

ADMHSS runs three state-wide confidential telephone helplines – the Alcohol and Drug Support Line (ADSL) for anyone concerned about their own use, the Parent and Family Drug Support Line (PFDSL) for another person’s alcohol and other drug use and Here For You Support Line (1800here4u) for mental health issues and/or alcohol or drug use support.

In many instances ADMHSS can offer a practitioner-initiated call-back service to provide support and advice around these issues.

Call-back is **not suitable** for clients who are seeking intensive, ongoing case management, or experiencing significant psychological distress, psychosis, or mental health crisis.

### How the service works:

Telephone calls are made by experienced counsellors to support clients around alcohol, drug and/or mental health issues. Phone support is short-term and solution-focused to assist with coping skills, system navigation, capacity building and maintaining motivation to achieve their identified recovery/goals.

- An ADMHSS team member will contact the client as close to the suggested time as possible.
- Depending on the outcome of the initial contact, further calls may be negotiated.
- Clients are free to call the helplines as often as they need without compromising the call-back arrangement.
- Three attempts will be made to contact the client, by phone and SMS. If there is no answer by the third attempt, the requesting service will be notified, and the request will be closed.
- At any time, the client can cease the call-back arrangement with the service if it is no longer required.
- At any time, the service can cease the call-back arrangement with the client if it is deemed no longer suitable.
- At the end of the support period, the requesting service will receive feedback from ADMHSS.
- The support line has access to a tracing system. If a client indicates they are a danger to themselves or another person, the service has a duty of care to activate a trace and call the appropriate emergency services. The requesting service will be advised if this occurs.

### To request a call-back:

Complete the Call-back Request Form, including client consent overleaf and email to: [aodmhsupport@mhc.wa.gov.au](mailto:aodmhsupport@mhc.wa.gov.au)

If you have any urgent queries, please call the ADMHSS Coordinator on (08) 6553 0528 during office hours or email: [adsscoordinators@mhc.wa.gov.au](mailto:adsscoordinators@mhc.wa.gov.au)

After hours, please call 94425000 and discuss with the counsellor.

# Call-back Request Form

<b>Client's Preferred name:</b>		
<b>Date of birth:</b>		
<b>Identified gender:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
<b>Telephone no:</b>	Home:	Mobile:
<b>Email:</b>		
<b>Client's address:</b>		
<b>Ethnicity:</b>	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Culturally and linguistically diverse <input type="checkbox"/> None of the above	
<b>Emergency contact details:</b>		
Can we leave a voice and/or text message? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Referrer's name and position:</b>		
<b>Service name:</b>		
<b>Phone number:</b>		<b>Email:</b>
<b>Date:</b>		
<b>Call-back requested from:</b>	<ul style="list-style-type: none"><li>• <b>Alcohol &amp; Drug Support Line</b></li><li>• <b>Parent &amp; Family Drug Support Line</b></li><li>• <b>Here For You Support Line</b></li></ul>	
<b>Reason for call-back request</b>		

**Drug(s) of concern (if any):**

**Mental health diagnosis or concerns (if any):**

**Treating professionals:**

**REQUIRED:** Any current safety / risk management issues? If yes, please outline the plan below or attach a copy of any safety plans:

**Client consent:**

I, \_\_\_\_\_ (print name) would like to receive a call-back from the Alcohol, Drug and Mental Health Support Service

**I understand:**

- If the call is made and there is no answer, the support line team member will try again on two more occasions. If they still cannot contact me, they will inform the service requesting the call-back.
- By agreeing to this call-back request I am giving The **Alcohol, Drug and Mental Health Support Service** permission to create a record of my contact with them and to share a brief summary of that contact with the service requesting this call-back.
- At the end of the call-back period a summary of contact will be sent back to the requesting service.
- The **Alcohol, Drug and Mental Health Support Service** has access to a tracing system and if I advise that if I am likely to harm myself or others, I understand that they have a duty of care to call the appropriate emergency services and inform the requesting service. My emergency contact person (if provided) may also be contacted in an emergency.

**Client Name:**

**Date:**

**Referrer name:**

**Date:**

(if verbal consent is provided by client)

**Preferred date to start call backs:**

**Preferred contact time:**

**Weekdays:**  Morning  Afternoon  Evening  Anytime

**Weekends:**  Morning  Afternoon  Evening  Anytime

**Interpreter required:**  Yes Language:

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## **PLEASE PRINT THIS PAGE FOR YOUR CLIENT**

### **Information for Call-back Clients**

The Alcohol, Drug and Mental Health Support Service (**ADMHSS**) runs three telephone helplines – the Alcohol and Drug Support Line (**ADSL**), the Parent and Family Drug Support Line (**PFDSL**) and the Here For You Support Line (**1800here4u**). These are state-wide confidential helplines for anyone concerned about their own or another person's alcohol and other drug (AOD) use and/or mental health (MH) issues. ADMHSS staff can provide information, resources, brief intervention, solution-focused counselling, recovery orientated peer support and details of relevant services.

#### **Call-back support:**

If you think it would be useful, the service you are accessing can request that a counsellor from the most appropriate of the three **ADMHSS** phone lines can call you. To request this call-back option, you must complete the **Call Back Request Form** and sign the consent section. This gives **ADMHSS** access to your name, contact details, best contact times, reason for call-back request, permission to create a record of your contact with **ADMHSS** and permission to share information with the service requesting the call for you. The service you are accessing will then send the completed form to **ADMHSS**.

Once the form is received, an **ADMHSS** team member will aim to call you within 72 hours as close to your preferred contact time as possible. This call may be a one-off, or further calls may be offered if required. You can call ADMHSS at any time, whether or not you are receiving call-backs. When the last call has been made to you, **ADMHSS** will send a completion note to the service that made this request.

#### **What you need to know:**

An **ADMHSS** team member will do their best to call you at your preferred time. If you are not available, a voice and/or text message may be left (if you have given permission).

- The team member will try contacting you up to three times. After this, you can call the line on 1800 437 348 (Here4u), 94425000 (ADSL) or 94425050 (PFDSL) at any time should you wish to seek support.
- If the team member thinks you, or any other person, are at risk of self-harm or pose a risk to others they have a duty of care to call the appropriate emergency service. Your call may be traced, a welfare check may be arranged, and the service requesting this call will be informed. Your emergency contact (if provided) may also be contacted in an emergency.
- By agreeing to this call-back request you are giving **ADMHSS** permission to share a brief summary of your contact history with ADMHSS with the referring service, or other services where necessary to ensure your safety, and to create a record of your contact with the support line. All information will be stored securely.
- At the end of the support period, a summary of contact will be sent to the service requesting this call-back.

#### **Providing feedback:**

- Web: Online or downloadable Compliments and Complaints Form: [www.aodmhsupport.com.au/contact-us](http://www.aodmhsupport.com.au/contact-us)
- Email: [hereforyou@mhc.wa.gov.au](mailto:hereforyou@mhc.wa.gov.au) or [alcoholdrugsupport@mhc.wa.gov.au](mailto:alcoholdrugsupport@mhc.wa.gov.au) or [parentdrugsupport@mhc.wa.gov.au](mailto:parentdrugsupport@mhc.wa.gov.au)
- Phone: Coordinator - 08 6553 0482 - 9.00am to 5.00pm - Monday to Friday