

Referral, Consent and Contact Information

- Please first read the inclusion and exclusion criteria to assess if the tangata whai ora (clients/participants) meet the criteria.
- Please indicate how tāngata whai ora will provide funding.
- GP/health professional to sign the bottom of the referral form.
- Please have the tangata whai ora complete the consent form on the last page.

Overview of the Programme Stages

To give people the best chance to recover, we have developed an evidence-based and culturally responsive. At Whakamātūtū, your recovery will be supported over three stages:

- Pre-programme: The first part of your journey offers a pre-programme assessment, and preparation period to help you get the most out of our service. This period lasts 2-6 weeks, depending on individual needs.
- *Programme*: The next stage of your journey is a carefully structured day programme that takes place Monday through Friday, 9:30 a.m. to 4:30 p.m., for six weeks in our purpose-built space on the 3rd floor of the James Smith Building on Cuba Street.
- Post-Programme: Support continues after you finish the programme. We aim to sustain and encourage you through support groups as you recover.

Inclusion and Exclusions

The programme is designed for tangata whai or experiencing a range of mental health difficulties including, but not limited to:

- Major depressive disorder
- Anxiety disorders (GAD, social anxiety, OCD, PTSD)
- Mood disorder resulting from chronic disease, multiple comorbidities, chronic pain, challenging environmental factors
- Enduring mental ill health

Tangata whai ora with other diagnosed problems may also benefit from the programme, and their suitability will be assessed individually. We are happy to take enquiries where a diagnosis is unclear or not included in the criteria above. Please send your enquiries to:

enquiries@whakamātūtū.org.nz

The programme is not suited for those who are:

- under 18 years of age
- acutely mentally unwell and needing a higher level of support
- who, due to physical or mental health concerns, would struggle to engage in a full-time day programme for six weeks
- experiencing active psychosis, mania, or active addiction
- with cognitive deficits or language difficulties that would limit their ability to participate in talk therapy
- with significant recent forensic history
- because of their participation, where we would be concerned about the emotional or physical safety of other tangata whai ora

Funding

Please select the appropriate payment method.

1. Accident Compensation Corporation (ACC) □

ACC may fund the total cost of the programme for those who have a covered mental injury diagnosis:

- Sensitive Claims (Mental Injury Caused by Sexual Violence)
- Mental Injury caused by Physical Injury (MICPI)
- Work-Related Mental Injury (WRMI)

| • Treatment Inju | ury Mental Injury (TIMI) | |
|--------------------|----------------------------------|----------------------------|
| Selecting this sec | tion confirms this claim is acti | ive with ACC. |
| ACC Claim number: | | _ |
| Page 2 | | Tangata whai ora initials: |
| | | Referrers initials: |

2. Private Insurance □

We have received support from several private life insurance companies that will fund part or all the programme's total cost for claimants who meet the referral criteria. If your patient has a covered claim and is currently off work, please email us for further information on how to make a referral under this funding stream.

3. Self-funded referrals □

We welcome referrals for those who can self-fund their treatment. The cost of the programme can be discussed with our team. Sometimes, tangata whai or a might be eligible for our hardship fund to cover part of the programme cost and time away from employment. Please let us know if they would like more information about this.

Intake Dates

Whakamātūtū's groups run on a rolling intake system every two weeks; we will let you know when our next intake is. The time spent in the pre-programme depends on everyone's treatment needs. Typically, our pre-programme runs 2-6 weeks before a tangata whai ora is admitted to the 6-week programme.

How to submit a referral

Complete this next section with the tangata whai ora. Email this form and your patient notes in confidence to enquiries@whakamatutu.org.nz.

We will review the information and let you know the outcome within a week. If you have any questions about our referral process or Whakamātūtū, please do not hesitate to email us.

| Tangata | whai | ora | initials: | |
|---------|-------|------|-----------|--|
| | Refer | rers | initials: | |

Referral Form

| Referrer's Name: | |
|---|---------------------------------|
| Referrer's Role/Practice: | |
| Referrer's Contact Number(s): | |
| Full name of the person being referred: | |
| Their Contact Number: | |
| NHI: | |
| Date of Birth: | |
| GP and Practice (if not the referrer): | |
| Does the tangata whai ora consent to our liaising with and obtaining information from ACC if ACC funds their programme? | Yes / No (select one option) |
| Does the tangata whai ora consent to us liaising with their GP about their medical history and medications? | Yes / No (select one option) |
| What is the reason for this referral? | |

Page 4 Tangata whai ora initials: ____

Referrers initials: ____

Risk Screening Checklist

Please tick the relevant boxes. When marking "yes" or "don't know" please provide a comment and attach any relevant clinical notes.

| Screening questions | Yes | No | Do not know | Comment |
|--|-----|----|-------------------|---------|
| Is there a current risk of self-harm or suicide? | | | | |
| Is there a history of self-harm or suicide attempts within the past 3 months? | | | | |
| Is there recent violence or current risk of harm to others identified? | | | | |
| Does the person have any bail or probation conditions? | | | | |
| Is there a history of sexual offending, serious violent offending, arson, or fire setting? | | | | |
| Does the person have active substance abuse issues? | | | | |
| Does the person have a history of psychotic or manic episodes? If yes, when was the last? | | | | |

| Tangata | whai ora | initials: |
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Before submitting your referral, please ensure you have provided the following documentation:

- Relevant clinical notes
- Drug or food allergies
- MHAIDS Comprehensive Plan (if
 MHAIDS Wellness Plan (if applicable)
- Current medications
- Relevant discharge summaries
 - applicable)

The GP or community mental health team (where involved) will remain the key clinical lead for all matters relating to their tangata whai ora. Our clinicians will contact them to discuss any medication queries or concerns around mental state or safety.

| Referrer Name: | |
|-----------------------|--|
| Referrer Designation: | |
| Referrer Signature: | |
| Date: | |

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Tangata whai ora initials: _____

Referrers initials: _____

Consent to Obtain and Release Information

At Whakamātūtū, it is essential that you feel safe and comfortable. This handout includes information about your rights as somebody accessing our service and outlines how we use your information to provide you with the best care possible.

