My Mirror x Sonder
Client referrals guide

Who is Sonder.io

Sonder provides 24/7 professional care and advice to employees, on their terms – putting individuals in control of their own wellbeing outcomes, and letting employers rest easy knowing their people are in safe hands. Sonder provides a single solution for safety, medical, and mental health support - a single point of entry to care. Sonder has partnered with My Mirror to support their members with Psychological services.

Key Information

- Sessions - Sonder clients are approved for an initial 6 sessions, with an opportunity to request additional sessions.
- Correspondence – should be brief, and requires a specified turnaround time:
  - After initial session – general treatment plan and DASS21 results (24-48 hours after session)
  - Extension request - request to be made after session 5 (24-48 hours after session)
  - Escalating risk – clinician must notify Sonder within 12 hours of risk presentation occurring.
  - Discharge – Reasons for discharge include - disengagement, declining further services or treatment completed. (24-48 hours after last contact or determined reasons for disengagement)
- All correspondence entered directly via link to Sonder client portal (accessed with My Mirror Client File)

Should you have any questions or issues regarding accessing sessions or Sonder correspondence, contact our team hello@mymirror.com.au or call 02 9090 4730

Client Referral & Treatment

1 REFERRAL FROM SONDER (MM CUSTOMER SUPPORT)

- Sonder sends a referral to My Mirror's Customer Success Team.
- My Mirror contact client to finalise account setup.

2 CLEINT DETAILS AND DOCUMENTATION (MM CUSTOMER SUPPORT)

- Attach Sonder Referral form to client file under "Client documentation."
- Confirm the client's Sonder partnership status within the file.
- Adds link to client file for correspondence access.
- Client schedules their initial appointment.

3 PSYCHOLOGICAL SESSIONS (TREATING PSYCHOLOGIST)

- Review Sonder referral prior to the 1st session
  - Its on the client dashboard via "Client documentation"
- Complete relevant correspondence by:
  - Using Sonder link - in the client's dashboard in the MM platform
- There are 4 key triggers for correspondence (compelte within 24-48 hours):
  - After initial session
  - Request extension of sessions
  - Escalating risk
  - Discharge
- Session notes to be completed in MM platform as standard
- Explain confidentiality to client

4 ESCALATION & DISENGAGEMENT (TREATING PSYCHOLOGIST)

- Risk escalation and disengagement need to be communicated to Sonder.
- Pay close attention to the escalation and disengagement requirements provided below

5 REVIEW AND CONTINUOUS IMPROVEMENT (TREATING PSYCHOLOGIST)

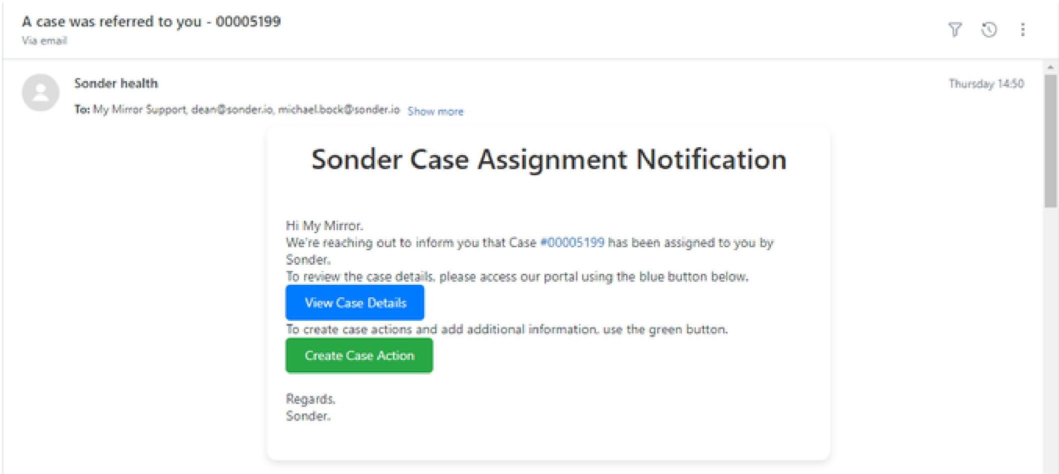
- Upon the completion of a client's session, it is imperative to notify Sonder.
- Additionally, ensure that the client is informed that Sonder will be notified about the conclusion of their treatment.

