**Referral Guidelines**

**About headspace Geraldton**

**headspace** Geraldton is a free, youth-friendly and confidential service for young people aged 12 – 25 years.

Lead by Youth Focus, **headspace** Geraldton, brings together a range of services, to provide a holistic “one-stop-shop” for young people. We offer information, intake, assessment and referral. At **headspace** Geraldton we offer the following supports and services including:

|  |  |
| --- | --- |
| * Youth Friendly Physical Health Practitioner

  | * Tele-psychiatry Service
 |
| * Youth Counselling
 | * Alcohol & Drug Education Counsellors
 |
| * MBS & ATAPS Psychological Services *(Under GP Mental Health Treatment Plans)*
* Youth Career Guidance Support
 | * Support Groups
* Youth Reference Group
 |
|  |  |

**PLEASE NOTE:**

**headspace Geraldton is not an acute mental health/crisis service. If you have any immediate concerns regarding the safety/wellbeing of a young person, please call Geraldton Regional Hospital Emergency Department on (08) 9956 2222; Mental Health Emergency Response Line (MHERL) on 1800 555 788; 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** Geraldton service directly.

**By phone/email**

Call (08) 9943 8111 within office hours or email intake@headspacegeraldton.com.au, a worker will contact the young person to make an appointment within 1 – 3 working days.

**Drop in**

Young people can call into **headspace** Geraldton, 193 Marine Terrace, Geraldton, between 10am and 4pm, Monday – Friday. Staff will endeavour to see the young person the same day or the next available appointment will be offered.

**Professional Referral**

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

**Family Referral**

Families, carers or friends can refer a young person to **headspace** Geraldton in person or by phone/email (see details above). The young person needs to be aware of and consent to the referral and be willing to meet with a member from the **headspace** Geraldton team. Once receipt of referral has been confirmed, a worker will contact the young person within one to three working days to make an appointment. Families, parents or carers who have a young person engaged with **headspace** Geraldton can also access our centre to discuss service provision.

For more information regarding **headspace** Geraldton, please contact us directly or visit our website at [www.headspace.org.au/geraldton](http://www.headspace.org.au/geraldton).

**REFERRAL FORM – Please complete all pages**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Referral:** |  | **Referral Source:** | [ ] Self [ ] Doctor: [ ] School [ ] Friend/Family Member[ ] Service Provider:  |
| **Is client aware of and consent to the referral?** [ ]  Yes [ ]  No  |
| **Client Details** |
| **Name:**  |  | **DOB:** |  |
| **Address:** |  | **Gender** | [ ]  Male [ ]  Gender Diverse [ ]  Intersex[ ]  Female [ ]  Indeterminate [ ]  Other:  |
| **Phone:** |  | **Email:** |  |
| **Cultural/****Indigenous Identity:** |  | **Preferred language:** |  |
| **Educational Status:** |  | **School/****Tertiary Institution:** |  |
| **Employment Status:** |  | **Usual Occupation** |  |
| **If no longer at school/work, how long has this been the case?** |  |
| **Emergency Contact Details** |
| **Name:** |  | **Phone:** |  |
| **Address:** |  | **Email:** |  |
| **Relationship:** |  | **Can we contact this person about your engagement at headspace?**  | [ ]  Yes [ ]  No |
| **Referrer’s Details** |
| **Referrer’s Details:** [ ]  Same details as Emergency Contact |
| **Name:** |  | **Relationship/Job Title:** |  |
| **Address:**  |  | **Organisation:** |  |
| **Phone:**  |  | **Email:** |  |
| **Background Information and Presenting Issues** |
| **Reason/s for Referral:**  | [ ]  Mental Health [ ]  Drugs and Alcohol [ ]  School/Work [ ]  Physical/Sexual Health |
| **What are your main concerns regarding this young person?** |  |
| **What does the young person see as the problem?** |  |
| **Previous mental health diagnosis or treatment?** |  |
| **List other services involved, including GP if young person has one:** |  |
| **Has a Mental Health treatment Plan (MHTP) been created?** | [ ] Yes[ ] No[ ] Unsure | **What is the duration of the current problem?** |  |
| **Risk – please tick if current concern and provide more detail** | [ ] Suicide/Self harm [ ] Harm to others [ ] Homelessness [ ] Substance Use/Abuse [ ] Psychosis |  [ ] Harm from others  [ ] Extreme social withdrawal [ ] School avoidance [ ] Other, please provide details: |
| **Other relevant background information:** |  |
| **What assistance would you like from headspace Geraldton?**  |  |