday |  | Tuesday |  | Tuesday |  |
| Wednesday |  | Wednesday |  | Wednesday |  |
| Thursday |  | Thursday |  | Thursday |  |
| Friday |  | Friday |  | Friday |  |

**Referral checklist**

Have you…

|  |  |
| --- | --- |
| 1. Obtained **signed** consent and availability? |  |
| 1. Given the information sheet to the caregiver?   [CAMHS Multisystemic Therapy Program information sheet](https://cahs.health.wa.gov.au/~/media/HSPs/CAHS/Documents/Mental-Health/Multisystemic-Therapy_CAHS1275.pdf) |  |
| 1. Explained to the family that this referral will be submitted and decided on by the MST Referral Review Committee which is represented by multiple agencies? |  |
| 1. Explained to the family that this is a referral and that access to the Multisystemic Therapy program does not automatically follow? |  |
| 1. Explained to the family that Multisystemic Therapy is an intensive home-based service? |  |
| 1. Enclosed supporting reports and information? |  |

MST clinicians endeavour to engage with the client family to achieve mutually desired outcomes. Sometimes this is unsuccessful, and the case must be terminated.

When the case is closed or completed, the referrer is contacted by the MST clinician with case discharge summary and alternative family supports may need to be organised by the referrer.

**Sending referrals**

This form must have been completed by a medical or mental health professional and sent to the relevant agency’s MST Referral Manager. Click here for the list of [designated agency referral managers.](https://cahs.health.wa.gov.au/Our-services/Mental-Health/Specialist-services-and-day-programs/Multisystemic-therapy/Referral-guidelines)

Where there is no relevant MST Referral Manager, please send directly to the MST Program Management Office.

Post Fax Email

MST Program Management Office 9431 3780 [CAMHS.MST@health.wa.gov.au](mailto:CAMHS.MST@health.wa.gov.au)   
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PO Box 480 9431 3787  
Fremantle WA 6959