

headspace Port Adelaide Referral Form

Fax to (08) 8312 3025; or

Email: to headspaceportadelaide@centacare.org.au



We acknowledge and pay our respect to the Kurna people, the traditional custodians whose ancestral lands headspace Port Adelaide is located. We acknowledge the ongoing connection that past and present Kurna people have with their country (land and sea). We respect and appreciate the Kurna Elders, Cultural beliefs and Protocols while walking, living and working on Kurna country. We also acknowledge that sovereignty was never ceded.

IMPORTANT INFORMATION

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 triaged by the duty worker. If your referral is not appropriate, the duty worker will contact you or the referrer to discuss the referral and make suggestions for the most appropriate 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 is a significant waitlist. You will be automatically placed on the wait list at the time of an intake assessment. This waitlist is not monitored; however we do aim to contact clients to check-in on a monthly basis.

If you are feeling unsafe and you have been placed on the waitlist, please seek urgent help from your GP or local hospital.

We recommend a list of services which young people can access while they are on the waitlist, including **eheadspace** and Beyond Blue.

PLEASE BE ADVISED THAT HEADSPACE PORT ADELAIDE DOES NOT PROVIDE ASSESSMENT OR DIAGNOSTICS FOR ANY MENTAL HEALTH ISSUES.

Referral Guidelines

headspace Port Adelaide is funded by Adelaide PHN, and administered by Centacare, to provide a range of free services for young people aged 12- 25 years, within the Western region of Adelaide.

headspace Port Adelaide aims to support young people with mild to moderate physical, psychological or social difficulties.

The services available at headspace Port Adelaide are free and include:

- **Psychosocial Support** - group programs including LGBTQTIQA+ group, Youth Reference Group, and a range of other special interest groups which vary each term.
- **Counselling Sessions** - provided by our mental health team of Allied Health Professionals, Mental Health Clinicians, and Peer Support Workers and Lived Experience Workers. Frequency and need of sessions are determined by the client and planned for with the counsellor and client in the initial intake appointment and then review regularly during the course of therapy.
- **Medicare Subsidised Counselling Sessions** - (for mild-moderate mental health concerns) - by private providers at **headspace**, under mental health care plans no cost (6+4 sessions/ year) which are required from a GP. Our Private Practitioners may be Clinical Psychologists or Accredited Mental Health Social Workers.
- **GP-** for medical issues, mental health and sexual health.

As a part of our consortium model we also provide the following services through our consortium partners at no cost:

- **Work and Study** - Provided by Campbell Page and headspace Work and Study
- **Financial Counselling** - Provided by Uniting Care Wesley Bowden
- **Family and relationships counselling** - Provided by Centacare
- **Alcohol and Other Drugs counselling** - Provided by Mission Australia.

Referrers details* please note, if you have any discharge summaries, please attach to this referral	
I am making this referral for	<input type="checkbox"/> Myself (skip to young person's details) <input type="checkbox"/> On behalf of a young person (fill details below)
Name of referrer	
Relationship to young person	
Contact Details	Phone
	Email
Is the young person aware this referral is being made?	<input type="checkbox"/> No <input type="checkbox"/> Yes If the answer is ' NO ' please seek consent from the young person as headspace is a voluntary service and we cannot engage with young people if they are not interested in receiving a service.
Does the young person need support with reading and writing?	<input type="checkbox"/> No <input type="checkbox"/> Yes

Young Person Details				
Name				
Other Names				
Date of Birth		Pronouns		Gender
Address				
Contact Details	Phone			
	Email			
Preferred mode of contact	<input type="checkbox"/> SMS	<input type="checkbox"/> Phone call	<input type="checkbox"/> Email	
Is the young person homeless OR living in an unstable housing situation?				<input type="checkbox"/> No <input type="checkbox"/> Yes
Is the young person's family unit homeless OR living in an unstable housing situation?				<input type="checkbox"/> No <input type="checkbox"/> Yes
Does the young person have a mental health Diagnosis?	<input type="checkbox"/> No <input type="checkbox"/> Yes - please specify:			
Does the young person have a Mental Health Care Plan:	<input type="checkbox"/> No <input type="checkbox"/> Yes (If ' yes ', please provide a copy with this referral)			
Does the young person have a current NDIS plan?	<input type="checkbox"/> No <input type="checkbox"/> Yes			
If the young person of Aboriginal or Torres Strait Islander origin?				<input type="checkbox"/> No

What if I answer yes? If we know that you are of Aboriginal or Torres Strait Islander origin: <ul style="list-style-type: none"> We may be able to offer you Aboriginal and Torres Strait Islander support workers who could help with your care. It means that all staff can consider any cultural needs that you might have. 		<input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, Aboriginal and Torres Strait Islander
If Aboriginal and/or Torres Strait Islander, does the young person prefer to see an Aboriginal and/or Torres Strait Islander worker?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No preference
Young Person's Cultural Identity		
Does the young person or a family member/carer require an interpreter?	<input type="checkbox"/> No <input type="checkbox"/> Yes - Language:	

Does the young person have an existing GP?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, please fill in the details below)</i>
Doctor's Name	
Practice Name	
Phone	

Young persons Key Contact Person		
Name		
Relationship to young person		
Contact Details	Phone	
	Email	
Consent to contact in an emergency	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Reason for Referral (tick as many as apply)		
<input type="checkbox"/> Mental health support	<input type="checkbox"/> Financial counselling	<input type="checkbox"/> Work & study support
<input type="checkbox"/> Alcohol and other drugs support	<input type="checkbox"/> Physical/Sexual health support	<input type="checkbox"/> Family and relationships support
If you ticked Mental health support, please advise what you are seeking support for		
<input type="checkbox"/> Anxiety Symptoms	<input type="checkbox"/> Psychotic Symptoms	<input type="checkbox"/> Neurodiversity
<input type="checkbox"/> Social Isolation	<input type="checkbox"/> Low Self-Worth	<input type="checkbox"/> Grief
<input type="checkbox"/> Bullying	<input type="checkbox"/> Suicidal thoughts/behaviour	<input type="checkbox"/> Eating Issues
<input type="checkbox"/> Trauma	<input type="checkbox"/> Depressive symptoms	<input type="checkbox"/> Borderline Personality Traits
<input type="checkbox"/> Anger Issues	<input type="checkbox"/> Relationships and Friendships	<input type="checkbox"/> Relationships and Friendships
<input type="checkbox"/> Stress Related	<input type="checkbox"/> Sexuality and Gender Diversity	<input type="checkbox"/> Sexuality and Gender Diversity



Is there anything you would like to elaborate on?

Consent

I, _____
[carer's name if young person under 16, young person's name if 16 or over], give consent for this referral to be made and give permission for _____ [referrer name] to exchange information with **headspace** Port Adelaide for the purpose of this referral.

Young person/carer signature: _____ **Date:** _____

Referring worker's details

Name: _____ **Signature:** _____ **Date:** _____

Please note that **headspace** Port Adelaide is not a crisis service. Crisis care can be accessed via

- Emergency services (000); OR
- Mental Health Triage on 13 14 65; OR
- Urgent Mental Health Care Centre (located at 215 Grenfell Street Adelaide) (8448 9100)

