Queensland Government

Children's Health Queensland Hospital and Health Service

Referral
e-PIMH Telepsychiatry

Phone: 07 3266 0300
Fax: 3266 0344
Email: e-PIMH@health.qld.gov.au

! Please note this is **NOT** a crisis service. Please call the relevant emergency services in your area for crisis support.

(Admin Only)

Family name:

Given names:

Address:

Date of birth:

Follow-up Survey:

This secondary consultation service provides specialist advice for pregnant and postnatal women (up to 24 months postpartum) and their infant/child (up to 5 years) who are experiencing mental health issues. To assist in the process, please provide as much information as possible.

Date of referral:

Is the client aware of the information to be provided below, and agree to the referral being made?

☐ Yes Consent form for Telepsychiatry session has been signed ☐ Yes

☐ No **If no, please DO NOT include any identifying information.**

☐ VC session ☐ Telephone consult **(Please note this is NOT a crisis intervention service)**

REFERRER DETAILS (Required)

Name: Position:

Organisation: Town:

Telephone: Email:

GP DETAILS (Required for referrals where client will be seen via telehealth)

Name:

Practice name:

Postal address: Postcode:

Telephone: Fax: Email:

Reason for Referrer Secondary Consultation and Support:

☐ Consult re. psychiatric assessment and diagnosis

☐ Consult re. medication review (in pregnancy & breastfeeding)

☐ Consult re. treatment planning and recommendations for: ☐ Parent/Carer ☐ Infant

☐ Consult re. parent/infant assessment and intervention

☐ Consult re. additional resources and support

KEY CLIENT DETAIL (Do not complete this detail for deidentified consultations)

Family name: Given names:

DOB: Sex: ☐ M ☐ F ☐ Other (please state): Indigenous status:

Country of birth:

Year of arrival if not born in Australia: ☐ Interpreter required – Language:

Address: Postcode:

Ph (H): (Mob): (W):

Medicare Number: Expiry: Position on card:

If client is a child, please complete parent details below:

Family name: Given names: Family name: Given names:

If client is the parent, please complete relevant details below:

☐ Antenatal Gestation:

☐ Postnatal Age in weeks/months: Name of infant:

EPDS Score: (If EPDS is over 12, or positive for Q10, please offer an appointment with local adult mental health team)

Psychosocial Risk Assessment: ☐ Yes ☐ No If yes, note the result:

Breastfeeding: ☐ Yes ☐ No ☐ Mixed Feeding

Other Children (names and ages):

Partner: ☐ Yes Name of Partner: ☐ No

SUMMARY OF PRESENTING CONCERNS / REASON FOR CONSULT

What does the client see as the problems that have led to this consultation? Include any recent events and/or cultural or spiritual considerations that may have contributed to the onset, exacerbation or maintenance of the mental health problems:

If patient attending, include patient goals:

MEDICATIONS (Current and past – if more space is needed, please attach to back of form)

Medication	Date prescribed	Dose	Duration	Reason	Client feedback (eg. effective/bad side effects)

Are there any current safety concerns for the patient or the infant?

Risk Factors: (please tick)

☐ History of suicidal ideation/self-harm
☐ Current suicidal ideation/self-harm
☐ Thoughts of harm to others including infant
☐ Elevated EPDS/KMMS screen
☐ Previous diagnosed mental illness
☐ Isolation/lack of support
☐ Alcohol and/or substance use problems details:
☐ Financial difficulties details:
☐ Family history of mental illness/substance use issues details:
☐ Has been the victim or perpetrator of violence details:
☐ Loss or grief details:
☐ Have experienced trauma (including birth trauma) details:
☐ Cultural considerations (e.g. understanding of mental illness) details:
☐ Other medical problems/chronic health concerns details:

Protective Factors: (please tick)

☐ Able to list strategies to keep well and/or safe
☐ Strong spirituality or cultural beliefs
☐ Medical/health and wellbeing compliance
☐ Connectedness & social support/supportive family
☐ Displays help seeking behaviours
☐ Financial security/stability

If there are any concerns about the immediate safety of the patient or their infant, it is important that you contact the adult mental health team intake officer in your area to discuss whether an urgent mental health assessment is appropriate.