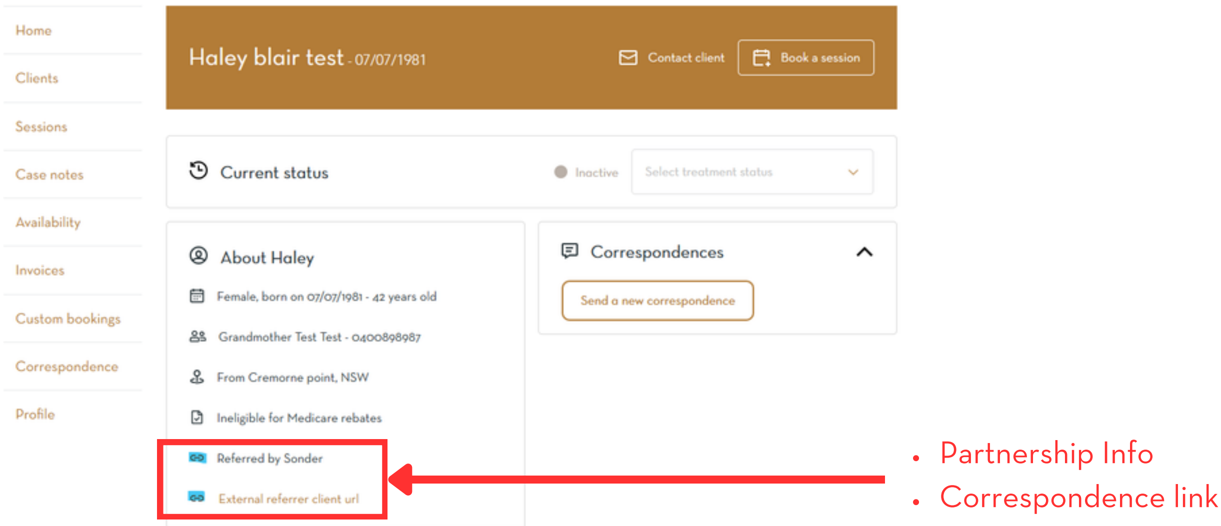
1 Referral from Sonder

Responsibility - My Mirror Customer Success

Sonder will send through a referral email to My Mirror containing two links, the

- 1st link will be used by My Mirror to download referral details entered by Sonder Triage Nurse.
- 2nd link will be used by treating Psychologist to enter correspondence required by Sonder.
- Client will be assigned as a Sonder client "Partnership Details" appear in client file.

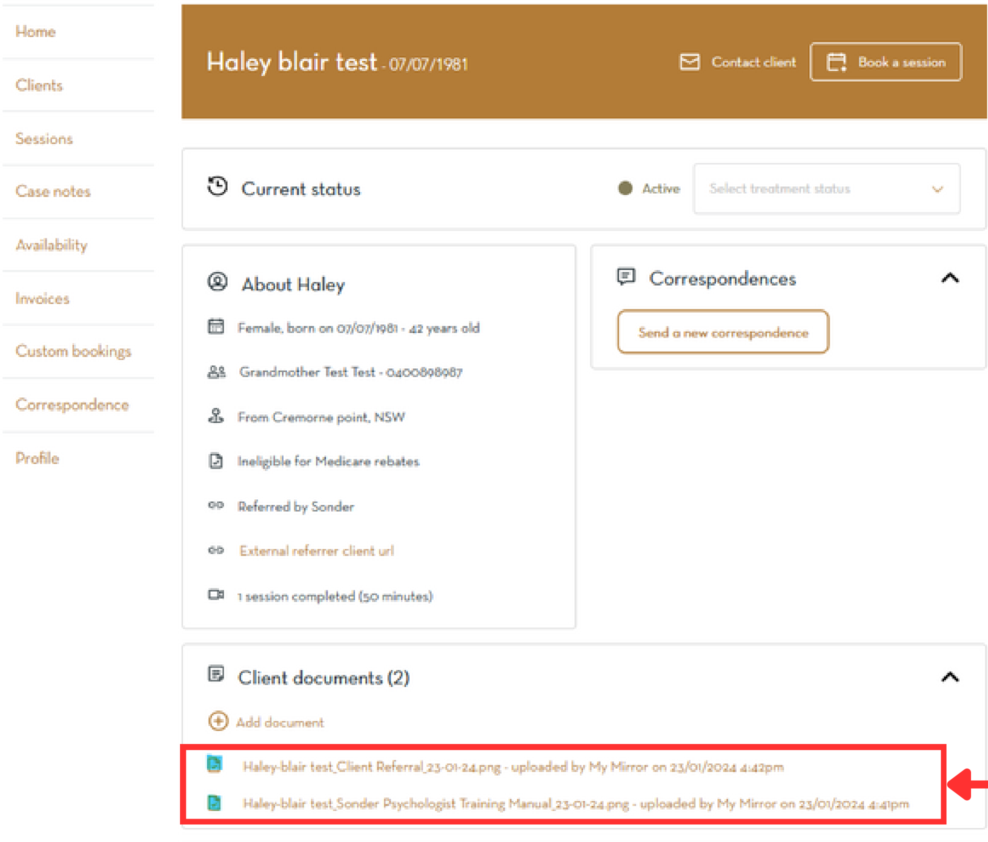




2 Client details and documentation

Responsibility - My Mirror Customer Success

My Mirror Customer Support team will attach referral document to “client documentation” for psychologist review prior to session.



