

Referral Guidelines

About headspace Tuggeranong

headspace Tuggeranong is a free, youth-friendly and confidential service for young people aged 12 – 25 years. We offer the following supports and services including:

- Mental Health Support – counsellors and groups
- Drug and Alcohol Support
- Education and Employment Support
- Physical Health and Sexual Health

headspace Tuggeranong is a voluntary service – as such, the young person being referred needs to have consented to your reaching out for mental health supports on their behalf.

PLEASE NOTE:

headspace Tuggeranong 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 contact headspace Tuggeranong directly.

By phone/email

Young people can call (02) 62982920 within office hours or email info@headspaceTuggeranong.org.au, and a worker will contact the young person to complete a registration form.

Drop in

Young people can come into headspace Tuggeranong (Level 1, 167 Soward Way, Greenway) between 9am and 5pm, Monday – Wednesday & Friday and Thursday 9am – 7pm. Staff will endeavour to see the young person immediately. If that's not possible, will make an appointment for someone to call back or for them to come back in person (if preferred).

Professional Referral- Service Providers

GP's, Allied Health Professionals, community-based agencies and educational institutions can all refer young people to headspace Tuggeranong using the headspace Tuggeranong General Referral Form. General Practitioners can simply send us Mental Health Treatment Plan (if appropriate) for the young person. **Please note** - young people under 16 years of age generally need parental and/or carer permission.

Family Referral

Families, carers or friends can refer a young person to headspace Tuggeranong by calling the team or dropping into the centre. **The young person needs to be aware of and consent to you reaching out for mental health support on their behalf.** Families, parents or carers who have a young person engaged with **headspace** Tuggeranong can also access our centre to discuss service provision.

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

CONFIDENTIAL

headspace Tuggeranong General Referral Form

If you are unsure about making the referral, please contact headspace Tuggeranong to consult.

Date of referral: ____/____/____

Young Person (Client) Details

Name: _____ Age: _____ DOB: _____

Gender: _____ Sexuality: _____ Pronouns: _____

Residential Address: _____

Postal Address (if same, leave blank): _____

Mobile: _____ Can we leave a message for you on this number? Yes No

Other Contact Details

Secondary contacts:

Emergency Contact Person (e.g. family member, significant other, close friend):

Name: _____ Relationship to young person: _____

Mobile: _____

Name: _____ Relationship to young person: _____

Mobile: _____

Referrer Details

Name: _____ Organisation/Service: _____

Job Title: _____ Ph: _____ Fax: _____

Mob Ph: _____ Email: _____

Does the young person identify as Aboriginal Torres Strait Islander Both Neither

What is their country of birth?

Is English their preferred language? Yes No (specify preferred language)

Is the young person aware of the referral? Yes No

Does the young person have their own GP? Yes No Unsure

If yes, has a Mental Health Care Plan been completed? Yes No Unsure

Young Person Referral Information

Presenting Concerns:

1.

2.

3.

What supports does the young person identify as needing?

What supports do you feel that the young person would benefit from, to support their mental and emotional wellbeing?

What resources and support does the young person have in their life (e.g. family supports, social network, others)?

What skills and strengths does the young person bring(e.g. resilience, organisation, kindness)?

Risk (please tick and detail risk as indicated):

<input type="checkbox"/> Self-Injury	
<input type="checkbox"/> Suicidality	
<input type="checkbox"/> Risk to Themselves/Others	
<input type="checkbox"/> Other Risk Behaviours	

Duration of current issue: : Days _____ Weeks _____ Months _____ Years ____

Any Additional Information:

Other Services involved

Current

Previous

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

Mental Health

Physical and Sexual Health

Drug/Alcohol

Employment/Education

Other information you have consent to share that is relevant:

Referrals from professionals and services - Checklist

I have informed the young person that I am making referrals on their behalf to mental health support services

The young person is over 16 years old

or

The young person is under 16 years old

The young person has consented to you discussing care with their parents/carers

Parents/Carers have given consent for the young person's support and treatment from mental health support services.

If you have not ticked the above three boxes please provide further information:

By submitting this form, you are declaring that you have received the young person's consent to reach out to mental health support services on their behalf.

How to submit this form:

By Email: info@headspacetuggeranong.org.au

Drop it off at our centre located at:

Level 1, 167 Soward Way,
Greenway, ACT, 2900

Mail: PO Box 1662 Tuggeranong DC, ACT 2901

Fax: 0262982921