

National Specialised Rehabilitation Unit (SRU) Referral Form 2023



HSE Mental Health Services





General Details

Last Name:	First Name:	D.O.B:
Gender:	Marital Status:	No.of Dependent Children:

Home/Permanent Address:

Contact Number:

Is the service user currently residing in an acute psychiatric unit : Yes No

If yes, please give address:

Length of stay in acute psychiatric unit:

If no, has the patient been seen by their GP to screen for any physical health concerns?

Is the patient currently in day service?

Please give details:

Patients Last full medical(date):

GP Details:	Name: Address: Contact No.
Community Mental Health Team details:	Name: Address: Contact No.
Consultant Details:	Name: Address: Contact No. Email Address:

Care Coordinator *:	Name: Address: Discipline: Contact Mobile No: Email Address: <hr/> <i>* NB Must be a nominated healthcare professional from the community rehabilitation team/ community mental health team (CMHT). Their role involves managing the SRU referral and discharge. They are the main point of contact between SRU MDT and referring Community Rehabilitation Team/ CMHT. They must attend service user's SRU care planning/review meetings (minimum every 3 months)</i>
Next of Kin Details:	Name: Relationship: Address: Contact No: Is the next of kin aware of referral to SRU? : Yes <input type="checkbox"/> No <input type="checkbox"/>
Legal Status:	Is the service user detained under the Mental Health Act? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes for how long? Is the service user Ward of Court? Yes <input type="checkbox"/> No <input type="checkbox"/> Does the service user have any recent court judgements or court orders in place? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, please give details</i>

Medical Card No: Expiry Date:	PPS No:
Source of Income:	Public Services Card: Yes <input type="checkbox"/> No <input type="checkbox"/>

Reason for referral to National Specialised Rehabilitation Unit

*N.B. Please refer to **Inclusion** and **Exclusion** Criteria for referral to SRU as outlined below. Only complete the referral form if service user's clinical presentation fits the inclusion criteria.*

Inclusion Criteria:

- People defined as having severe and enduring mental illness whose needs are not adequately met by the sector of services and who fulfil the following criteria:
- Ongoing symptoms (e.g. hallucinations, delusions, high levels of anxiety or depressions, negative symptoms of psychosis)
- Ongoing complex needs
- Reduced social functions (e.g. breakdown of social relationships, reduction in the capacity for economic support)

Exclusion Criteria:

- Under the age of 18 and over the age of 65
- Acutely unwell because of their mental illness
- A primary diagnosis of a moderate/ severe Intellectual Disability
- A primary diagnosis of Autism
- A primary diagnosis of Personality Disorder
- A primary diagnosis of Alzheimers Disease
- Those who require a low secure setting
- Those who require a PICU placement

Brief Account of Reasons for Referral

Professionals Assessment Report Guidelines Section

Guidelines for Psychiatric Case Report

A full case report should be forwarded with each referral. Given the specialised nature of the service it is important to include the information outlined below in the case report.

- **Current Admission:** *Please include background to/circumstances of current admission*
- **Progress in Hospital**
- **Past Psychiatric History:** *Please note previous admission, diagnosis, treatments used and response to treatment*
- **Medications:** *Please include side effects and adherence*
- **Legal Status**
- **Risk Assessment:** *Please include up to date risk assessment*
- **Medical History**
- **Personal History:** *Please include Early Life/Education and work record & Psychosexual History/Current Relationships*
- **Family History:** *Please include profile of family; degree of contact with each family member, relationship with family member. History of Mental Illness in family*
- **Social Circumstances:** *e.g. accommodation/Financial*
- **Premorbid Personality**
- **Strengths and areas of potential**
- **Substance Use History**
- **Forensic History:** *Violence, threats, protection or barring orders, treatment in a secure setting or forensic hospital (Ireland or Overseas), sexually motivated criminal act, criminal charges or convictions. Please include forensic report if available*
- **Mental State Examination**
- **Diagnosis**
- **Assessment of care needs**

Guidelines for Occupational Therapy Report

Name:

DOB:

Occupational therapist:

Date of assessment:

Reason for assessment:
 Techniques for assessment:
 Outcome:

Daily Routine (occupational balance)	
Sleep Routine	
Personal Activities of Daily Living (PADLs)	
Basic Activities of Daily Living (BADLs)	
Instrumental Activities of Daily Living (IADLs) <i>e.g. planning, organizational skills, initiating & completing tasks</i>	
Leisure Interests	
Work/Education	
Transport	
Social Interaction	
What occupations does the person identify as helping them to manage their mental health difficulties?	
What is the person's hope for their future?	
Why do you think this service user is ready for intensive rehabilitation at this time?	
What are the potential challenges to a successful SRU placement for this service user at this time?	

