

## INFORMATION FORM

**Grow Wellbeing** is an early intervention Mental Health Wellbeing service committed to supporting school children and families in the development of positive Mental Health. Children and families have many positive qualities and strengths, and at times may benefit from support in their Wellbeing to maximise their opportunities and build on their strengths.

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

### Funding

Grow Wellbeing In-school services are funded several ways. Under Medicare's Better Access to Mental Health, the primary method for support from Grow Wellbeing is through a Mental Health Care Plan which entitles Australian Residences 10 individual and 10 group rebates per calendar year.

**Please note: Sessions are required to be reviewed by a GP or medical specialist after the 6<sup>th</sup> session, or funded sessions are unable to continue. Funded sessions cannot proceed beyond the 6<sup>th</sup> session without the expressed consent of the medical professional directly to Grow Wellbeing or the therapist in writing.**

Grow Wellbeing will send a text message or liaise directly reminding you of this requirement at or prior to the 6<sup>th</sup> session.

### Medicare also supports the use of:

Chronic Disease Management Plans, which entitles suitable candidates to:

- 5x 20minutes sessions per calendar year
- If a child/family has utilized their full 10 sessions on a mental health care plan, they may utilize a GP visiting service or their local GP and request a chronic disease management plan to be assessed.

*Please note: Chronic Disease Management Plan is not only for mental health support. It is a generic plan designed to support allied health professionals in building your strengths.*

### Provision of Autism, Pervasive Developmental Disorder

- Children with Autism or a pervasive disability are eligible to a one off 20 session package which includes Assessment, and treatment sessions.
- Must be referred by a Pediatrician
- Must be 13 years or under to be eligible

**Grow Wellbeing also works with NDIS and supports therapy and other interventions under this scheme. Grow Wellbeing can provide private therapy arrangements, on a case by case basis.**

The provision of Wellbeing services under Medicare is a bulk billed service. If there is requirement for psychological focussed assessment or reporting, this is assessed on a case-by-case basis and Grow Wellbeing is able to enter private arrangements with clients.

### Accessing Medicare for Mental Health funding

Complete the **consent form** enclosed and take one of the following actions:

1. Attain a Mental Health Care Plan from your GP. If the GP considers you or your child requires mental health support, they will provide a mental health care plan.
- or
2. Please liaise directly with your school and Grow Wellbeing if there is a GP visiting service available.

Below is provided a checklist tool to help you identify needs for yourself or loved one in determining how you can be best assisted. This is related to 'behaviours', things you might observe, and diagnostic groupings. You may find this useful to provide to your GP.

#### MOOD CHANGES

- ☐ Persistent anger
- ☐ Appearing anxious and tense
- ☐ Appearing sad or flat much of the time
- ☐ Excessive irritability

#### BEHAVIORAL CHANGES

- ☐ Refusal to adhere to school rules
- ☐ Violating the rights of others
- ☐ Not engaging or participating in class
- ☐ Physical aggression
- ☐ Damaging property
- ☐ Running away
- ☐ Poor participation in sports and other school activities

#### RELATIONSHIP CHANGES

- ☐ Conflict with staff or peers
- ☐ Social withdrawal
- ☐ Difficulty making or keeping friends
- ☐ Bullying or being bullied
- ☐ Hurting or cruel behaviour to others

#### ACADEMIC PERFORMANCE

- ☐ Frequent absence
- ☐ Deterioration in academic performance
- ☐ Poor attention and concentration
- ☐ Not finishing tasks on time
- ☐ Avoiding all or certain parts of schoolwork

#### SELF HARM

- ☐ History of self-harm such as cutting
- ☐ Expressing thoughts about suicide
- ☐ Engaging in risk taking behaviours

#### WEIGHT

- ☐ Changes in weight
- ☐ Not eating in front of others
- ☐ Shows a preoccupation with weight

#### PHYSICAL COMPLAINTS

- ☐ Recurrent abdominal pain
- ☐ Frequent headache
- ☐ Tiredness and lack of energy

#### SLEEP PATTERN

- ☐ Initial insomnia
- ☐ Waking up multiple times each night
- ☐ Waking up early, at least for 2 hours, and being unable to get back to sleep
- ☐ Sleeping excessively

#### KEY RISK FACTORS

- ☐ Family history of mental illness
- ☐ Recent major life events-moving house, parental separation, death in someone close
- ☐ Know abuse -physical, emotional, sexual
- ☐ Family difficulty
- ☐ Parent maximum education level year 12 or below
- ☐ Parental unemployment
- ☐ Family on low income or on Centrelink Benefits
- ☐ Limited social network

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:

\_\_\_\_\_

\_\_\_\_\_

**Child Wellbeing Program participant: Yes/No**

**Worker:** \_\_\_\_\_

**Contact:** \_\_\_\_\_

**Office Use Only**  
School comments

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**Office Use**

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