

# GENERAL REFERRAL GUIDELINES

Help seeking behaviours, and the associated efficacy of referrals, are influenced by many individual and social factors including:

- › Gender
- › Age
- › Cultural background
- › Level of education, including literacy levels
- › Perceived severity and control over drug use
- › Attribution of negative life events to drug use
- › Past drug treatment experiences and perceptions of treatment
- › Relationship, legal or work/study related pressures
- › Motivation and readiness to change

These factors may help determine the level of support or advocacy required for the referral process.

Following assessment and identification of a client's needs, the identification of appropriate services should ideally be undertaken in consultation with the client. If you do not know the referral process of the service and cannot find such details on the internet or in a service directory, phoning is your best option rather than sending a client to a service only to find that he or she is not eligible or the service required is not currently available.

Phone referrals also allow staff an opportunity to engage with another service, share details of your respective services and develop a useful working relationship for potential cross referrals.

Where necessary, a referral letter or fax may be sent. Clients should be informed and should be asked to provide consent to all details being included in the referral letter as these will generally include:

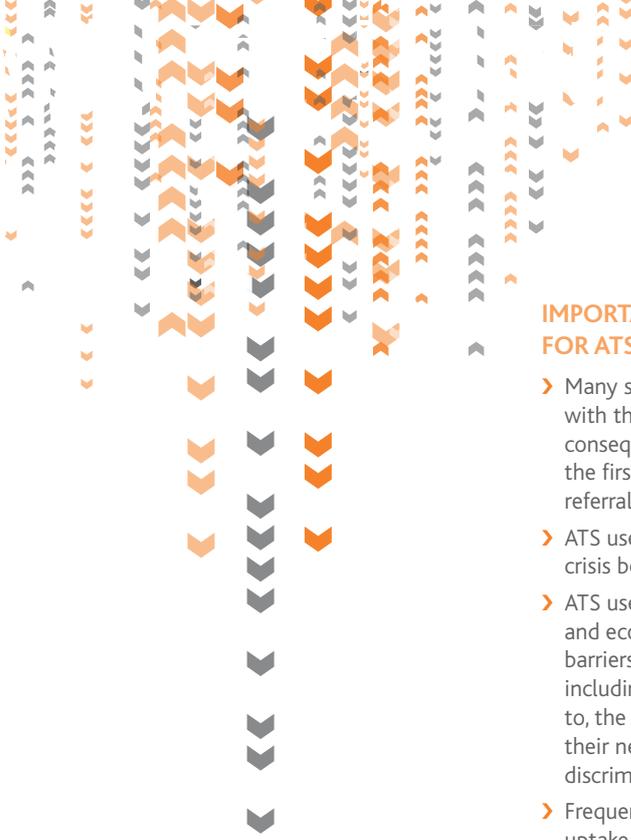
- › Client details – such as name, age and date of birth, address and other contact details
- › Current issues – such as reasons for presenting at the service being referred from
- › Service being requested from agency
- › Requests for any feedback or follow-up and how this should be arranged

- › Details of ongoing services that will be provided by referring worker or their agency

Referral letters should also clearly identify what, if any, other services may share this information.

Developing referral guidelines jointly with agencies you may regularly contact can be extremely useful. Guidelines that are developed by those who actually use them are more likely to have a positive impact on referral outcomes. Similarly, pre-existing referral documents can be updated and adapted to be more user friendly for staff and service user alike.

Guidelines should cover all types of appropriate referral, the process of information exchange and feedback. Well-developed referral guidelines can serve as protocols for client centred, shared care serving to highlight the roles and responsibilities of services involved with supporting the client.



### IMPORTANT CONSIDERATIONS FOR ATS:

- › Many services feel ill-equipped to deal with the complexity of ATS using clients, consequently frontline services are often the first port of call and a gateway for referral
  - › ATS users will often wait until they are in crisis before seeking help
  - › ATS users who are marginalised socially and economically may experience barriers to accessing mainstream services; including cost of treatment at, and travel to, the service, confidence in articulating their need and fear of judgment and discrimination
  - › Frequent service contact enhances referral uptake because multiple contacts allow for reinforcement of referral messages, as well as rapport and trust building
  - › Effective referral is a gradual process and it is important to avoid inundating people with information and advice
- › Health care potential can be greatly improved when several services are provided on one site, either via co-location or visiting services (eg out-reach/out-post). Similarly, a worker accompanying a client to the initial referral appointment can improve referral outcomes
  - › Where possible, co-located mental health and drug treatment services will improve the referral and treatment outcomes for clients with both problematic ATS use and a mental health concern
  - › Symptoms of ATS withdrawal can include depression and reduced motivation potentially making the referral process more difficult for the individual