

MINDSPACE

young people's health matters **MAYO**

Market Square | Castlebar | Co. Mayo | F23 Y427

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✉ info@mindspacemayo.ie

What is Mindspace Mayo?

- Mindspace Mayo is a primary care service for young people, aged 12-25, in County Mayo.
- Our aim is to support young people with mild and emerging mental health difficulties.
- We are an early and brief intervention service (e.g. 1-6 sessions).
- Attending Mindspace Mayo is free and voluntary for the young person.
- We provide advice and guidance re mental health issues, supportive problem solving and decision making, emotional support, goal setting, psycho-education and brief CBT.
- We can also sign post and refer on to other services if this is appropriate.

Our Office hours:

| | |
|-----------|-----------|
| Monday | 9am - 5pm |
| Tuesday | 9am - 5pm |
| Wednesday | 9am - 5pm |
| Thursday | 9am - 5pm |
| Friday | 9am - 3pm |

Referral Information

- Young people aged 12-25 years.
- With difficulty ranging from common psychosocial concerns to mild and emerging mental health difficulties.

We do not accept referrals for:

- Young people who are actively attending or awaiting service with the mental health services, such as CAMHS, AMHS, CDNT and drugs service.
- Who are transitioning between the mental health services; or
- Who require support as part of a discharge plan from mental health or other service.

We will refer on for specialist assessment and supports:

- Those who present with moderate to severe mental health difficulties;
- Those who present with suicidal ideation with intent or are actively self harming;
- Those who have substance dependency.

Examples of types of referrals suitable to Mindspace Mayo

SUITABLE for Mindspace Mayo

NOT SUITABLE for Mindspace Mayo

| | SUITABLE for Mindspace Mayo | NOT SUITABLE for Mindspace Mayo |
|---------------------------------------|---|--|
| Emotional & Behavioural Difficulties. | (e.g. relationship or social difficulties, stress, sexual identity, low self esteem, anger etc.). | Moderate - Severe emotional / behavioural difficulties. |
| Common Mental Health Difficulties. | Mild (e.g. low mood, anxiety, poor sleep). | Moderate - Severe or enduring, e.g. recurrent depressive illness, psychosis, prolonged anxiety difficulties. |
| Substance Use (including alcohol). | 12 - 25 year olds, without chaotic or dependant substance use or problematic drinking. | Young people with chaotic or dependant substance use. |

Other referrals will be considered on a case by case basis, please feel free to contact us to discuss any young person's appropriateness for the service. Mindspace Mayo is NOT a 24 hour emergency or crisis intervention service.

Mindspace Mayo Referral Form

Young Person

Name: _____
Address: _____

Email: _____
D.O.B: _____ Age: _____
Contact No: _____

GP Details

Name: _____
Address: _____
Email: _____
Contact No/s: _____

School/College (if any): _____

Parent / Guardian / Next of Kin:

Name: _____
Address: _____

Relationship: _____
Contact No: _____
Email: _____

Parent / Guardian / Next of Kin:

2. Name: _____
Address: _____

Relationship: _____
Contact No: _____
Email: _____

For consent purposes, are parents separated or in process of separating? Yes No

Will you continue your contact with this person? Yes No

What are your concerns about this person? Please note, Mindspace Mayo is NOT a 24-hour emergency or crisis intervention service.

Has this person attended /currently attending Child Adolescent Mental Health Service (CAMHS) / Adult Mental Health Services (AMHS) / Psychology / Drug & Alcohol Services or any other relevant service? Give details:

Any other relevant medical / other details? _____

Have you any concerns regarding risk about this young person (e.g. risk to self or others)? _____

Where did you hear about Mindspace?

Referrer Name: _____

Young Person Signature: _____

Contact No: _____

Guardian Signature: _____

(If under 18 years)

For official use only:

Date received: _____

Received by: _____

Date added to waiting list: _____

HSE Area: North West South Central East

Allocated to: _____

Date: _____