

Accoras Commonwealth Psychosocial Support Program (CPSP) Referral and Screening Form

The CPSP (child and young people) program is a free mental health support service providing practical, solution-focused mental health support to children, young people and their families. Eligible participants are children and young people aged 7 – 17 years who have, or are at risk of, severe mental illness but who are not more appropriately supported through the NDIS.

To be eligible for our program the client must:

- Be a child or young person between 7-17 years of age and willing to participate in the CPSP program;
- Have (or be at risk of) severe mental illness that has resulted in reduced psychosocial functional capacity (e.g. significant impacts on their family and peer relationships, in their education/employment, in their ability to undertake self-care, etc);
- Have a parent or significant adult who can be proactive, and work with their child/young person within the program for optimum long-term outcomes;
- Live within the Logan/Beaudesert region.

Please confirm:

The child or young person is aware of this referral and is **willing, motivated** and **able** to engage with CPSP to overcome challenges and work towards individual goals, and the parent/carer of the child or young person has consented to this referral being made.

Yes **No**

We will acknowledge your referral within two working days

Referral Details			
Date of referral		Contact number	
Referrer details (incl. relationship to client)			
Email address			

Child/Young Person's Details:			
Full name		Preferred name	
Primary address			
Date of birth		Gender	
Contact number/s (if appropriate)			
School attending			
Country of birth			

Main language spoken?		Is an interpreter required	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the young person identify as a member of one of the following groups?		<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal and Torres Strait Islander <input type="checkbox"/> Neither	
Cultural background?			
Are you aware of any orders in place? (Child Safety, custody, DVO)		<input type="checkbox"/> No <input type="checkbox"/> Yes – details:	

Parent or Carer's Details:

Full name/s	
Relationship/s to child or young person	
Do the parents or carers require an interpreter?	<input type="checkbox"/> No <input type="checkbox"/> Yes - language:
Contact details:	
Mobile number	
Email address	
Primary address	

Current service involvement:

Please list support services involved with child or family:		
Does the child / family have a current case manager? <input type="checkbox"/> No <input type="checkbox"/> Yes – details:	Case manager's name	
	Organisation	

Referral information:

Does the child or young person have a confirmed or suspected diagnosis? Please provide details of diagnosis and impact on functioning and wellbeing:

The child or young person is: (please expand below)

- | | |
|--|---|
| <input type="checkbox"/> Feeling stressed, anxious or worried | <input type="checkbox"/> Feeling down, sad or depressed |
| <input type="checkbox"/> Difficulties with peer relationships | <input type="checkbox"/> Lacking self-esteem or confidence |
| <input type="checkbox"/> Feeling angry or frustrated | <input type="checkbox"/> Self harm or suicidal ideations |
| <input type="checkbox"/> Experiencing social/family difficulties | <input type="checkbox"/> Experiencing trauma related symptoms |
| <input type="checkbox"/> School refusal / attendance concerns | <input type="checkbox"/> Other (please describe below) |

Details:

Current and previous services provided to young person and family:

What outcomes would you like to see as a result of us working with the child or young person?

Referrals

Email: cpsp@accoras.org.au

Ph: (07) 3727 5022

The CPSP program has been made possible through funding provided by the Australian Government under the PHN Program.