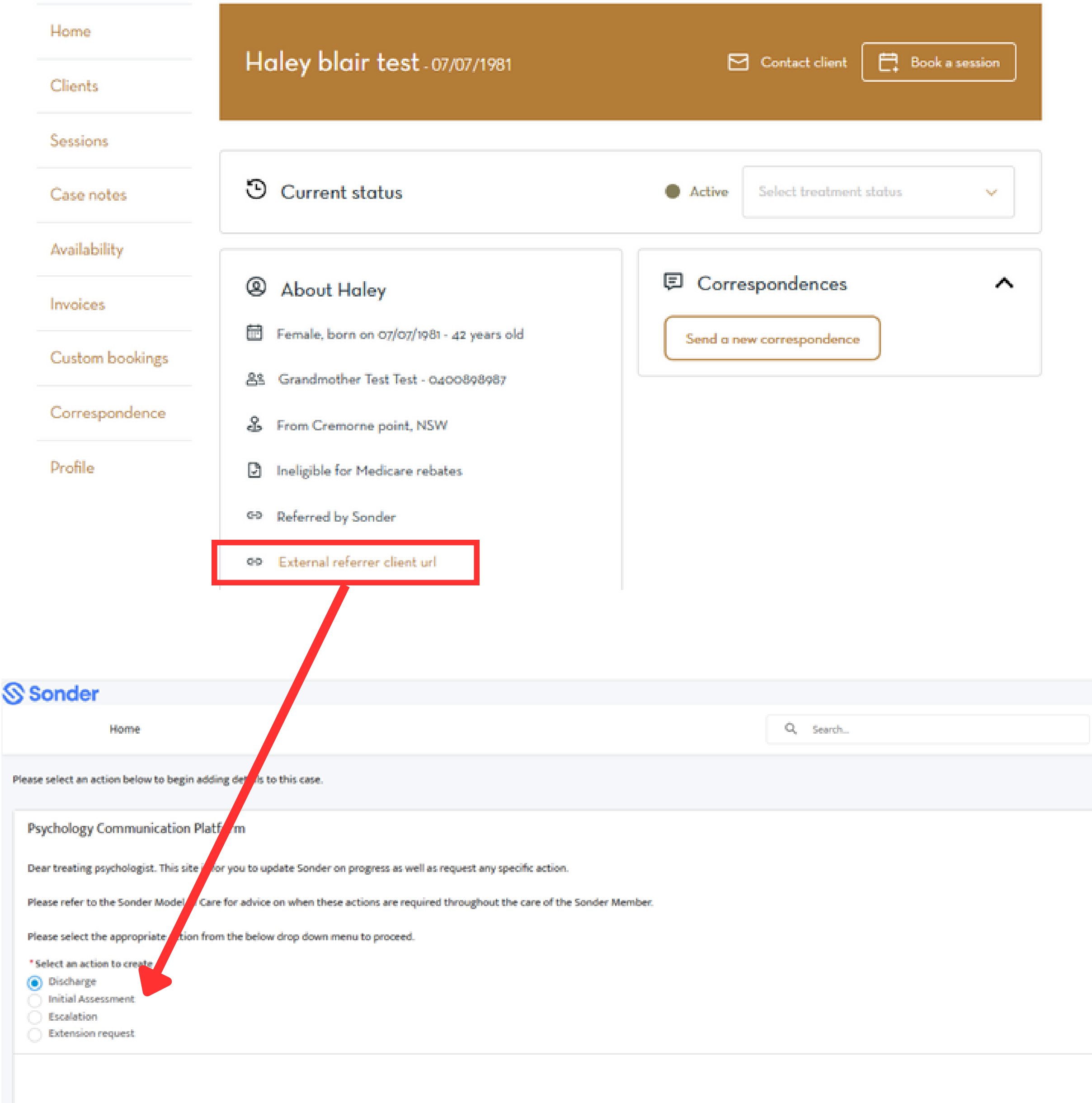
- Referral information for new clients.
- Copy of this Manual

3 Psychological Sessions

Responsibility - Treating Psychologist

Psychologist will click the Sonder URL Link within the client file to update the progress of the client. This will also be used for Discharge, request extension and risk escalations.

1. Click “External Psych Referral” attached to client file to access “Initial Assessment”.
2. Completed 24-48 hours after 1st session.



Purpose of Each Correspondence

Below is a summary of what is required for each correspondence, a break down of each specific document will follow.

INITIAL ASSESSMENT

- Confirm the date of the clients first appointment
- Outline risk type and level of risk (including if you have not assessed risk)
- Provide DASS scores (unless client declines to complete)
- Summarise the treatment goals - provide a brief clinical rationale for each goal (linked to reason for referral - see referral in client file for details)
  - at least one treatment goal must be included)
- Outline the total number of sessions you plan to use (and clinical rationate for why)

EXTENSION REQUEST

- Provide updated DASS scores (from session 5 - unless client declines to complete)
- Progress update on the treatment goals - including any changes to initial goal
- Provide update on symptoms, including progress or change (linked to referral and treatment goals)
- Include rational for more sessions, what you will cover in those sessions, and how this aligns with treatment goals, including how many more sessions you are requesting.

ESCALATION

- You are expected to manage clients who present with risk as per usual MM processes. However if clients are at high risk you need to notify Sonder as they are providing concurrent treatment to MM
- Provide a summary of risk assessed, and the safety plan, as well as outlining any instances of handing over duty of care (to ES or CAT/triage/local MH team)
- If you will not be able to continue providing services to the client please contact the MM clinican team and discuss whether discharging the client back to Sonder is appropriate clinical@mymirror.com.au

DISCHARGE

Occurs when:

- Treatment is completed (natural conclusion) - summarise progress and post engagement recommendations
- If risk is unmanageable or presentation not suited to the service (contact clinical team to discuss clinical@mymirror.com.au) - must provide a rational for why and post engagement recommendations.

