Here For You is a state-wide, confidential support line for anyone concerned about their own or another person’s alcohol and other drug (AOD) use and/or mental health issues.

**Eligible clients:**

**The support line offers a call-back service for clients who:**

* Require additional support to your service’s waitlist management support process
* Require after hours AOD and/or mental health support while engaged with your service, during high-risk times
* Are socially or geographically isolated
* Do not have the capacity or resources to contact the service

**Ineligible clients:**

**Call-back is not suitable for clients who are:**

* Seeking intensive, ongoing case management, support or treatment
* Requiring support to process historical issues   
  or trauma
* At high risk of suicide or self-harm
* Experiencing significant psychological distress, psychosis or mental health crisis

These clients should be referred to *the Mental Health Emergency Response Line -* 1300 555 788 or *Rural Link* (for regional clients) - 1800 552 002.  
  
**How the service works:**

Telephone calls are made by experienced counsellors and peer practitioners to support clients struggling with their alcohol, drug and/or mental health issue.

Phone support will be short-term and solution-focused to assist with coping skills, system navigation, capacity building and maintaining motivation to achieve their identified recovery/goals.

* A **Here For You** team member will contact the client as close to the suggested time as practicable and discuss a suitable time for any future calls, if appropriate.
* Waitlist support frequency will depend on service capacity and is in addition to your service’s own waitlist management support process
* After hours support calls can be made 2-3 times over a short period *(e.g. over a weekend)*

* Three attempts will be made to contact the client, by phone and SMS. If there is no answer by the third attempt, the requesting service will be notified and the request will be closed
* The requesting service can advise the client to call the support line any time for additional support without compromising the call-back arrangement
* At the end of the support period, the requesting service will receive feedback
* At any time, the service can cease the call-back arrangement with the client if it is deemed no longer appropriate. (*For example, abusive behaviour towards team member, call content not within the scope of the service, or the caller not wanting to engage with the service or other community services. The requesting service will be notified if this occurs)*

The support line has access to a tracing system. If a client indicates they are a danger to themselves or another person, the service has a duty of care to activate a trace and call the appropriate emergency services. The requesting service will be advised if this occurs.

**To request a call-back:**

* Complete the *Call-back Request Form*, including client consent overleaf
* Email to: [hereforyou@mhc.wa.gov.au](mailto:hereforyou@mhc.wa.gov.au)
* Please allow up to two to three working days for the form to be processed

**If you have any urgent queries,** please call the Coordinator on (08) 6553 0482 during office hours or email [hereforyou@mhc.wa.gov.au](mailto:hereforyou@mhc.wa.gov.au)   
*(Phone and email monitored between 9.00am and 5.00pm on weekdays)*

|  |  |  |
| --- | --- | --- |
| **Preferred name:** |  | |
| **Date of birth:** |  | |
| **Identified gender**: | Male  Female  Other | |
| **Telephone no:** | Home: | Mobile: |
| **Email:** |  | |
| **Client’s address:** |  | |
| **Ethnicity:** | Aboriginal  Torres Strait Islander  Culturally and linguistically diverse    None of the above | |
| **Emergency contact details:** |  | |
| **Can we leave a voice and/or text message?**  Yes No | | |
| **Referrer’s name and position:** |  | |
| **Service name:** |  | |
| **Phone number:** |  | **Email:** |
| **Date:** |  | |
| **Client consent:**  I,       (print name) would like to receive a call-back from the **Here For You** support line.  **I understand:**   * If the call is made and there is no answer, the support line team member will try again on two more occasions. If they still cannot contact me, they will inform the service requesting the call-back. * By agreeing to this call-back request I am giving **Here For You** permission to create a record of my contact with their team and to share relevant information with the service requesting this call-back. * At the end of the call-back period a summary of contact will be sent back to the requesting service. * **Here For You** has access to a tracing system and if I advise that if I am likely to harm myself or others,  I understand that they have a duty of care to call the appropriate emergency services and inform the requesting service. My emergency contact person (if provided) may also be contacted in an emergency.   **Client Name:**       **Date:**  **Referrer name:**       **Date:**       (if verbal consent is provided by client) | | |
| **Preferred contact time:**  **Weekdays:**  Morning  Afternoon  Evening  Anytime  **Weekends:**  Morning  Afternoon  Evening  Anytime  **Preferred date to start call backs:**  **Gender of support line worker:**  Male  Female  Any Is this  Preferred **or**  Required  *(Please only indicate gender of support line worker as ‘required’ if it is the* ***only*** *option for the client. This may delay the call-back occurring, depending on availability of the team).*    **Interpreter required:** Yes Language:    **Gender of interpreter:**  Male  Female  Any Is this:  Preferred **or**  Required  *(Please only indicate gender of interpreter as ‘required’ if this is the* ***only*** *option for the client. This may delay the call-back occurring, depending on availability of the Translating and Interpreting Service (TIS) staff).*  **Reason for call-back request** | | |
| **Mental health diagnosis/concerns:**    **Drug(s) of concern (if any):**    **Treating professionals:**    **REQUIRED: Any current** **safety / risk management issues? If yes, please outline the plan below or attach a copy of any safety plans**: | | |
| **PLEASE NOTE: INCOMPLETE REFERRAL FORMS WILL NOT BE PROCESSED** | | |

Client Information

**02**

**Here For You** is a state-wide, confidential support line for anyone concerned about their own or another person’s alcohol and other drug (AOD) use and/or mental health issues. Staff can provide information, resources, brief intervention, solution-focused counselling, recovery orientated peer support and details of relevant services.

**Call-back support**If you think it would be useful, the service you are accessing can request that a **Here For You** team member call you. To request this call-back option, you must complete the *Call Back Request Form* and sign the consent section giving **Here For You** access to your name, contact details, best contact times, reason for call-back request, permission to create a record of your contact with **Here For You** and permission to share information with the service requesting the call for you. The service you are accessing will then send the completed form to **Here For You**.

Once the form is received, a **Here For You** team member will call you within 72 hours or as close to your preferred contact time as possible. This call may be a one-off, or further calls may be offered if required.   
When the last call has been made to you, **Here For You** will send a completion note to the service that made this request.  
  
**What you need to know:**

A **Here For You** team member will do their best to call you at your preferred time. If you are not available, a voice and/or text message may be left (if you have given permission).

* The team member will try contacting you up to three times. After this, you can call the line on 1800 here4u (1800 437 348) at any time should you wish to seek support.
* If the team member thinks you, or any other person, are in immediate danger of being harmed they have a duty of care to call the appropriate emergency service. Your call may be traced, a welfare check may be arranged, and the service requesting this call will be informed. Your emergency contact (if provided) may also be contacted in an emergency.
* By agreeing to this call-back request you are giving **Here For You** permission to share relevant information with the requesting service, or other services where necessary to ensure your safety, and to create a record of your contact with the support line. All information will be stored securely.
* At the end of the support period, a summary of contact will be sent to the service requesting this call-back.

**Providing feedback:**

* Web: Online or downloadable Compliments and Complaints Form here: [www.mhc.wa.gov.au/hereforyou](http://www.mhc.wa.gov.au/hereforyou)
* Email: [hereforyou@mhc.wa.gov.au](mailto:hereforyou@mhc.wa.gov.au)
* Phone: Coordinator - 08 6553 0482 - 9.00am to 5.00pm - Monday to Friday

Client Consent