Rights and consent

- At the centre, we have copies of the Health and Disability Code of Rights, which tells you how you can expect to be treated in any health or disability service in Aotearoa, New Zealand. Please ask if you would like a copy.
- Your personal information will be stored per the Health Information Privacy Code, which you can find online or by asking a designated Whakamātūtū staff member.
- Your information will be kept securely to prevent unauthorised access.
- You have the right to know where your information is kept, who has access rights, and who has viewed or updated your information.
- You can ask to review your consent to share information at any time; just let us know.
- If you have any concerns about the privacy of your information, please contact the Centre Privacy Officer (Whakamātūtū's Practice Manager) in the first instance. If you are unhappy with the response, you can call the Office of the Privacy Commissioner toll-free on 0800 803 909, and they can investigate this further.
- If you have concerns about your care, you can share a concern or complaint with our Practice Manager or any other staff member or escalate it to the Health and Disability Commission.

Collecting and storing information

- All the information we collect will be relevant to the work we are doing with you.
- It is up to you how much or how little you tell us, but some things are necessary for us to offer you the best programme. Staff can tell you more about this.
- We keep your information private and safely stored on a customised system called Recordbase or in a paper file that is securely locked away.
- You can ask to review a printed version of your health record and have the right to correct your information. To access a printed version of your health record, contact our Practice Manager.
- For more details about data collection and storage, please request a copy of the Whakamātūtū Confidentiality Policy and Privacy Policy.

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Sharing information with others

- To provide treatment at Whakamātūtū, staff discuss information about you with each other as clinically necessary. This is not a breach of confidentiality but rather an important part of treatment by a team of health professionals. It helps everyone understand how best to support you.
- Clinical staff review ACC referral information, including supported assessments.
 We require this information to assess your suitability to attend our programme and provide tailored care.
- We work alongside your GP to ensure you have the right primary care support when you leave the programme but also to ensure we have the most up-to-date information on your medications and medical history.
- In general, information will only be shared with people you agree to us sharing it with. However, in some cases, we may be required to share information about you without your consent. This could be because of serious concerns for your or someone else's safety. Relevant legislation might direct us to disclose information to organisations such as Oranga Tamariki, the Police, or the Courts.
- When you finish your programme, you will receive a treatment summary. If your care has been funded by ACC, we will need to share this report with them. We advise that you also send this report to your GP and other mental health clinicians or services involved in your care (for example, the community mental health team or your ACC therapist). Your Whakamātūtū therapist will discuss this with you towards the end of your programme.
- For clients who have funding from the Ministry of Social Development, some limited information about your attendance at the programme needs to be shared with them routinely. This does not include any detailed clinical information. Please ask if you have any questions about this.
- We also collect data to assist in evaluating and developing our service.
- We complete an ICD 10 Symptom Rating Scale (ISR) during the pre-programme, at the end of the programme and around 6 months after completion. This is an internationally validated screening tool for psychological symptoms. For tangata whai ora, whose care has been funded by ACC, ISR data will be shared with them. Aspects of this data are deidentified- the only demographic information shared is age and gender.
- For all clients, grouped and deidentified ISR data may be shared with stakeholders and in literature about the service. Please ask if you are interested in reviewing your own ISR results.
- We ask clients to complete an Exit Questionnaire. This questionnaire asks about the tāngata whai ora's experience of care at Whakamātūtū and helps us improve the service we provide. The questionnaire includes rating scales and the opportunity to provide written feedback. For clients whose care has been funded by

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ACC, this data will be shared with them (again, the only demographic details provided are age and gender).

• For all clients, grouped numerical data and deidentified comments may be shared with stakeholders and in literature about the service.

If you have any questions about our consent process and how we share information, please contact our team directly at enquiries@whakamatutu.org.nz

By completing the information below, I confirm I have had this form explained to me and had my questions answered.

| lease tick the appropriate box: | | | |
|---|--|--|--|
| • I consent to the above \Box | I consent to the above \square | | |
| I consent to the above with | I consent to the above with the following notes as specified below: \Box | | |
| | | | |
| | | | |
| | | | |
| • I do not consent to the abo | ove 🗆 | | |
| Tangata whai ora Name: | | | |
| Tangata whai ora Signature: | | | |
| Date: | | | |
| | | | |
| Whakamātūtū Staff Name: | | | |
| Whakamātūtū Staff Role: | | | |
| Whakamātūtū Signature: | | | |
| Date: | | | |

Page 9 Tangata whai ora initials: ____

Referrers initials: _____

Contact Information

| Name | Relationship | Best Contact Details |
|--|--------------|----------------------|
| GP and Practice Name: | | |
| Other health professionals: i.e., ACC therapists, private psychiatrists, community mental health team clinicians | | |
| Next of kin/emergency contact: | | |
| Other whānau: | | |
| Other individuals or organisations: | | |

Page 10 Tangata whai ora initials: ____

Referrers initials: ____