



## YOUTH PSYCHOSOCIAL SUPPORT PACKAGES (YPSP)

### Important information / consent form

#### **About the YPSP Program**

The YPSP is designed to assist young people with mental health issues, with or without co-occurring alcohol and other drug (AOD) issues, to participate more in their community, social and economic life.

The program offers a variety of support services that can be personalised to meet your individual goals and needs, including helping you with daily living, finding accommodation, and accessing other services. The YPSP aims to improve your wellbeing and help in your recovery, supporting you to become more independent and have better quality of life.

The YPSP is a partnership between the Mental Health Commission (mhc.wa.gov.au) and:

- <u>Pillar Support Coordination</u> (pillar.org.au)
- Anglicare WA (anglicarewa.org.au)
- Mind Australia (mindaustralia.org.au)

#### Release of information

If accepted into the YPSP, we will work with you to identify and understand your needs so we can create a personalised plan to help you achieve your goals.

To do this, we will collect relevant information such as your support needs, medical history and care plan. When you submit a referral, we will need to share some information with our program partners to assess if our program is suitable for you. Please note that this information is confidential, and we cannot disclose it to our partners unless you provide written consent.

#### What information we need and why

#### 1. Before being accepted into the YPSP

- Nomination form We need this to assess if you meet the requirements for YPSP. It also
  includes an assessment about the level of support you require from the service provider you
  choose. This is available in Word, PDF and as a web form.
- CAT self-assessment form Included with the Nomination form, the CAT assessment can be completed by you or someone can help you with it. It helps us understand the areas of your life you feel you need support with.
- Risk assessment It is a checklist to identify any risks so that we can ensure you and the
  people who will support you are safe. The risk assessment form needs to be completed by the
  referring agency or service provider. If you are referring yourself, Pillar will need to work with
  you to complete the form.

#### 2. After being accepted into the YPSP

- **YPSP Care Plan** Should you be accepted into this program, your support provider will work alongside you to develop a YPSP Care Plan. This plan will outline your goals and will be used to guide the supports you need to help you meet these goals.
- Other if there is any other information we may need, we will discuss this with you.





#### How and when your information is shared

#### 1. Submission of nomination form

Once you have submitted your nomination form to Pillar Support Coordination, they will determine if you are eligible for the YPSP program.

#### 2. Meeting eligibility criteria

If you meet the eligibility criteria, a Review Panel will review your information to determine if the program is suitable for your needs and which individuals are to receive the support packages.

The Review Panel has representatives from: Mental Health Commission, Community Mental Health Clinical Team, Pillar Support Coordination and Community Service Providers.

#### 3. Being successful in YPSP

If you are successful in your nomination for YPSP and would like to participate in the program, your information will also be shared with the service provider that you choose to support you.

#### How to nominate for the YPSP

Information about the YPSP program and nomination forms (in Word, PDF and web formats) can be found on the YPSP page on the Pillar Support Coordination website – <a href="https://pillar.org.au/ypsp">https://pillar.org.au/ypsp</a> – or you can contact Pillar to ask for the forms and supporting information to be emailed to you.

You can **submit** your completed nomination form and attach additional information via a secure process on the Pillar website. You may also **email** completed forms to <a href="mailto:ypsp@pillar.org.au">ypsp@pillar.org.au</a> or **post** them to:

YPSP Program, Pillar Support Coordination 32 Burton St, Cannington WA 6107

#### What happens after you send in your nomination form?

The team at Pillar will review the information you provided. If you meet the criteria for the program, your nomination will be considered by the Review Panel who will decide if you are the right fit for the YPSP program.

A Peer Worker or Support Coordinator from Pillar may be in touch to ask you some questions. They may need more information or need to discuss other support options that may work for you.

#### If you are shortlisted, you'll be invited to a Meet & Greet session

If you're the right fit for the YPSP program, you'll receive a phone call from a Peer Worker inviting you to attend a Meet & Greet session with a small group of 3-4 people.

At this session, you'll learn more about the program and can ask any questions you want. This will help us find out more about you and the supports you are looking for.

The Peer Worker can provide you with further details about the meet and greet session.

#### If you are successful

The Peer Worker will support you to choose your support provider.





#### If you are not successful

Limited packages are available, so being successful is not guaranteed. If your nomination is not accepted in this round, one of our Peer Workers or Support Coordinators from Pillar will contact you to let you know.

They will talk to you about other supports and services that you may be interested in being referred to or referring yourself to. They can also help you do so if you want them to.

#### Do you have any questions?

Please contact one of our Peer Workers or Support Coordinators at Pillar Support Coordination on:

Ph: 6253 4700

Email: <a href="mailto:ypsp@pillar.org.au">ypsp@pillar.org.au</a>

Facebook: www.facebook.com/groups/pillarypsp

#### Consent to share your information

Please ensure that you complete the consent form on the following page to enable us to consider your nomination for the YPSP.





# YOUTH PSYCHOSOCIAL SUPPORT PACKAGES (YPSP)

## **Consent to share information**

Consent for Release of Information					
I			(please pi	rint full name) consent	
to the Youth Psycho	social Support Pac	kages (YPSP) Prograr	m releasing the follow	ving information:	
Information	Mental Health Commission	Pillar Support Coordination	Meet and Greet Panel Members	Anglicare WA or Mind Australia	
YPSP Nomination form and self- assessment information	<b>~</b>	<b>~</b>	<b>~</b>	~	
YPSP Care Plan	<b>~</b>	<b>~</b>	Not applicable	<b>~</b>	
Risk Assessment and Safety Plan	<b>~</b>	~	Not applicable	~	
Other reports or assessments relevant to program	<b>~</b>	~	~	~	
I understand I may a eligibility to the prog		y consent at any time a	and this withdrawal n	nay change my	
Date					
Young person's signature:		Co-signer (if applicable)			
Parent / Guardian's signature		Parent	Parent / Guardian's contact number		