



CONFIDENTIAL
Referral to STARS Counselling / Clinic

STARS services are for people from a refugee or migrant background who are experiencing psychological or psychosocial difficulties believed to be associated with a history of Torture and trauma prior arriving to Australia.

Email: intake@sttars.org.au

Phone: (08) 8206 8900

Fax: (08) 8206 8945

STARS is not a crisis service.

For urgent assistance, please contact Lifeline on 13 11 14 or the Mental Health Line on 1800 011 511

Important – Client Consent is essential for all STARS services.

Is there client consent for you to contact STARS? Y N

Has the client given consent to be contacted by STARS? Y N

CLIENT INFORMATION

Family Name: _____ **Given Names:** _____

Date of Birth: _____ **Birth Gender:** M F

Country of Birth: _____ **Date of Arrival:** _____

Address: _____

Mobile Number: _____ **Phone:** _____

Visa Category:

Australian Citizen Permanent Resident TPV/SHEV

Asylum Seeker (Bridging Visa) SRSS Support Y N

Community Detention Other Temporary Visa (please specify): _____

Preferred Language/s: _____

Interpreter Required: Y N **Interpreter Gender:** M F

Specific Interpreter Required? (please specify) _____

FOR CLIENTS UNDER 18 YEARS OF AGE ONLY: PARENT/GUARDIAN DETAIL

Has Parent /Guardian provided consent for the referral: Y N

Parent /Guardian Phone: _____ Mobile: _____

Family Name: _____ **Given Names:** _____

School: _____ **School Phone No.:** _____

REFERRING ORGANISATION:

Date of Referral: _____ **Organisation Name:** _____

Contact Person: _____ **Phone:** _____

Fax: _____ **Mobile:** _____

Email: _____

SETTLEMENT STATUS

GP Clinic: _____

GP Name: _____

Address: _____

Phone Number: _____

Medicare Number: _____ Medicare Person No.: _____

Accommodation:

- On Arrival Public Rental Private Rental Boarding House
 Own House Emergency Supported Homeless

Living Arrangements:

- Lives Alone Lives with Family Lives with others

RELATIONSHIP STATUS:

- Married Defacto Divorced Separated Widowed Single

Other Family Members Residing with Client:

(Please state name, age, gender and relationship to client)

Highest level of education prior arriving to Australia:

- Primary Secondary Tertiary No Formal Education

Income:

- Wages/Salary No Income Other (please specify) _____
 Pension /benefit (please specify type) _____

Employment:

- Full Time Part Time/Casual Unemployed Student

Other Agency Involvement:

1. Name of Agency: _____ Contact Person: _____
Phone: _____ Mobile: _____
Email: _____

2. Name of Agency: _____ Contact Person: _____
Phone: _____ Mobile: _____
Email: _____

3. Name of Agency: _____ Contact Person: _____
Phone: _____ Mobile: _____
Email: _____

REFERRAL INDICATORS:**Experience of torture or severe trauma**

It is not necessary for referral to obtain a detailed personal history. Sufficient information is required only to determine that a person is eligible for STTARS services because they have had experiences of torture and trauma that they believe are affecting them now. A possible question to ask your client is:

“Some people have had bad things happen to themselves and their families.

Has anything happened to you or your family that is affecting the way you are feeling now?”

Has the client disclosed experience of torture or other traumatic events with or without

Prompting? Y N

Has the client disclosed injuries or pains which are the result of torture, sexual assault or other form of violence? Y N

Brief Summary: _____

The following are useful areas to enquire about to establish if there are psychological/social effects. If there are symptoms it is reasonable to consider to be a consequence of having experienced traumatic events associated with refugee experience for a referral to STTARS to be the appropriate response.

- Appetite or Weight Change: _____
- Ability to participate in usual daily activities: _____
- Ability to take care of self and others: _____
- Difficulties with memory/concentration: _____
- Sleep Difficulties: _____
- Mood or Affect: _____
- Repeated expressions of hopelessness: _____
- Intrusive memories or images which are distressing: _____
- Strong emotional response to daily stressors: _____
- Persistent Physical Pain with no medical cause: _____
- Expressed Threats to harm self and others: _____
- Alcohol and Substance Abuse: _____
- Other concerns: _____

FACILITATING REFERRAL TO STTARS**1. Provide some feedback to your client about what you have noticed.**

An example of feedback is: "It can be difficult to settle in Australia when you have a lot of worries. Not all worries stop when you arrive in new country. All the changes you have been through and the difficult experiences you had before arriving in Australia can affect settlement."

2. Provide information to your client about the type of services STTARS provides:

Explain that STTARS helps people who have had difficult and painful experiences before arriving to in Australia and can assist them with any problems / difficulties they are having

Explain that STTARS can help with:

- Constantly feeling anxious
- Constantly feeling sad
- Difficulties with sleeping
- Difficulties coping with everyday problems
- Difficulties with learning or remembering
- Feeling angry or irritable a lot
- Feeling like you do not want to be around other people
- Feeling hopeless about future
- Family conflict
- Children and young people finding it difficult to settle into a new country or school

3. Make sure your client understands that:

- STTARS services are free
- STTARS services are completely confidential
- STTARS will provide interpreter

4. Discuss making contact with STTARS:

Clients often need assistance or support in contacting STTARS for the first time.

For example, you could say to clients:

"I can contact STTARS for you and they will then contact you to arrange a time to see you"

Please fax or email this referral to the Intake Coordinator at STTARS.

Subject Title: 'Referral'

Fax: (08) 8206 8945

Email: intake@sttars.org.au

If you wish to discuss referral, please contact the Intake Coordinator on (08) 8206 8900.

The Intake Coordinator will contact you after receipt of this referral form.