Initial Assessment

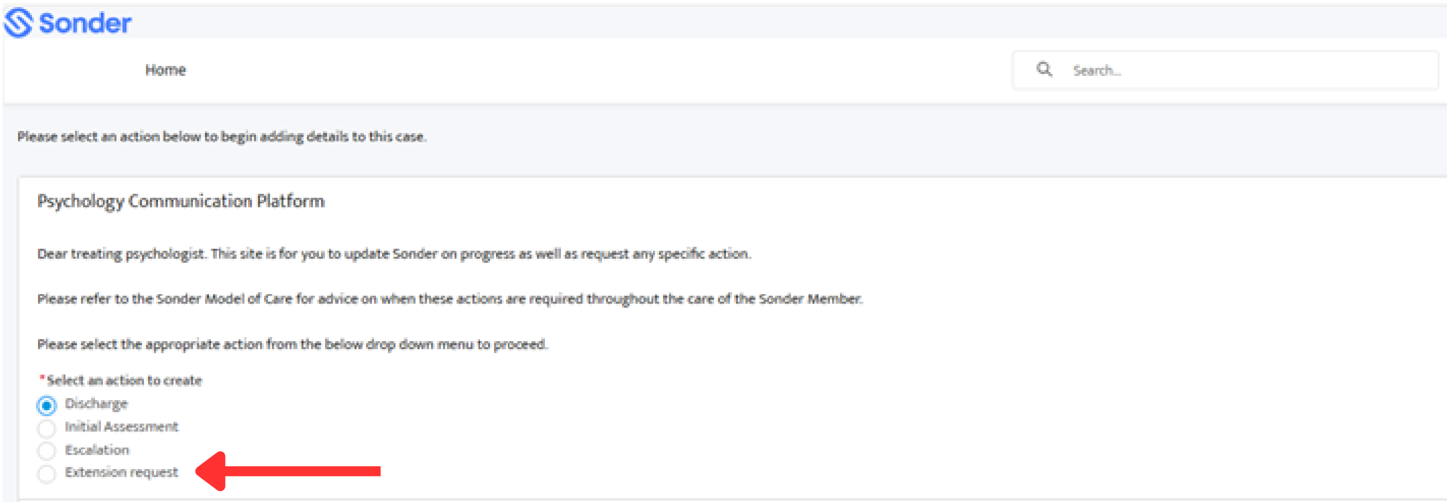
This outlines the required fields that Psychologist must complete at end of 1st session.
PLEASE NOTE after submitting you are unable to edit your response.

Field Label	Field Type	Options	Any other notes for build	MM Psychologist
Session 1 Date	Date Field (calendar picker)	Pick date from Calendar	Mandatory	Must enter the date of session 1
Session 1 Attendance	Drop Down List	<YES>, <NO>	Mandatory	Must enter whether the client attended the session or not
Session 2 Date	Date Field (calendar picker)	Pick date from Calendar	Optional	Not mandated – but please attempt to enter as much information as appropriate to give a clear overview of session engagement/attendance
Session 2 Attendance	Drop Down List	<YES>, <NO>	Optional	Not mandated – but please attempt to enter as much information as appropriate to give a clear overview of session engagement/attendance
Identified Risks	Pick List (can choose 1 or more)	<SUICIDE>, <HOMICIDE>, <SELF HARM>, <HARM OR NEGLECT OF OTHERS>, <N/A>	Mandatory	You must indicate the level of risk, even if N/A (i.e. risk was not indicated, or type of risk was not assessed)
Assessed Degree of Risks	Drop Down List	<NOT ASSESSED>, <NO RISK>, <LOW RISK>, <MEDIUM RISK>, <HIGH RISK>	Mandatory	You must indicate the level of risk, even if N/A (i.e. risk was not indicated, or level of risk was not assessed)
Management Plan for Risk	Pick List (can choose 1 or more)	<Confirmed emergency services attendance>, <Confirmed emergency department attendance>, <Handover to crisis team>, <Handover to other community mental health service>, <Handover to treating GP>, <Referred to crisis teleheath support>, <Disclosure of threat to police>, <Safety plan monitored by assessing psychologist within proposed treatment plan> <N/A>	Mandatory	Please select all (click control to make multiple selections) elements of the safety plan, including NA if there is no risk, or risk was not assessed/managed
Comorbid Physical Diagnosis	Free Text		Optional	Not mandated – but if the client or referral mention a diagnosis and its relevant to the presentation, please include it
Source of Physical Diagnosis	Free Text		Optional	Not mandated – but if the client or referral mention a diagnosis and its relevant to the presentation, please include it
Mental Health Diagnosis	Free Text		Optional	Not mandated – but if the client or referral mention a diagnosis and its relevant to the presentation, please include it
Source of Mental Health Diagnosis	Free Text		Optional	Not mandated – if the client has mentioned a previous or existing diagnosis please indicate where/whom made the diagnosis. If you perceive the client meets criteria for a diagnosis, or have indeed made a tentative diagnosis of a client, please enter the contextual information here
DASS-21 Result Depression	Numerical	Text Box - 2 digits	Optional	Please enter unless the client has refused and there is no DASS data to report on
DASS-21 Result Anxiety	Numerical	Text Box - 2 digits	Optional	Please enter unless the client has refused and there is no DASS data to report on
DASS-21 Result Stress	Numerical	Text Box - 2 digits	Optional	Please enter unless the client has refused and there is no DASS data to report on
Treatment Goal 1	Free Text		Mandatory	You must enter at least 1 goal for treatment. It is important to identify employment and wellbeing related goals, and highlight them in this correspondence. The goal should be brief and succinct, and relate to their presentation. For example "To decrease anxiety prior to attending work by developing relaxation strategies"
Treatment Goal 2	Free Text		Optional	Not mandated – but if the client has more than one goal, please enter additional goals here
Treatment Goal 3	Free Text		Optional	Not mandated – but if the client has more than one goal, please enter additional goals here
Treatment Goal 4	Free Text		Optional	Not mandated – but if the client has more than one goal, please enter additional goals here
Treatment Goal 5	Free Text		Optional	Not mandated – but if the client has more than one goal, please enter additional goals here
Planned total session	Numerical	Text Box - 2 digits	Mandatory	Clinical rational – session number should reflect requirements, as opposed to auto selection of 6. Although clients can access up to 6 sessions without a formal request for more sessions their presentation, goals and needs should determine the number of sessions we recommend (so you could enter less than 6 if appropriate, or more than 6 to indicate that you would like – later down the track – to request additional sessions). Adding more than 6 sessions here is not considered a formal request for more sessions, nor should it be taken as automatic approval of more than 6
Any other Commentary	Free Text		Optional	Not mandated, but if you have any recommendations or clinical information to feedback please add it in here

