Please email to [headspace.katherine@anglicare-nt.org.au](mailto:headspacedarwin@anglicare-nt.org.au)

Or Fax: **(**08) 8912 4001 Phone: (08) 8912 4000

Please see below referral criteria for headspace Katherine. *If you are unsure regarding any aspect of the referral, please give us a call on (08) 8912 4000 to discuss.*

**Service Stream being requested:**

Mental Health / Social Emotional Wellbeing (SEWB) / Brief Intervention

Alcohol and Other Drugs

Physical and Sexual health

Work and Study Support

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| Mild Stream | Moderate Stream  MHTP from a GP (see footer) | |
| Mild symptoms are considered to be symptoms that are relatively recent in onset with a mild impact on functioning in study, social and daily care domains. These symptoms can be a recent onset of anxiety, low mood, difficulty coping, stress, relational concerns, bullying & sexual orientation or gender identity concerns. Mild mental health symptoms carry minimal risk to self or others associated with them. | | If mild symptoms start to impact on domains of functioning or if mild symptoms worsen, then moderate mental health concerns may arise. Moderate mental health concerns could include increased use of drugs/alcohol, some fleeting suicidal thinking/ self-harm thoughts or superficial self-harm, aggressive behaviours, moderate depressive and anxiety symptoms. |
| If a Young Person has had mental health concerns for many years, multiple co-morbidities, needs to access health support very frequently, has ongoing risks to self or others, or where multiple life domains are significantly affected, then the Young person may be presenting with complex needs and needs to be referred to a more appropriate service. | | |

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| Date of Referral: | | | | | | | | | | / / | | | | | | | | | | | | | | | | | | | | | | | | |
| Young person’s details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name & Preferred Name: | | |  | | | | | | | | | | | Date of birth: | | | | | |  | | | | | | | | | | | Gender: |  | | |
| Do you identify as: | | | | Aboriginal: | | | | | | | Torres Strait Islander: | | | | | | | | | | | | | | Both: | | | | | | | Neither: | | |
| Interpreter required:  Yes  No | | | | | | | | | | | | | | | | If yes, what language: | | | | | | | | | | | | | | |  | | | |
| Address: | |  | | | | | | | | | | | | | | | | | Contact number: | | | | | | | | | | | |  | | | |
| Is there a family member/support person the young person would like to bring to an appointment? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: |  | | | | | | | | | | | | | | Relationship to Young Person: | | | | | | | | | | | | | | | |  | | | |
| Alternative/Emergency Contact Person: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: |  | | | | | | | | | | | | | | | | | | | | Contact Details: | | | | | | | | | |  | | | |
| Relationship to Young Person: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is the young person currently accessing other supports or services? (e.g Territory Families, Legal support, Katherine Mental Health, NDIS) Please list where applicable: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the young person consent to being sent an ehHAT survey link(see fact sheet attached**):**  Yes or  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Which service are you requesting? Please select all that apply** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| In person at headspace centre | | | | | | | |  | | | | | | Telehealth | | | | | | | | | | | | | |  | | | | | | |
| Outreach: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Beswick | | | | | | |  | | | | | | | Pinecreek/Kybrook Farm | | | | | | | | | | | | | |  | | | | | | |
| Binjari | | | | | | |  | | | | | | | Jilkminggan | | | | | | | | | | | | | |  | | | | | | |
| **Referrer (person completing this referral):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Self-referral from young person:  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If no, has this referral been discussed with the young person & consent provided?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contact name: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Position/relationship: | | | | |  | | | | | | | | | | | | | | Organisation (if applicable): | | | | | | | | | |  | | | | | |
| Best Contact Number: | | | | |  | | | | | | | | | | | | | | Email: | | | | | | | | | |  | | | | | |
| **Young person’s presenting concerns:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mood disturbance | | | | |  | | Family difficulties | | | | | | | | | | | |  | | | | | Intellectual Impairment | | | | | | | | | |  |
| Anxiety | | | | |  | | Relationship issues | | | | | | | | | | | |  | | | | | Physical illness | | | | | | | | | |  |
| Stress | | | | |  | | Trauma history | | | | | | | | | | | |  | | | | | Difficulties with school/work | | | | | | | | | |  |
| Difficulty sleeping | | | | |  | | Domestic violence | | | | | | | | | | | |  | | | | | Unusual behaviour/speech | | | | | | | | | |  |
| Eating concerns | | | | |  | | Bullied/bullying others | | | | | | | | | | | |  | | | | | Functional decline | | | | | | | | | |  |
| Low self-esteem | | | | |  | | Body image issues | | | | | | | | | | | |  | | | | |  | | | | | | | | | | |
| Complex symptoms or concerns  (unexplained auditory, visual or other sensory perceptions e.g. hallucinations or delusions) | | | | | | | | | Yes | | |  | | | | | No | | | | |  | | | | | | | | Unsure | |  | | |
| If yes please provide details: | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Drug and alcohol use | | | | | | | | | Yes | | | |  | | | | | No | | | | |  | | | | | | | |  | |  | |
| If yes please provide details: | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Risk identified | | | | | | | | | Has a safety plan been created for any identified risk? Yes  No  If yes, please attach to referral. | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | Current | | | | | | | | | | | | | | | | | | History | | | | | | | |
| Delibrate self-harm | | | | | | | | | Yes  No  Unsure  If yes please provide details ; | | | | | | | | | | | | | | | | | Yes  No  Unsure  If yes please provide details ; | | | | | | | | |
| Suicidal thoughts/behaviours | | | | | | | | | Yes  No  Unsure  If yes please provide details ; | | | | | | | | | | | | | | | | | | Yes  No  Unsure  If yes please provide details ; | | | | | | | |
| Harm to others | | | | | | | | | Yes  No  Unsure  If yes please provide details ; | | | | | | | | | | | | | | | | | | Yes  No  Unsure  If yes please provide details ; | | | | | | | |

# Frequently Asked Questions

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| Reasons for seeking support: |
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| Young Person’s identified goals; |
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| What is ehHAT? |  |
| The ehHAT is an online questionaire that will be texted to you before your first appointment at headspace Katherine. The survey is designed to explore what you would like to talk about and what life is like for you. Your answers to the survey can help us prepare and make sure that we focus on what is most important to you during session. | |
| Do I have to complete an ehHAT survey? | |
| The ehHAT survey is optional and it is completely up to you if you would like to receive and complete the ehHAT survey. Before sending the link to you, one of our friendly staff will check in with you to find out if you consent to receive the survey before sending you the link. | |
| How long will the ehHAT survey take me the complete? | |
| The ehHAT survey link will be sent to you 24 hours prior to your first appointment with headspace Katherine. The ehHAT will take you about 30 minutes to complete and you can do it wherever you feel most comfortable. | |
| Will my answers remain confidential? | |
| All of your information you share with us during the ehHAT survey will be kept private and confidential but there are some instances where our staff may need to share your confidential information in order to keep yourself or others around you safe. If this needs to happen, we will always talk to you about this. | |
| **What if I want to complete the ehHAT survey but don’t have access to internet or a device?** | |
| If you don’t have access to a device, but would like to complete the survey, please let us know and we can arrange for you to do it at the centre using one of our devices or Wi-Fi. If you would like to arrange this or have any other questions you can call us on 8912 4000 or email the team at [headspace.katherine@anglicare-nt.org.au](mailto:headspace.katherine@anglicare-nt.org.au). | |