

## Mental Health Clinical Program

# Community Clinical Rehabilitation Service (CCRS)

### Information for consumers

#### What is CCRS?

CCRS is a voluntary clinical rehabilitation program for people who have an experience of mental illness. CCRS promotes wellness, recovery, and relapse prevention.

- We provide a one-to-one rehabilitation service for people linked with community mental health services.
- We support you to work towards your goals, using and building upon your current strengths and values to guide your recovery.
- We work with you, not for you, in a collaborative manner to help you develop your skills and live the life you want to live.
- We are a time-limited service, working with you for an agreed period of time. This is often between 3 – 6 months, however, it can be shorter or longer depending on your needs.

#### Can I attend CCRS?

If you are aged between 16 and 65 years of age, have a mental health diagnosis, and are linked with either the eastern or western Community Mental Health teams you may be eligible.

Talk to your care coordinator and/or doctor who can submit a referral on your behalf.

#### CCRS team:

The team is made up of Occupational Therapists, Social Workers, Psychologists, Peer Specialists, and Comorbidity Specialists to ensure you are supported holistically. We work collaboratively with you and your supports to ensure the best possible outcome for you and your recovery.

#### Location and opening hours:

We can work with you in the Kidman Park Clinic, at your Community Mental Health Centre, within your home, or somewhere within your local community.

We work Monday to Friday, business hours. Therefore, your Community Mental Health Team will remain your primary point of contact.

#### What to expect next?

Once the referral has been accepted, we will contact you to meet and identify the goals you would like to work on. We work collaboratively with you to form a personalised rehabilitation plan to work toward these goals.

Reviews will occur regularly to ensure we are working on goals relevant to you, and that what we are doing together is helpful and therapeutic.

#### For more information

Community Clinical Rehabilitation Service (CCRS)  
Mental Health Clinical Program, CALHN  
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## My (Consumer) Perspective

This form comprises a guided interview or discussion with you and your care coordinator for a referral to CCRS and/or request for peer specialist services.

|  |  |
|--|--|
| <p>My mental health and wellbeing is currently...<br/>(please describe)</p>  |  |
| <p>People and organisations that help me now are ....<br/>(e.g., family/friends/support worker/care coordinator and how they help)</p>   |  |
| <p>My hopes and plans for the future are ... (please describe)</p>   |  |
| <p>What are my strengths?<br/>What is currently going well for me?</p>   |  |
| <p>Things I could use help with are:<br/><br/><i>Tick as many boxes as you think you need.</i></p>   | <ul style="list-style-type: none"> <li><input type="checkbox"/> Improving my confidence in managing my symptoms</li> <li><input type="checkbox"/> Improving my social skills to expand my community connections and relationships</li> <li><input type="checkbox"/> Developing and practicing my coping strategies</li> <li><input type="checkbox"/> Learning new skills to manage my mental health and prevent relapse</li> <li><input type="checkbox"/> Feeling more connected and supported in my community</li> <li><input type="checkbox"/> Developing or exploring my interests</li> <li><input type="checkbox"/> Improving my skills to work towards finding work, studying or volunteering</li> <li><input type="checkbox"/> Overcoming barriers to utilise transport</li> <li><input type="checkbox"/> Quitting or reducing my drinking or drug use</li> <li><input type="checkbox"/> Getting organised, e.g., having a daily plan/routine/keeping appointment</li> <li><input type="checkbox"/> Improving my confidence and skills in my home and community environments</li> <li><input type="checkbox"/> Other things that would help me are:</li> </ul> |
| <p>Peer specialists utilise their lived experience with you to demonstrate that recovery is possible. CCRS peer specialists can partner with you to have future recovery focused conversations and share positive coping strategies to support mental wellness both individually and in the community.</p> |  |
| <p>I would like to work with someone with a lived experience of mental illness</p>   | <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure<br/>Would you like a copy of Peer Specialist information brochure?<br/>Yes:    No:</p>   |
| <p>I agree to this referral to the Community Clinical Rehabilitation Service. I know it's a time limited service and that I can make the most of it by sharing all the areas I am already an expert in, so they can be included in my clinical rehab plan.</p> <p>My signature: _____ Date: _____</p>      |  |