

COPMI (Children of Parents with a Mental Illness) is a child centred, family focused and strength-based program that aims to support children of parents with mental illness to develop knowledge and skills to enhance their mental health, and to gain an understanding of the mental illness their parent experiences.

Eligibility:

- Children and young people aged 4 - 18 years whose parent/s have a mental illness;
- Children or young people agree to their involvement with COPMI;
- Parent/Guardian agreement for their child/ren's involvement in the COPMI program;
- Completion of the referral form in partnership with the family is required;
- Mental Health case management for their Parent(s)/guardian(s) is required for referral to the COPMI program
- The completed referral form has been signed by the parent/guardian.

Referrers, please complete this form with the family and e-mail completed signed referral to dutysw@Uplyft.org.au , for enquiries phone (08) 9245 2441

Child/ren and/or Young Person/s Being Referred								
	Child 1		Child 2		Child 3		Child 4	
Surname								
First Name								
DOB								
Gender								
Preferred Pronouns								
Aboriginal or Torres Strait Islander (Y or N)	Yes	No	Yes	No	Yes	No	Yes	No
CALD (Y or N)	Yes	No	Yes	No	Yes	No	Yes	No
Country of birth								
Language spoken at home								
Current living situation								
Disability (Y or N)	Yes	No	Yes	No	Yes	No	Yes	No
Current School								

Referrer			
Name		Agency/School	
Telephone		Mobile	
Email Address			
Are you the parent/s Mental Health Case Manager?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If No , please provide details of the Mental Health Case Manager			
Name		Agency/Clinic	
Telephone		Mobile	
Email Address			
Has the family agreed to this information being shared?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Family & Others			
Parents/Caregivers			
Parent/Caregiver		Parent/Caregiver	
DOB		DOB	
Gender		Gender	
Preferred Pronouns		Preferred Pronouns	
Address		Address	
Telephone		Telephone	
Mobile		Mobile	
E-mail		E-mail	
Preferred contact method	<input type="checkbox"/> Phone <input type="checkbox"/> email <input type="checkbox"/> SMS	Preferred contact method	<input type="checkbox"/> Phone <input type="checkbox"/> email <input type="checkbox"/> SMS
Australian Aboriginal	Yes <input type="checkbox"/> No <input type="checkbox"/>	Australian Aboriginal	Yes <input type="checkbox"/> No <input type="checkbox"/>
Torres Strait Islander	Yes <input type="checkbox"/> No <input type="checkbox"/>	Torres Strait Islander	Yes <input type="checkbox"/> No <input type="checkbox"/>
Country of Birth		Country of Birth	
Ethnicity		Ethnicity	
Language/s spoken at home		Language/s spoken at home	
Interpreter required	Yes <input type="checkbox"/> No <input type="checkbox"/>	Interpreter required	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other Significant Adults			
Relationship to Child		Relationship to Child	
DOB		DOB	
Address		Address	
Telephone		Telephone	
Australian Aboriginal	Yes <input type="checkbox"/> No <input type="checkbox"/>	Australian Aboriginal	Yes <input type="checkbox"/> No <input type="checkbox"/>
Torres Strait Islander	Yes <input type="checkbox"/> No <input type="checkbox"/>	Torres Strait Islander	Yes <input type="checkbox"/> No <input type="checkbox"/>
Interpreter required	Yes <input type="checkbox"/> No <input type="checkbox"/>	Interpreter required	Yes <input type="checkbox"/> No <input type="checkbox"/>
Ethnicity		Ethnicity	
Language/s spoken at home		Language/s spoken at home	

In accordance with the Commonwealth Privacy Act (1988) the personal information collected about families will be used in a confidential manner by Uplyft staff strictly for the purpose of facilitating the COPMI program. Clients are able to access their own information.

What services are you referring for:

Individual sessions

Up to 18 individual sessions are offered. Sessions may also include joint work with families to assist in understanding the impact of parental mental illness on both the parent, the child/young person and the family unit.

Individual sessions

Groups

Group programmes are offered according to need and location of referrals.

A minimum of two 1:1 sessions are required prior to attendance at group to ascertain if the group may meet the needs of the child/young person, and if the child/ young person is ready to be involved in such a group.

COPMI Group – this a therapeutic group for children aged 9 – 11 years where children share the strengths and challenges of having a parent with a mental illness, and learn about mental health and related topics. It runs in Terms 2 and 3, for a duration of 15 weeks. It is currently run in Mandurah and Perth’s northern suburbs

COPMI Chill – this is a Peer Support group for 12 – 14-year olds. It currently runs in Mandurah however is able to run in other locations dependent upon need.

COPMI Café – this is a Peer Support group for 15 – 18-year olds. Located in Mandurah and Leederville.

Referral Details

Are there any known risks to a worker’s safety with this family? Yes No

If yes, please elaborate below:

Are there any known court orders relating to this family? Yes No

If yes, please elaborate below:

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<p>Is there any disability in the family? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>If yes, please elaborate below:</i></p>
<p>What is the parent/s mental illness?</p> <p><i>Please provide details, including the duration and severity of the condition including hospitalisation if known:</i></p>
<p>What are the reasons for referral? What do you hope that the child/young person will get out of the program?</p> <p><i>Please comment on the challenges impacting on the child/ren as a result of their parents' mental illness. Are they recent in origin or do they reflect a chronic situation?</i></p>
<p>Is the child/young person or the family currently engaged with other support services or counselling services, or have they been engaged recently?</p> <p><i>If yes, please elaborate on the service and type of support offered:</i></p>
<p>What are the family's strengths?</p>

Is the family currently involved with Child Protection and Family Support? Yes No

If yes, please provide the contact details for the Case Worker

Is the child/young person aware of the referral and do they agree to it? *(please tick)* Yes No

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Information provided by (please tick all that apply)

- | | | | | | |
|--------------------------|---------------------------|------|-------|------|-------|
| <input type="checkbox"/> | Referrer | Name | _____ | Date | _____ |
| <input type="checkbox"/> | Parent/Guardian | Name | _____ | Date | _____ |
| <input type="checkbox"/> | Young Person/Mature Minor | Name | _____ | Date | _____ |

CONSENT TO RELEASE INFORMATION

This referral for _____ (child/young person's name/s) to the Uplyft COPMI program has been made with my consent.

I understand and give Uplyft permission to collect and store the information provided on its safe digital client management system. This includes the understanding that Uplyft may disclose de-identified information to the Mental Health Commission of WA for the administration of its Mental Health support services.

Uplyft will contact me after the referral has been received and arrange an initial meeting. If this referral has been made by an agency/organisation, I also give consent for Uplyft to contact them to assist further in the intake/allocation process.

Name of referring agency/school (if applicable) _____

Name (parent/guardian)

Signature (parent/guardian)

Date _____

Please direct all enquiries to the Duty Social Worker:
Phone (08) 9245 2441 or documents can be emailed dutysw@Uplyft.org.au

Notification

The information that you provide on this form includes your personal information. Your personal information is protected by law, including the Privacy Act 1988. Your personal information collected on this form is used primarily for Uplyft's purposes. We use the information that you provide on this form to better understand the profile of the children and families referred to the COPMI program, to help plan and improve services delivered and to make sure they are easy to access and delivering good outcomes for the local community.

You can find more information about the way the Uplyft will manage your personal information, including information about accessing and correcting personal information held on its client management system and making privacy complaints on the Uplyft website. For information about how and Uplyft manages your personal information, please contact us on (08) 92452441 or visit

<https://www.Uplyft.org.au/utility/privacy-policy>.

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