SWSPHN Mental Health Central Intake
Enquiries: **1300 797 746** (1300 SWSPHN)
Email: mentalhealthintake@swsphn.com.au
Submit referrals via Fax: **4623 1796** or HealthLink: **SWSPHNMH**

phn SOUTH WESTERN SYDNEY
An Australian Government Initiative

STAR4kids Supporting Them to Achieve Resilience

PROVISIONAL (non-GP) REFERRAL

Children 3-12 years

(For PHN approved provisional referrers only)

Referral Instructions:

Approved provisional referrers inlcude: Directors of early childhood services, school principals, counsellors and psychologists, managers of community managed organisations and mental health professionals, including Psychiatrists.

The referrer must complete all fields of this referral for the referral to be accepted.

The referrer must complete (or have the child's caregiver compelte) a **Paediatric Symptom Checklist** (PSC) – see page 3.

Should the referral be deemed as suitable for the STAR4Kids program, the child will be eligible to receive up-to 3 hours of psychological therapies with a mental health professional. Upon reciept of a GP Child Mental Health Treatment Plan, a further 9 hours will be available.

Submit this referral and any additional letter/reports securley (see above). Once the referral is processed, the assigned mental health professional will contact the child's caregiver to schedule an appointment.

Eligibility Criteria: Children aged 3-12 years with, or at risk of developing mild to moderate mental illness, including depressive, anxiety or stress disorders, with barriers to accessing Better Access (Medicare).

Exclusion criteria:

- Children that do not experience barriers to accessing Better Access (Medicare).
- Children with a diagnosed behavioral or neurodevelopmental disorder, including Oppositional Defiant Disorder (ODD), Autism Spectrum Disorder (ASD) or Attention Deficit Hyperactivity Disorder (ADHD), unless the main presenting concern is the child's mental health problem and is of mild to moderate severity.

As the referrer, I have assessed the child's eligibility for the program and confirm:

☐ child is aged 3 – 12 years and lives or attends early childhood services/school in South Western Sydney
☐ child has, or is at risk of developing, a mild to moderate mental illness (e.g depression or anxiety)
☐ main reason for referral is the child's mental health concern
☐ child is not able to utilise the Better Access (Medicare) initiative, because:

Date of Referral:

Referrer	Name:		School/Organisation:
	Position:		School/Organisation Suburb:
	Phone:	Email:	
Child	First Name:		Last Name:
	Date of Birth:		Male ☐ Female ☐ Other ☐
	Address:		Postcode:
	Aboriginal ☐ Torres Strait Islander ☐ Both ☐ Neither ☐		
Parent / Caregiver	First Name:		Last Name:
	Relationship to Child:		Phone:
	Language spoken at home (other than English):		Interpreter required: Yes ☐ No ☐

Diagnosis (if applicable):

Reason for Referral (*please provide as much detail as possible and attach any relevant reports/letters*):

Referrer to complete:

The below information will assist the assigned mental health professional to support the child:

Has the child received treatment from a mental health professional in the past? Yes ☐ No ☐
Is the child currently receiving treatment from a mental health professional? Yes ☐ No ☐
- *If yes, provide name of mental health professional*:

Are there any access requirements (e.g. Wheelchair access) Yes ☐ No ☐
- *If yes, what are the access requirements*?

Does the child have an approved NDIS package? Yes ☐ No ☐
Is there a parental separation that is likely to prevent both parents from consenting to this referral? Yes ☐ No ☐
Are there any current family law matters (Including AVOs and parenting orders)? Yes ☐ No ☐

Paediatric Symptom Checklist (PSC) - see page 3
The referrer must complete (or have the child's caregiver compelte) the PSC.
- If PSC is less than 15 consider low intensity options e.g. parenting training workshops, eMental Health programs.
- If PSC is 15 or above and symptoms / behavior indicates child has, or is at risk of developing a mental illness, proceed with this referral to STAR4Kids.
- If symptoms are severe/complex consider referral to Local Health District Child Mental Health Services 1800 011 511.

Referrals will not be accepted without parent/caregiver signed consent

Parent / Caregiver Consent

I _____ (*name*), as parent/caregiver of _____ (*child's name*), consent to this referral and agree to information about my child's health being recorded and shared between the referrer, the mental health professional to whom my child is assigned, my child's General Practitioner (GP) and South Western Sydney PHN, to assist in the management of my child's care.

I understand that South Western Sydney PHN will provide information that does not identify my child, to the Department of Health to assist with the improvement of mental health services in Australia.

☐ *I do not consent to sharing information with the Department of Health.*

My child's GP is _____ (*name*) **at** _____ (*practice name*)

Parent/caregiver Signature: _____ **Date:** _____

PAEDIATRIC SYMPTOMS CHECKLIST (PSC)

Child's Name: **DOB:**
Form completed by: **Relationship to Child:**
Date completed:

Please tick under the heading that best describes your child.

Scoring The item ratings "Never", "Sometimes" and "Often" are scored "0", "1" and "2" respectively. Calculate the scores for individual items (sub-total) and then calculate the total score.

		NEVER (0)	SOMETIMES (1)	OFTEN (2)
1	Feels sad, unhappy	☐	☐	☐
2	Feels hopeless	☐	☐	☐
3	Is down on self	☐	☐	☐
4	Worries a lot	☐	☐	☐
5	Seem to be having less fun	☐	☐	☐
6	Fidgety, unable to sit still	☐	☐	☐
7	Daydreams too much	☐	☐	☐
8	Distracted easily	☐	☐	☐
9	Has trouble concentrating	☐	☐	☐
10	Acts as if driven by a motor	☐	☐	☐
11	Fights with other children	☐	☐	☐
12	Does not listen to rules	☐	☐	☐
13	Does not understand other people's feelings	☐	☐	☐
14	Teases others	☐	☐	☐
15	Blames others for his/her troubles	☐	☐	☐
16	Refuses to share	☐	☐	☐
17	Takes things that do not belong to him/her	☐	☐	☐
	SUB-TOTAL:			

TOTAL SCORE:

Adapted from the Paediatric Symptom Checklist developed by the Massachusetts General Hospital 1988
http://www.massgeneral.org/psychiatry/services/psc_use.aspx