Referral Guidelines About headspace Bega (Eden, Cooma and Narooma)

headspace Bega is a free, youth-friendly and confidential service for young people aged 12 – 25 years. Lead by Grand Pacific Health, **headspace** Bega offers the following supports and services including:

- Mental Health Support
- Drug and Alcohol Support
- Education and Employment Support
- Physical Health and Sexual Health



headspace Bega is a voluntary service. The young person needs to be aware of and consent to the referral and be willing to meet with a member from the **headspace** Bega team. As such, referral to our service cannot proceed unless consent to refer is obtained.

The **headspace** Bega hub also provides outpost services to Eden, Cooma and Narooma 3 days per week on Tuesday, Wednesday and Thursday.

PLEASE NOTE:

headspace Bega is not an acute mental health/crisis service. If you have any immediate concerns regarding the safety/wellbeing of a young person, please call: Mental Health Line 1800 011 511; Lifeline on 13 11 14; or Kids Helpline on 1800 55 1800. In an emergency, contact 000 immediately.

HOW TO REFER:

Self-Referral

Young people are encouraged to make contact with the headspace Bega service directly. Young people in Eden, Cooma and Narooma can access our centralised intake via the Bega hub or drop in and see a Youth Care Coordinator in their town for assistance to link in with our intake worker over the phone.

By phone/email

Young people can call 1800 959 844 within office hours or email <u>info@headspacebega.org.au</u> and a worker will contact the young person to complete a referral.

Drop in

Young people can call into **headspace** Bega between 9am and 5pm, Monday- Friday or at one of our outreach locations between 9am and 5pm Tuesday-Thursday. Staff will endeavour to see the young person the same day or will assist them with a referral and an appointment will be made as soon as possible.

Professional Referral- Service Providers

GP's, Allied Health Professionals, community-based agencies and educational institutions can all refer young people to **headspace** Bega using the Service Providers Referral Form. General Practitioners should include a mental health care plan (if appropriate) for the young person and attach this to the **headspace** Bega referral form.

Family Referral

Families, carers or friends can refer a young person to **headspace** Bega. Once receipt of referral has been confirmed, a worker will contact the young person to make an appointment. Families, parents or carers who have a young person engaged with **headspace** Bega can also access our centre to discuss service provision

For more information regarding **headspace** Bega and outpost locations please contact us directly or visit our website <u>https://headspace.org.au/headspace-centres/bega/</u>

How to submit this form:

In Person: Rooftop Carpark, Sapphire Market Place. 1/83 Upper St, Bega Fax: (02) 6494 8855 Mail: PO Box 513 Bega NSW, 2580

CONFIDENTIAL

headspace Bega General Referral Form

If you are unsure about making the referral please contact headspace for consultation.

Date of referral: ___/___/

Young Person (Client) Details

Name		Age_		_DOB:	/	/				
Sex: Male Fema	le Gender Diverse	Intersex In	determina [.]	te Ot	her					
Address:										
Suburb:										
Residing with Famil	y? Y/N									
Ph:		Fax:								
Mob Ph:		Email	:							
Education:	lucation:Year:									
Employed (circle):	Fulltime	Part	-time				Unemployed			
Other Contact Det	ails									
Next of Kin / Other	contact person:									
Relationship:	Ph:		Mob:							
This person can be	contacted in case of e	mergency	Y/N							
Referrer Details										
	0	rappication/Son	vico:							
	0	ryanisation/oen	///////////////////////////////////////							
Job Title:										
Ph:		Fax:								
Mob Ph:		Email: _								
Is the client aware of	of the referral and wanti	ng treatment?		Yes	No					
Has the client got th	neir own GP?			Yes	No	Unsure				
lf yes, has a Mental	Health Care Plan been	created?	Yes	No	Unsure	Э				





Young Person Specifics

Presenting Issues				
2				
3				
What supports does the y	oung person identity	as needing?		
What supports do you fee wellbeing?	I that young person	would benefit from to	support their mental	and emotional
What skills and strengths	does the young pers	son bring? (eg family si	upports, social netwo	ork, others)
History of Presenting Prob	olem:			
Duration of current issues	(circle):			
Days	Weeks	Months	Years	
Relevant background infor	rmation:			
Previous Mental Health Tre	eatment (by whom/	dates)		
Other Services Involved-				
Current:				
Previous:				



Risk (please tick and detail risk is indicated):

- Self-Harm_____
- Suicidality
- Risk to others_____
- Other Risk Behaviours

What service are you requesting from headspace (tick all that apply)?

- □ GP
- □ Youth Care Coordinator
- Mental Health Clinician
- Drug/Alcohol
- □ Employment/Education

Other Comments:

Please fax the completed form marked attention to "Intake" on 02 6494 8855