

## Mindset TAS Horizons

# Program Referrals



### What is Horizons?

Horizons is a short-term psychosocial program supporting people to build skills, strategies, and resources to work towards their individual goals.

Horizons is a state-wide program, meeting individuals in their local community to work together through either one-on-one or group programs. Both one-on-one and group offerings are designed to support you in building life skills and understanding your wellbeing.

**Horizons Central** provides services in major towns cities, and surrounding areas in Tasmania.

**Horizons Rural** provides services to rural and remote areas of Tasmania including the East and West Coast, King Island, Flinders Island, Tasman Peninsula, Dorset, and Circular Head.

**Horizons Groups** facilitates short term group programs within Horizons Central and Horizons Rural areas and online.

### Who can access Horizons?

People who are experiencing a severe period of mental ill-health. People cannot be accessing other psychosocial programmes or the National Disability Insurance Scheme (NDIS).

### Who can make a referral?

#### Horizons Central

A referral form is required and can be provided from any of the following professionals:

- Community services workers
- Clinical services
- General Practitioners (GP)
- Allied health professionals
- Psychiatrists or psychologists.

Referrals need to be emailed to us at:

**horizons@baptcare.org.au**

#### Horizons Rural

- Self-referral via TasConnect, call **1800 290 666**  
**OR**

- Referral completed by a professional listed above.

### How do I access Horizons?

You can contact us via any of the following:

Phone: **1800 290 666**

Website: **www.baptcare.org.au**

Email: **horizons@baptcare.org.au**

## Consent for Personal and Health Information

The Referral Form on the following pages asks you to provide personal and health information. Baptcare will manage your personal and health information in a way that recognises and respects your right to privacy by adhering to the privacy principles of relevant Commonwealth and State legislation.

### Collecting Your Information

Baptcare will endeavour to collect your personal information directly from you (unless it is unreasonable or impracticable to do so), including in person, by phone, through our website, and through written correspondence (e.g., via emails or letters).

Baptcare may also receive information about you from referrers. Generally, you will need to give consent to the organisation collecting your information for them to disclose the information to us.

### Disclosing Your Information

Baptcare may need to share some of your information with other people and services you are working with. This is so we can collectively provide you with the best support possible. We will obtain your consent before your information is disclosed. If there is someone you prefer we don't share your information with, please let us know.

### Storing Your Information

We store the personal information we collect in hard copy and electronic formats. Baptcare takes all reasonable steps to ensure that the personal information we hold is protected from misuse, interference, and loss, as well as unauthorised access, modification, or disclosure.

### Correcting or Updating Your Information

Baptcare recognises that individuals have a right to seek access to personal information about them and that this right extends to correction of the information if it is inaccurate, out of date or incomplete. If you require access to, or correction of, your personal information, please contact us.

### Complaints, Comments or Feedback

If you have any complaints or questions about the privacy of your information, please contact the Baptcare Privacy Officer on [privacy@baptcare.org.au](mailto:privacy@baptcare.org.au).

A copy of Baptcare's Privacy Policy is available from the Baptcare Privacy Officer or the Baptcare website at [www.baptcare.org.au/privacy](http://www.baptcare.org.au/privacy).

## Part A: Participant Consent *(participant to complete)*

I, \_\_\_\_\_ (client's full name – please print clearly)

give my consent to be referred to the Horizons Program (Baptcare).

I have discussed this application with my referrer, and I understand and give consent that:

1. The referrer will collect, review, hold and provide my personal information (including mental health history) to the Horizons program.
2. The collection, use and disclosure of this information is governed by the relevant Commonwealth and State Privacy legislation.

