

SUPPLEMENTARY INFORMATION:

Referral pathways: Refugee & Asylum Seeker Mental Health – West Metro Melbourne

Who is this resource for?

This resource has been developed for settlement, health and community service staff who deliver services to refugee and asylum seekers in west metro Melbourne (including the local government areas of Brimbank, Maribyrnong, Melton, Hobsons Bay and Wyndham).

What is this resource is for?

This resource has been developed to assist workers to determine the most appropriate referral pathways for mental health services. It will also assist the referrer in communicating effectively with mental health services.

Why has this resource been developed?

Refugees and asylum seekers may experience challenges in accessing and engaging with mental health services. For example:

- The mental health system can be difficult to navigate.
- Not all staff are trained or experienced working:
 - cross culturally
 - with different health beliefs
 - in the context of torture and trauma (particularly in the context of the refugee and asylum seeker experience)
- Travel and carer arrangements may be a barrier to attending appointments.
- Clients may fear the idea of mental illness, mistrust services, and worry about lack of confidentiality.
- Clients may experience communication difficulties associated with English literacy and mental health literacy.

Some service providers may question whether asylum seekers are eligible for mental health services. All refugees and asylum seekers are eligible for public mental health services, regardless of whether they hold a current Medicare card or not.

Psychiatric Emergencies

If a person is an **imminent danger** to themselves or others, and you require an **immediate response**, consider the safety of yourself and others then call Emergency Services Ph. 000 and communicate:

- (1) Which service you require (generally Police &/or Ambulance)
- (2) What is occurring and why you need the emergency service
- (3) The address and your contact number

Ask for the estimated time and follow instructions from the call centre (i.e. stay on the line if asked to do so). If you need to request a call back from the crisis service because you are unable to stay on hold, ensure that your receptionist is advised to expect the call, and given instructions about to whom the call should be directed.

Wait out front (or down the street) to flag down emergency services and brief them about the situation. When emergency services arrive they are in charge of resolving the situation.

Serious concern about mental health state

If a person is expressing suicidal thoughts, describes a plan to commit suicide, an intent to harm others or is harming themselves or others through ongoing neglect, but there is not an imminent danger to themselves or others contact the local Psychiatric Triage Service to discuss the appropriate service and to communicate:

1. **Consent:** The person's consent to make the referral. (A person's consent is not required if there is a serious risk of harm to themselves or others).
2. **Name:** Name of the person (ensure correct spelling) and date of birth
3. **Reason for call:** What is currently occurring/What caused the need for the call today, the need for help?
4. **Relevant history:** Psychiatric, trauma and self-harm. Was medical attention required in any previous episodes? Current treatments (psychiatric and physical medications if known, and who prescribed the treatment).
5. **Indications of drug use:** Any indications of drug use
6. **Location/ contact details:** The person's current location, contact details (i.e. check if they are staying with a friend or family), family and other social supports.

Mental health services may not have specialist understanding of the refugee experience, so referrers may need to spend some time explaining a person's context to the intake/triage worker.

Communicating a client's presentation to mental health services

Communicating a client's presentation to mental health services assists with appropriate and efficient mental health referral. Some of the client's characteristics and behaviours that you might be able to talk about are listed below:

- **Appearance:** age, gender, build, hairstyle and colour, apparent health, level of hygiene, mode of dress, physical abnormalities.
- **Behaviour:** eye contact, cooperativeness, abnormal movements.
- **Speech:** rate (rapid, slow), volume (loud, quiet, whispered).
- **Mood:** elevated, depressed, angry, irritable, anxious.
- **Thought stream:** amount or speed of thought, slow or hesitant thinking.
- **Thought Content:** e.g. Hallucinations.
- **Cognition:** Insight into what is happening and need for help.