headspace Coffs Harbour Referral Guidelines

About headspace Coffs Harbour

headspace Coffs Harbour is funded by **headspace**, the national Youth Mental Foundation, to provide a quality service system which promotes and facilitates the improvement of young people in the key areas of primary health, mental health and alcohol-related issues, social recovery and vocational services.

headspace Coffs Harbour is a free, youth-friendly and confidential service available to young people aged 12-25 years, in the mid north coast region.

headspace Coffs Harbour is not an acute mental health service or crisis service. If you have any immediate concerns regarding the safety or wellbeing of a young person,

please call	Mental Health Access Line	1800 011 511
	Kids helpline	1800 551 800
	LifeLine	131 114
	In an emergency	000

How to refer

Self-Referral

Young people are encouraged to make contact by

Phone – young person is directed to our duty youth worker or contacted by them as soon available

Download – Referral form http://headspace.org.au/headspace-centres/coffs-harbour/

Drop In – to complete the referral form

Family Referral

Families, carers or friends can refer a young person to **headspace** Coffs Harbour. The young person will need to be aware of the referral and willing to meet a member of the team. Once the referral is received, a worker will contact the young person within 24 to 48 hours.

Service Professionals

GP's, allied health professionals, community based agencies and educational institutions can refer to **headspace** Coffs Harbour using the Referral Form. Referral can be faxed on 02 6652 7379

GP's can refer to any part of our service. We would prefer a headspace referral form (attached) or referral letter with similar information to be sent when referring a patient, so that it is clear what part of our service the young person is being referred to. Also any accompanying paperwork such as Mental Health Care Plan and Chronic Disease Care Plan is included.

For example, if a MHCP has been completed and the only service you would like headspace to provide is psychology, please send a referral letter to the relevant psychologist stating diagnosis and number of visits for referral (Medicare requirement) and please include MHCP.

Once a referral is received it is reviewed by the team within 48 hours and the pathway is determined. Clients with limited information provided will have an intake assessment with our youth workers. Our aim is to offer an appointment within 2 weeks of receiving the referral, however there are times this can be longer. We aim to offer some feedback to the referrer, either via faxed letter saying when the appointment was made, or a phone call. Sometimes more information will need to be gathered, so we appreciate as much information on the initial referral to make this process smoother.

All services at **headspace** Coffs Harbour are bulk billed and we work under the Medicare model with MHCP and Healthy Minds referrals for our psychologists.

We do not accept external referrals directly to the Mental Health Nurse, only clients accessing other **headspace** Coffs Harbour services will be able to see our Mental Health Nurse due to the high demand.

Services provided by headspace Coffs Harbour

Find our staff http://headspace.org.au/headspace-centres/coffs-harbour/
Youth Workers / Intake & Assessment Workers
General Practitioners
Mental Health Nurses
Community Engagement & Development Officer

Psychologists
Dr Andrew Grey Laurie Manson Peter McGrath Helen Gibson Jess Watters

Psychiatrists
Prof Pat McGorry
Dr Dubravka Jankovic

Tele-Psychiatrist
Dr Syed Shah

Dietician
Rebecca (Becky) Vaschak

Services provided by headspace Coffs Harbour service partners

Mid North Coast Local Area District
Early childhood nurse Drug & Alcohol Counsellor
Sexual assault counsellor Youth Mental Health Counsellor

NORTEC & Key Employment
Employment Agencies

Referral Form

Please fax to 02 6652 7379

Young Person Details

Name:						Age:	
D.O.B:		Gender:	M / F / Other		Aboriginal or Torres Strait Islander:		Yes/ No
Cultural Identity:		Language:			Interpreter required?		Yes/ No
Address:							
Suburb:					Post Code:		
Home Phone:		Mobile:			Other Phone:		
School/TAFE:					Year:		
Preferred Contact Person:							
Carer Name:				Relationship:			
Contact Number:				Carer aware of referral:		Yes / No / NA	
Young person consent to contact carer regarding referral:				Yes / No / NA			

Referrer Details

Referral Date:			
Referred By:		Relationship:	
Organisation:		Position:	
Contact No:		Mobile:	
Email:		Fax:	
Will referrer have continued involvement with the young person?	Yes / No	Young Person given consent:	Yes / No

Other Services Details

Current Doctor Name:		Phone:	
Existing Mental Health Care Plan:	Yes / No	If yes, date plan created (please attach):	
Medications:			
Does young person currently receive support from a service OR have other services previously been involved?			Yes / No
Name of Service/Professional:			
Name of Service/Professional:			

Please indicate main issues and concerns you would like headspace CH to assist with:

(*Please include here any information which may be useful such as background information to assist with the referral, e.g., Home & Environment, Education & Employment, Activities & Friends, Drugs & Alcohol, Relationships & Sexuality, Conduct Difficulties & Risk-Taking, Anxiety & Eating, Depression & Suicide, and Psychosis & Mania*.)

Referral from Health Professionals / Services

Who would you like the young person to see at headspace Coffs Harbour?

☐	GP (please indicate above areas of assistance required i.e. physical health, mental health)
☐	Youth Worker (please indicate above areas of assistance required)
☐	Psychologist (please include MHCP and referral letter if available)
☐	Psychiatrist (please include detailed referral letter)
☐	Drug & Alcohol
☐	Sexual Assault
☐	Uncertain / Other (please indicate above areas of assistance required)

If applicable, please include: Mental Health Treatment Plan/K10/any MH assessment forms

Please fax the completed form to 6652 7379

headspace Coffs Harbour

PO Box 7028, 74 Victoria Street, Coffs Harbour, NSW 2450
Phone: (02) 6652 1878 Fax: (02) 6652 7379
http://headspace.org.au/headspace-centres/coffs-harbour/