













The Tertiary Referral Service for Psychosis (TRSP)

What we do....

- The TRSP is a state-wide service that works with adult community and inpatient mental health teams to improve the lives of those living with complex psychotic illnesses
- Typically, consumers who are referred and assessed by the service are likely to have tried multiple services and treatment approaches, often over many years, without finding support that is truly helpful to them
- TRSP offers intensive and individualised therapeutic approaches for consumers and their families/carers
- TRSP is a consultation and liaison service providing comprehensive multidisciplinary assessment, and collaborative careplanning with consumers, carers, and referring/ treating teams
- TRSP works from a recovery and trauma-informed framework. As we work collaboratively with treating teams and consumers we require expressed consent to engage with our assessment process. We tailor consumer-centred recommendations according to resources available in the individual's own setting
- Following assessment by TRSP the team formulates a series of goals/recommendations which become the basis of a case conference. Post case conference TRSP undertakes collaborative care planning with the consumer, family/carers and treating team culminating in a series of agreed recommendations
- TRSP is underpinned by research evidence. Consumers assessed by the service may be invited to participate in research studies that may be helpful to them. These are optional and do not affect access to the TRSP service
- TRSP is a NSW Health-funded service via Mindgardens Neuroscience Network and hosted by SESLHD. TRSP operates from the Eastern Suburbs Mental Health Service on the Prince of Wales Hospital campus







TRSP Team

The TRSP is a multidisciplinary team consisting of:

- Consultant Psychiatrists
- Psychiatry Registrar
- Peer Support Worker
- Clinical Neuropsychologist
- Senior Social Worker
- Senior Occupational Therapist
- Research Officers
- Administration Support
- Clinical Operations/ Business Manager







Eligibility Criteria:

- Consumer is ≥ 16 years old
- Consumer has an enduring psychotic illness
- Consumer is not currently in a crisis situation (acutely elevated risks)
- Consumer is currently (or will be on discharge from inpatient unit) engaged with an adult community MH
- Referring service understands they remain responsible for ongoing management of client
- Consumer is aware referral is being made and has signed consent form

Reasons for referral may include but are not limited to:

- Diagnostic review and clarification
- High illness burden in terms of severity of symptoms and functional impairment
- Long duration of illness burden in spite of demonstrably adequate treatment
- First onset treatment-resistant illness requiring diagnostic review and management advice
- Rarely used specialised treatments are being considered
- Continuous hospitalisation of long duration
- Failure to respond to an adequate trial of clozapine
- Failure to respond to appropriate psychosocial therapies
- Presence of multiple complicating factors
- Family support/intervention required
- Low/unclear/changed functional capacity
- Self-reported or suspected cognitive or memory difficulties







Assessment Process

Referral accepted

New referrals are discussed at either of the 2 weekly intake meetings. A key worker is identified who will coordinate the booking of assessment times. The referring team receives formal notification their referral has been accepted and advised of the assessment process.

Information gathering

The team will conduct a file review. You may be asked to provide additional information by members of the team.

Multidisciplinary assessment

Assessments will be undertaken by members of the TRSP team, this may be undertaken over several sessions based on the consumer's needs, they can be conducted over telehealth or in person. We may require assistance from your team in the completion or the facilitation of the completion of key assessments

Formulation

The TRSP Team meets and discusses the findings of the Multidisciplinary assessments. An issues list is compiled and the items on the list will be the discussion points at the case conference. Identification of experts to attend the case conference.

Case conference

This is conducted following assessment and will be approximately 1 hour in length. Case Manager and Consultant are invited to attend this meeting. TRSP will facilitate collaborative discussion with treating team and relevant specialists/external experts.

Care planning

This will involve the consumer, any family/carers they would like involved, key members of their treating team and key members of the TRSP team.

Report

This is a comprehensive report and provides individualised recommendations, there may be additional reports provided as part of this package.







Referral Form

The TRSP referral form is PDF writable and includes the domains of:

- service and consumer details/ demographics
- key contacts
- history of the consumers journey through mental services
- medical and psychosocial history
- anticipated outcomes of a referral to TRSP for the consumer, treating team and family/ carers

It is appreciated that as much information as possible is included in the referral form; it is difficult and time consuming obtaining a picture of the consumer's journey through mental health services if supplementary documentation is solely provided

If there are any questions regarding referring to TRSP or completing the referral form, please contact the TRSP on (02) 9382 3753.







