

Client Referral Form for Professionals

Referral Date: _____

headspace Contact Details	Fax	Phone
Mount Barker	(08) 8398 4269	(08) 8398 4262

Referral Guidelines

headspace Murray Bridge is funded by Country PHN, and administered by Murray Mallee GP Network, to provide a range of services for young people aged 12- 25 years, within the Murray Mallee region.

headspace Murray Bridge provides free, youth friendly and confidential service to young people aged 12-25 years.

headspace Murray Bridge aims to be a one-stop-shop for young people with mild -moderate physical, psychological or social difficulties, and young people with complex care needs not meeting the criteria for Tertiary Government Mental Health Services, i.e.- not high risk, but needing support in multiple domains.

The services available at headspace Murray Bridge include:

- **Psychosocial Support** - group programs including Hangout Space, young mums, LQGBTI group, Youth Reference Group, and a range of other special interest groups which vary each term.
- **Brief Intervention Programs** (6 Session Low Intensity Cognitive Behavioural Therapy) - for mild MH issues, and may be offered to young people while on Waitlist.
- **Counselling** - for clients with Mild-Moderate Mental Health concerns under MHCP- by private providers at **headspace**, no cost (6+4 sessions/ year).
- **Mental Health** support by Allied Health Professionals, Mental Health Clin
- **Complex Care** – is for clients with severe mental health concerns in multiple areas, who are not considered at high risk of harm to self or others. Care co-ordination include organising services and support provision to ensure the young person has evidenced based care.
- **Tele-psychiatry** - for current **headspace** clients.
- **GP-** for medical issues, mental health and sexual health.

Please note- we are unable to provide medico-legal reports but may be able to provide a note of attendance.

Important Information

Important information regarding your referral, please read:

In order for us to process this referral promptly, please ensure that you have included all relevant information in leasable print.

- **headspace** is a service for young people between the ages of 12 to 25. We can only engage with young people who have provided consent to the referral.
- **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 reviewed by the Triage and Liaison Worker, who contacts referrer if more information is needed, and discusses the referral with the young person/ and or parents/ caregivers to ascertain best 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 may be a waitlist at times. You will be advised by the Triage and Liaison Worker at the time of your triage phone call. This waitlist is not monitored, and we request that you seek urgent help from your GP or local hospital should your situation change. We recommend a list of services which young people can access while they are on the waitlist, including **headspace** and Beyond Blue.

Young Person's Details *****PLEASE PRINT CLEARLY USING A BLACK PEN*****

Full Name: _____ Previous client? yes no unk

Date of Birth: _____ Age: _____ Gender: Male Female Non-Binary Transgender

Client Address: _____

Contact Number(s): _____ Email: _____

Centrelink Status:

Unemployment Benefit Disability Support Pension Sickness Benefit Youth Allowance Student

Other (please specify) _____ No Benefits