CONCERNS REGARDING THE INFANT – PARENT/CARER RELATIONSHIP:

Please include infant - parent interaction, capacity of the parent to notice and respond to the child's social, emotional and physical needs, presence of hostility/intrusiveness, absence of delight and positive interaction.

OBSERVATIONS OF THE INFANT/CHILD (see attachment):

Include sleeping or feeding difficulties, appearing anxious or stressed, withdrawn or depressed, unable to be settled, irritable or dysregulated, developmental delays.

PROCESS OF REFERRAL FOR SECONDARY CONSULTATION

- Please send the completed form via email (e-PIMH@health.qld.gov.au) or fax (07 3266-0344)
- The e-PIMH clinician will confirm receipt of the referral
- Once required information is collected, the e-PIMH clinician will liaise with the Consultant Psychiatrist to confirm appropriate dates/times to video conference or teleconference together with referrer
- e-PIMH Coordinator will confirm date/time and video/tele conference details
- If patient attending consult, referrer is to confirm details with client directly
- e-PIMH clinicians will not usually contact the client

NOTE: By completing this referral you (and your client if they are attending the consult) understand that e-PIMH will send a follow up anonymous satisfaction survey via email to the referrer (and the client if they have participated in a consultation)

NOTE: clinical responsibility for the client remains with the referrer

Please contact the e-PIMH clinician on (07) 3266 0300 if there are any questions or should you wish to discuss the referral further.

APPENDIX TO INFANT MENTAL HEALTH REFERRAL

Infant Observations:

- *Infant has sleep difficulties* – sleeps too much; unable to settle to sleep; disrupted/unsettled sleep; etc.
- *Infant has feeding problems* – infant *not* putting on weight vomiting, constipation/diarrhoea; poor sucking; etc.
- *Infant seems stressed or anxious* – infant flinching/startles/'jumpy'/scared; freezes; overly friendly to strangers; restricted play or exploration of the environment; displays aimless motion; etc.
- *Infant is unsettled or irritable*- Inability to comfort/self, weak crying/whimpering and/or inconsolable crying, easily frustrated, excessively fussy, difficult to soothe/console, repeated nightmares, etc
- *Infant has aggressive behaviours*- Increased aggressive behaviours (hitting, biting of others), etc
- *Infant has developmental delays*- Suspected delays, explain diagnosed delays
- *Infant "does not seem right"*- Is there something about this infant that you feel is concerning but is difficult to describe?

Parent-infant relationship-observations:

- ***Infant is excessively fearful*** of being separated from caregiver, caregiver is overinvolved and/or intrusive
- ***Poor eye contact between caregiver and infant,*** caregiver negative about infant, infant appears very independent or indifferent to caregiver
- ***Caregiver seems frightening to infant***, caregiver seems frightened of infant, infant resistant to cuddling/seems 'stiff as a board', infant very floppy when held/'like a rag doll', infant scapegoated

Primary Caregiver

- Caregiver has low mood or irritable
- Caregiver feels like a "bad parent"
- Caregiver feels they do not love baby as they should
- Caregiver is socially isolated
- Caregiver reports relationship problems with partner
- Caregiver reports domestic violence
- Caregiver is not enjoying baby
- Caregiver feels something is not 'right' with herself/himself
- Caregiver feels infant is purposely upsetting them

Stressful Life Events

- Difficult pregnancy or delivery
- Anytime in Neonatal Intensive Care Unit (NICU)
- Hospitalisation (not NICU)/Serious Illness
- Physical or Intellectual disability
- Frightening injury
- Death or serious illness of a loved one
- Parent divorce
- Homelessness
- Disaster
- Infant has had significant separation from Caregiver
- Physical, sexual or emotional abuse
- Chronic neglect
- Severe maternal depression or parental mental illness
- Parental substance abuse
- Family violence
- Extreme poverty
- Actual or perceived unsafe environment
- Refugee experience or difficulty adjusting to new culture