

## What is The Way Back Support Service?

People who have attempted suicide, or experienced a suicidal crisis often experience severe distress in the days and weeks immediately afterwards and are at high risk of attempting again. The Way Back Support Service is a free, non-clinical, 3-month aftercare program designed to mitigate that risk. A dedicated TeamHEALTH Support Coordinator will work with eligible participants to develop a personalised program, based on their needs. This might include: |

- encouragement and support following discharge from hospital.
- working with participants to develop a safety and support plan.
- connecting participants with services that can help such as community groups and financial counselling.

## What is The Way Back Support Service Referral Process?

1. Email the completed form with any supporting documentation [adultsupportreferrals@teamhealth.asn.au](mailto:adultsupportreferrals@teamhealth.asn.au)  
**OR** Complete online form [The Way Back Suicide Recovery and Support | TeamHEALTH](#)
2. The Way Back team may contact a referrer if additional information is required to confirm eligibility.
3. The referrer will receive confirmation within 1 business day of receipt of referral.
4. Eligible participants will be contacted by The Way Back team within 1 business day of receipt of referral.

Would the participant like to be visited by a Way Back Support Coordinator prior to discharge? If so, advise below.

Have any questions? Please don't hesitate to call The Way Back Team at TeamHEALTH on 1300 780 081

Referral Information	
Referral Date	
Referrer/ Organisation Name	
Name of referring person/staff	
Relationship to participant /position	
Contact Number	
Would the participant like to be visited by a Way Back Support Coordinator prior to discharge?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Estimated client discharge date	

Eligibility Criteria: (Please tick one)	Nature of Attempt/ Crisis	Date of attempt/ Crisis
<input type="checkbox"/> Criteria one – suicide attempt		
<input type="checkbox"/> Criteria two – suicidal crisis		

Participant Information			
Participant Name		Participant Unique ID No.	
Address			
Contact Number			
Email Address			
DOB		Gender	Male/Female/Other
Indigenous status	<input type="checkbox"/> Aboriginal but not Torres Strait Islander origin <input type="checkbox"/> Torres Strait Islander but not Aboriginal origin/ <input type="checkbox"/> Both Aboriginal and Torres Strait Islander origin/ <input type="checkbox"/> Neither Aboriginal nor Torres Strait Islander origin/ <input type="checkbox"/> not stated/inadequately described		
Country of Birth		Main Language Spoken at home	
Next of Kin: Name		Contact Number	

Pertinent Risk Information	
Documents Attached	<input type="checkbox"/> Mental Health Assessment /Risk Assessment/Safety Plan <input type="checkbox"/> Clinical Notes <input type="checkbox"/> Inpatient Discharge Summary <input type="checkbox"/> Other _____
Additional Comments	

I consent to below organisations sharing my personal and/or relevant health information with The Way Back Program:

Organisation	Person Responsible	Contact Number (if applicable)
Signature:		
Parent/ Guardian Signature if applicable:		

I consent to being connected with Support Coordinators from The Way Back program.		<input type="checkbox"/>
Signature:		
Parent/ Guardian Signature if applicable:		