

## Arataki Support

Arataki Ministries have been contracted by the Ministry of Health (MoH) to provide **Community Support Work** for people recovering from a mental illness who live independently in the community. The aim is to assist people to improve the quality of their life in the community of their choice.

An Community Support Worker builds relationship with the client, and together they work with the existing clinical team, family/Whanau and other caregivers. They work alongside people to:

- Achieve good health outcomes for the client considering the whole person (mental, physical, social cultural and spiritual),
- Identify strengths and support needs,
- Achieve their individual rights and responsibilities for successful community living including privacy, finance, accommodation, community and health resources, vocational and leisure opportunities,
- Support their use of services available in the community,
- Encourage and enhance self confidence, self esteem self determination, and a sense of belonging,
- Strengthen links with specialist services (counselling, clinical treatments, and skills training)
- Maintain and strengthen links with family and other support networks.

**Arataki Ministries** staff have diverse experiences of life and can offer empathy and encouragement as a result. Our staff are trained in supporting people in the community. They are not clinicians. As a Christian organisation we consider all people as having equal value. We do not discriminate or condemn and are ready and willing to work with anyone and to offer the compassion of Christ to all who desire it. We work together to help people achieve a meaningful lifestyle in the community of their choice.

**Arataki Support** is provided under contract to the MoH and is available free to clients who have significant disability resulting from diagnosed mental illness. The Arataki Support service operates in Whangarei and Kaipara Districts, with bases in Whangarei, Dargaville and Maungaturoto.

Referral forms are available on request from the Mobile Services Team Leader. Diane works from Whangarei.

### **Contact numbers:**

<b>Whangarei:</b>	<b>(09) 4303 044</b>	<b>Fax (09) 4303 544</b>	<b>Box 5028, Whangarei 0140</b>
<b>Dargaville:</b>	<b>(09) 4394 651</b>	<b>Community Health, Dargaville Hospital.</b>	
<b>Maungaturoto:</b>	<b>(09) 4319091</b>	<b>3 Gorge Road, Maungaturoto</b>	

# Referral to Arataki Ministries Community Support

Phone

Fax

<b><u>Patient Information</u></b>		NHI Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Patient Name.....		RCS Service Authorization	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
AKA.....		Winz Services No.....							
Contact Address.....		IRD No.....							
.....		Form filled out by:.....							
.....		Position.....							
Phone Number.....		Primary Nurse.....							
Fax Number.....		Psychiatrist.....							
D.o.B.....		Age.....							
Gender	M	<input type="text"/>	F	<input type="text"/>	Next of Kin.....				
Children/Dependants.....		Relationship.....							
Details of who has access.....		Address.....							
.....		.....							
Ethnicity		Phone Number.....							
European	<input type="text"/>	Maori	<input type="text"/>	Other	<input type="text"/>	G.P.....			
.....		Phone Number.....							
.....		Please state what.							

## Clinical Information

Current Diagnosis

Axis I.....

Axis II.....

Please detail any physical/biological problems the patient has. Include any special treatment required.

.....

.....

Mental Health Act/Criminal Justice Act Status

MHA 29  MHA 30  CJA 118

Other

Date of next review.....

Please specify.....

Responsible Clinician.....

Next MHA Status review.....

Current Medication.....

.....

IMI Injection?  Next Due .... / ... / ....

Script last given.... / ... / ....

Next Due.... / ... / ....

Other Diagnosis Dependencies

Alcohol	<input type="text"/>	Marijuana	<input type="text"/>
History of Violence	<input type="text"/>	Attempted Suicide	<input type="text"/>
Cultural bound syndrome	<input type="text"/>	Self Harm	<input type="text"/>
Solvent	<input type="text"/>	Other	<input type="text"/>

**Any known Drug Allergies/Reactions**

**Psychiatric Information *continued***

First Presentation Date..... Place.....

Reasons.....

..... Number of Admissions Since.....

Have they been Stable on Medications between Admissions? Yes  No

	Very poor	Poor	Average	Good	Excellent
Current level of Functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current level of Insight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current level of Compliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please detail history of Dangerous Behaviour/Self Harm**

.....  
.....  
.....

	Low	Medium	High
Current level of Dangerousness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current level of Self Harm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Referred to:**

.....  
.....

**Reason for Referral**

.....  
.....

**Clients Intentions**

.....  
.....  
.....

**Details of any Court cases pending. / Other legal Issues / Notices**

Date of Appearance.../.../... Court Room.....at .....

Legal Representative/Advocate.....

Comment  
.....

Please list Other Agencies involved with patient:.....

Other Comments:.....

.....  
.....  
.....

**What other information is available & can be provided**

- A needs Assessment
- Psychological Report (If any)
- A Psychiatrists Clinical Assessment
- Social Worker Report
- Occupational Therapist Report
- A NHRA Service Authorization Form
- FCS Authorization Number & copy of Assessment
- Completed NHRA Client details Form
- A Current Relapse prevention plan
- Any other information deemed necessary.

## **Support Needs.**

How much help do you need with the following?

(Consider over the past 12 months)

Ratings

0 None

1 A Little

2 Some

3 A Lot

4 Need someone else to take full responsibility

		0	1	2	3	4
1)	Getting and/or keeping the home you want					
2)	Getting and/or keeping paid or unpaid work					
3)	Doing things you like to do					
4)	Buying and preparing food (e.g. shopping/cooking/eating)					
5)	Getting and managing your money					
6)	Looking after yourself and the place you live in (so you feel safe and comfortable)					
7)	Staying mentally well (e.g. recognizing warning signs, seeking help when needed, etc)					
8)	Making friends and getting on with people.					
9)	Managing day to day problems and dealing with stressful events					
10)	Feeling good about yourself.					

## **Score**

Add up the total score of the boxes.

A score of 0-12 indicates that you have low overall need for support in your life right now.

A score of 13-29 indicates that you have medium - high, overall support needs in your life right now.

A score of 22-40 indicates that you have high overall support needs in your life right now.