Menu

headspace Esperance

Their are various support options at headspace Esperance - Please tick which items would interest you

MENTAL HEALTH

☐ **COUNSELLING | 12 - 25**
1:1 support to help you reach your goals and learn ways to maintain good mental health

☐ **CREATIVE COPING | 12 - 17**
5-week program. learn creative ways to manage life's ups and downs. 3:30-4:30 Wednesdays

☐ **UNPLUGGED | 12 - 17**
Nature-based, technology free group 3:30-4:30 Tuesdays

☐ **CHECK-IN | 12 - 25**
a singular 1:1 session where we check-in on you and your wellbeing

ONLINE SUPPORT OPTIONS

☐ **headspace CONNECT | 12 - 25**
10 sessions online over 10 weeks. chat to us to find out more

☐ **eheadspace | 12 - 25**
Online chat and phone support with an experienced mental health clinician is available from 3pm-1opm AWST.

☐ **MOST.ORG.AU | 12 - 25**
MOST is a digital mental health platform for young people. It's a support system that means you're never alone. Personalised tools, expert advice, and real people who really care.

WORK & STUDY

☐ **THURSDAY'S WITH TIFF**
1:1 support to find a job, make a resume or discuss career & study options

☐ **ONLINE SUPPORT**
link up with a headspace worker online through phone or video

ALCOHOL & OTHER DRUGS

☐ **SUPPORT & EDUCATION**
1:1 counselling or support sessions if you are worried about alcohol or drugs use or if you have questions for yourself or others

PHYSICAL & SEXUAL HEALTH

☐ **CHAT WITH A NURSE**
Support to navigate all things health

GROUPS

☐ **SOCIAL GROUPS**
scan the QR Code to register for Art Group, Chill Space (12-17) or Dungeons & Dragons (18-25)

☐ **YOUTH ADVISORY GROUP**
monthly meetings, get paid to co-create & advocate for youth mental health and wellbeing

☐ **FAMILY REFERENCE GROUP**
join our FRG to support headspace improve services from a family perspective

ALL MENU ITEMS FREE

CAN'T DECIDE? UNSURE?

book a meet & greet

headspace.e@hopecs.org.au
08 9034 5160
83B Dempster Street

Turn the page for our headspace Esperance Referral Form

headspace Esperance Referral

Referrer Details – ignore this section if you are self-referring			
Referrer's name		Permission to contact referrer? Yes ☐ No ☐	
Relationship to Young Person		Is Young Person aware of referral? Yes ☐ No ☐	
Referrer's phone/email		Date of referral	

Young Person Details			
Name		DOB	
Address			
Mobile +/- Home		If we leave a message, can we say we are from headspace? Yes ☐ No ☐	
Gender identity	Female ☐ Male ☐ non-Binary ☐ self-describe:		
Pronouns	She/Her ☐ He/Him ☐ They/Them ☐ self-describe:		

Cultural Identity			
Aboriginal ☐ Torres Strait Islander ☐ Aboriginal + Torres Strait Islander ☐ Language group:			
non-Indigenous ☐ self-describe:			
Country of birth		Ethnicity	
Which language are you most comfortable speaking in?			
Interpreter required? Yes ☐ No ☐	Interpreter specifics		

Emergency Contact Details			
Name			
Address			
Mobile		Home	
Relationship to Young Person		Can we contact this person about appointments? Yes ☐ No ☐	

Reason for referral
Can you please tell us a little more about your reason for referral?

headspace Esperance Referral

Additional Information	
Is the Young Person currently in crisis or at immediate risk to self or others? Yes ☐ No ☐ (headspace is not a crisis response service - please consider alternative referral if immediate support is required)	
Risk assessment (please indicate)	Self-harm ☐ Suicidal thoughts ☐ Suicide attempt ☐ Violence/Aggression ☐ Psychosis/Mania ☐ Substance Use/Abuse ☐ Neglect/Abuse ☐ Homelessness ☐ Unsure ☐ none of the above ☐
Is the Young Person subject to any current court orders or VRO's? Yes ☐ No ☐	
Can you please tell us a little more if you answered Yes or ticked any of the risk boxes above:	

Involvement with other agencies/services		
GP Name + Practice		Is it ok to contact them? Yes ☐ No ☐
Psychologist/Counsellor details		Is it ok to contact them? Yes ☐ No ☐
Is the young person currently receiving support from any other service? If yes, what service/s?		Is it ok to contact them? Yes ☐ No ☐
Previous mental health treatment/diagnosis:		
Relevant medical details, including medications (please attach existing Mental Health Treatment Plan, discharge summary, assessments, notes, other):		

headspace Esperance Referral

Client Consent
A part of the referral process to headspace is for us to learn about you and the other services involved in your life. All information we find out about you, including from the hAPI (iPad) survey, will be treated confidentially, which means we will not share your information with anyone else unless you give us permission, or you are at serious risk. The information gathered will be securely stored in our Electronic Medical Record.
I have discussed headspace Esperance services with the referring agency (where applicable) Yes ☐ No ☐
I have agreed to accept headspace Esperance services Yes ☐ No ☐
I understand that any information collected by headspace is stored confidentially. I give my permission for headspace Esperance to obtain relevant information from the people listed above and from the hAPI (iPad) survey conducted at the beginning of every appointment Yes ☐ No ☐
I consent to receiving emails and SMS from headspace Yes ☐ No ☐
I consent to receiving letters from headspace Yes ☐ No ☐
I am aware that this referral is being made and a headspace worker will be phoning me or my parent/guardian to discuss Yes ☐ No ☐
I understand I can withdraw from headspace Esperance anytime Yes ☐ No ☐

Young Person's name		Date	
Young Person's signature			
Consent Method	Verbal ☐ Written ☐ Digital ☐ Body Movement (non-verbal) ☐ Interpreter ☐		

If the young person is **under 16 years of age**, authorisation should, **where possible,** be provided by a parent/guardian/carer.

Guardian name		Guardian DOB		Date	
Guardian signature					

Please note that Hope Community Services is unable to produce written reports or expert evidence for use in court proceedings (whether for family law matters, or otherwise). If this is what you require, it is recommended you seek assistance from a qualified professional specialising in such reports.

queries or to chat with headspace regarding this referral: (08) 9034 5160

what happens next?

1. This completed referral form needs to be received by headspace Esperance via one of the following methods:

email
headspace.e@hopecs.org.au
email subject line: Referral - *first name last name*
in-person
83b Dempster Street – between the hours of 8:30am-5pm Mon - Wed, 9:30 - 7pm Thurs + 8:30am - 3:30pm Fri

2. If we require further information from you, we will make contact ASAP for the information, then your referral will move to step 3 (below).
3. If we do not require further information from you, please know that this referral will be triaged + assessed by our Clinical Team within 2 working days. We will contact the Young Person regarding the outcome of the referral and collaborate with any other person or service the Young Person has consented too moving forward. Generally, an initial appointment will be offered for the Young Person to meet with a headspace worker and engage in further assessment. If the referral is assessed to be outside our service scope, we will contact the Young Person + Referrer to suggest alternative support options.