Government of **Western Australia**
Child and Adolescent Health Service

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 before referring. This form is to be completed by a medical or mental health professional.

Referred young person details

Name: Surname:

Date of birth: Gender: ☐ M ☐ F ☐ Intersex

Address:

Postcode:

Phone: Mobile:

Email:

Medicare number: Ref: Expiry:

Ethnicity: Aboriginal and Torres Strait Islander ☐ Aboriginal ☐ Torres Strait Islander ☐

Other ethnicity:

Interpreter required? Yes ☐ No ☐ Requested gender: F ☐ M ☐

Preferred language:

Current school: Year: Phone:

Parent or carer agreement to referral

Name: Surname:

Date:

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 the level of severity from early signs to extremely severe.

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
Comment					

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
Comment					

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
Comment					

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 their child out of home	At strong risk of homelessness	Young person cannot be located / homeless
Comment					

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					

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.
Behaviour	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 Rarely ☐	2 ☐ Several times each term	3 ☐ Approximately weekly	4 ☐ Several days each week	5 ☐ 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 a 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

School attendance/behaviour/suspensions/family factors					
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 that school suspending child is ineffectual / parents may attend school meetings, but there is a 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					

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:

Medical information

Medications:

Prescribing doctor:

Address:

Phone:

Email:

Please attach signed Release of Information form and copies of previous assessments of referred young person

Mental health issues or diagnoses including inpatient admissions

Please attach copy of most recent assessment report

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

Current agencies or care providers

Agency: When:

Contact person: Phone:

Agency: When:

Contact person: Phone:

Agency: When:

Contact person: Phone:

If any of these agencies are current, are they aware of your referral? Yes ☐ No ☐

Previous agencies

1.

2.

3.

Home situation

Who does the young person live with?

Where has the young person lived most in the last 6 months?

What is the primary language of the caregiver?

What is the primary language of the young person?

Does a parent or caregiver have mental health or other difficulties affecting their functioning?

Are there any significant risk factors in the home that we need to be aware of?

Current family situation:
Genogram, stability of family, nuclear/blended/single parent family

Further comments and matters of concern

Consent for referral

I (name of parent or guardian of)

(name of young person)

Give my consent for the referral to the Multisystemic Therapy program for consideration by the MST Referral Committee.

Signed:

Date:

Preferred meeting dates

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	Y ☐ N ☐	Monday	Y ☐ N ☐	Monday	Y ☐ N ☐
Tuesday	Y ☐ N ☐	Tuesday	Y ☐ N ☐	Tuesday	Y ☐ N ☐
Wednesday	Y ☐ N ☐	Wednesday	Y ☐ N ☐	Wednesday	Y ☐ N ☐
Thursday	Y ☐ N ☐	Thursday	Y ☐ N ☐	Thursday	Y ☐ N ☐
Friday	Y ☐ N ☐	Friday	Y ☐ N ☐	Friday	Y ☐ N ☐

Referral checklist

Have you…

- ☐ Obtained signed consent?
- ☐ Given the information sheet to the caregiver?
- ☐ 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?
- ☐ Explained to the family that this is a referral and that access to the Multisystemic Therapy program does not automatically follow?
- ☐ Explained to the family that Multisystemic Therapy is an intensive home-based service?
- ☐ 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

Contact the relevant MST referral manager on our website to send your completed referral to. They will check your referral is suitable and complete, and then forward on to the MST office.

In the absence of a relevant agency manager, please send your referral directly to the MST team.

Find a relevant agency referral manager

Post

MST Program Management Office
Fremantle Hospital, K Block, Level 6
PO Box 480
Fremantle WA 6959

Fax

9431 3780

Phone

9431 3787

Email to MST