



Referral Form

Important information regarding your referral, please read:

- **If the young person is experiencing high levels of distress which may result in harm to themselves or others, or is at high or acute risk of suicide, they are not suitable for headspace services.** Please contact 1300 MH CALL on 1300 642 255 (24 hours) to speak to an Acute Care Clinician, refer them directly to the Emergency Department of the nearest hospital, or contact emergency services on 000.
- headspace is an **early intervention and prevention service**. We offer **short-term brief intervention** to young people between the ages of **12 to 25** who are **experiencing mild to moderate** mental health issues. We typically provide **6 to 10 therapy sessions**, depending on a young person's need.
- Please note we are a **voluntary** service, and we can only engage with young people who have **provided consent** to the referral.
- It is a requirement that at **minimum 24 hours** notice is given to canceling or rescheduling appointments.
- Please note that receipt of the referral does not indicate acceptance to the headspace services. We may complete an intake appointment and assessment with the young person to determine their most suitable care options. headspace may support the young person by referring them to other services when deemed appropriate.
- Our centre collaborates with other Wesley Mission headspace centres. Those centres may have additional capacity to support our young people via telehealth or video appointments where applicable.
- Please provide and attach as much information as possible as it ensures the best quality of care, best outcome and if required appropriate external referral.
- After we have received this referral, you will be contacted within 3 business days to arrange an initial triage appointment.
- This triage appointment will be arranged within 3 weeks of admin contact.
- If no contact is made in this period please call the centre on 07 4303 2100.

Please sign that you have read the information above: _____ Date: _____

