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## GROW WELLBEING SERVICES

### Parent information

**Grow Wellbeing** is an early intervention Mental Health Wellbeing service committed to supporting school children and families in the development of positive Mental Health and academic skills.

Children have many positive qualities and strengths, and at times may benefit from extra support in Mental Health Wellbeing to maximise academic performance and home functioning.

At **Grow Wellbeing** we work with schools to provide Psychologists, Social Workers and Occupational Therapists who have expertise and experience working with children, adults and families. We work closely with school personnel, and the parent/guardian to provide quality targeted support for children who receive our in-school support.

### **What are the benefits of In-Schools Mental Wellbeing services?**

Mental Health experts working within the school setting enables a variety of benefits including the development of cognitive, emotional and social skills; helping the person to improve their ability to manage in-school and at home. It enables the professional to interact, treat and observe issues affecting the student firsthand, in their regular environment and increases development of positive skill building.

Children learn skills every day that help them succeed in life. At school, they learn many skills such as numeracy, literacy, artistic, physical and social skills. Children learn at different rates. When students have particular needs, schools provide intensive teaching to remediate learning rates in literacy and numeracy. Children also learn social, cognitive and emotional skills. If children struggle to develop these vital skills, Grow Wellbeing staff can help them with intensive skill development activities.

***Seeking help from Grow Wellbeing in these situations can be of great benefit to parents and children.***

### **Areas Grow Wellbeing Mental Health Professionals provide support In-School**

- Social skills development; managing conflict, increase confidence and improve the child's ability to communicate effectively
- Cognitive and concentration skills; supporting ADHD symptoms, attention difficulties, hyperactivity
- Self-esteem, image and confidence building
- Anger management
- Sleep difficulties
- Depression
- Behavioural issues at school and/or at home
- Stress tolerance
- Fears, phobias and/or anxiety
- Self-regulation and helping to manage emotions
- Grief/loss
- Dealing with bullying and conflict
- Divorce and other issues affecting the child in the home environment

### How we fund our service?

Grow Wellbeing In-school services are funded several ways. Under Medicare's Better Access to Mental Health, this funding entitles Australian Residences 10 individual and 10 group rebates per calendar year. This scheme requires the client to be 'reviewed' at the 6 session mark, by the GP or medical specialist. This may require a visit to the medico, verbal or written consent from the medical practitioner to continue sessions. The therapist from Grow Wellbeing will send a letter to this professional at the 6<sup>th</sup> session point providing a summary of service to date and recommendation regarding continuing sessions. Grow Wellbeing will send a text message or liaise directly reminding you of this requirement prior to the 6 session. Sessions can not proceed beyond the 6<sup>th</sup> session without the expressed consent of the medical professional directly to Grow Wellbeing or the therapist.

Grow Wellbeing also works with NDIS and supports therapy under this scheme which is also federally funded. Grow Wellbeing can provide private therapy arrangements, on a case by case basis.

### What are the costs associated with Grow Wellbeing services?

The provision of Wellbeing services under Better Access within the school setting is a bulk billed service. If there is a need for more detailed psychological focussed assessment or reporting, we can provide such services on a case by case basis.

### How do you access Medicare Better Access to Mental Health funding?

If you feel your child could benefit from Grow Wellbeing's services or your teacher feels your child could benefit from these services, you will need to complete the **consent form** enclosed and take one of the following actions;

1. Accompany your child to your chosen GP to be assessed for a Mental Health Care Plan. If your chosen GP considers your child requires mental health support, they will organize a mental health care plan.
- or
2. Please liaise directly with your school if there is a GP visiting service available.

### The process of Grow Wellbeing's Mental Health Professional to support your child:

1. Grow Wellbeing staff member or school liaison will make contact with you to discuss how they aim to support your child In-school and the types of goals that could be worked towards (For example, managing anger, improve concentration skills, improve social skills).
2. The Mental Health Professional will work with Key School personnel to identify the best times during school hours to support your child. During the first few sessions the professional will develop an understanding of your child's needs and asses therapeutic goals with your child.
3. Grow Wellbeing Mental Health Professional will be available to have contact with parents/care givers to keep you informed and to actively work together in supporting your Child's Wellbeing.  
Involving the parent/care givers in the child's therapeutic goals is one of our hall mark activities.

