

## referral form

ImpaRa is a social and emotional wellbeing program for young Aboriginal and Torres Strait Islander people aged 12-25 years old. This program works to improve the quality of life for young Aboriginal and Torres Strait Islander persons by offering structured and social based activities.

ImpaRa incorporates culture into every element of the program, focusing on topics of particular importance to First Nations Australians. ImpaRa workshops operate weekly on a calendar of structured 1 on 1 and group sessions which take place at headspace Meadowbrook/Beaudesert centres and in a community venue. The focus of the ImpaRa workshops are based on current best practice, feedback from cultural and clinical governance groups, and knowledge of the needs of the Logan and Beaudesert community. The topic areas are:

- **Spiritual session**, which aims to discover the participants beliefs, values and faiths.
- **Mind session (deadly thinking)**, focuses on participant's recognition of self-care and exploring new ways of learning.
- **Body session**, which focuses on education and awareness around physical activity and the importance on keeping our bodies active.
- **Connection session**, which explores what the participants connection to oneself and others are.
- **Community session**, which outlines how the personal environment impacts on wellbeing.
- **Life skill session**, focuses on awareness about how finances affect the mind, body and spirit.

## eligibility criteria

All referrals to the ImpaRa program are screened to assess a young person's mental health and wellbeing. To assist this process please provide the below if able:

- **Referral from Service Providers** will require a copy of ALL relevant collateral information (including any assessments, discharge summaries & recovery documents) prior to the referral being triaged.
- General Practitioners can fax and/or email a Mental Health Care Plan to headspace Beaudesert instead of completing this referral form.
- All referrals will be triaged by the ImpaRa and Clinical Team to assess eligibility and suitability for headspace Beaudesert
- Outcome of referral will be provided directly to Service Provider or young person via email, telephone and/or fax.
- headspace Beaudesert works **under the Medicare Billing Model (MBS)**, which means young people are **eligible for up to 10 Sessions** with Private Practitioners (Psychologists, Social Workers, Occupational Therapists) per calendar year. Please note, at times we may experience wait times for Private Providers.
- All support provided through ImpaRa is free.
- For further information on services available at headspace Beaudesert please access our website.
- If the young person is experiencing high levels of distress which may result in harm to themselves or others, please refer them directly to their local Emergency Department as headspace is not a Crisis Service or equipped to manage these types of emergencies.

Young Person (Client Details)				Date:	
First Name:		Middle:			
Surname:					
Preferred Name:					
Date of Birth:		Age:			
Gender:					
LGBTQIA+:	Do you identify as LGBTQIA+? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe				
Address:					
Suburb:		Postcode:		State:	
Home Ph:		Mobile:		Work:	
Email:					
Medicare No:		Number on Card:			
Country of Birth:					
Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal & Torres Strait Islander <input type="checkbox"/> Unknown/Unsure <input type="checkbox"/>					
Optional / If Known: Country – Mob Identity: _____					
Religion:					
Main Language:		Other Languages:			
Emergency Contact Details					
Name:		Relationship:			
Home Ph:		Mobile:			

Please NOTE: This form will not be processed without the young person’s signed consent.

- I give permission for headspace Beaudesert to use my contact details above for future contact with me.
- I give permission for the staff of headspace Beaudesert to obtain relevant information from referrer pertaining to this referral.
- I give permission for ImpaRa/headspace Beaudesert to contact the referrer and advise once an appointment has been arranged.

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

If under 18 years of age authorisation ideally should be provided by a parent/guardian.

Parent/Guardian Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

## Note to Referrer

Please provide as much information as possible as it ensures the best quality of care, outcome and if required referral is afforded to the young person being referred.

If the young person is experiencing high levels of distress which may result in harm to themselves or others, please refer them directly to their local Emergency Department as headspace is not a Crisis Service or equipped to manage these types of emergencies.

## Referrer Details

Contact Name:			
Organisation:			
Position/Role			
Address:			
Postcode:		State:	
Phone:		Mobile:	
Email:			

## Young Person being Referred

*(If Applicable) Risk to self or others (Include self-harm/suicide attempts, violence, threats of violence, vulnerability).*

Date	Type of Behaviour	Reasons for Behaviour	Previous Outcome/Treatment Provided

(If Applicable) Parents, Guardians, Other Agencies/Health Care Providers who are currently involved with the Young Persons Care: (e.g. Government, Non-Government, Psychiatrists, GP's and Community Services)

Name of Person/Organisation	Contact Person	Address	Phone

I am coming to ImpaRa/headspace because of (tick all that apply):				
<input type="checkbox"/>	I'm stressed out or anxious	<input type="checkbox"/> I'm finding it difficult to maintain daily activities (attending work or school/uni, self-care, personal tasks)	<input type="checkbox"/> Problems with domestic or family violence	<input type="checkbox"/> I'm feeling disconnected from culture
<input type="checkbox"/>	I'm sad or depressed	<input type="checkbox"/> Concerns with self-harm	<input type="checkbox"/> I would like to talk about my sexuality or gender	<input type="checkbox"/> I'm feeling disconnected from community
<input type="checkbox"/>	I'm experiencing suicidal thoughts	<input type="checkbox"/> I'm concerned about a recent sexual assault	<input type="checkbox"/> I need help with work or study	<input type="checkbox"/> I'm feeling disconnected from spirit
<input type="checkbox"/>	I'm angry	<input type="checkbox"/> Concerns with alcohol or other drugs	<input type="checkbox"/> I have experienced a difficult/challenging life event that has deeply impacted me	<input type="checkbox"/> I'm feeling disconnected from Country
<input type="checkbox"/>	I'm having problems with social isolation	<input type="checkbox"/> Concerns with physical health	<input type="checkbox"/> I have suspected or diagnosed Aspergers / Autism / Autism Spectrum Disorder (ASD)	
<input type="checkbox"/>	I'm concerned about food, weight, or body image	<input type="checkbox"/> Concerns with school or work (bullying, workload, stress)	<input type="checkbox"/> Presentation to ED or hospital	
<input type="checkbox"/>	I'm having strange, unusual thoughts that bother me	<input type="checkbox"/> Concerns with relationships (family, friends, etc)	<input type="checkbox"/> Past or present contact with Child Safety	
<b>Other:</b>				

How would you describe your current living situation?

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Can you tell us what goals you want to work on with ImpaRa?

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Do you have any concerns about your safety before your appointment with ImpaRa?

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## K – 5 questionnaire

### Instructions

The following five questions ask about how you have been feeling in the **last four weeks**. For each question, mark the circle under the option that best describes the amount of time you felt that way.

We encourage you to complete this questionnaire to support your referral form.

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
1. In the last four weeks, about how often did you feel nervous?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. In the last four weeks, about how often did you feel without hope?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. In the last four weeks, about how often did you feel restless or jumpy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. In the last four weeks, about how often did you feel everything was an effort?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. In the last four weeks, about how often did you feel so sad that nothing could cheer you up?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



# ImpaRa PROGRAM

Please NOTE: This form will not be processed without the signed consent from the referrer.

I give permission for Stride/headspace Beaudesert to use my contact details above for future contact with me

Yes

No

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_

Role: \_\_\_\_\_ Organisation: \_\_\_\_\_

Date: \_\_\_\_\_

**Thank You for your referral. Please return this form to**

Amy Keys - ImpaRa Coordinator

e: [headspace.Beaudesert@stride.com.au](mailto:headspace.Beaudesert@stride.com.au)