**It is expected that a standardised assessment of occupational function will be used in completing this assessment.*

***This is not intended to be an exhaustive list and as always the occupational therapist will use his/her clinical reasoning to determine the assessment required.*

Guidelines for Clinical Psychology Report

The Clinical Psychology report should provide a comprehensive psychological assessment and formulation of the service users presenting problems, which includes history, family

background, relationships, strengths and coping skills, previous psychological interventions, if any, current needs and reason for referral to the SRU. Where possible, and clinically indicated, it would also include the results of a recent neuropsychological assessment (see Appendix) Please also include any previously completed psychology reports and/ or results of previous neuropsychological assessments which may guide intervention with this person.

Name:

DOB:

Dates of Assessment/Report:

Presentation:

Presenting Problem:

History of Presenting Problem:

Background History: (to include attachment and relationship history)

Educational & Occupational History:

Risk issues: (present and past, including forensic history, if any)

Strengths:

Assessment techniques/tools and rationale:

Assessment results:

Psychological formulation: (to include, if possible, understanding of complex needs)

Previous psychological interventions, if any:

Current needs:

Service user's view of needs:

Recommendations:

Why do you think this person is suitable for placement in a Specialist Rehabilitation Unit at this point in time?

It is a given that these units are designed for people with complex needs. However, it would be helpful to flag potential challenges to a successful placement at this point, in order to plan for these possibilities. Can you identify any potential challenges to a successful placement on an SRU? Any recommendation to mitigate these challenges?

Appendix

Potential Psychometric Assessment Tools

An assessment battery may include:

- Test of Pre-morbid Functioning (TOPF)
- Wechsler Abbreviated Scale of Intelligence-II (WASI-II)
- Wechsler Adult Intelligence Scale-IV (WAIS-IV)
- Repeatable Battery for the Assessment of Neuropsychological Status (RBANS)
- Behavioural Assessment of Dysexecutive Syndrome (BADS)
- The Dysexecutive Function Questionnaire (DEX)
- Addenbrooke – III (ACE-III)
- Wechsler Memory Scale (WMS)
- Test of Non-Verbal Intelligence (TONI)
- Beck Depression Inventory (BDI)
- Delis-Kaplan Executive Function System (or subtests from it)

This list is not intended to be either a) directive or b) exhaustive. The Clinical Psychologist will use her/ his clinical reasoning to determine the assessment required. Please include any other appropriate assessment tools, assessment findings and recommendations.

Guidelines for Social Work Report

The Social Work Report should provide a comprehensive psychosocial assessment of the service user needs as per standard social work practice. It should highlight the current needs of the service user in all the key areas of their life, the social workers level of contact and key interventions to date and the reason for referral to the SRU. This guideline is intended as guidance only and should not be considered exhaustive. The social worker should use their professional judgement to determine the content of the report as appropriate to the referral.

It would be helpful that the report pay particular attention to the following key areas;

- **Accommodation:** *include an accommodation history, current living situation, previous residential placements, potential for independent living/ independent living skills, supports needed to maintain accommodation, reason for referral to the SRU placement.*
- **Mental Health:** *include a mental health history and a description of current mental health difficulties, significant life events, history of abuse/trauma, and a summary of any complex needs.*
- **Service User's views:** *include the service user's views in their care plan and their mental health needs, their plans and hopes for the future, their views on a potential move to an SRU, their strengths and resilience and support network.*
- **Family/Carers/ Supporters Views:** *include their views on the care plan, views on a move to SRU placement, the proposed post discharge plan and their own support needs.*
- **Risk/ Safeguarding Issues:** *identify current risk factors, vulnerabilities and protective factors, safeguarding issues and safeguards in place.*
- **Placement Goals for the SRU:** *identify the proposed goals of an SRU placement, to include a social work opinion on the service user's level of insight and readiness to engage in a specialised rehabilitation programme and any particular issues or challenges that may arise to a successful SRU placement, identify the provisional post SRU discharge plan for the service user.*