For further information please email [admin@growwellbeing.com](mailto:admin@growwellbeing.com) or contact administration on (08) 8234 2562.

Warm regards

**GROW WELLBEING**

**JON MORTON**

Director

Referral Date: \_\_\_/\_\_\_/\_\_\_

## CLIENT CONSENT FORM

Obtained Mental Health Care Plan (MHCP) in the previous 12 months: **Yes/ No/ Unsure** (If yes, please provide copy)  
**Please note: if you have completed a MHCP in the past 12 months you are not required to obtain another plan.**  
 Funded for NDIS: **Yes/ No** (If yes, please provide plan) Applying or would like help/ information about NDIS: **Yes/ No**  
 (NB: People 16 years and over may sign their own consent form if competent)

Family GP: \_\_\_\_\_  
 Dr: \_\_\_\_\_  
 Ph: \_\_\_\_\_

### Parent/Guardian

1. \_\_\_\_\_  
 Mb/Hm: \_\_\_\_\_  
 E: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_ Post code: \_\_\_\_\_

2. \_\_\_\_\_  
 Mb/Hm: \_\_\_\_\_  
 E: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_ Post code: \_\_\_\_\_

Client: \_\_\_\_\_  
 D.O.B \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_  
 Mb: \_\_\_\_\_  
 E: \_\_\_\_\_  
 School: \_\_\_\_\_  
 Medicare No: \_\_\_\_\_ No \_\_\_\_\_  
 Exp \_\_\_\_\_  
 Court Orders regarding access: **Yes/No** *Please provide details separately*

Siblings

Name: _____	Age _____
Name: _____	Age _____
Name: _____	Age _____
Name: _____	Age _____

**Please write a brief statement outlining concerns:** Eg behavioural, anxiety, depressive, phobias, social issues, grief and loss, bullying, diagnosed or undiagnosed concerns, ie ASD, ADHD, learning disorders, developmental delays.

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**Please also include:** significant history, trauma events (ie accidents, deaths, abuse) parental separation, living arrangements, family drug or alcohol issues, family mental health issues, sibling relationships (eg close or strained).

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*\*This information is held in the strictest confidence between Grow Wellbeing and the client.*



**Will you obtain a Mental Health Plan from your own GP? Yes/No** If yes, please complete GP contact information.

**Would you prefer Grow Wellbeing consulting GP to visit you and your child at the school? Yes/No**

In referring \_\_\_\_\_ for Grow Wellbeing services, I/We acknowledge that Grow Wellbeing staff will:

Provide Therapeutic support for the individual, consult with educational personnel and other relevant professionals, regarding the student, concerning possible outcomes of ongoing consultative support, treatment, or assessment;

1. Grow Wellbeing staff may contact persons who are or have been directly concerned with the care or education of the student (such as teachers, therapists and doctors) to seek information about the student’s background, abilities and performance that may be relevant to the service being provided.
2. No sharing of confidential information will occur without explicit expression from the guardian(s) or client of consenting age.

I/we hereby exempt Grow Wellbeing, its officers and employees, from any liability for injury or loss that may result from findings, opinions or recommendations expressed by Grow Wellbeing staff in relation to the student, and from any liability for any physical injury that may occur to the student whilst under the supervision of Grow Wellbeing staff, on the condition that those staff act conscientiously in accordance with the practices and duty of care consistent to their profession.

Name (Parent/Guardian/ Self) \_\_\_\_\_

Name (Parent/Guardian) \_\_\_\_\_

Signature 1: \_\_\_\_\_ Signature 2: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

**PLEASE SIGN AND RETURN THIS ORIGINAL**

Please provide contact details if you would like Grow Wellbeing to contact other professionals regarding your child. That is, GP, Paediatrician, Speech Pathologist, Occupational Therapist, other:

\_\_\_\_\_  
\_\_\_\_\_

<b>Child Wellbeing Program participant: Yes/No</b>
<b>Worker:</b> _____
<b>Contact:</b> _____

<b>Office Use Only</b>
School comments
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Office Use

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