

Referral Guidelines

headspace Albury Wodonga and headspace Wangaratta is a free youth service for young people aged 12-25 years.

Together with Gateway Health as our lead agency and 9 local agencies, we offer the following supports and services:

- General Practitioner appointments with Gateway Health Medical Practice
- Youth Workers Care Co-Ordination
- Education and Job Seeking support and information
- Youth Generalist Counsellors
- Alcohol and other Drug Support Counsellors
- Sexual Health Clinic
- Community engagement, education and awareness
- Access to support around housing
- Centrelink Support Services

PLEASE NOTE: headspace Albury Wodonga and headspace Wangaratta are not an acute mental health/crisis service. If you have any immediate concerns regarding the safety and wellbeing of a young person please contact one of the following services for assistance; Mental Health Triage Service 1300 104 211, Lifeline 13 11 14, Kids Helpline 1800 55 1800. If the individual you are referring is out of our age group please phone Head to Help on 1800 595 212.

In an emergency please call 000 immediately.

REFERRAL SOURCES

Self-referral - Young people are encouraged to contact headspace Albury Wodonga or headspace Wangaratta directly.

Family referral - Families, carers or friends can refer a young person to headspace Albury Wodonga or headspace Wangaratta. The young person needs to be aware of and consent to the referral and be willing to meet with a member from the headspace Albury Wodonga or headspace Wangaratta team.

By phone/email - 1300 332 022 speak to our duty worker or leave a message. Email referrals can also be sent to headspaceAW@gatewayhealth.org.au. Please save the document as an encrypted PDF in word. It is best to ring through the password to ensure the young persons' details remain confidential

Drop in - Young people can drop into the centre or site, check out our details at headspace.org.au/headspace-centres/albury-wodonga/ or headspace.org.au/headspace-centres/Wangaratta

Professional referrals - General Practitioners, Allied Health Professionals and community-based agencies and educational institutions can refer to headspace Albury Wodonga or headspace Wangaratta using the attached referral form.

Referral follow up: headspace staff will contact Young People and/or their carers within 48 business hours to book an initial phone screen. We aim to offer the initial screen within two weeks of phone contact with the Young Person. Following the screen service options are offered. If a headspace-based option is chosen the Young Person will go on the waitlist and be contacted as agreed until picked up by a Youth Counsellor or Youth Worker. If a non-headspace option is chosen, clinicians will offer a warm referral to their preferred option. Referrers will be notified once a service option has been chosen or if the Young Person's referral is being closed as they have not responded to contact attempts.

Referral Form

headspace Albury Wodonga and headspace Wangaratta is a voluntary service for young people aged 12-25 years of age. headspace can only engage with the young person if they have consented to the referral.

Please ensure all sections are completed and legible.

Date of Referral					
Has the young person consented to the referral?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the young person aged 12-25 years of age?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Details of Young Person					
If the young person is under 16 years of age, have the parents or carers of the young person consented to the referral? Please provide name and number of persons consenting below				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Surname			First Name		
Gender			Preferred Pronoun/s		
Date of Birth					
Address					
Suburb			Postcode		
Phone (Home)			Mobile		
Email			Preferred method of communication?	<input type="checkbox"/> Phone (Home)	<input type="checkbox"/> Email
Nationality				<input type="checkbox"/> Mobile	<input type="checkbox"/> SMS
Preferred Language			Interpreter Required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the young person identify as	<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Torres Strait Islander	<input type="checkbox"/> Aboriginal & Torres Strait Islander		
Would the young person prefer an Albury Wodonga Aboriginal Health Service worker?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Emergency Contact					
Name			Relationship to young person		
Address					
Suburb			Postcode		
Phone (Home)			Mobile		
Details of Referrer (please ensure this section is completed)					
Name of Referrer			Organisation		
Address					
Suburb			Postcode		
Phone (Business Hours)			Phone (Mobile)		
Email			Relationship to young person		

Reason/s for Referral

- ☐ Wellbeing & Mental Health
 ☐ General or Sexual Health
 ☐ Alcohol and other Drugs
 ☐ Work and Study pathways
 ☐ Other

Main Issue/s

Relevant Past History

Additional information supplied/attached?

☐ Yes ☐ No

Does the young person currently see any other services? If yes, please tick appropriate box/boxes below

☐ Yes ☐ No

- ☐ Drug and Alcohol
 ☐ School/Other Counsellor
 ☐ Community Services
 ☐ Child Protection
 ☐ CAMHS/NECAMHS
 ☐ Adult Mental Health
 ☐ Youth Justice/Juvenile Justice (VIC & NSW)
 ☐ Other - Please Specify

Service

Does the young person have a regular GP? If yes, please provide details below

☐ Yes ☐ No

Name of GP

Contact Details

Name of Service Provider

Phone

Is the other service aware of the referral to headspace?

☐ Yes ☐ No

Will the services involved continue working with the young person?

☐ Yes ☐ No

What are your expectations of headspace Albury Wodonga or headspace Wangaratta?