**A picture containing company name

Description automatically generatedParent Skills Program**

**REFERRAL FORM**

The headspace Lithgow Parent Skills Program aims to support parents to support their young person experiencing mental health difficulties.

Please email the completed form to [hs.Lithgow@marathonhealth.com.au](mailto:hs.Lithgow@marathonhealth.com.au) or hand to our friendly receptionist.

|  |  |
| --- | --- |
| **Please note criteria for headspace Lithgow to accept this referral** | |
|  | You have a young person aged between 12-25 years who currently accesses headspace Lithgow |
|  | You have a young person aged between 12-25 years who you want to access headspace Lithgow services, but need support in starting the conversation with them |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Todays date:** |  | | | |
| **Your (parents) name:** |  | | | |
| **Your DoB:** |  | | | |
| **Your Gender:** |  | **Pronouns:** | |  |
| **Indigenous/Cultural Identity:** | Aboriginal  Torres Strait Islander  Both  Non-Indigenous  Other: | | | |
| **Your young persons name:** |  | | | |
| **Your young persons DoB:** |  | | | |
| **Your relationship to young person:** |  | | | |
| **Your phone number:** |  | | | |
| **Your email address:** |  | | | |
| **Your Residential  Address:** |  | | | |
| **Language other than English spoken at home?** |  | **Interpreter needed?** | | Yes No |
| **Are there any current family or court orders?**  *If yes can a copy, please be provided***.** | | | Yes No | |

|  |  |  |
| --- | --- | --- |
| **What do you hope headspace Lithgow can support you with? What supports do you need?**  **What do you feel would be useful about you accessing the Parent Skills Program @ headspace Lithgow?** | |  |
| **Below are some of the skills-based options we have available, please tick what you may be interested in.** | | |
|  | **Tuning into Teens**  Helps parents to teach their young people to control, understand, and express their emotions in healthy ways. The program offers tools to recognise, understand and respond to teenage emotions, and help parents manage their own. | |
|  | **Psychoeducation session(s) on mental health presentations in young people.**  Brush up on your understanding of different mental health presentations, and learn skills & activities you can do with your young person. | |
|  | **Improving your self-care**  One of the most effective ways family and friends can support young people to look after their mental health is to model healthy habits. | |
|  | **Single Session Family Consultation**  A brief intervention where family members get together for 1-3 sessions to collaborate on how they can be included in a young persons treatment, assess needs, identify family roles, answer questions, and provide information. | |
|  | **Emotion-Focused Skills**  If you’ve ever been told: “I don’t want to,” “I’m not talking to you,” or “You love my sister more,” these skills may be for you! This therapy provides a framework that focuses on how parents can make educated guesses about what their young person are feeling, validating those feelings (even to the point of leaning in to them), and providing concrete support strategies to help manage current and future situations in a way that leaves everyone feeling better. | |

*Office use:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Appt date:** | **Appt time:** | **Appt type:**(person/phone/telehealth) | **Who will be attending appt:**  (eg family/friend) | **Clinician:** |
|  |  |  |  |  |

|  |  |
| --- | --- |
| **YP’s hAPI ID:** | |
| Create an OoS for 1st contact | Complete |
| Welcome email sent to FnF or pack given in person | Complete |
| Intake booked into diary | Complete |