

Referral Guidelines

About headspace Goulburn

headspace Goulburn is a free, youth-friendly and confidential service for young people aged 12 – 25 years. Led by Grand Pacific Health, **headspace** Goulburn, brings together a range of services, to provide a holistic “one-stop-shop” for young people. We offer information, intake, assessment support and referral. **At headspace Goulburn** we offer the following supports and services including:

- Mental Health Support – Youth Counsellors, Youth Workers and other Mental Health Professionals
- Drug and Alcohol Support
- Education and Employment Support
- Physical Health and Sexual Health Support (watch this space)

PLEASE NOTE:

headspace Goulburn 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 Goulburn service directly.

By phone/email

Call (02) 4824 4944 within office hours or email info@headspacegoulburn.org.au, a worker will contact the young person to make a phone intake appointment within 1-3 days.

Drop in

Young people can call into **headspace** Goulburn, 13-17 Verner Street, Goulburn, between 9am and 5pm, 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** Goulburn 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** Goulburn referral form.

Family Referral

Families, carers or friends can refer a young person to **headspace** Goulburn. The young person needs to be aware of and consent to the referral and be willing to meet with a member from the **headspace** Goulburn 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** Goulburn can also access our centre to discuss service provision.

For more information regarding **headspace** Goulburn, please contact us directly or visit our website www.headspace.org.au/goulburn.

CONFIDENTIAL

headspace Goulburn General Referral Form

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

Young Person (Client) Details

Name _____ Age _____ DOB: ____/____/____

Sex: ____ Male Female Gender Diverse Intersex Indeterminate Other

Address: _____

Suburb: _____ Residing with Family? __Y / N

Ph: _____ Fax: _____

Mob Ph: _____ Email: _____

Next of Kin / Other contact person: _____

Relationship: _____ Ph: _____ Mob: _____

Education: _____ Year: _____

Employed (circle): Fulltime / Part-time / Unemployed

Referrer Details

Name _____ Organisation/Service: _____

Job Title: _____

Ph: _____ Fax: _____

Mob Ph: _____ Email: _____

Is the client aware of the referral and wanting treatment?	Yes	No
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Has the client got their own GP?	Yes	No	Unsure
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If yes, has a Mental Health Care Plan been created?	Yes	No	Unsure
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Presenting Problem:

1. _____

2. _____

3. _____

What does the young person see as the problem?

What do you the referrer see as the problem? (What observations have you made that raise your concerns for the client's mental and emotional wellbeing?).

Duration of current problem Days Weeks Months Years

History of Presenting Problem:

Relevant background information:

Previous Mental Health Treatment (by whom/ dates)

Other Services Involved (Previous/Current)

Risk (please tick and detail where positive): Self Harm Suicidality Risk to Others Other Risk Behaviour

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

GP Youth Worker Mental Health Clinician Drug/Alcohol Employment/Education

Comments:

Please fax the completed form marked attention to "Intake" on 02 4824 4994