Extension Request

If more than 6 sessions are required and are clinically indicated, a request needs to be sent.

1. Select "Extension Request” from first menu within Sonder URL Link
2. Request to be made 24-48 hours after session 5.



The following table outlines the required fields the Psychologist must complete at end of 5th session. PLEASE NOTE after submitting you are unable to edit your response.

Field Label	Field Type	Options	Any other notes for build	MM Psychologist
Interim DASS 21 Result - Depression	Numeric	2 digits	Optional	Please enter unless the client has refused and there is no DASS data to report on
Interim DASS 21 Result - Anxiety	Numeric	2 digits	Optional	Please enter unless the client has refused and there is no DASS data to report on
Interim DASS 21 Result - Stress	Numeric	2 digits	Optional	Please enter unless the client has refused and there is no DASS data to report on
Update Treatment Goal 1 Achievements	Free Text		Mandatory	You must indicate progress against any treatment goals mentioned in your initial assessment. Either how the goal has shifted, any progress made, or if it has been met.
Update Treatment Goal 2 Achievements	Free Text		Optional	Not mandated to have more than one goal. But please comment against any goals set in session1 (how they have progressed, or changed over time)
Update Treatment Goal 3 Achievements	Free Text		Optional	Not mandated to have more than one goal. But please comment against any goals set in session1 (how they have progressed, or changed over time)
Update Treatment Goal 4 Achievements	Free Text		Optional	Not mandated to have more than one goal. But please comment against any goals set in session1 (how they have progressed, or changed over time)
Update Treatment Goal 5 Achievements	Free Text		Optional	Not mandated to have more than one goal. But please comment against any goals set in session1 (how they have progressed, or changed over time)
Current Impact of Symptoms	Free Text		Mandatory	Please report on symptomology reduction, or changes to presentation. Please indicate affect, functioning, DASS scoring, self reports or other measures that indicate change/progression/worsening etc. This is very brief and succinct.
Planned Sessions / Member Activity	Free Text		Mandatory	Please provide a clinical rational for what you will complete in additional sessions and how this will support meeting your treatment goals. This should be very succinct.
Anticipated Gains	Free Text		Mandatory	Provide a brief outline of what gains you anticipate your additional work will have against treatment goals.
Other Commentary	Free Text		Optional	Not mandated, but please add in any other context or comments around your request for more sessions

4 Escalation and Disengagement

Responsibility - Treating Psychologist

Disengagement is recognised when a client DNA x 2 (they didnt reschedule, they just didnt show up to the appointment), consistently cancels appointments, misses scheduled sessions, or neglects to respond to booking requests or contact. In instances where a client presents a risk, immediate action is required.

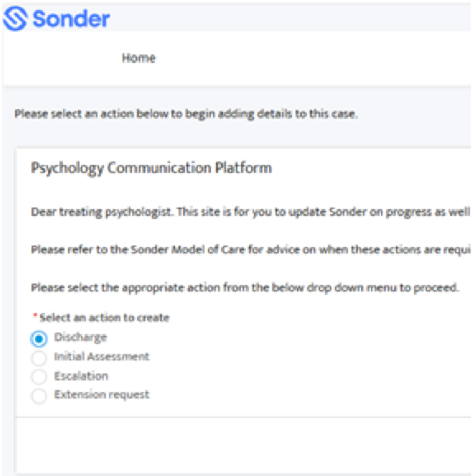
Escalation

1. If a client presents at high enough risk that emergency services or other crisis services are engaged complete an Escalation report.
2. Notify Sonder within 12 hours of risk presentation occurring.
3. If you continue to see client there is no further requirement

