



REFERRAL INFORMATION FOR YOUTH MENTAL HEALTH

Thank you for your enquiry regarding a referral to Youth Mental Health (YMH) which comprises two specialist mental health services: YouthLink 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

YouthLink is a 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.

This service targets 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 two services: YouthLink and Youth Axis. YouthLink provides 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.

YouthLink

223 James Street, Northbridge. 6003
Tel: 9227 4300 Fax: 9328 5911

Youth Axis

32 -34 Salvado Road, Wembley. 6014
Tel: 9287 5700 Fax: 9287 5760

Triage Telephone line: 1300 362 569 Email referral to: 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

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

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)

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

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 Risk assessment
 Functional assessment Discharge summary Care plan Educational Assessment Psychological Assessment Other
 (please specify)

Any further Information?

