



MENTAL HEALTH ADVICE & RESPONSE SERVICE

ASSESSMENT REQUEST

Please complete as much information as possible

CLIENT DETAILS	REFERRER & CASE DETAILS
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<p>JAID / MNI: _____ CRN: _____</p> <p>Given Name: _____</p> <p>Middle Name: _____</p> <p>Surname: _____</p> <p>Date of Birth: _____</p> <p>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Identifies As _____</p> <p>Home Address: _____</p> <p>Suburb: _____</p> <p>Postcode: _____</p> <p>Phone (s): M) _____ T) _____</p> <p>Interpreter Req: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Language: _____</p> <p>Indigenous Status: <input type="checkbox"/> N/A <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Is.</p> <p>Accused aware of referral request: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Consent obtained: <input type="checkbox"/> Written <input type="checkbox"/> Verbal <input type="checkbox"/> Not Obtained</p> <p>Disability Support: <input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> Mobility <input type="checkbox"/> Easy English</p>	<p>Referrer Name: _____</p> <p>Service: _____</p> <p>Phone(s): M) _____ T) _____</p> <p>Email: _____</p> <p>Date: _____ Time: _____</p> <p>Presiding Mag./Judge: _____</p> <p>Courtroom: _____</p> <p>Hearing Type: _____</p> <p>Hearing Date: _____</p> <p>Accused in Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Custody Location: _____</p> <hr/> <p>Supporting Documentation Attached: <i>(If Available)</i></p> <p><input type="checkbox"/> Charge Sheet</p> <p><input type="checkbox"/> Criminal History</p> <p><input type="checkbox"/> Prosecution Brief</p> <p><input type="checkbox"/> Medical Reports</p> <p><input type="checkbox"/> Written Consent</p> <p><input type="checkbox"/> Other: _____</p> <hr/> <p>Defence Lawyer: _____</p> <p>Phone(s): M) _____ T) _____</p>
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ASSESSMENT REQUEST DETAILS

<p>Reason for Referral: (IMPORTANT: Please ensure <i>Additional Information</i> is provided for context / background if available)</p> <p><input type="checkbox"/> Acute Mental Health Concern / Suitability for Mental Health Diversion.</p> <p><input type="checkbox"/> Risk to Self: Self Harm / Suicide</p> <p><input type="checkbox"/> Risk to Others: Related to Mental State</p> <p><input type="checkbox"/> Other: _____</p> <p><i>Additional Information:</i></p> <p><input type="checkbox"/> Diagnosis & Public Mental Health Service Contact: Request MHARS *CMI Check*</p> <p><input type="checkbox"/> CCO - Requirement Mental Health Condition: Tick *Mental Health* CCO Assessment Request</p>

MHARS Assessment Request Guide

Practice Note:

From 18 / 10 / 2021 referrals statewide to the Forensicare **Mental Health Advice & Response Service (MHARS)** for mental health assessment require submission of **MHARS Assessment Request** form, (*with exception of assessment for Community Correction Order Mental Health Screen*)

Context:

MHARS Assessment Request (Fillable PDF format) introduced to strengthen:

- ⇒ Minimum referral dataset obtained
- ⇒ Focused MHARS mental health assessments/reports addressing specific stakeholder concerns
- ⇒ Promotion of timely outcomes through efficiency gains
- ⇒ Adherence to consent and confidentiality legislation and protocols
- ⇒ Referral triaging, case prioritization - acuity/risk.

Referral:

MHARS Assessment Request should be submitted whenever a mental health assessment is required, with the following **EXCEPTION**:

- ⇒ Community Correction Order (CCO) disposition under consideration by the Court. Mental health assessment required to inform suitability for **Mental Health Rehabilitation & Treatment Condition** on CCO. Such assessments are triggered via selecting "mental health" on the Court Assessment & Prosecution Service **Community Correction Order Assessment Request**.

NB: Request for "CMI Check" - MHARS review of the Victorian Public Mental Health database - *Client Management Interface/Operational Data Store (CMI/ODS)*, **do not require** completion of MHARS Assessment Request. Please contact your local MHARS team (telephone/email).

Referral Source

MHARS Assessment Requests are required by the following referral sources:

- ⇒ Magistrates, Judges, court personnel and
- ⇒ Legal practitioners
- ⇒ CISP/ARC
- ⇒ Court welfare services and disability services
- ⇒ Treatment agencies, including area mental health services
- ⇒ Police and prison mental health services (Non-Forensicare)

Exempt

- ⇒ Self-referrals, family and carers
- ⇒ Custodial Health Service

Form

- ⇒ **IMPORTANT:** Post selecting Reason for Referral, please ensure to provide additional contextual information if available, including any known co-occurring conditions e.g. intellectual disability, alcohol & drug, acquired brain injury etc.
- ⇒ Please be advised that MHARS Assessment Request form is Fillable PDF Format to support paperless electronic completion. Please open the form in a suitable application/browser to access writable features.
- ⇒ Completed MHARS Assessment Requests to be forwarded via email to corresponding court venue MHARS Team.

Need Support

Please contact you local MHARS team at your court venue for assistance and support.

Alternatively contact:

Mr. Greg Swanborough, MHARS Manager, Forensicare
E. Greg.Swanborough@forensicare.vic.gov.au T. (03) 9947 2500