Field Label	Field Type	Options	Any other notes for build	MM Comments
Last Member Contact Date	Date Field (calendar picker)	Pick date from Calendar	Mandatory	Please ensure that this date reflects the date of the call, or session where you identified the risk which required escalation
Assessed Presenting Issues	Free Text		Mandatory	Please comment on the clients presentation in the session – this is very brief, succinct summary of the risk and/or context around their presentation
Comorbid Physical Diagnosis	Free Text		Optional	Not mandated
Source of Physical Diagnosis	Free Text		Optional	Not mandated
Mental Health Diagnosis	Free Text		Optional	Not mandated - but if relevant to this risk escalation, please include
Source of Mental Health Diagnosis	Free Text		Optional	Not mandated – but please note the source of diagnosis (only very brief – i.e. 2 years ago was diagnosed with depression by their GP)
Identified Risks	Pick List (can choose 1 or more)	<SUICIDE>, <HOMICIDE>, <SELF HARM>, <HARM OR NEGLECT OF OTHERS>, <N/A>	Mandatory	You must indicate the level of risk, even if N/A (i.e. risk was not indicated, or type of risk was not assessed)
Assessed Degree of Risks	Drop Down List	<NOT ASSESSED>, <NO RISK>, <LOW RISK>, <MEDIUM RISK>, <HIGH RISK>	Mandatory	You must indicate the level of risk, even if N/A (i.e. risk was not indicated, or level of risk was not assessed)
Management Plan for Risk	Pick List (can choose 1 or more)	<Confirmed emergency services attendance>, <Confirmed emergency department attendance>, <Handover to crisis team>, <Handover to other community mental health service>, <Handover to treating GP>, <Referred to crisis teleheath support>, <Disclosure of threat to police>, <Safety plan monitored by assessing psychologist within proposed treatment plan> <N/A>	Mandatory	Please select all (click control to make multiple selections) elements of the safety plan, including NA if there is no risk, or risk was not assessed/managed
Successful Community Service Referral	Free Text		Optional	Please indicate if you have handed over the client to a community service (including mental health triage team, crisis team, CAT team or other)
Duty of Care Managed by other service	Drop Down List	<YES>, <NO>	Optional	As above – previous point – if escalated out to ES, or crisis team then please indicate whether duty of care is now with another service
Management Plan	Freetext		Optional	Please provide a summary regarding your safety and management plan for this client, including next steps (formal, informal supports engaged, or referrals made)
Other Recommendations Provided	Freetext		Optional	If you have made any recommendations to the client not covered in the management plan, please enter here
Other Commentary	Freetext		Optional	If there is any additional comments or context to add about the clients presentation or next steps after risk escalation, please include here

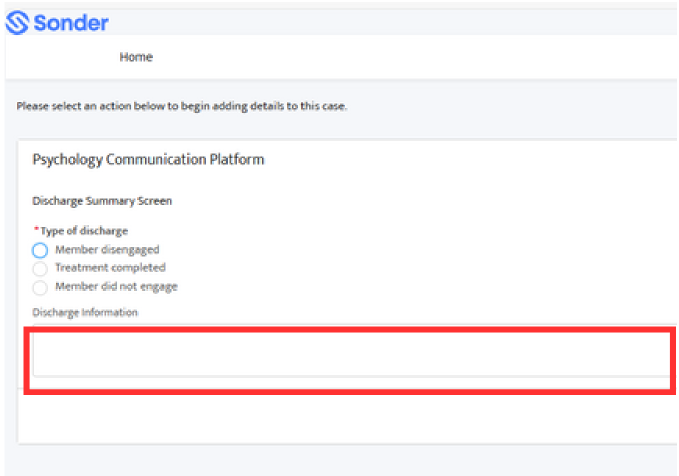
Discharge (1st Button)

Discharging a client may happen at various points during treatment. Make sure to identify and document two discharge options within the Sonder platform "Member Disengage" & "Treatment Complete".



Select "member disengaged"

Brief reason for discharge here



PLEASE NOTE: "Member did not engage" is only used for clients that have not created an account. Once a client has booked a session or cancelled numerous sessions, the "Member Disengage" to be used.

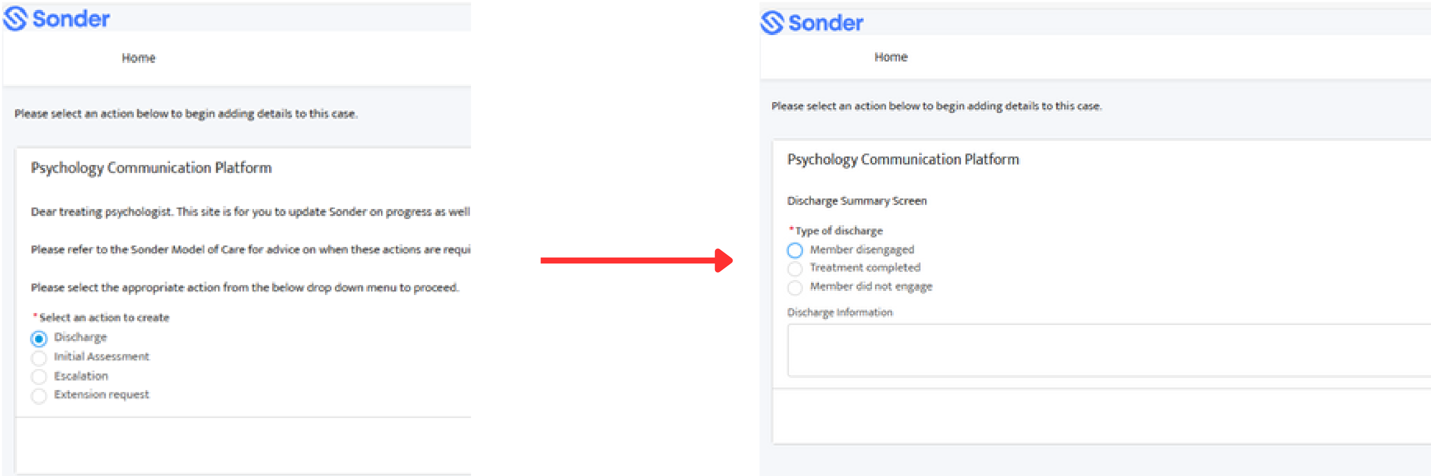
Member Disengaged (2nd Button)

