

MH - COPMI Referral Form

COPMI (Children of Parents with a Mental Illness) is a child centred, family focused and strength-based program that aims to support children of parents with mental illness to develop knowledge and skills to enhance their mental health for better outcomes and recovery.

Eligibility:

- Children and young people aged up to 18 years whose parent/s have a mental illness;
- Children or young person's involvement is voluntary;
- Parent/Guardian agreement for their child/ren's involvement in the COPMI program;
- Wanslea acknowledges the importance of the family's involvement in all stages of the referral process. Completion of the referral form in partnership with the family is required;
- Mental Health case management for their Parent(s)/guardian(s) is a requirement of referral to the COPMI program
- A completed referral form including signed parent/guardian consent is required

Referrers, please complete this form with the family and e-mail completed signed referral to dutysw@wanslea.org.au for enquiries phone (08) 9245 2441

Child/ren and/or Young Person/s Being Referred

	Child 1	Child 2	Child 3	Child 4
Surname				
First Name				
DOB				
Gender				
Aboriginal or Torres Strait Islander (Y or N)				
CALD (Y or N)				
Country of birth				
Language spoken at home				
Current living situation				
Disability (Y or N)				
Current School				

Referrer

Name		Agency/School	
Telephone		Mobile	
Email Address			
Are you the parent/s Mental Health Case Manager?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If No , please provide details of the Mental Health Case Manager			
Name		Agency/Clinic	
Telephone		Mobile	
Email Address			
Has the family agreed to this information being shared?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

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Applies to:	Mental Health Staff	This document is uncontrolled in hard copy format.			



Family & Others			
Parents/Caregivers			
Parent/Caregiver		Parent/Caregiver	
DOB		DOB	
Gender		Gender	
Address		Address	
Telephone		Telephone	
Mobile		Mobile	
E-mail		E-mail	
Australian Aboriginal	Yes <input type="checkbox"/> No <input type="checkbox"/>	Australian Aboriginal	Yes <input type="checkbox"/> No <input type="checkbox"/>
Torres Strait Islander	Yes <input type="checkbox"/> No <input type="checkbox"/>	Torres Strait Islander	Yes <input type="checkbox"/> No <input type="checkbox"/>
Country of Birth		Country of Birth	
Ethnicity		Ethnicity	
Language/s spoken at home		Language/s spoken at home	
Interpreter required	Yes <input type="checkbox"/> No <input type="checkbox"/>	Interpreter required	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other Significant Adults			
Relationship to Child		Relationship to Child	
DOB		DOB	
Address		Address	
Telephone		Telephone	
Australian Aboriginal	Yes <input type="checkbox"/> No <input type="checkbox"/>	Australian Aboriginal	Yes <input type="checkbox"/> No <input type="checkbox"/>
Torres Strait Islander	Yes <input type="checkbox"/> No <input type="checkbox"/>	Torres Strait Islander	Yes <input type="checkbox"/> No <input type="checkbox"/>
Interpreter required	Yes <input type="checkbox"/> No <input type="checkbox"/>	Interpreter required	Yes <input type="checkbox"/> No <input type="checkbox"/>
Ethnicity		Ethnicity	
Language/s spoken at home		Language/s spoken at home	

What are the reasons for referral? What do you hope that the child/young person will get out of the program?

*Please comment on the challenges impacting on the child/ren as a result of their parents' mental illness.
Are they recent in origin or do they reflect a chronic situation?*

Is the child/young person or the family currently engaged with other support services or counselling services, or have they been engaged recently?

If yes, please elaborate on the service and type of support offered:

Please indicate the family's strengths:

Is the family currently involved with Child Protection and Family Support? Yes ☐ No ☐

Is the child/young person aware of the referral and do they agree to it? (please tick) Yes ☐ No ☐

Information provided by (please tick all that apply)

- | | | |
|--|-----------|-----------|
| <input type="checkbox"/> Referrer | Name_____ | Date_____ |
| <input type="checkbox"/> Parent/guardian | Name_____ | Date_____ |
| <input type="checkbox"/> Young Person/Mature Minor | Name_____ | Date_____ |

CONSENT TO RELEASE INFORMATION

This referral for _____ (child/young person's name/s)
to the Wanslea COPMI program has been made with my consent.

I understand and give Wanslea permission to collect and store the information provided on its safe digital client management system. This includes the understanding that Wanslea may disclose de-identified information to the Mental Health Commission of WA for the administration of its Mental Health support services.

Wanslea will contact me after the referral has been received and arrange an initial meeting. If this referral has been made by an agency/organisation, I also give consent for Wanslea to contact them to assist further in the intake/allocation process.

Name of referring agency/school (if applicable) _____

Name (parent/guardian) _____

Signature (parent/guardian) _____

Date _____

Please direct all enquiries to the Duty Social Worker:
Phone (08) 9245 2441 or documents can be emailed dutysw@wanslea.org.au

Notification

The information that you provide on this form includes your personal information. Your personal information is protected by law, including the Privacy Act 1988. Your personal information collected on this form is used primarily for Wanslea's purposes. We use the information that you provide on this form to better understand the profile of the children and families referred to the COPMI program, to help plan and improve services delivered and to make sure they are easy to access and delivering good outcomes for the local community.

You can find more information about the way the Wanslea will manage your personal information, including information about accessing and correcting personal information held on its client management system and making privacy complaints on the Wanslea website. For information about how and Wanslea manages your personal information, please contact us on (08) 92452441 or visit <https://www.wanslea.org.au/utility/privacy-policy>.

In accordance with the Commonwealth Privacy Act (1988) the personal information collected about families will be used in a confidential manner by Wanslea staff strictly for the purpose of facilitating the COPMI program. Clients are able to access their own information.