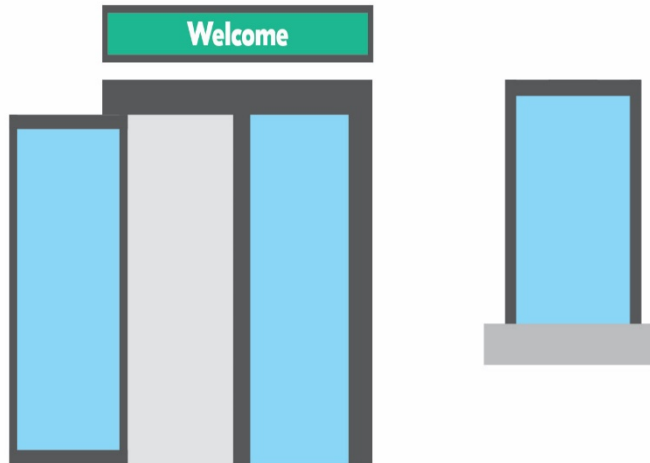
Guidelines for Nursing Assessment Report

The Nursing Report should include:

1. A copy of the current Nursing Care Plan
2. A Nursing summary of the patient's in-patient nursing care / history
3. A Community Mental Health Nurse Summary

Service User & Family Members

Is the service user aware of the referral? Yes No
If not please give reason



Service User information



What is a Specialised Rehabilitation Unit (SRU)?

An SRU is a recovery-focused, inpatient facility which focuses on rehabilitation for people with severe and enduring mental illness and complex needs.

There are two in Ireland. Highfield SRU is in North Dublin and Bloomfield SRU is in South Dublin. **Aim:** The staff aim is to listen and support you and your family in a caring and compassionate environment to help you to recover as well as you can.

Assessment

If you go to the SRU, a mental health team will work with you to look closely at your needs, strengths and life goals. The team will include people with nursing, medical and therapy training. They will consider your unique needs, the relationships you have, the things you

Service Users View :

(Please state in your own words your individual needs and personal goals that you would like to address)

Consent, Agreement & Confidentiality

(Consent forms are important –Please ensure there is an initial beside each statement and a final signature and date at the end of the consent form. Please ensure in the event of a service user being unable to give consent a capacity assessment is documented).

- I give permission to _____(Name of referring agent) to include **my personal and health information** in this form named Referral Form to Specialised Rehabilitation Unit (SRU) **YES** **NO**
- I understand that this form must be completed so that the staff of the SRU (either Highfield Healthcare or Bloomfield Health Services) can understand my individual case **YES** **NO**
- I have had the opportunity to read about the SRU **YES** **NO**
- I would like to be considered for a place in the SRU **YES** **NO**
- I accept that it is important that the staff in the SRU know about my life in order to help me to recover **YES** **NO**
- If offered a place in the SRU I will work with the staff on my care plan **YES** **NO**
- I understand that my personal and clinical information is shared between the staff in the SRU and the coordinator of my care in my local area **YES** **NO**

Name: _____ Signature: _____

Date: _____

If the service user cannot provide consent please clearly state the reasons why
(Include capacity assessment)

Family/ Friends/ Carer

Family View:

Please state the views of the family members'/ carer's/ friends' needs and the supports they feel they require



Checklist and Signatures of Referring Agent and Head of Service

Referring Agent :

Name: _____

Job Title: _____

Signature: _____

Date: _____

Checklists for Referral:

Referral Form:

Psychiatric Case Report

Risk assessment

OT Report:

Psychology Report:

Social Work Report:

Nursing Report :

Copy of up to Date Individual Care Plan:

Other Relevant Reports:

Checklist to be completed by Head of Service

(This has to be signed by Heads of Service or nominee prior to referral being sent. Please note if this section is not completed referrals will not be accepted)

Is the local Rehabilitation Team involved in this case now and post SRU:

Yes No

If no, why not?

Does the CHO agree to provide a suitable living arrangement for the service user when the period of inpatient rehabilitation in the SRU is complete:

Yes No

Has a suitable Community Rehabilitation Residence placement been identified for the service user, if needed, upon discharge from the SRU:

Yes No

If Yes: Where is this Community Rehabilitation Residences?

If the event of the SRU placement not being successful, do you agree to provide a placement for service user? Yes No

Name: _____

Signature: _____

Please provide stamp from Head of Service Office

NB. Please return completed form with appropriate reports to Terence.smith@hse.ie