

## Referral Guidelines

headspace Albury Wodonga and headspace Wangaratta is a free youth service for young people aged 12-25 years.

Together with Gateway Health as our lead agency and 9 local agencies, we offer the following supports and services:

- General Practitioner appointments with Gateway Health Medical Practice
- Youth Workers Care Co-Ordination
- Education and Job Seeking support and information
- Youth Generalist Counsellors
- Alcohol and other Drug Support Counsellors
- Sexual Health Clinic
- Community engagement, education and awareness
- Access to support around housing
- Centrelink Support Services

**PLEASE NOTE:** headspace Albury Wodonga and headspace Wangaratta are not an acute mental health/crisis service. If you have any immediate concerns regarding the safety and wellbeing of a young person please contact one of the following services for assistance; Mental Health Triage Service 1300 104 211, Lifeline 13 11 14, Kids Helpline 1800 55 1800. If the individual you are referring is out of our age group please phone Head to Help on 1800 595 212.

**In an emergency please call 000 immediately.**

### REFERRAL SOURCES

**Self-referral** - Young people are encouraged to contact headspace Albury Wodonga or headspace Wangaratta directly.

**Family referral** - Families, carers or friends can refer a young person to headspace Albury Wodonga or headspace Wangaratta. The young person needs to be aware of and consent to the referral and be willing to meet with a member from the headspace Albury Wodonga or headspace Wangaratta team.

**By phone/email** - 1300 332 022 speak to our duty worker or leave a message. Email referrals can also be sent to [headspaceAW@gatewayhealth.org.au](mailto:headspaceAW@gatewayhealth.org.au). Please save the document as an encrypted PDF in word. It is best to ring through the password to ensure the young persons' details remain confidential

**Drop in** - Young people can drop into the centre or site, check out our details at [headspace.org.au/headspace-centres/albury-wodonga/](http://headspace.org.au/headspace-centres/albury-wodonga/) or [headspace.org.au/headspace-centres/Wangaratta](http://headspace.org.au/headspace-centres/Wangaratta)

**Professional referrals** - General Practitioners, Allied Health Professionals and community-based agencies and educational institutions can refer to headspace Albury Wodonga or headspace Wangaratta using the attached referral form.

**Referral follow up:** headspace staff will contact Young People and/or their carers within 48 business hours to book an initial phone screen. We aim to offer the initial screen within two weeks of phone contact with the Young Person. Following the screen service options are offered. If a headspace-based option is chosen the Young Person will go on the waitlist and be contacted as agreed until picked up by a Youth Counsellor or Youth Worker. If a non-headspace option is chosen, clinicians will offer a warm referral to their preferred option. Referrers will be notified once a service option has been chosen or if the Young Person's referral is being closed as they have not responded to contact attempts.

# Referral Form

headspace Albury Wodonga and headspace Wangaratta is a voluntary service for young people aged 12-25 years of age. headspace can only engage with the young person if they have consented to the referral.

Please ensure all sections are completed and legible.

<b>Date of Referral</b>			
<b>Has the young person consented to the referral?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Is the young person aged 12-25 years of age?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Details of Young Person</b>			
If the young person is under 18 years of age, have the parents/carers consented to the referral? Please provide name and number of persons consenting below. If wanting to refer without parent/carer consent under 18 years of age please call to discuss		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Surname</b>		<b>First Name</b>	
<b>Gender</b>		<b>Preferred Pronoun/s</b>	
<b>Date of Birth</b>			
<b>Address</b>			
<b>Suburb</b>		<b>Postcode</b>	
<b>Phone (Home)</b>		<b>Mobile</b>	
<b>Email</b>		<b>Preferred method of communication?</b>	<input type="checkbox"/> Phone (Home) <input type="checkbox"/> Email
<b>Nationality</b>			<input type="checkbox"/> Mobile <input type="checkbox"/> SMS
<b>Preferred Language</b>		<b>Interpreter Required?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Does the young person identify as</b>	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal & Torres Strait Islander		
<b>Would the young person prefer an Albury Wodonga Aboriginal Health Service worker?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Emergency Contact</b>			
<b>Name</b>		<b>Relationship to young person</b>	
<b>Address</b>			
<b>Suburb</b>		<b>Postcode</b>	
<b>Phone (Home)</b>		<b>Mobile</b>	
<b>Details of Referrer (please ensure this section is completed)</b>			
<b>Name of Referrer</b>		<b>Organisation</b>	
<b>Address</b>			
<b>Suburb</b>		<b>Postcode</b>	
<b>Phone (Business Hours)</b>		<b>Phone (Mobile)</b>	
<b>Email</b>		<b>Relationship to young person</b>	

**Reason/s for Referral**

- Wellbeing & Mental Health   
  General or Sexual Health   
  Alcohol and other Drugs   
  Work and Study pathways  
 Other

**Main Issue/s**

**Relevant Past History**

**Additional information supplied/attached?**

Yes     No

**Does the young person currently see any other services?** If yes, please tick appropriate box/boxes below

Yes     No

- Drug and Alcohol   
  School/Other Counsellor   
  Community Services   
  Child Protection  
 CAMHS/NECAMHS   
  Adult Mental Health   
  Youth Justice/Juvenile Justice (VIC & NSW)  
 Other - Please Specify

**Service**

**Does the young person have a regular GP?** If yes, please provide details below

Yes     No

Name of GP	Contact Details
Name of Service Provider	Phone

**Is the other service aware of the referral to headspace?**

Yes     No

**Will the services involved continue working with the young person?**

Yes     No

**What are your expectations of headspace Albury Wodonga or headspace Wangaratta?**