Client Referral Form for Professionals





| headspace Contact Details | Fax | Phone |
|---------------------------|----------------|----------------|
| Mount Barker | (08) 8398 4269 | (08) 8398 4262 |

Referral Guidelines

headspace Mount Barker is funded by Country PHN, and administered by iREACH Rural Health, to provide a range of free, youth-friendly and confidential services for young people aged 12- 25 years, within the Murray Mallee region. headspace Mount Barker aims to be a one-stop-shop for young people with mild -moderate physical, psychological or social difficulties, and young people with complex care needs not meeting the criteria for Tertiary Government Mental Health Services, i.e.- not high risk, but needing support in multiple domains.

The services available at headspace Mount Barker include:

- **Psychosocial Support** group programs including Wednesday Hangouts, UQT (LGBTQIA+ Group), Youth Reference Group, and various other special interest groups that vary each term.
- Brief Intervention Programs (6 Session Low Intensity Cognitive Behavioural Therapy) for mild MH issues
- **Counselling** for clients with Mild-Moderate Mental Health concerns under a MHTP- by private providers at headspace, no cost (6+4 sessions/ year).
- Mental Health support by Allied Health Professionals, Mental Health Clinicians
- Complex Care for clients with severe mental health concerns in multiple areas, who are <u>not</u> considered at high risk of harm to self or others.
- Care Co-ordination including organising services and supporting provision to ensure the young person receives
 evidence-based care.
- Tele-psychiatry for current headspace clients only
- **GP appointments** for medical issues, mental health and sexual health.

Please note – we are unable to provide medico-legal reports but may be able to provide a note of attendance.

Important Information: Please read

Important information regarding your referral:

For us to process this referral promptly, please ensure that you have included all relevant information in legible print.

- headspace is a service for young people between the ages of 12 to 25. We can only engage with young people
 who have provided consent to the referral.
- **headspace** is not a crisis/ acute mental health service. If the young person is at high or acute risk of suicide or harm to others, please contact emergency services on 000.
- Please note that receipt of the referral form does not indicate acceptance to the headspace services. All referrals are reviewed by the Triage and Liaison Worker, who contacts the referrer if more information is needed, and discusses the referral with the young person/ and or parents/ caregivers to ascertain the best pathway for the young person. Referrals may be forwarded to an external service at times to best meet the young person's needs. If you have any queries pertaining to your referral, please phone our service.
- Waitlist- given the demand for headspace services, there may be a waitlist at times. Those on our waitlist are not
 monitored, and we request that you seek urgent help from your GP or local hospital should your situation change.
 We can recommend a list of services that young people can access while on the waitlist, including eheadspace and
 Beyond Blue.

| Young Person's Details ***PLEASE | PRINT CLEARLY *** | |
|---|--------------------------------|--|
| Legal First name: | Preferred Name (if different): | |
| Last name: | - | |
| Previous client? yes no unknown Date of Birth: Age: | | |
| Gender: Preferred Prono | uns: | |
| Client Postal Address: | | |
| Is it okay for us to send headspace branded letters/documents to this address? Yes $\ \square$ No $\ \square$ | | |
| Young Person's Phone Number: | Email: | |



| NDIS Status: Funded □ Applying □ No Benefits □ Country of Birth |
|--|
| Aboriginal or Torres Strait Islander? Please circle those that apply, or tick this box if none apply □ |
| Is the young person involved in any legal matters? Yes □ No □ |
| Referrer's Details |
| Referrer Full Name: Contact Number: Email Address: Workplace: |
| Client's Key Contact Person (in case of emergency) Name: Relationship to young person: Contact Number(s): Address: |
| Reason for Referral (What is the main problem that the young person is seeking help with?) (health professionals- please attach current Risk Assessment, Mental State Examination, summary of care episode and service requested), (educational/housing services- please include safety assessment and current summary of care) |
| |
| Other Information |
| Has the young person been asked to attend a GP to get a Mental Health Care plan? (strongly recommended) Yes □ No □ |
| Does the young person have an existing GP? Yes No (If yes, please fill in the details below) Doctor's Name: |
| Consent |
| Client is aware of referral, has given consent and wants to attend headspace: Yes No ****PRIVACY*** If the young person does not want their parents or carers to know about them accessing our services, please let us know and we will note this on their file. (Young people aged under 16 years need to have a responsible adult's consent to access our services) Doesn't Mind Keep Private |