



SAGE Counselling Service

ML Harris

Counsellor

November 2023



What is SAGE Counselling

- Registered charity
- Clients who have difficulty accessing conventional counselling services
- Adults of all ages
- Blended service
- Long and short-term work

Who are the MND team

- Developing service with MNDA since 2018
- 5 counsellors
- 3 counsellors deliver the service

Marian Stapley, Cathy Moore & Lou Harris

- 2 senior accredited counsellors oversee the work

Lynn Bertram & Mary Ashwin

Safety of Practice Clients & Counsellors

- SAGE-member of BACP (118304)
- Counsellors qualified-variety of modalities
- Specialised training
- Input from MND practitioners
- 5 years experience working with MND
- Supervision monthly

Referral Process



MND COUNSELLING SERVICE REFERRAL FORM

For East & West Sussex Branch MND

Name (please print):	DOB: Age:
Address:	
Preferred means of contact:	Any special communication considerations: YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes please outline means of communication used:
Please indicate whether the person being referred is: <ul style="list-style-type: none"> • Patient living with (p/w) MND <input type="checkbox"/> • Direct Carer <input type="checkbox"/> • Other Family member <input type="checkbox"/> If carer or family member please state their relationship to p/w MND: Is replacement care likely to be needed to allow this person to receive counselling: YES NO If yes is there already a care service provider involved: YES NO	
GP name, address & Tel No: GP/Clinician	Date of diagnosis of MND:
Presenting problems: (include mobility; function; practical issues; etc.)	
Home Situation: (lives alone; household members; support networks; etc.)	
Reasons for referral and main areas of concern: Psychological support for family members , who are struggling with MND diagnosis	
Is the person accessing any other psychological or mental health services: YES <input type="checkbox"/> NO <input type="checkbox"/>	
Emergency contact details:	
Consent to referral given by individual: YES <input type="checkbox"/> NO <input type="checkbox"/>	Contact details of Referrer:
Name of Referrer (please print):	Area:
Signature:	
Phone:	
Email:	
PLEASE EMAIL THE COMPLETED FORM TO: mnd@sagecounselling.org.uk	

Office Use Only	
Reference No & Area:	Date Referral received:
Allocated Counsellor:	Date of assessment:
Accepted for Counselling: YES/NO	Date of first counselling session:
Total No of sessions Received:	Date of last counselling session:

Who we see

- MND patients
- First degree relatives
- Direct carers
- Assessment-**important session**
- Further 8 sessions (12 for carers)
- Liaise closely with MND practitioner

How we have adapted our service for MND

- Timing of sessions
- Confidentiality
- Boundaries
- Working with impaired speech
- Reduced dexterity
- Cancellations

Data

January-June 2023

	Referrals	Assessments	Sessions delivered
MND	6	5	25
Family	5	5	33

Feedback from Counsellors

Common themes:

- Anger
- Loss-control, loss of ability to provide, loss of plans-dreams, loss of independence
- Overwhelmed with diagnosis and input from outside agencies
- Living with someone who will die-pre grief
- Wishing for their life to end
- Guilt

Future Work

- Couples
- Family
- Group work-relatives/carers
- Drop-in centres-meet a counsellor, have an assessment and see if counselling for them. Meet other carers in similar situation–chat and have a cup of tea

Contact Details

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