

ST. MICHAEL'S MENTAL HEALTH & ADDICTION SERVICE

Referral Form – Groups

Fax to: 416-864-3091 (Attention: Central Intake)

INCLUSION CRITERIA FOR ALL GROUPS:

- Internal referral only -- patient currently followed in St. Michael's Mental Health & Addictions Service
- 18 years or older
- Literate in English
- Ability to attend group consistently
- Sober from substances
- No acute behavioural agitation (treated mania and psychosis)

SEE BELOW FOR GROUP-SPECIFIC INCLUSION CRITERIA

PATIENT INFORMATION (attach label):

REFERRAL SOURCE INFORMATION:

Name: _____
Signature: _____
Ext: _____
OHIP Billing#: _____
Date: _____

CLINICAL INFORMATION:

(Please provide a brief diagnostic impression and reasons why the patient may benefit from group treatment)

SELECT GROUP:

- Mindfulness for Depression and/or Anxiety*
- Mindful Awareness Stabilization Training (MAST)
(* Please refer to MAST first if no mindfulness experience)
- CBT for Depression and/or Anxiety
- CBT for Voices and Fixed Thoughts and Perceptions
- Working with Emotions (a Dialectical Behaviour Therapy skills group)

ADDITIONAL INCLUSION CRITERIA:

- Patient has emotion regulation difficulties that lead to problematic behaviours (e.g. self-harm, suicidal ideation/behaviours, emotional outbursts, relationship difficulties)
- Ability to commit and attend weekly 2-hour group sessions
- Patient has concurrent individual follow-up by a mental health professional for the duration of the group (20 weeks)