

About the Goulburn Mental Health Hub (GMHH)

The GMHH is a free and confidential service that offers a mix of clinical and non-clinical mental health support in the Goulburn Mulwaree LGA. It offers support for people with moderate mental health needs and will assist with service navigation for those requiring accessing to other more appropriate services.

The GMHH has a team that includes psychologists, mental health accredited social workers, counsellors, and peer workers who can support consumers face to face, online or by phone. All support for anyone under the age of 16 years is currently only offered online or by phone.

How can people refer to the GMHH?

The GMHH can accept self-referrals, referrals from family, friends, carers, GP's, or other health professionals. Referrals can be made via:

- Walk-ins to the office at 23 Clifford Street, Goulburn. Walk-ins can be supported during our office hours of Monday-Friday 9am to 5pm.
- Sending an email to goulburnmhhub@familyservices.org.au
- Contacting the hub at 1800 372 000 (Option 2)
- Contacting the national Head to Health phoneline on 1800 595 212 to complete an intake.

Please Note

The GMHH is not an acute mental health or crisis service. If there is a significant risk to yourself or someone that you care about, please contact 000 or visit your nearest hospital. Support can also be accessed via the Mental Health Line (1800 011 511), Lifeline (13 11 14), the Suicide Callback Service (1300 659 467), Kids Helpline (1800 55 1800), or 13YARN for support for Aboriginal and Torres Strait Islander people (13 92 76). You can also contact your GP for support.

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Goulburn Mental Health Hub Referral Form

Please note that completing this referral form is optional. Referrals will still be actioned by sending an email to goulburnmhhub@familyservices.org.au with client details.

Client Information:

Full Name:	Mr/Mrs/Miss/Ms/Other _____
Preferred Name:	Date of Birth:
Gender: ☐ Male ☐ Female ☐ Other _____	Phone no:
Preferred pronouns:	
Address:	
Email:	
Main language spoken at home:	Interpreter required: ☐ Yes ☐ No
Cultural background: ☐ Aboriginal ☐ Torres Strait Islander ☐ Both ☐ Neither ☐ Prefer not to say	
Is the client aware of and consenting to this referral: ☐ Yes ☐ No ☐ Unsure If no or unsure, please provide details: _____	

Emergency Contact Information:

Full Name:	Mr/Mrs/Miss/Ms/Other _____
Relationship with client:	
Phone Number:	Email:

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Referrer Details:

Name:	Title/Position:
Organisation/Service Name:	
Phone Number:	Fax (if applicable):
Email:	

Reason for Referral, including current treatment or medication:

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Are there any known risk concerns? E.g., self-harm, suicidality, risk to others, etc. If yes, please provide details below.

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Other relevant information, e.g., co-existing medical conditions, substance use, social stressors:

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Please send this completed referral form, along with any additional relevant information via email to goulburnmhuhub@familyservices.org.au. If you have any questions, please contact us on 1800 372 000 (Option 2).

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