

## REFERRAL INFORMATION FOR YOUTH MENTAL HEALTH

Thank you for your enquiry regarding a referral to Youth Mental Health (YMH) which comprises three specialist mental health services: YouthLink, YouthReach South and Youth Axis.

### Please note:

Youth Mental Health is unable to provide an urgent response to unknown clients. Please be aware that waitlist times vary and consider if the Young Person being referred will require short-term intervention while awaiting service with Youth Mental Health. To discuss waitlist times, please contact the YMH Triage Officer on **1300 362 569**, Monday to Friday, 8.30am to 4.30pm.

### YouthLink and YouthReach South

YouthLink and YouthReach South are specialist youth mental health services providing Tier 4 mental health services to young people with serious mental health problems or at significant risk of developing serious mental health problems. Tier 4 is defined as a highly specialised treatment program for complex, severe or persistent problems.

Both services target marginalised young people aged 13 to 24 years, who are homeless or experiencing other significant barriers in accessing mainstream mental health services. Such barriers typically include transience, limited support networks, cultural barriers including Aboriginal or Torres Strait Islander identity, marginalisation due to diverse sexuality and gender, and previous negative treatment experiences.

### Youth Axis

Youth Axis provides an early intervention service for young people presenting with ultra-high risk of psychosis and/or features of an emotionally unstable personality disorder. Youth Axis targets young people who have not had extensive treatment by a specialist mental health service for these presenting problems, and will see people for up to 6 months. The following criteria must be met to be eligible for service:

1. The young person is residing in stable accommodation in the Perth Metropolitan area.
2. 16 to 24 years old.
3. Help accepting.
4. Early intervention.

### And one or both of the following:

1. Ultra-high risk of psychosis. Unusual and out of character thoughts and /or behaviour.
2. Features of an emotionally unstable personality disorder:
  - suicidal ideation and/or self-harming;
  - risk taking / impulsivity;
  - emotional instability;
  - impaired sense of self;
  - impairment in interpersonal functioning;
  - separation insecurity: fears of abandonment by significant others.

### Exclusion Criteria:

- Continual psychotic symptoms for more than 7 days;
- Needs are better met by another service.

## YOUTH MENTAL HEALTH (YMH) – PAPER BASED REFERRAL FORM

YMH community services consist of three services: YouthLink, YouthReach South and Youth Axis. YouthLink and YouthReach South provide services to young people 13-24 years with mental health issues who experience significant barriers in accessing mental health care, including homelessness. Youth Axis provides time limited focused care for young people from 16-24 years at ultra-high risk of psychosis or emerging emotionally unstable personality disorder – borderline type. This referral form will assist in streaming the young person to the service that will best fit their needs.

<b>Youth Axis</b> 32 -34 Salvado Road, Wembley. 6014 Tel: 9287 5700 Fax: 9287 5760	<b>YouthLink</b> 223 James Street, Northbridge. 6003 Tel: 9227 4300 Fax: 9328 5911	<b>YouthReach South</b> Level 1 / 25 Wentworth Parade, Success. 6164 Tel: 9499 4274 Fax: 9499 4270
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**Triage Telephone line: 1300 362 569    Email referral to: [youthmhtriage@health.wa.gov.au](mailto:youthmhtriage@health.wa.gov.au)    Fax Number: 9287 5762**

### REFERRER INFORMATION (required)

**Name:**  
**Position:**  
**Agency / Address:**  
**Contact Phone Number:**  
**Contact Email:**

### YOUNG PERSON PERSONAL INFORMATION

<b>Date of Referral</b>	<b>UMRN</b>			
<b>Forenames</b>	<b>Surname</b>		<b>Preferred Name</b>	
<b>Address</b>				<b>DOB</b>
<b>Telephone:</b>		<b>Aboriginal/ Torres Strait Islander:</b>		<b>Country of Birth:</b>
<b>Preferred mode of contact:</b> Call <input type="checkbox"/> Text <input type="checkbox"/>		<b>Family or Mob:</b>		
<b>Sex assigned at birth:</b>	<b>Gender Identity:</b>	<b>Sexuality:</b>	<b>Pronouns:</b>	<b>Religious/ cultural background:</b>

Any language, cultural or sensory requirements?     Interpreter needed     Language spoken:

Other requirements?