Date:

Received by:

Referral Form- TRSP - Tertiary Referral Service for Psychosis

Instructions:

1. Email completed form to: sesIhd-pow-trsp@health.nsw.gov.au

Once the referral and supporting documentation is received you will be contacted and advised of the referral outcome

3. If accepted our team will work with you to arrange a time and day for assessment.

REFERRER DETAIL	s				
	2				
Name:					
Position: Team:					
Health Service:					
Treating Psychiatrist:					
Community Case Ma	nager:				
Provider Number:					
Phone:					
Fax:					
Email:	Dhama				
Preferred Contact:	Phone	🔄 Email			
CONSUMER DETAIL	<u>.s</u>				
Full Name:					
MRN:					
DOB: Address:					
Phone (H):					
Phone (M):					
Email: Interpreter requireme	nt (+ languago	enekon):			
interpreter requireme	nii (+ ianguage	spoken).			
Relationship status:	Single	Married/De	efacto 🗌 Div	orced 🗌 Other	
Dependants/children:	No	📃 Yes – ages	3		
Living with:	Alone	Parents	Flatmates	Partner/children	Other
Accommodation:	Own	DOH	Rental	Family home	
	Other:			l	
ATSI:	Aboriginal	Torres Stra	ait Islander	Neither	
Cultural Background:	Australian	Other:			
Employment status:	Casual	Part-time	Eull-time	Unemployed	Other
Financial support:	DSP	Newstart	Savings	Family support	Other
Current treatment:	Outpatient	Inpatient:		Facility name	
NSW MHA status: Review date:	Voluntary	IPO:		CTO:	







Date:		Receive	ed by:
	<u>A:</u> (ensure all criteria al	re met- please tie	ck)
Consumer is not cur Consumer is current Referring service un	rently in a crisis situatior ly engaged with a comm	(acutely elevated unity MH team esponsible for ong	joing management of consu
REASON FOR REFER	RAL: (tick all that apply	V)	
Long duration of illne First onset treatmenn Rarely used speciali <i>Please specify:</i> Continuous hospitali Failure to respond to <i>Please specify:</i> Presence of multiple <i>Please specify:</i> Family support/inten Low/unclear/change	n terms of severity of sy ess burden in spite of de -resistant illness requirin sed treatments are being sation of long duration an adequate trial of clo appropriate psychosoci complicating factors rention required	monstrably adequ g diagnostic revi g considered zapine al therapies	
NOK DETAILS:			
Full Name:			
Relationship to client:			
Address:			
Phone (H):		(M):	
	ifferent):		
Emergency contact (ir d	merent).		_pn
KEY CONTACTS:			
Public Guardian: Name and details:		Other Guardian:	
functions: Financial Manageme	ent Order:		
GP: Psychologist/counsellor	:		
Private Psychiatrist:			
Medical Specialists/Ser			
Alcohol & Drug Service: NGO involvement (HAS			
NDIS: Yes		tion in progress	Assistance required
NDIS Plan review date	if known):		
	tor & Organisation:		
Contact details:			
Other support organisat	ions involved:		
Support worker name:			
Contact details:			
-			
Frequency of current su	pports:		
Services provided:			







Date: Received by:	
BRIEF SUMMARY OF PSYCHIATRIC HISTORY AND CURRENT SYMPTOMS:	
Psychosis diagnosis:	
Other Psychiatric Diagnosis and/or Substance Use:	
Hospital Admission Location Sites:	
BRIEF SUMMARY OF MEDICAL HISTORY	
BRIEF SUMMARY OF PSYCHOSOCIAL HISTORY	
CURRENT & PAST RISK ASSESSMENT	
CURRENT & PAST RISK ASSESSMENT Please provide details of any significant history of self-harm, suicide, aggression, etc. and any precautionary measu	ures (if any)
FORENSIC & LEGAL HISTORY	
Plazza provide details of any proving observes or incompanying and datas (Faunitable) any formeric orders. All/Or	, current
riease provide details of any previous charges of incarceration and dates (if available), any forefail orders, Avos,	
Please provide details of any previous charges or incarceration and dates (if available), any forensic orders, AVOs, probation/parole or conditions, ongoing legal issues, previous forensic assessments.	
rresse provide delats of any previous charges of instance also fails dates (it available), any intensity druets, news, probation/parole or conditions, ongoing legal issues, previous forensic assessments.	







Date:

Received by:

LIST OF CONCERNS & CURRENT ISSUES RELATED TO CARE:

Service provider's concerns:

Consumer's concerns:

Support/carer concerns:

SUPPORTING DOCUMENTS AND ATTACHMENTS

If these are not accessible to us via the SESLHD EMR system, please include copies of the following if available:

- Current medication grid/list Most recent blood test results (including standard bloods, metabolic bloods, therapeutic drug monitoring
- levels, organic screening, antibodies, etc.) Previous neuroimaging results and reports
- Recent MH assessment (A1) or Tribunal Report etc.
- Previous psychiatric inpatient admission/discharge summaries
- Specialist Risk Assessments (HCR-20. CRAM) or Forensic Assessment
- Neuropsychological Assessment
- Cognitive Assessment/screening OT functional assessment
- Current NDIS Plan
- Consumer Wellness Plan/Relapse Prevention Plan
- Recent Strengths Assessment

Action taken: Referral is accepted Referral is inappropriate

Date presented to intake meeting: