Mental Health Provider Specialities Form

To support the CAREinMIND Intake and Triage team to appropriately allocate mental health referrals to you, please advise your **areas of specialty** (training or extensive experience – **not just interest**) in treating and supporting vulnerable individuals.

|  |  |
| --- | --- |
| **Name:**  |  |
| **Organisation (if applicable):**  |  |
| **Service Agreement No.**  | **S1 ………………..** |

Please select the boxes to indicate your qualifications/skills and interest.

**Age Groups: Trauma/Harm**

[ ] Young children 0-11 years [ ] Acquired brain injury

[ ] Children 12-15 years [ ] Adult survivors of sexual abuse

[ ] Adolescents 16-18 years [ ] Bullying

[ ] Young adults 18-25 years [ ] Disaster recovery

[ ] Adults 25-65 years [ ] Domestic violence

[ ] Older adults 65+ [ ] Post traumatic stress disorder

**Mental Health:** [ ] Self harm

[ ] Adjustment disorder [ ] Sexual abuse

[ ] Attention Deficit Hyperactivity Disorder [ ] Suicide

[ ] Anxiety [ ] Victim of crime

[ ] Autism [ ] Refugees and asylum seekers

[ ] Bipolar Disorder [ ] Divorce/separation

[ ] Dementia **Personal:**

[ ] Depression [ ] Adoption

[ ] Eating Disorders [ ] Anger management

[ ] Gender dysphoria [ ]  Body image

[ ] Obsessive-Compulsive disorder [ ] Carer support

[ ] Panic disorder [ ] GLBTIQ

[ ] Personality disorders [ ] Grief and loss

[ ] Phobias [ ] Homelessness

[ ] Post-natal depression [ ] Selective mutism

[ ] Psychosis [ ] Sexual difficulties

**General Health:** [ ] Relationships

[ ] Cancer support **Educational:**

[ ] Chronic disease management [ ] Intellectual disability

[ ] Health-related problems [ ] Learning difficulties

[ ] Pain management  **Work/Community:**

[ ] Physical disability [ ]  Work stress

[ ] Sleeping disorders [ ] Workplace bullying

[ ] Terminal illness **Legal:**

[ ] Weight management [ ] Criminal behaviours

**Addictions:**

[ ] Alcohol dependence

[ ] Drug dependence

[ ] Gambling