

headspace YEPP Referral Pathway

- Criteria 1** At Ultra High Risk (UHR)* of becoming psychotic, OR meets criteria for First Episode Psychosis (FEP)
- Criteria 2** Young person or family member/s preference for service taken into account
- Criteria 3** Working, living or has an active connection within relevant region

**Monash, Alfred and Peninsula Health PTS,
Emergency Department or Mental Health Service**
Screening or Assessment completed
UHR / FEP Criteria met

Referral Requirements

Triage Screening Register + relevant
information faxed to headspace centre (green
box on right)

HOW TO CONTACT

headspace Frankston INTAKE
Tel: 03 9769 6419 Fax: 03 9770 5688
**headspace Elsternwick / Bentleigh
INTAKE** Tel: 03 9076 9400
Fax: 03 9076 9444
**headspace Narre Warren/Dandenong
INTAKE** Tel: 1800 367 968
Fax: 8738 9888 (NW) / 9793 4992 (D)

Referral Follow Up Call

A follow up phone call is required to the relevant
headspace office to confirm the receipt of
referral and confirm eligibility criteria

**Referral NOT
ACCEPTED**

**hYEPP Referral
ACCEPTED**

If not meeting UHR/FEP
criteria YEPP may be
referred to **headspace
primary platform** (no CM)

Feedback and
Recommendation
provided to referrer.
No further Action

Allocated CM confirms transfer of care with referrer and
phone contact will be initiated with the young person or
family within 72 hours

*UHR of Psychosis Criteria

BLIPS

Full threshold
psychotic symptoms
for < 1 week

APS

Sub threshold positive
symptoms

Vulnerability

Schizotypal personality
disorder OR
first degree relative with
psychosis

ONE of the above in addition to **ALL** of the following

Aged 12 – 25



Help seeking



Significant
functional decline