1. Cancellations: If a client frequently cancels appointments or does not respond to contact, consider it as an indication of potential disengagement.
2. Missed Appointments (Did Not Attend - DNA): If a client misses scheduled appointments twice (DNA), it triggers the requirement for a discharge - "member disengaged".

Field Label	Field Type	Options	Any other notes for build	MM Psychologist
First Unattended Session Date	Date Field (calendar picker)	Pick date from Calendar	Optional	Not mandated – but to give context, please attempt to enter as much relevant information about disengagement
Subsequent Unattended Session Date	Date Field (calendar picker)	Pick date from Calendar	Optional	Not mandated
Subsequent Unattended Session Date	Date Field (calendar picker)	Pick date from Calendar	Optional	Not mandated
Subsequent Unattended Session Date	Date Field (calendar picker)	Pick date from Calendar	Optional	Not mandated
Last Unattended Session Date	Date Field (calendar picker)	Pick date from Calendar	Optional	Not mandated – but to give context, please attempt to enter as much relevant information about disengagement

Discharge (1st Button)

Discharging a client may happen at various points during treatment. Make sure to identify and document two available discharge options within the Sonder platform.



Treatment Completed (2nd Button)

This correspondence should be completed when a client has completed the approved course of treatment (not for clients who disengage part way through).

The focus of this correspondence is to confirm how the client has progressed against treatment goals originally set, progress against the referral reason (including changes to symptoms, or symptom severity) as well as providing an overview of post-treatment recommendations (including any referrals made with/on behalf of the client, or client based self-directed activities to help maintain progress and wellbeing after session completion).

