Health PEI
One Island Health System

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REFERRAL FORM
Mental Health Intensive Day Program
902-288-1274

PLEASE SEND REFERRALS BY:

Cerner Order: MHIDP Referral ● **Fax**: 902-620-3108 ● **Email**: MHIDP@ihis.org

SERVICE OVERVIEW

The Mental Health Intensive Day Program (MHIDP) is a 4-week outpatient, voluntary, psycho-educational program (9am-3pm, Monday-Friday) designed to assist participants with gaining knowledge and insight into their own mental health, to empower skill building, self-management, promote recovery and wellness. The MHIDP is a group-based adult learning setting. The program is designed for clients who are experiencing moderate to acute symptoms of a psychiatric diagnosis which do not necessitate an inpatient 24-hour hospitalization.

REFERRAL PROCESS

Referrals accepted from psychiatry, physicians and community mental health clinicians.
Once received, referrals are assessed for eligibility and suitability. The client will be contacted for an intake assessment within 1-4 days of receiving the referral. Please ensure correct and current contact information is provided.

Following the intake assessment, MHIDP maintains the discretion to not offer a program spot if clinical information suggests MHIDP will not best meet the current needs of the client. Referral sources will be informed of decisions.

ADMISSION ELIGIBILITY

- Adults (18+) who can function independently.
- Has moderate to acute symptomology, but does not require 24-hour hospital admission.
- Exhibits emotional, intellectual, physical, and time **capacity to participate** in an intensive psycho-educational group program (4 week, 5 days a week, 6 hours of classroom per day).
- Individuals must **demonstrate strong cognitive skills**. This includes the ability to comprehend and learn new information, solve problems effectively, think creatively, and effectively plan and organize their work.
- Can independently administer their personal medications.
- Can commit to being substance-free during scheduled day programming.

EXCLUSION CRITERIA

- Individual currently demonstrates an incapacity to engage program components (i.e. 4 weeks/group setting).
- Is imminently at risk of violence to self or others.
- Lacks sufficient impulse or behavioral control to engage in a group setting.
- Individuals with thinking difficulties that impact their ability to focus, learn or retain information.
- Currently experiencing symptoms of psychosis that may increase in a group treatment setting.
- The individual has primary housing, custodial, or respite needs. Clients must have their basic socio-economic needs met in order to have success in this program. Clients with these needs should be referred to a different Mental Health and Addictions service.

MENTAL HEALTH INTENSIVE DAY PROGRAM REFERRAL FORM

REFERRAL SOURCE INFOMATION

Referring Psychiatrist / Physician/ MH Clinician: _____

Contact number / email (preferred): _____

Date of referral: _____

**By signing below, I am stating that the client is aware of this referral on their behalf and that the program descriptors and referral process have been explained to the client.*

*****Following the intake assessment, the MHIDP maintains the discretion to not offer a program spot if clinical information suggests MHIDP will not best meet the current needs of the client. Referral sources will be informed of intake decisions.***

Psychiatrist/Clinician signature: _____

CLIENT INFORMATION

Name:_____

PHN: _____ Age: _____

Client's Address: _____

Telephone / cell: _____ Can an identifying message be left? _____

Alternate contact number: _____ Can an identifying message be left? _____

Client's email address: _____

Mental health diagnoses (Please provide any relevant conditions/diagnosis):

CLIENT PREPARDNESS

Please indicate why the client would benefit from the MHIDP:

Select any of the following that may impact a client's ability to participate in the program:

☐ Learning disability	☐ Behavior	☐ Housing	☐ Transportation
☐ Literacy level	☐ Mobility	☐ Work	☐ Childcare
☐ Language	☐ Medical Condition	☐ Legal	

Please indicate the following:

This client is available to attend the program for 4 weeks, 5 days a week.	Yes ☐	No ☐
This client has the functional cognition to engage with psychoeducational material.	Yes ☐	No ☐
This client demonstrates appropriate emotion regulation and behavior to participate in a group setting, in close quarters with others.	Yes ☐	No ☐