headspace Mandurah is a free support service for young people aged 12-25 years old. We can provide support for arrange of issues including:

* Mental health and wellbeing
* Family and relationship support
* Sexual and Physical health
* Work and Study
* Alcohol and other drugs
* Gender and sexuality

The aim of headspace is to engage young people at an early stage in the development of symptoms and respond appropriately through early intervention support and/or links into relevant services. We are unable to provide psychological assessments or reports.

If a young person requires a tier 3 or tier 4 service, is acutely suicidal, or requires more support than headspace can offer, please direct them to the appropriate specialist service. If referrers have immediate concerns for the safety of a young person, referrers should direct them to the nearest emergency department, or call 000 in an emergency.

Please complete the attached agency referral form, including as much detail as possible, particularly the sections on presenting concerns and risk. As a consent-based service, referrals to headspace Mandurah will only be accepted with direct consent from the young person. If referring from a GP we encourage you to include a MHCP with your referrals. If referring from a tertiary or specialist mental health service, accompanying documentation such as discharge summaries or assessments should also be provided. Please send the completed referrals through to our email address below.

If you require any further information, please contact headspace Mandurah on 08 9544 5900 or via email hello@headspaceman.com.au

**Date of Referral:** Click to enter date.

|  |
| --- |
| **Referrer information** |
| Name: Click to enter details |
| Email: Click to enter details |
| Agency: Click to enter details |
| Contact Number: Click to enter details |

**Consent: headspace is a consent-based service for young people aged 12-25 years of age. We can only engage with young people if they have consented to the referral.**

**Has the young person consented to this referral?** [ ]  **Yes** [ ]  **No**

**Is the young person currently in crisis or at risk to self or others?** [ ]  **Yes (refer to your Crisis Response Procedure)** [ ]  **No**

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| **headspace Mandurah, is not a Crisis Support Service.**Please follow your Agency Crisis Response Procedure |

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| --- |
| **Personal Information of Young Person** |
| Young Person’s Full Name: |
| Young Person’s Preferred Name and Pronouns:  |
| What is the Young Person’s Gender Identity:  |
| Young Person’s Date Of Birth: Age:  |
| Address:  |
| Young Person’s Phone Number/Preferred Phone Number:  |
| Young Person’s Email Address/Preferred Email Address:  |
| Consents to contact Young Person via: SMS: [ ]  Yes [ ]  No Voicemail: [ ]  Yes [ ]  No Email: [ ]  Yes [ ]  No |
| Young Person’s Availability:  |
| Does the Young Person Identify as: [ ]  Aboriginal [ ]  Torres Strait Islander [ ]  Neither [ ]  Unsure |
| Is the Young Person from a Culturally Diverse background: [ ]  Yes ­­­­­­­­­­­­­[ ]  No [ ]  Unsure *If yes please provide background*  |
| **Emergency Contact** *Someone 18 years old or over who knows the young person* |
| Name:  |
| Relationship to Young Person:  |
| Contact Number:  |
| Will the emergency contact be aware that the young person is accessing services with headspace Rockingham? [ ] Yes[ ]  No |
| Consent for Emergency contact to schedule appointments? [ ] Yes [ ]  No |
|  |
| **Presenting Concerns – Reason for Referral** |
| Please Provide details of presenting concerns, including onset and duration:   |
| **Mental Health History** |
| Does the young person have any Mental Health Diagnoses [ ]  Yes [ ]  No Details: |
| Has the young person had any past support for their Mental Health? [ ]  Yes [ ]  No  Details:  |
| **Current Services** |
| Does the young person have an existing GP [ ]  Yes [ ]  No  GP Name: Medical Centre:  |
| Does the young person give us consent to contact their GP? [ ]  Yes [ ]  No |
| Does the young person have a Medicare Card? [ ]  Yes [ ]  No *if yes please provide details*Card Number: Reference Number: Expiry:  |
| Does the young person have an existing Mental Health Treatment/Care Plan: [ ]  Yes [ ]  No *If yes please provide*  |
| Are any other services supporting the young person and their family currently: [ ]  Yes [ ]  No  Details of the Organisation: Best Contact: Contact Number:  |
| **Please forward any available relevant documentation.**Attached: [ ]  Referral Letter [ ]  Discharge Summary [ ]  Mental Health Care Plan [ ]  Other |

**Please select all that indicate any known risk concerns:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Risk**  | **Current**(within past month) | **Recent**(within 6 months) | **Historical**(6 months +) | **Not Applicable** |
| Non-suicidal self-injury  | [ ]  | [ ]  | [ ]  | [ ]  |
| Suicide ideation  | [ ]  | [ ]  | [ ]  | [ ]  |
| Suicide attempt | [ ]  | [ ]  | [ ]  | [ ]  |
| Substance use | [ ]  | [ ]  | [ ]  | [ ]  |
| Risk of harm to others | [ ]  | [ ]  | [ ]  | [ ]  |
| Risk of harm from others | [ ]  | [ ]  | [ ]  | [ ]  |
| Homelessness | [ ]  | [ ]  | [ ]  | [ ]  |
| Psychosis/mania | [ ]  | [ ]  | [ ]  | [ ]  |
| **Please provide more information is any current risks identified:** |

When all the information has been completed, please forward this form and all supporting documents to:
headspace Mandurah email: hello@headspaceman.com.au

For mental health emergencies contact:

**Mental Health Support Line (for under 18s) 1800 048 636**

**Mental Health Emergency Response Line (Perth) 1300 555 788**

**Mental Health Emergency Response Line (Peel) 1800 676 822**

**Crisis Care 1800 199 008**

**Suicide Call Back Service 1300 659 467**