Participant's  
Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Is verbal consent provided? *(please tick)* ☐

Witnesses  
Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**A Horizons worker will contact you to discuss your referral.**

## Part B: Referrer Details *(referrer to complete)*

Referrer Name:

Referrer Position:

Organisation:

Address:

Contact Phone:

Email :

## Service Type *(which program is the participant being referred to)*

☐ Horizons Central - Individual Outreach Support

☐ Horizons Rural - Individual Outreach Support

☐ Horizons Group Program \_\_\_\_\_

## Part C: Participant Details

Given Name(s)		Last Name	
Phone		Email	
Street Address			
Suburb			Postcode
Gender	Date of Birth	Country of Birth	
Indigenous Status		Cultural Identity	
Language(s) Spoken		Interpreter Required <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> AS REQUIRED	
Do you wish to connect with a cultural community? <input type="radio"/> NO <input type="radio"/> YES (add detail)			
<b>Communication or physical assistance required</b> Does the participant have communication, physical or other accessibility needs? <input type="radio"/> YES (detail below) <input type="radio"/> NO			

If yes, details:

Does the participant wish to have a support person involved in the Horizons service?		<input type="radio"/> YES (detail below)	<input type="radio"/> NO
Name	Relationship		
Contact Details			
Preferred Contact method	<input type="radio"/> Phone	<input type="radio"/> Text	<input type="radio"/> Video <input type="radio"/> Email
Does the participant have a preference for worker? e.g gender or cultural preference		<input type="radio"/> YES (detail below)	<input type="radio"/> NO

## Part D: Reason for Referral, Legal Factors and Services *(referrer to complete)*

Does the participant have a Formal Mental Health Diagnosis?		<input type="radio"/> YES (detail below)	<input type="radio"/> NO
If yes, what is the diagnosis?			
What is this person's current mental health experience (symptoms)			

## Part D: Reason for Referral, Legal Factors and Services *(referrer to complete)*

How long has this experience been occurring?

What impact/challenges is this mental health experience having for them?

What does the person want to work towards with Horizons?

Does the person have an NDIS Plan?

☐

YES *(detail below)*

☐

NO

☐

UNSURE

Notes

Is the person working with another psychosocial program?

☐

YES *(detail below)*

☐

NO

☐

UNSURE

Notes

Is there a current Mental Health Treatment Plan?

☐

YES *(detail below)*

☐

NO

☐

UNSURE

Notes

### Legal Orders

Detail any current guardianship, administration or Community Treatment Orders

### Hospital Admissions

Describe the persons' in-patient admission history over the last 12 months. When, where, length of time etc

**Other services involved** (including mental health case management)

Name	Relationship/Role	Contact Number/Email

**Part E: Risk Assessment** (referrer to complete)

Please complete this risk assessment to ensure everyone in our service is safe and respected.

Risk	Prior History Yes/No	Risk Level Mild/Moderate/High	Details
Self-harm/suicidal experience			
Ideas of harming others			
Neglect of self			
Drug/Alcohol use			
Previous history or current abuse/violence/sexual behaviours towards others			
Access to weapons: e.g., firearms, machetes etc.			
Abuse from others			
Is the property isolated? (If person wants to meet at their home)	<input type="radio"/> Y <input type="radio"/> N		
Dogs/animals on property (If person wants to meet at their home)	<input type="radio"/> Y <input type="radio"/> N		

**Part F: Referral Checklist** (referrer to complete)

Referral Form Completed



Risk Assessment Completed

Thank you for completing the Horizons referral. Please send completed forms to: [horizons@baptcare.org.au](mailto:horizons@baptcare.org.au)

QIC Standards	4.1 7 Self Identity, 5.2 1 Eligibility Requirements		
NSMHS Standards	1.7 1 Staff Gender Preference, 4.2 Diversity Review, 6.11 Carer Involvement, 7.1 Carers Identification, 7.2 Carer Engagement, 7.8 Carer Information, 10.2 1 Access, 10.3 4 Defined Entry Pathway, 10.3 5 Minimal Delay & Duplication at Entry, 10.4 3 Assessment Includes Others		
Authorised by	Deb Fast, Mlcare Service Manager	Version	2.0
Reviewed by	Nikki Riley, Horizons Program Coordinator		
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		Next Review	June 2024