Field Label	Field Type	Options	Any other notes for build	MM Psychologist
Session 1 Date	Date Field (calendar picker)	Pick date from Calendar	Optional	Not mandated - but to give context, please attempt to enter as much relevant information about engagement
Session 1 Attendance	Drop Down List	<YES>, <NO>	Optional	Not mandated - but to give context, please attempt to enter as much relevant information about engagement
Session 2 Date	Date Field (calendar picker)	Pick date from Calendar	Optional	Not mandated - but to give context, please attempt to enter as much relevant information about engagement
Session 2 Attendance	Drop Down List	<YES>, <NO>	Optional	Not mandated - but to give context, please attempt to enter as much relevant information about engagement
Session 3 Date	Date Field (calendar picker)	Pick date from Calendar	Optional	Not mandated - but to give context, please attempt to enter as much relevant information about engagement
Session 3 Attendance	Drop Down List	<YES>, <NO>	Optional	Not mandated - but to give context, please attempt to enter as much relevant information about engagement
Session 4 Date	Date Field (calendar picker)	Pick date from Calendar	Optional	Not mandated - but to give context, please attempt to enter as much relevant information about engagement
Session 4 Attendance	Drop Down List	<YES>, <NO>	Optional	Not mandated - but to give context, please attempt to enter as much relevant information about engagement
Session 5 Date	Date Field (calendar picker)	Pick date from Calendar	Optional	Not mandated - but to give context, please attempt to enter as much relevant information about engagement
Session 5 Attendance	Drop Down List	<YES>, <NO>	Optional	Not mandated - but to give context, please attempt to enter as much relevant information about engagement
Session 6 Date	Date Field (calendar picker)	Pick date from Calendar	Optional	Not mandated - but to give context, please attempt to enter as much relevant information about engagement
Session 6 Attendance	Drop Down List	<YES>, <NO>	Optional	Not mandated - but to give context, please attempt to enter as much relevant information about engagement
Session 7 Date	Date Field (calendar picker)	Pick date from Calendar	Optional	Not mandated - but to give context, please attempt to enter as much relevant information about engagement
Session 7 Attendance	Drop Down List	<YES>, <NO>	Optional	Not mandated - but to give context, please attempt to enter as much relevant information about engagement
Session 8 Date	Date Field (calendar picker)	Pick date from Calendar	Optional	Not mandated - but to give context, please attempt to enter as much relevant information about engagement
Session 8 Attendance	Drop Down List	<YES>, <NO>	Optional	Not mandated - but to give context, please attempt to enter as much relevant information about engagement
Session 9 Date	Date Field (calendar picker)	Pick date from Calendar	Optional	Not mandated - but to give context, please attempt to enter as much relevant information about engagement
Session 9 Attendance	Drop Down List	<YES>, <NO>	Optional	Not mandated - but to give context, please attempt to enter as much relevant information about engagement
Session 10 Date	Date Field (calendar picker)	Pick date from Calendar	Optional	Not mandated - but to give context, please attempt to enter as much relevant information about engagement
Session 10 Attendance	Drop Down List	<YES>, <NO>	Optional	Not mandated - but to give context, please attempt to enter as much relevant information about engagement
DASS-21 Result Depression	Numerical	Text Box - 2 digits	Optional	Please enter unless the client has refused and there is no DASS data to report on
DASS-21 Result Anxiety	Numerical	Text Box - 2 digits	Optional	Please enter unless the client has refused and there is no DASS data to report on
DASS-21 Result Stress	Numerical	Text Box - 2 digits	Optional	Please enter unless the client has refused and there is no DASS data to report on
Treatment Goal 1	Free Text		Optional	Please re-iterate the goal set in your initial session, or provide an update on how the goal has progressed/changed over time. Please explore progress made (linking back to presentation, initial needs or initial goals set)
Treatment Goal 2	Free Text		Optional	Not mandated to have more than one goal. But please comment against any goals set in session1 (how they have progressed, or changed over time)
Treatment Goal 3	Free Text		Optional	Not mandated to have more than one goal. But please comment against any goals set in session1 (how they have progressed, or changed over time)
Treatment Goal 4	Free Text		Optional	Not mandated to have more than one goal. But please comment against any goals set in session1 (how they have progressed, or changed over time)
Treatment Goal 5	Free Text		Optional	Not mandated to have more than one goal. But please comment against any goals set in session1 (how they have progressed, or changed over time)
Identified On-going Risks	Pick List (can choose 1 or more)	<SUICIDE>, <HOMICIDE>, <SELF HARM>, <HARM OR NEGLECT OF OTHERS>, <N/A>	Mandatory	You must indicate the level of risk, even if N/A (i.e. risk was not indicated, or type of risk was not assessed)
Assessed Degree of Risks	Drop Down List	<NOT ASSESSED>, <NO RISK>, <LOW RISK>, <MEDIUM RISK>, <HIGH RISK>	Mandatory	You must indicate the level of risk, even if N/A (i.e. risk was not indicated, or level of risk was not assessed)
Ongoing Duty of Care for Risks	Pick List (can choose 1 or more)	<Sonder Requested to develop Safety Plan>, <N/A>	Mandatory	Please select all (click control to make multiple selections) elements of the safety plan, including NA if there is no risk, or risk was not assessed/managed
Ongoing Self Care Recommendations	Pick List (can choose 1 or more)	<Establish Routine: Create a daily schedule for stability>, MULTIPLE OPTIONS		Please press control to select more than 1 option. Otherwise you can also add additional recommendations in the next section (text box). These are activities you recommend to the client to keep their wellbeing maintained and to keep them accountable for their own health after discharge with you (these are your discharge recommendations)
Other Services	Free Text		Optional	Not mandated
Other Recommendations	Free Text		Optional	In addition to selecting any plans from the previous drop down box please enter any other relevant discharge recommendations you have made for the client (the ultimate goal is to reflect internal resourcing post engagement, and any external resources or services post engagement) - so this includes any additional referrals you may consider
Other Commentary	Free Text		Optional	Not mandated, but if there is any additional commentary or context to add, please include it here

5 Review and Continuous Improvement

1. ·Periodically review client progress to ensure alignment with their treatment plan and session numbers.
2. Ensure your clinical notes are maintained internally for each client.
3. ·Sonder will review documentation, notifications or other channels of feedback and escalate non-compliance, general/constructive feedback or complaints to the My Mirror Clinical team as appropriate
4. This step-by-step approach ensures a systematic handling of referrals, thorough documentation, diligent completion of assessments, and effective communication. My Mirror are always open to feedback and process improvement.

Confidentially

1. The Sonder platform is a one way correspondence platform - so no client details are held or visible there - so please ensure you click the specific link in each client's file to ensure that the appropriate correspondence is linked with each specific client
2. In session 1 alert the client to times when you will need to provide correpondence to Sonder
3. Please be aware that you only need to provide a clinical rationale for decision making (treatment goals, request for additional sessions, or risk escalation) - you do not need to provide specific clinical details or client history in your correspondence unless relevant/appropriate
4. Session notes are to be entered in the MM platform as usual, and unless a request is made by the client to access notes, they will not be shared
5. Should a complaint or clinical incident occur a summary of the clinical interactions (summary only) will be provided to Sonder

My Mirror Contact

<u>Clinical Assistance</u>

Rachel or Bridget - clinical@mymirror.com.au

To notify of high risk if you need clinical support or debrief, to alert if a client needs to be discharged (due to high risk, or if the client's needs are not suited to telehealth service), if a handover needs to occur to another psychologist, other clinical enquiries.

<u>Customer Support</u>

hello@mymirror.com.au

If you encounter any challenges or have inquiries related to customer referral information, issues accessing the Sonder platform, or extension request queries, please reach out to our customer support team for assistance.