

Enhancing Mental Health Support in Schools Consent Form

The Victorian Department of Education and Training has engaged **headspace** to deliver counselling support to secondary students in Victorian Government Schools. The counselling support is designed to increase the availability of mental health support for students, improve mental health outcomes for students and assist students in finding the right support as appropriate.

Information for referrer

Please read the following to the student and ensure that they, or their parent/carer, agrees (consent) to being referred to and receiving **headspace** services.

Mature minors: if a student has been assessed by the principal (in accordance with the Schools Policy and Advisory Guide), or their nominee, as a mature minor for the purpose of deciding to consent to referral to and receipt of **headspace** counselling support, the student is capable of giving their own consent and will be able to sign this consent form themselves.

Other students: if a student is not a mature minor, the student's parent or carer must provide consent, unless the student is an adult (aged over 18 years) in which case they will be asked to provide their own consent.

Please also note that at a student's first appointment at **headspace**, the **headspace** clinician will again seek consent from the student or their parent/carer.

Information for the student

The purpose for this form is to provide you with information to help you make a decision on whether you consent to be referred to, and receive **headspace** counselling services.

This service provides an opportunity for you to talk about your concerns with a **headspace** clinician, in a safe and confidential setting. You are protected by laws that set privacy requirements such as how we collect, use, handle and destroy personal and health information.

The school will collect and provide basic information to **headspace** such as your name, your date of birth, the suburb you live in, school name and a brief description of concerns that you would like to talk to **headspace** about. If you prefer not to tell the school about your concerns, that is okay. You will need to provide this information to **headspace** directly instead.

headspace will collect personal and health information to assist you by undertaking an assessment of your needs, managing and responding to any issues of concern, making a decision about the best way to support you and booking you in to more appointments if you need them.

If school is taking place in a remote learning environment or if you are learning remotely, the **headspace** appointment will take place over the phone. The **headspace** clinician will contact you on your personal phone number and it is your responsibility to set up a safe, confidential and comfortable environment for the appointment. You also need to provide the address you will be located at during the appointment and the contact details of a trusted adult, in the event that there are risk or safety concerns during the phone session and you require face to face support to ensure your safety.

headspace may also offer feedback, strategies and tools to help you deal with your concerns and, with your permission, the clinician and you may agree together about what information (and how much detail) is provided to other people such as your school, family, or other health professionals so they can best support you too.

Confidentiality

The information you provide in these sessions is confidential and your clinician will always try to seek your consent and include you in decisions about your health and safety where they can. **headspace** clinicians will seek your consent to refer information to people who can provide you with further help including your school or GP. *However, if the clinician is concerned about your immediate safety or the safety of others, they can disclose this information without your consent to make sure that you and others remain safe.*

I confirm that:

- I have been informed of the purpose of my contact with **headspace**
- I understand and agree to being referred by my school to **headspace** counselling services
- I understand that if school is being delivered remotely or I am learning remotely, the appointment will take place over the phone and that the **headspace** clinician will contact me on my personal phone number at a pre-determined time
- I agree to the information collected about me by my school is shared with **headspace** for the purposes of this service
- I understand that this service is free and voluntary and that at any time I can stop the session
- I understand that information may be kept about me. The information will be used by **headspace** clinicians in their sessions with me – this means that **headspace** staff today and in the future are able to look at the information I and they provide
- I understand there are also some rare occasions when information I have provided to **headspace** staff has to be disclosed for legal reasons (for example, a court order or subpoena). This will be explained to me by a **headspace** clinician. It is important to remember that personal information that can identify me is accessible only by **headspace** clinicians.
- I understand that my sessions with the **headspace** clinician will be confidential but if they believe there is an immediate risk to my safety or the safety of others, they may disclose this information without my consent.

Information for parents/carers

The purpose for this form is to provide you with information to help you make a decision on whether you consent for your child to be referred to, and receive **headspace** counselling services.

This service provides an opportunity for your child to talk about their concerns with a **headspace** clinician, in a safe and confidential setting. You and your child are protected by laws that set privacy requirements such as how we collect, use, handle and destroy personal and health information.

The school will collect and provide basic information to **headspace** such as your child's name, their date of birth, the suburb they live in, school name and a brief description of concerns that they would like to talk to **headspace** about. If you and/or your child prefer not to tell the school about their concerns, that is okay. They will need to provide this information to **headspace** directly instead.

headspace will collect personal and health information to assist your child by undertaking an assessment of their needs, managing and responding to any issues of concern, making a decision about the best way to support them and booking them in to more appointments if they need them.

If school is taking place in a remote learning environment or your child is learning remotely, the **headspace** appointment will take place over the phone. The **headspace** clinician will contact your child on their personal phone number and your child will need a safe, confidential and comfortable environment for the appointment. Your child will also need to provide the address where they will be located during the appointment and the contact details of a trusted adult, in the event that there are risk or safety concerns during the phone session and they require face to face support to ensure their safety.

headspace may also offer feedback, strategies and tools to help your child deal with their concerns and may seek permission to provide information to other people such as their school, family, or other health professionals so they can best support your child.

Confidentiality

The information your child provides in these sessions is confidential and their clinician will always try to seek their consent and include them in decisions about their health and safety where they can. **headspace** clinicians will seek your consent to refer information to people who can provide your child with further help including their school or GP. *However, if the clinician is concerned about your child's immediate safety or the safety of others, they can disclose this information without your consent to make sure that your child and others remain safe.*

I confirm that:

- I have been informed of the purpose of my child's contact with **headspace**
- I understand and agree to my child being referred by their school to **headspace** counselling services
- I understand that if school is being delivered remotely or my child is learning remotely, the appointment will take place over the phone and that the **headspace** clinician will contact my child on the number I have listed at a pre-determined time.
- I agree to the information collected about my child by their school being shared with **headspace** for the purposes of this service
- I understand that this service is free and voluntary and that at any time my child can stop the session
- I understand that information may be kept about my child. The information will be used by **headspace** clinicians in their sessions with my child – this means that

headspace staff today and in the future are able to look at the information my child and they provide

- I understand there are also some rare occasions when information my child has provided to **headspace** staff has to be disclosed for legal reasons (for example, a court order or subpoena). This will be explained to me by a **headspace** clinician. It is important to remember that personal information that can identify my child is accessible only by **headspace** clinicians.
- I understand that my child's sessions with the **headspace** clinician will be confidential but if they believe there is an immediate risk to my child's safety or the safety of others, they may disclose this information without my consent.

Consent and referral information

I understand and authorise my school to refer me/my child to **headspace** for the purpose of receiving counselling services (cross out whichever is not applicable):

I understand and authorise **headspace** to provide counselling services to me/my child (cross out whichever is not applicable)

Student Name:	
Student telephone number*:	
Student home address/es or address of location where student will access remote health and wellbeing services*:	Primary address:
	Secondary address (if applicable):
(If student is under 18 or not a mature minor): Parent/carer name:	
Parent/carer phone number:	
Parent/carer email address:	
Relationship to child:	
Parent/carer preferred mode of contact	Email / Telephone / Text message
Student/parent/carer signature:	
Date: ____ / ____ / ____	

Please note, if written or electronic consent cannot be obtained, verbal student/parent/carer consent can be provided via telephone, as long as all of the information contained in this form is read to the student/parent/carer and a clear and thorough record of the conversation is documented by the Health and Wellbeing Key Contact.

Emergency Contacts*

Emergency contact 1:

Name	
Relationship to student	
Telephone number	
Email	

Emergency contact 2:

Name	
Relationship to student	
Telephone number	
Email	

*Additional information required for telephone counselling sessions