Uniting

YESS
YOUTH ENHANCED SUPPORT SERVICE

Service provider referral form

YESS provides care to young people (aged 12-25) with complex mental health needs and associated functional impairment. The program covers the 3 regions listed below, and provides outreach, telehealth services and centre-based appointments determined between the young person and their clinician. This includes people who need more support than primary care providers such as headspace can offer, and who don't currently meet criteria for tertiary services.

View some example scenarios and additional eligibility and exclusion criteria for:

- Northern Sydney
- Nepean Blue Mountains
- Western Sydney

Which region is this young person being referred to?

- ☐ Northern Sydney
- ☐ Nepean Blue Mountains
- ☐ Western Sydney

Eligibility criteria:

- Aged between 12 and 25
- Resides, studies, or works in one of the above PHN regions
- Experiencing, or at risk of experiencing, severe or complex mental health needs and functional impairment
- Consenting and able to engage in the YESS program
- Is medically stable and has a sufficient BMI for psychological work
- Associated complexity of presentation that can't be managed in a typical primary care setting (e.g. GP, private psychologist, school/university counsellor, headspace Centre, ReFrame)
- Those who are relatively new to mental health services, and have not already had significant treatment at a greater intensity than YESS, will be prioritised

Has the person consented to this referral?

- ☐ Yes
- ☐ No

If under 16 years of age, has a parent/guardian consented to the referral where applicable?

- ☐ Yes
- ☐ No

If you have answered 'no' to the above question, your referral may not be accepted.
Please contact us and we'll talk you through some other options.

Important information about your referral:

- Please note that this form is intended for service providers who are involved in the young person's care. If you are seeking assistance for yourself, or are a family member or friend wanting to refer your loved one, please contact us directly on **1800 YESS PM (1800 9377 76)**
- Please be aware that receipt of the referral does not indicate acceptance to the YESS service. The suitability of the referral will be determined following review by our team. If you have any queries about your referral, please contact us on **1800 YESS PM (1800 9377 76),** or at **yess@uniting.org**
- Information on this form will assist our team in determining suitability and with the assessment process. Therefore, please complete this form with as much information as possible and provide any supporting clinical documentation available. If the referral does not have adequate information, please be aware that we may need to contact you for further information in order to proceed with the referral.

Section 1: Young person's details

First name:	Last name:
Date of birth:	Country of birth:
Gender:	Gender pronoun(s):
School name:	Student year:
Country of birth:	Parents' country of birth:
Preferred language:	Language spoken at home:
Interpreter needed:	Interpreter language:
Phone number:	Mobile number:
Email address:	
Home address:	
Surburb:	Postcode:

Section 2: Next of kin

Full name:		
Relationship to young person:		
Phone number:	Mobile number:	
Do we have permission to speak to this person?	☐ Yes	☐ No

Section 3: Health information

Presenting issues/reasons for referral:
Please attach any additional notes, discharge summaries, assessment information

Please list details of primary mental/physical health diagnoses and any other conditions that impact on the young person's wellbeing:

Current medications/treatments:
Please provide details

- ☐ Antipsychotics
- ☐ Antidepressants
- ☐ Anxiolytics
- ☐ Other (provide details below)
- ☐ Hypnotics and sedatives

Section 4: Current and previous support details

Please note: YESS works routinely with community GPs to coordinate care and at times, offer telepsychiatry appointments. In order for this service to be accessible, please ensure the relevant GP information and associated consent is outlined below.

Is the young person currently, or have they previously been, engaged with any of the following:

Care provider type (Please tick)	Name and contact details	Consent to liaise? (Please tick)
General Practitioner ☐		☐
School Counsellor ☐		☐
Private Psychologist ☐		☐
Psychologist – Assess Plus or Mental Health Care Plan ☐		☐
Homelessness Service ☐		☐
Public Mental Health Service ☐		☐
Psychiatrist ☐		☐
Child Protection Agency ☐		☐
Drug and Alcohol Service ☐		☐
Employment Service ☐		☐
Other ☐		☐

Section 5: Demographics

Does the young person identify as:

- [ ] Aboriginal
- [ ] Aboriginal and Torres Strait Islander
- [ ] Torres Strait Islander
- [ ] Neither

Marital status:

- [ ] Never married
- [ ] Married (registered de facto)
- [ ] Divorced
- [ ] Widowed
- [ ] Separated

Housing status:

- [ ] Owned home
- [ ] Private rental
- [ ] Social housing Aboriginal
- [ ] Boarding house
- [ ] Community housing
- [ ] Public housing
- [ ] Emergency housing
- [ ] Homeless

Living arrangement:

- [ ] Lives with parent(s)/guardian(s)
- [ ] Lives with partner
- [ ] Lives alone
- [ ] Lives with children
- [ ] Lives with other family

Employment status:

- [ ] Full-time employment
- [ ] Part-time employment
- [ ] Casual employment
- [ ] Studying at school
- [ ] Unemployed
- [ ] Studying at university/TAFE
- [ ] Not in labour force

Section 5: Demographics continued

Income source:

- [ ] N/A – not in labour force
- [ ] Compensation payments
- [ ] Paid employment
- [ ] Other
- [ ] Disability Support Pension
- [ ] Nil income
- [ ] Other pension or benefit

NDIS involvement:

- [ ] Yes
- [ ] No

Does the young person have a Health Care Card?

- [ ] Yes
- [ ] No
- [ ] Unsure

Section 6: Safety considerations (Please note these are not exclusion criteria)

Risk of suicide?

- [ ] Yes
- [ ] No

Details:

Non-suicidal self injury?

- [ ] Yes
- [ ] No

Details:

Substance use?

- [ ] Yes
- [ ] No

Details:

Past physical or verbal aggression?

- [ ] Yes
- [ ] No

Details:

Section 6: Safety considerations continued

At risk of homelessness?

☐ Yes ☐ No

Details:

Risk taking/impulsive behaviours?

☐ Yes ☐ No

Details:

Section 7: Additional information

Please outline any additional information, history, or anything else you or the young person would like to add:

Section 8: Referring agent details

Referring agent name:	
Service/Organisation:	
Designation/Profession:	
Telephone:	Fax:
Email:	

Please send the completed referral form to:

Email: yess@uniting.org

Fax: 02 8820 0737

The referring agent will be contacted within 3 business days after receipt of the referral to discuss the next steps.

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