

# Client Referral Form for Professionals



Referral Date: \_\_\_\_\_

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 not 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 **headspace** 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 Pronouns: \_\_\_\_\_

Client Postal Address: \_\_\_\_\_

Is it okay for us to send headspace branded letters/documents to this address? Yes  No

Young Person's Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

