

YOUTH MENTAL HEALTH IN GENERAL PRACTICE

Sydney North Health Network (SNHN) and headspace invites local GPs, Practice Nurses and Allied Health Professionals to a workshop which will provide an improved understanding of the management of youth mental health in primary care, including understanding psychotropic medications, screening, conducting appropriate psychosocial assessment and assessing risk in the young person. It will also facilitate improved utilisation of referral pathways for young people in primary care.



This activity has been allocated 4 category 2 points under the 2017-2019 RACGP QI&CPD Program, activity number 157641

DATE:

Tuesday 14 May 2019

TIME:

6.30pm - 7.00pm Registration and dinner
7.00pm - 9.00pm Workshop

VENUE:

Pymble Golf Club
Cowan Road, St Ives

PARKING:

Parking onsite

COST:

No cost for GPs, PNs and Allied Health Professionals practising within the SNHN region

CONTACT:

For more information contact Judy or Robi from the Education Team on 9432 8250

Speakers & Learning Objectives

Speakers

- **Dr Elizabeth Spencer**, MBBS, RANZCP, Consultant Psychiatrist
- **Angela Brown**, BSc Occupational Therapy, Clinical Lead, headspace Brookvale
- **Katy Stephenson**, MA Family and Systemic Psychotherapy (Family Therapist) Clinical Lead, headspace Chatswood
- **Phillip Stone**, BSc Applied Statistics & Psychology, headspace Community Engagement Coordinator
- **Sally Thompson**, headspace Community Engagement Coordinator

Learning Objectives

1. Implement safe and effective use of psychotropic medications currently prescribed for young people with mental health issues
2. Identify and utilise referral pathways for young people with mental health and related issues in the Northern Sydney region
3. Utilise the HEADSS assessment to obtain a comprehensive psychosocial assessment of a young person

Registration – submit this completed form to events@snhn.org.au or fax to 02 8088 4770

Name: _____ Telephone: _____
Practice: _____ Practice Suburb: _____
Email:* _____ GP CPD Number: _____
**Email address is required for workshop confirmation purposes*

I have special dietary requirements Details: _____

I am a: GP Practice Nurse Allied Health Professional _____
(state discipline)