### **IS THE YOUNG PERSON** (A response of NO does not preclude the young person from the YMHP community service)

<p><b>Between 13 and 15 years old?</b> Yes    No</p> <p><b>Between 16 and 24years old?</b> Yes    No</p> <p><b>If under 18, a parent or guardian consents to the referral?</b> Yes    No</p> <p><b>If under 18, is considered a mature minor?</b> Yes    No</p> <p>youth</p>	<p><b>Significant decline in education or work performance over the past year?</b> Yes    No</p> <p><b>Psychotic symptoms for more than 7 days or diagnosed with psychosis?</b> Yes    No</p> <p><b>Active treatment of more than 6 months with a mental health service?</b> Yes    No</p> <p><b>Decline in self-care, living skills or relationships over the past year?</b> Yes    No</p> <p><b>Experiencing difficulty or barriers accessing mental health services?</b> Yes    No</p> <p><b>Out of character thoughts and/or behaviour over the past year?</b> Yes    No</p>
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**NEXT OF KIN / LEGAL GUARDIAN**

**Name:**

**Relationship:**

**Contact Telephone Number:**

**Address:**

**REASON FOR REFERRAL (including mental health issues) – Attach any additional information**

**CURRENT RISK / SAFETY ISSUES** Please indicate the level of risk for the following:

**Suicide:** Low Medium High Unknown

**Self-harm:** Low Medium High Unknown

**Violence to others:** Low Medium High Unknown

**Violence from others:** Low Medium High Unknown

**Vulnerable to exploitation:** Low Medium High Unknown

**Justice/ legal issues:** None Previous Current Unknown

**Please detail historical and current risk/ safety issues:**

**Does the Young Person require short-term intervention or risk-management while on YMHP waitlist?**

If yes, services arranged or involved:

If yes, current Safety Plan attached:

**SUBSTANCE USE** Tobacco  Alcohol  Cannabis  Amphetamines  Inhalants  Prescription  Opioids  Cocaine   
Other  (specify below)

Please specify quantity, duration and impact of use, current or previous interventions, if known:

**FAMILY / DEVELOPMENTAL HISTORY** (Attach any additional information)

**LIVING / SOCIAL SITUATION** Current living situation: Secure  Tenuous  Homeless

Accommodation type: Living with family  Crisis Accommodation  Rental with friends  Rental with others  Rental alone

CPFS placement  Supported accommodation  Couch-surfing  Transient

Please describe social / peer / relationships and supports:

**EDUCATION HISTORY** Current status: Full time student  Part time student  Enrolled, not attending  Online studies

Not currently studying

**WORK HISTORY** Current status: Full-time work  Part-time work  Casual work  Unemployed  Never worked

**MEDICAL HISTORY** Does the young person have any ongoing illnesses or conditions?  (specify below)

**CURRENT MEDICATIONS**

Medications	Dose/ frequency	Date commenced / Duration of use/ Prescribed by whom

Any further details:

OTHER SIGNIFICANT CONTACTS/ SERVICES INVOLVED		
Contact Person	ADDRESS	Telephone
USUAL GP-		
Please identify any supporting documentation/ reports included with referral: Medical assessment <input type="checkbox"/> Risk assessment <input type="checkbox"/> Functional assessment <input type="checkbox"/> Discharge summary <input type="checkbox"/> Care plan <input type="checkbox"/> Educational Assessment <input type="checkbox"/> Psychological Assessment <input type="checkbox"/> Other <input type="checkbox"/> (please specify)		
Any further Information?		