**Parent Pack**



Phone: 1300 659 350

Fax:1300 651 580

Email: contact@onpsych.com.au

Website: [www.onpsych.com.au](http://www.onpsych.com.au)

<https://www.facebook.com/onpsychaustralia>

NDIS REGISTERED PROVIDER

**ONPSYCH PARENT INFORMATION PACK**

**PART A: LETTER TO PARENTS**

Dear Parent/Guardian,

Childhood and adolescence can be a difficult and challenging time.

onPsych offers services to students, their families and the school community a no out of pocket expenses (bulk billing) service. This is done under a range of programs, including the GP Mental Health Care Plan (MHCP) and National Disability Insurance Scheme (NDIS). The MHCP will entitle the child, adolescent or family member up to 20 therapeutic (counselling sessions) sessions per year with the psychologist or mental health social worker. NDIS services differ based on individual plans.

For MHCPs follow these easy steps to obtain a GP referral and fax or email it this directly to onPsych as soon as possible:

* Complete the paperwork below (titled ‘Information for your GP’)
* Book a double appointment with your GP
* Advise them of your concerns regarding your child’s emotional wellbeing
* Obtain a referral under the Better Access Initiative (Item 2715/2700)
* Have your GP fax the referral and the paperwork directly to onPsych on 1300 651 580, or take it to school (Jane Bilby) for it to be sent through to onPsych.
* onPsych will then be in contact with you to arrange a meeting for yourself and your child.

For further information about onPsych services, feel free to contact your state manager on 1300 659 350 or visit our website [www.onpsych.com.au](http://www.onpsych.com.au)

**PART B: ONPSYCH PARENT INFORMATION**

Parents help their children from the moment they are born. Sometimes, children will face problems that their parents have difficulty understanding and have trouble helping them with. Many parents know the pain of being a parent and feeling of struggling to help their children.

**As a parent, you are never powerless.**

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. Some students learn at a fast rate and some at a slower rate. When a student falls behind, schools provide intensive teaching to remediate slow learning rates in areas such as literacy and numeracy. Children also learn social, cognitive and emotional skills. If students are not developing these vital skills, psychologists and mental health social workers can help them with intensive skill development activities.

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

**Frequently Asked Questions**

**What are the benefits of my child seeing staff from onPsych?**

OnPsych staff are experts in their field. They offer professional help with simple problems like making friends, to complex mental health issues, such as:

* Dealing with bullying
* Fears, phobias & anxiety
* Behaviour problems at home and at school
* Depression
* The stress of exams and relationships
* Attention deficit & hyperactivity
* Social skills
* Eating disorders
* Grief and loss
* Autism.

OnPsych also offers individual/group skills training in:

* Communication skills
* Problem solving
* Stress management
* Anger management
* Negotiation skills
* Relaxation
* Social skills training
* Motivation
* Parenting

**How much is this going to cost?**

Where families have a doctor’s referral, onPsych staff **bulk bill** Medicare for their work. Parents will not have to pay any out of pocket costs for this support. Alternatively, NDIS funding can be used.

**How long will it take before onPsych can see my child?**

Once a Mental Health Care Plan is obtained from your GP, please contact OnPsych and we will process your referral and arrange for our onPsych team member in your school to make contact and organise a consultation time for your child. Depending on demand, this may be between 1-3 weeks. **For emergencies always contact 000.**

**Is onPsych going to snoop or judge our family?**

onPsych assists students to learn new skills and develop new ways to deal with the demands of their lives. They do not collect confidential information for the sake of it. When they do discuss sensitive family matters, they treat this information with professional confidentiality; as per the law and professional ethical behaviour.

**What if I need to contact someone urgently?**

Always ring 000 in emergencies. However, if the problem is not an emergency, ring your doctor and discuss your concerns and they can organise a meeting with one of our staff.

**Can I join in with the sessions?**

In most cases the therapist will welcome your attendance during the sessions, but please discuss this with the therapist as there are cases where this procedure would not work well.

**What changes can we expect?**

Positive change can sometimes be obvious very quickly. This is often caused by the positive effect of the extra attention. Real and long-term positive behaviour change may take longer. Discuss this question with your therapist as there is no simple answer to this question.

**What can we do to help?**

In virtually all cases parents can help their child at home by reinforcing the messages and skills developed in sessions. Please ask your staff member how you can help at home.

**Do we get a report?**

Your therapist will send a copy of a review report to both the parents or carers and referring doctor after 6 and 10 sessions under Medicare MHCP requirements; however, this will differ for NDIS referrals.

**Do we need to go back to the doctor?**

Extending the program beyond 6 sessions, you will need to obtain further sessions. You will be required to return to your doctor for a further referral to see the onPsych team member.

