

Dear Parent/Guardian,

At Berwick College we are partnering with Amanda Heaton-Harris, an experienced Mental Health Social Worker, to provide ongoing counselling service to our students, on-campus at no cost to families. We understand that there can be barriers to accessing beneficial psychological support for your child and an in-school service may be the most appropriate and effective option in some circumstances.

School-based counselling services can increase collaboration between parents, school staff and counsellors and ensure the benefits of a child's work with their counsellor extends to their experience at school.

To access this service for your child follow the steps below:

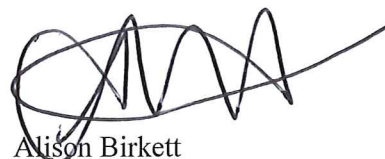
1. Make contact with your child's Student Learning Leader, or a member of the school's wellbeing team to discuss if the service can meet the needs of your child and indicate your interest in accessing the service.
2. Arrange an appointment with your child's General Practitioner (GP) and request a Mental Health Care Plan with referral made out to:
Amanda Heaton-Harris
Walk with you counselling
PO Box 615
Officer, 3809
3. Provide Mental Health Care Plan & completed Client Details form and signed consent form to your child's Student Learning Leader or the Wellbeing team.
4. Amanda Harris will make contact with you regarding the commencement of appointments at school.

If you have any further enquiries relating to this service please phone 8768 1000 and speak with a member of the Wellbeing Team.

Regards,



Paul Roberts
Student Wellbeing Coordinator



Alison Birkett
Acting Assistant Principal

WALK WITH YOU COUNSELLING

"supporting you to stand strong"

Dear Parent/Guardian,

It is well known that adolescences can be a difficult time; with some young people experiencing difficulties in coping with, and managing distress. We are also aware that if this experience goes unsupported for an extended period of time this early experience can develop in to significant ill health.

Early intervention is an important element for creating a positive future, where young people can develop the skills and knowledge needed to be able to regulate and maintain a balance life. I also understand that at times it can be difficult to make regular appointments with Counsellors in private clinics; needing to juggle work and other after school commitments and also to finance those out of pockets expenses. Because of this I believe that offering families and young people support from a school based location, with no out of pocket costs, is going to assist families in accessing the support their young people need.

As an accredited mental health social worker with over 10 years' experience in a variety of settings; including school and community based agencies; I am passionate about supporting young people and the people that care for them. I am not focused on diagnosis, rather the individual experience of each young person I work with; working from a strengths based foundation, using cognitive behavioural techniques and strategies to assist young people in reaching their individual goals. Also introducing Mindfulness based activities to assist with calming the mind to create a focused and grounded experience.

Your child may be eligible to access up to 10 fully funding sessions (per calendar year) if they are experiencing any of the follow;

Behaviour problems at home or school
Depressive symptoms
Anxiety, Fears, Phobias,
Self-harming and/or thoughts of suicide
Grief and loss
Difficulty managing anger
School refusal (with home visits available)

If you feel that this support might be of benefit to your family, then the next step is to ***visit your local doctor and discuss your situation with them; requesting that they consider a referral and mental health care plan be written to enable your child to attend sessions.***

Referrals can be addressed to:

Amanda Heaton-Harris
Walk with you counselling
PO Box 516
Officer, 3809

If you have questions or concerns, please contact your school Wellbeing Team to discuss further.

Kind regards,

Amanda Heaton-Harris

WALK WITH YOU COUNSELLING

"supporting you to stand strong"

I/we _____ give consent for _____
to attend counselling facilitated by 'Walk with you counselling'.

I/we understand that my child is given the right to confidentiality. Where information disclosed during sessions is strictly confidential. Unless permission is given by child to disclose. Notes are written after each session, and are kept in a secure location.

I/we understand that if there are any significant safety concerns involving my child that confidentiality will be broken to ensure my child's safety at all times.

I/we understand that consent needs to be obtained from the client before any information can be shared with us, or any other external agency. Unless subpoenaed by a court of law.

I/we understand that a report will need to be provided to the referring GP after session 6, in order for a subsequent 4 sessions will be granted.

I/we understand that the child will be attending sessions on campus at Berwick College (unless otherwise arranged) which will mean that some class time will be missed. It is the child's responsibility to catch up on any class material that is missed.

If you agree with all the statements above please sign and date below. ***Please do not sign if you are unsure about any of the information written.***

Name _____ Signed _____ Date _____

Name _____ Signed _____ Date _____

If you have any questions or concerns please make contact to discuss, otherwise please return signed document to the Wellbeing Team and Amanda will make contact shortly to arrange a parent phone assessment and first appointment.

CLIENT INFORMATION RECORD – PRIVATE AND CONFIDENTIAL

PERSONAL DETAILS

Name of young person: _____

DOB: _____

Mobile: _____

Address: _____

Email: _____

Consent for SMS reminders:

YES

NO

PARENT/CARER INFORMATION

Name: _____

Relationship: _____

Phone: _____

Email: _____

Other emergency contact: _____

MEDICARE/BILLING INFORMATION

Referring Doctor & provider number : _____

Practice Address: _____

Phone: _____

Medicare Number: _____

IRN (individual reference number): _____

Exp: _____

Is this your regular Doctor?:

YES

NO

MENTAL HEALTH CARE PLAN DETAILS (OFFICE USE ONLY)

Date of plan: _____

Possible diagnosis from Doctor: _____

Current medications: _____

Initial assessment details:

DAS21: _____

k10: _____

Session 6 assessment details:

DAS21: _____

k10: _____

Closure assessment details:

DAS21: _____

k10: _____

Initial assessment completed: YES NO