

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.