**PART C: INFORMATION FOR PARENTS TO TAKE TO THE GP**

When making the doctor’s appointment, inform the receptionist that the appointment is for a referral to a Psychologist/mental health social worker under Medicare item 2715. **It is important that the GP provides an accompanying referral letter which should be attached to the Mental Health Plan for Medicare purposes.** Please remind the GP of this.

**The onPsych professional at your school is: Ana Romeo.**

**onPsych at Carlton North Primary School**

**The onPsych professional at Carlton North Primary School is: Ana Romeo.**

Student Name:

DOB: Age:

School: Year Level and Class:

Student Address:

Medicare Number: Expiry:

Parent/Guardian: Contact Number: Email:

Parent/Guardian: Contact Number: Email:

Presenting Problems at school/home

1.

2.

3.

4.

Outcomes we would hope to see from a psychological intervention

1.

2.

3.

Additional Comments**:**

If you would like further information about onPsych, please visit us at [www.onpsych.com.au](http://www.onpsych.com.au), or phone 1300 659 350.

* You have the option of faxing the mental health plan directly to 1300 651 580 or requesting your GP to do so. You can also take it to school (Jane Bilby) for it to be sent through to onPsych.

The school will not have access to any information without your release**.**

After the first 6 sessions, the onPsych staff memberwill provide you with a progress report to take back to the GP to request further sessions.

**PART D: ONPSYCH CONFIDENTIALITY AND PRIVACY STATEMENT**

1. During the course of counselling, sensitive personal information may be collected by the psychologist or mental health Social Worker. Personal information is information, which directly or indirectly identifies a person. The student and their families have the legal right to have that information protected.
2. All clinical files are confidential documents and are the property of onPsych.
3. onPsych recognises that students over the age of 15 have the right to access their personal information. Parents or legal guardians of children under the age of 15 have the right to access the child’s personal information about the child’s file.
4. Given we are bound by the Code of Ethics and scope of practice from APHRA and APS and AASW, onPsych staff are unable to provide any third party with personal information of the student without explicit written approval.
5. Under exceptional circumstances, information may be disclosed to a third party to avert risk. Legal compliance requires that if the staff member is concerned about the safety of a student, or others, then confidentiality may be broken. Only minimum information will be disclosed to overt risk and attempts will be made to discuss this first with the student. In exceptional circumstances, files may be subpoenaed by the court. Under no other circumstances will student confidentiality be broken.

**PART E: RELEASE OF INFORMATION**

**REASON FOR REFERRAL:**

Please write a brief statement outlining the child’s difficulties / areas of concern or attach a referral letter.

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Is your child currently on medication? If yes, please give details.

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We work collaboratively with teachers, student wellbeing coordinators and other professionals, and require your permission to do so.

**Please provide contact details below if you would like an onPsych staff member (TBC) to contact these professionals regarding your child.**

 Yes No

School Principal/Assistant Principal

Student Wellbeing Coordinator

Classroom Teacher

Other Professional(s)

Please provide details:

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

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In referring my/our child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to onPsych for services, I/we acknowledge that:

**1**. Treatment intervention to be undertaken by onPsych staff may include:

a) Administration of formal tests considered relevant to diagnosis;

b) Observations of the student’s behaviour and performance in informal settings (such as classrooms or playgrounds):

**2**. Visit my/our child’s regular school (with the agreement of the school principal) for the purpose of consulting with educational personnel and other relevant professionals, regarding the student, with possible outcomes of ongoing consultative support, treatment, or assessment.

**3**. Create written records of my/our child and use these in preparing their consultations and recommendations with parents, educational personnel, and other professionals. All records will remain the property of onPsych as medico-legal documents.

**4**. 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. Written reports or accounts may be requested.

**5**. Use the results of any relevant information available to assist in consulting with the educational personnel and other professionals involved with the child, with the intent of supporting and improving educational outcomes. I/we hereby exempt onPsych, its officers and employees, from any liability for injury or loss that may result from findings, opinions or recommendations expressed by onPsych 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 onPsych staff, on the condition that those staff act conscientiously in accordance with the practises and duty of care normal to their professions.

**Agreement of Conditions of Services and Parents’/Guardians’ Consent Form**

Do you consent for your child to be involved in individual sessions with the onPsych psychologist/mental health social worker visiting your school?

Yes No

Do you consent for your child, to be involved in group work activities with other referred children when offered by the psychologist/mental health social worker? (Please note that individual session discussion is independent of group work sessions and confidentiality is not jeopardised)

Yes No

Name (Parent 1): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Parent 2): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE SIGN AND RETURN THIS ORIGINAL. PLEASE KEEP A COPY FOR YOUR RECORDS.**