



Canadian Mental
Health Association
Mental health for all

Referral to Concurrent Youth Hub

Referral Criteria: A referral to the Concurrent Youth Hub is appropriate for youth up to the age of 25 who have ***significant mental health concerns*** and at least one of the following:

- **substance use-related concerns**
- **AND/OR housing precariousness**

The Concurrent Youth Hub is a low-barrier and flexible service that provides specialized mental health or addictions support as a wrap-around health, mental health, substance use and case management support as one integrated service team. The program can also support alongside other services (such as the Family Health Team) in situations where the current provider feels that the needs of the client go beyond the scope of their service mandate). If you are unsure as to whether this service might be appropriate, please don't hesitate to contact the Program Implementation Coordinator ((519)822-2768) to discuss a potential referral.

Some examples of appropriate treatment goals include:

- Addressing negative cognitions
- Anxiety (GAD, social anxiety, agoraphobia, OCD)
- Psychoeducation and coping skills for mental health diagnosis
- Support related to substance use concerns (harm reduction, motivational interviewing or treatment goals)
- Depression and/or mania
- Chronic suicidality and/or self-harm
- Coping strategies and stabilization to reduce PTSD or trauma-related symptoms (ex. hypervigilance, sleep issues, avoidance behaviors, intrusive thoughts)

The Concurrent Youth Hub is not appropriate for:

- A client who is already receiving treatment from a mental health clinician that meets their needs such as a FHT counsellor, private therapist, or another clinician. The client would be required to transfer mental health services to the hub.
 - **Please explore this with client prior to referral.**
- Clients in need of immediate crisis support.
 - **Please use HERE 24/7, police, hospital, or other appropriate resource.**

Referral Details

Youth Name:

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Pronouns:

DOB:

Currently Residing:

Phone Number (if available):

Consent given to contact by phone / text:

Email Address (if available):

Consent given to contact by email:

Preferred method of contact (indicate if consent given to text message):

Referral Requests/HUB Services Available

Please select all services you wish to connect your client to. We are not guaranteeing that a specific provider/providers that your client will be connected with. The answers you're providing will help us make sure we're supporting your client with wrap around services to the best of our abilities.

<input type="checkbox"/> Substance Abuse Counselling	<input type="checkbox"/> Psychoeducation
<input type="checkbox"/> Psychiatry	<input type="checkbox"/> Psychotherapy
<input type="checkbox"/> Nursing Support	<input type="checkbox"/> Housing Support
<input type="checkbox"/> Individualized Counselling	<input type="checkbox"/> Family Conflict Support
<input type="checkbox"/> Basic Needs	<input type="checkbox"/> Case Manager Advocacy

Other: Please elaborate if there are any other services you feel may benefit your client.

Current Situation

Family Dynamics (parent/caregiver challenges and mental health, multiple family members in service, high conflict, family breakdown, etc.):

Medical Concerns:

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Mental Health (confirmed and pending diagnosis, history of services, challenges, etc.):

Substance Use (past and/or current)

School Placement (name of school, challenges, school attendance, supports in place, etc.):

Any other pertinent information:

Other Systems Currently Involved	Contact Name, Role, Phone No.
<input type="checkbox"/> Medical/Family Physician	
<input type="checkbox"/> Psychiatrist	
<input type="checkbox"/> Family and Children’s Services	
<input type="checkbox"/> Justice System	
<input type="checkbox"/> Other Community Agencies/Supports	

Name & Role of Person Submitting Referral:

Contact Information:

Date Referral Submitted:

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Referrals can be sent via fax to 519-265-0591. Inquiries can be directed to our Program Implementation Coordinator at [\(519\)822-2768](tel:5198222768).

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