



C/- Monash Medical Centre CAMHS
Locked Bag 29, Clayton South, VIC. 3169
Ph: 03 9568 4785 Fax: 03 9568 6267

INVITATION FOR REFERRALS

Dear Colleague,

The Southern Health Butterfly Eating Disorder Day Program is currently inviting referrals from Private Practitioners working with clients in the Southern Metropolitan Region of the Department of Human Services. The program is open to individuals aged 12 - 24 years who reside in the Southern, Alfred or Peninsula Health regions, who have been diagnosed with an eating disorder and who require a more intensive level of support than can be provided through community treatment alone.

The group program runs 5 days a week from 9:30am until 3:30pm, with one half day (Wednesday). Clients are required to attend the program full time for the initial stages of treatment, but may reduce to part time attendance once less intensive treatment is required. Through a combination of individual and group therapy, the multidisciplinary treatment team works with participants to achieve nutritional rehabilitation and normalisation of eating behaviour. There is also a strong focus on correcting dysfunctional attitudes toward food, eating and weight, body image and participants' ability to identify, understand and manage issues that have contributed to the development and maintenance of their eating disorder.

Referrals to the day program can be made by private practitioners who are willing to provide an ongoing role in the young person's care, including a case management role. This ensures continuity of care between the Day Program and the community. It is important that a thorough assessment take place prior to a referral to the Day Program, including detailed history of the presenting problem, developmental and family history, diagnosis and formulation. In addition, information about previous assessments, current risks for the client and current relevant medical information must be provided on referral (see attached checklist of documentation to be provided at referral).

Private practitioners wishing to refer clients from the Southern Health catchment area are invited to contact the Southern Health Psychiatric Triage Service (PTS Ph: 1300 369 012). Private referrals from the Alfred and Peninsula Health regions are invited to contact the Day Program Intake Worker directly (Ph: 9568 4785).

Completed referrals are reviewed by the Day Program team and if considered appropriate, an initial assessment interview is arranged with the client and their family. Assessments take place at the Butterfly Day Program and usually occur across two sessions. If the program is deemed appropriate for the client, they will then be invited to an Initial Treatment Recovery Plan meeting where treatment goals, expectations of the program, involvement of family, and treatment team roles and responsibilities will be determined. The case manager's involvement in this meeting is required to enable the provision of effective treatment.

Please feel free to contact the Butterfly Day Program Intake Worker on 03 9568 4785 if you have any queries or would like assistance in making a referral.

Kind Regards,

A handwritten signature in black ink, appearing to read 'Meaghan Jones'.

Meaghan Jones
Acting Program Coordinator
Southern Health Butterfly Eating Disorder Day Program



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Checklist of documentation required on referral:

It is a requirement that the following documentation be completed and included with all referrals to allow the timely assessment of potential clients:

- Intra-Service Referral form (*attached*)
- Assessment Summary
- Current Risk Assessment (*attached, within intra-service referral form*)
- Medical data and reports (*attached*)
(Referrer is required to send appropriate forms to the client's Medical Practitioner prior to sending referral to Butterfly Day Program)

Where relevant, please also include:

- Copies of relevant past testing
- Current Treatment and Recovery Plan
- Past discharge summaries
- Reports from other private practitioners (please include contact details)
- Dietetic information and reports if the client is currently involved with a Dietitian (e.g. meal plans and summary of intervention and response to treatment). Please include contact details.