



Overview

This is the referral form for District Health Boards (DHB) and Accident Compensation Corporation (ACC) to refer to the Dialectical Behaviour Therapy (DBT) Intensive Treatment Centre at Te Whare Mahana (TWM).

For more details, including eligibility and indicators of maximum benefit, please visit:

<http://www.twm.org.nz/dbt-residential-programme>

Please note:

Referrals can only be made by a DHB Clinician or an ACC approved clinician at this time. As funding must be in place before a referral can be considered, we recommend ensuring funding has been approved before referring.

To help us determine if our DBT service is suitable, we consider:

1. The 'application form' – this is a separate form the applicant can complete alone or with you.
2. This 'referral form', including key contact details and signatures.
We also need the applicant's situation over the last six months, which you can detail in 'Section 2' of this form and/or send a current psychologist/therapist report covering the same information.
3. A physical health report from the GP including medication/treatments.
 - Please fill in the applicant details on 'addendum A' and send to the applicant's current GP.
 - If a psychiatrist is involved we will need their agreement to continue their involvement.
4. A summary of the applicant's history; we can receive this from various health professionals, such as psychiatrists, psychologists, therapists and counsellors. We accept this information in many formats e.g. assessments, reports etc., covering:
 - Psychosocial history, particularly any trauma history and current symptoms
 - Current and previous diagnoses
 - Treatments / interventions received and response / outcomes
 - Detailed history of suicide attempts and self-harm
 - Personality assessment, if available
 - Details of any intellectual impairment if known or suspected and IQ Assessment, if required

We appreciate this could be a significant amount of information to collect. If you need help with your referral, please contact us: twm@twm.org.nz | (03) 525 9624

Completed 'referral form' and accompanying documents can be couriered, faxed or emailed to:

DBT Intensive Treatment Centre, 163 Commercial Street, Takaka 7110 | 03 525 7105 | twm@twm.org.nz

SECTION 1: APPLICANT AND REFERRER DETAILS				
Applicant	Please provide these details about the person you are referring.			
Full name		Date of birth	Click here to enter a date.	
NHI number		Gender		
Referrer	Please provide the details for the main point of contact for this referral.			
Name		Organisation		
Role		Best contact	<input type="checkbox"/> Email	<input type="checkbox"/> Phone
Email address		Fax		
Phone		Mobile		
ACC Only	Please add claim number and case owner details.			
Case owner		Claim number		
Email		Phone		
Primary Clinician	Please add details if different from referrer, e.g. keyworker, psychiatrist etc. This is the person available for clinical consultation throughout the process.			
Name		Organisation		
Role		Best Contact	<input type="checkbox"/> Email	<input type="checkbox"/> Phone
Email address		Phone		
GP	All applicants require a current physical health report, including medications.			
Name		Organisation		
Email address		Phone		
Psychiatrist	Please list details of current psychiatrist (if applicable)			
Name		Organisation		
Email address		Phone		
Other	You can add an additional contact here if required, e.g. therapist etc.			
Name/Role		Organisation		
Email address		Phone		

SECTION 2: APPLICANT SITUATION	You can send a current psychologist/therapist report for <u>the last six months</u> instead, if it covers the same information.
1. Primary mental health and social situation, including diagnosis and MH Act status.	
Empty space for section 1	
2. Risk behaviours, including self-harm and suicide ideation or actions and any inpatient admissions.	
Empty space for section 2	
3. Please detail criminal convictions e.g. history of violence.	
Empty space for section 3	
4. Current co-morbidities, including details, e.g. eating disorders, addiction, pain, etc. and current impact.	
Empty space for section 4	

5. Physical health including current stability status and any hospitalisations in the last six months.

6. Sense of self, ability to regulate emotions and maintain healthy relationships.

7. Any issue that may be a barrier to learning e.g. ability to concentrate

8. Current level of commitment to treatment, including prior/current response to DBT e.g. attendance, participation, homework completion, etc.

Please let us know if the applicant is not receiving treatment/therapy due to unavailability.

SECTION 3: SHARED CARE UNDERSTANDING

We view collaboration between the service user and all their service providers as vital to understanding and supporting the service user's aspirations and improving their quality of life.

To achieve this, it is important that we work together to make sure our DBT service is a good fit to achieve the applicant's goals and that referral, residency and discharge happen as smoothly as possible.

Our shared care understanding works best when:

- **Funding is already approved or is known to be accessible.**

We want to avoid raising applicants' hopes that a place is available and generating referral work on your behalf, only to find out funding is not accessible.

- Remember to make use of the National Transport Assistance Scheme (NTAS) at Ministry of Health for any travel costs to get to and from Takaka.
- Also, remember to talk with applicants receiving Work and Income benefits; they may be eligible for the Residential Support Subsidy (RSS) and their stay with us may impact their benefits.

- **There is a positive working relationship our treatment team and the applicant's treatment team.**

- Our working relationship starts with this referral and continues until the service user fully transitions back to your care.
- It is important that the 'primary clinician' is available to continue care by connecting with us via video or teleconferencing.
- If a psychiatrist is involved in providing care it's important they are available to connect. The psychiatrist will continue to provide the support they are giving now e.g. charting medication, monitoring symptoms and medication efficacy etc.
- If the 'primary clinician' or psychiatrist is unavailable it's important we have a replacement.
- If a service user needs admission to our local acute mental health services at Nelson Marlborough DHB, they will contact you directly to arrange the transfer of resourcing for this. We then all work together with the service user to determine what the best next step is e.g. returning to you or us.

Role	Name <small>Please print/type</small>	Signature	Date
Referrer			
Primary Clinician <small>If different from referrer</small>			
ACC Case Owner <small>If different from referrer</small>			
Psychiatrist <small>If involved</small>			

SECTION 4: FUNDING DETAILS

The applicant will be funded by:

<input type="checkbox"/>	DHB	<input type="checkbox"/>	ACC	<input type="checkbox"/>	Private	<input type="checkbox"/>	Unsure
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Funding confirmation:

<input type="checkbox"/>	Funding application process not started						
<input type="checkbox"/>	Funding application in process						
<input type="checkbox"/>	Funding confirmed:						
	<input type="checkbox"/>	Evidence attached					
	<input type="checkbox"/>	Evidence to follow					
<input type="checkbox"/>	Other						

Please detail any relevant information regarding funding:

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