

Head to Health (HtH) provides a range of mental health services across the Northern Territory. Upon review of the referral the HtH team will determine the right level and type of intervention in collaboration with the consumer including low intensity/early intervention strategies. The Initial Assessment and Referral Decision Support Tool (IAR-DST) is used to help explore and inform an individual's treatment needs.

****Please note this is not a crisis service. If assessed at very high risk of harm, please contact Emergency Services on 000 or NT Mental Health Line on 1800 682 288**

Referral Options

A - Darwin Adult Head to Health Centre – 16 Scaturchio Street, Casuarina

Adults within the Greater Darwin region are able to present in person to the Adult HtH Centre

Please select what kind of support is needed:

Option 1: Support for mental health distress or crisis (follow up within 24 hours including weekends)

Option 2: Ongoing support or service navigation (follow up within 7 days)

B - Short Term Therapies (STT) Program

B1: STT - Psychological Therapies (PT) Stream - Eligibility Criteria (all ages)

*One of the following is required:

A Mental Health Treatment Plan (MHTP) OR

Completed Appendix A – for provisional referrals if no MHTP is available

Note that a MHTP is still required within 4 weeks for provisional referrals – see STT program specifications for further details

*One of the following applies:

The consumer holds a current Health Care Card, Low Income Health Care Card, or Pension Card (Aged or Disability). *Please note, if consumer is dependent and under 18, low income is based on their parents and/or caregiver's circumstances.*

The consumer is experiencing exceptional financial hardship – provide rationale in the reason for referral Section below (for example, has recently lost employment or is experiencing domestic violence and is unable to access bank accounts). *Please note, that low income/financial hardship is an essential part of eligibility.*

B2: STT - Suicide Prevention (SP) Stream

Immediate and intensive therapy to individuals during a period of increased risk of suicide for a period of up to 3 months. This service is designed for 3 distinct groups: (1) – individuals who, after a suicide attempt have been discharged into the care of a GP, (2) – individuals that have expressed strong suicidal ideation or (3) – individuals who are considered at increased risk in the aftermath of suicide.

Please note the consumer will be contacted by the end of the next business day and offered support and an appointment within 72 hrs of referral.

C – Telehealth Specialist Services*

Specialist video consultation under Medicare. Please select what kind of support is needed:

Initial video – consultation with a consultant psychiatrist: Medicare bulk billed (291—assessment and report)
Psychiatric review of plan provided under Medicare (293)

Specialist video consultations – Psychiatric review of plan provided under Medicare (293)

**Referrals must be made by GP or nurse practitioner only and can be in addition to other services. Please note the client will be charged a fee if the arranged appointment is canceled/not attended.*

Reason for referral:

If you have utilised the Initial Assessment & Referral Decision Support Tool (IAR-DST) online <https://iar-dst.online/#/>, please attach a copy of the report to this referral

Referrer Details

Referrer name _____ Role / Organisation _____
 Address _____ Suburb _____ Postcode _____
 Phone _____ Fax _____ *Email _____

*To receive notification that this referral has been allocated, email address is required

Consumer Details

Full name _____ Preferred name _____
 DOB _____ Gender _____ Pronouns _____
 Marital Status _____ Country of birth _____

Address _____ Postcode _____
 No fixed address Mobile _____ Email _____

Preferred contact mode/time/day _____

Languages spoken at home: _____ Interpreter required? Yes No

Employment/Income Status

Full time Part time/Casual Nil income Unemployed Other
 NDIS participant Disability Pension DVA Compensation payments

Indigenous Status

Aboriginal Torres Strait Islander Aboriginal and Torres Strait Islander Neither

Eligible for Medicare? Yes No Medicare number _____

Referral Support Person

Contact if the consumer is unavailable. If the consumer is a child, provide the details of the responsible parent or guardian.

Relationship/role _____ Full name _____
 Agency _____ Phone _____

Email _____

Consent to Share Information

The Privacy Act requires that the consumer sign this form to provide consent for the release of their information. By signing below, the consumer gives consent for Head to Health Darwin to seek and share information concerning matters related to this application, with the Northern Territory PHN, the referral support person outlined in this form, and other service providers relevant to this referral. The consumer also gives consent to their information being used for statistical and evaluation purposes to improve mental health services in Australia. They understand that this will include details about them such as date of birth, gender and types of services they use, but will not include their name, address or Medicare/Pension/Health Care Card numbers.

Consumer signature

Guardian/parent if child _____

Or verbal consent
 Tick if applicable

Date _____

Referrer signature _____

Date _____


The referrer agrees that all information submitted in this referral is an accurate reflection of the consumer's support needs and is correct with no information withheld, so Head to Health can fulfill its duty of care to consumers, staff, and other partner agencies.

What happens now?

Send this referral with a Mental Health Treatment Plan to Head to Health:

- Phone 1800 844 054
- Email HEADTOHEALTHNT@neaminational.org.au
- Fax on 08 7906 2260
- Medical Objects HEAD TO HEALTH NT (TH0820000A0)

Appendix A - Additional referral information

 It is not necessary to complete Appendix A if a Mental Health Treatment Plan (MHTP) accompanies this referral form. Please note a MHTP is still required within four weeks of referral.
Health services, Allied Health professionals and community services can complete Appendix A

Perinatal: Yes No

Outcome measures: SDQ score _____ K10 score _____ K5 score _____

Mental health diagnosis: (Diagnosis and symptoms if known. Or risk of developing mental illness if under 12 years old)	
Medication:	
Substance use:	
Relevant history: (Other relevant history/ factors such as climatic events, disabilities, medical conditions etc.)	
Risk: (Describe if risk to self or others.)	
Care team: (Health professionals involved in person's care i.e. GP, psychiatrist.)	