



Mental Health Practitioners Initiative Consent Form

The Department of Education and Training (DET) provides educational services for the Victorian Government. Mental health practitioners are a part of DET. The purpose of the Mental Health Practitioners (MHP) initiative is to assist children and young people with mental health concerns by providing of a range of strategies and specialised support.

In this form the term 'mental health practitioner' refers to a school-based psychologist, social worker, occupational therapist or mental health nurse. Ask your school which mental health practitioner provides support to your school community.

Information for referrer

Please read the following to the young person seeking to engage with a mental health practitioner and ensure that they or their parent/carer agrees (consents) to being referred to and receiving services under the MHP initiative.

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 MHP support, the student is capable of giving their own consent and will be able to sign this consent form themselves.

Other students: where a student is not a mature minor, the school will obtain consent for service from the student's parents or carer.

Information for the young person

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 to receive support under the Mental Health Practitioners initiative.

This service provides an opportunity for you to talk about your concerns with a mental health practitioner, 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 basic information such as your name, your date of birth, and a brief description of concerns that you would like to talk to a mental health practitioner about. If you prefer not to tell the school about your concerns, that is okay. You will need to provide this information to mental health practitioner directly instead.

The mental health practitioner 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.

Non-identifiable health information may be collected by mental health practitioners, to help them and your school respond to commonly occurring student issues. We are committed to protecting your privacy, in line with the law set out in the *Health Records Act (2001)* and the *Information Privacy Act (2000)*.



Mental health practitioners may also offer feedback, strategies and tools to help you deal with your concerns and, with your permission, the practitioner 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 school's mental health practitioner will always try to seek your consent and include you in decisions about your health and safety where they can. They will seek your consent to refer information to people who can provide you with further help including your school or GP. *However, if the practitioner 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 my school's mental health practitioner
- I understand and agree to being referred by my school to a school based mental health practitioner under the MHP initiative
- I agree to the information collected about me by my school being shared with a mental health practitioner for the purposes of this service
- I agree to non-identifiable information about me being collected by a mental health practitioner and shared with their employer for the purpose of improving their services
- 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 mental health practitioners in their sessions with me – this means that practitioners 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 a mental health practitioner has to be disclosed for legal reasons (for example, a court order or subpoena). This will be explained to me by a mental health practitioner. It is important to remember that personal information that can identify me is accessible only by mental health practitioners
- I understand that my sessions with the mental health practitioner 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 support under the Mental Health Practitioners initiative.



This service provides an opportunity for your child to talk about their concerns with a mental health practitioner, 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 basic information such as your child's name, date of birth, and a brief description of concerns that they would like to talk to a mental health practitioner about. If they prefer not to tell the school about their concerns, that is okay. They will need to provide this information to mental health practitioner directly instead.

The mental health practitioner 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.

Non-identifiable health information may be collected by mental health practitioners, to help them and DET respond to commonly occurring student issues. We are committed to protecting the privacy of every individual, in line with the *Health Records Act (2001)* and the *Information Privacy Act (2000)*.

Mental health practitioners 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 practitioner will always try to seek their consent and include them in decisions about their health and safety where they can. Mental health practitioners 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 practitioner 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 their school's mental health practitioner
- I understand and agree to my child being referred by their school to a school based mental health practitioner under the MHP initiative
- I agree to the information collected about my child by their school being shared with a mental health practitioner for the purposes of this service
- I agree to non-identifiable information about my child being collected by a mental health practitioner and shared with DET for the purpose of improving their services
- 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 mental health practitioners in their sessions with my child – this means that practitioners today and in the future are able to look at the information my child and they provide



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- I understand that there are also some rare occasions when information my child has provided to a mental health practitioner has to be disclosed for legal reasons (for example, a court order or subpoena). This will be explained to me by a mental health practitioner. It is important to remember that personal information that can identify my child is accessible only by mental health practitioners
- I understand that my child's sessions with the mental health practitioner 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.

I understand/I authorise my school to refer me/my child to a mental health practitioner for the purpose of receiving counselling services (cross out whichever is not applicable):

Name of student	School name
Name of parent/carer (if required)	
Student or Parent /Carer signature	The school support contact is: Name: _____
Date ___ / ___ / _____	Telephone: _____

I understand/I authorise a school based mental health practitioner to provide counselling services to me/my child under the MHP initiative (cross out whichever is not applicable)

Name of student or parent/carer
Relationship to child (if parent/carer signing)
Signature
Date ___ / ___ / _____