



GROW WELLBEING

NDIS and MEDICARE Provider

for better mental health

Check out our official website
www.growwellbeing.com

Helping children to be
the best they can be

admin@growwellbeing.com
08 8234 2562
121 North East Rd
Collinswood SA 5081





GROW WELLBEING

in-school services

With a multidisciplinary team of experts offering:

- Psychology
- Occupational Therapy
- Speech Pathology
- Psychotherapy
- Therapy Assistant
- Social Skills Groups
- Sensory Integration Therapy

Grow Wellbeing can assist you and your child
in the following areas and much more:

- Behavioural/Mental Health Conditions
- ASD
- Learning Difficulties
- ADHD
- Emotional regulation
- Friendship skills
- Developmental Conditions
- Anxiety
- School attendance
- Bullying
- Sleeping difficulties
- Depression
- Family Support



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GROW WELLBEING SERVICES

Guardian information

Grow Wellbeing is an early intervention mental health care and wellbeing service committed to supporting young people in the development of positive mental health and academic skills. Young people have many positive qualities and strengths, though at times may benefit from extra support in mental health to help them maximise their development, academic performance and at home functioning.

Grow Wellbeing provide psychologists, social workers, occupational therapists, speech therapists, all with strong mental health experience. We work closely with key school personnel, and the parents/carers to provide quality targeted support.

What are the benefits of In-School Mental Health Care and Wellbeing services?

Having mental health experts work within the school setting provides access to a variety of benefits including the development of cognitive, emotional, and social skills; helping the child to improve their ability to manage in-school and at home. It enables our clinicians to directly observe functional issues affecting the student and increases the ability to maintain positive skills learned with ongoing consultations.

Mental Health Professional in-school support includes:

- Autism Spectrum Disorder
- Self-regulation and helping to manage emotions
- Developmental delay – general or significant
- Functional Concerns: social, cognitive, emotional, fine and gross motor skills
- Social skills development: help to deal with conflict, make friends and improve ability to communicate effectively
- Cognitive and concentration skills; support students with minor to severe ADHD, attention difficulties, hyperactivity
- Organisational skills
- Motivation to engage in schoolwork and intrinsic learning
- Self-esteem, image and confidence skills building
- Anger management
- Sleep difficulties
- Depression
- Behavioral issues at school and/or at home
- Fears, phobias and/or anxiety
- Grief/loss
- Dealing with bullying and conflict
- Divorce

How we fund our service?

Grow Wellbeing In-school services are supported by the federal Government through the NDIS for families and the Medicare Better Access to Mental Health. Medicare funding entitles Australian Residents 10 individual and 10 group rebates per calendar year. NDIS funding provides a permanent and ongoing mental health and wellbeing program for students and families.

Costs for Grow Wellbeing services

The provision of Wellbeing services within the school setting is accessed by using the available funding under NDIS or Medicare, there are no additional charges*. If there is a need for more detailed psychological assessment and reporting we provide such service free of charge on a case-by-case basis.

*Additional fees or charges may be incurred for private in office sessions or home visits

Accessing NDIS or Medicare Better Access to Mental Health funding

Contact Grow Wellbeing by completing the online **consent form**:

<https://www.growwellbeing.com/referrals> , and our professional staff will contact you

- Complete the online **NDIS Client Referral Form**
- Complete the online **School Consent Form (Medicare)**
- Take your child to your local GP to complete a Mental Health Care Plan (**Medicare only**)
- The consent form is attached.

Supporting the young person:

1. Grow Wellbeing staff consult with students while in-school and will work with key school personnel to help identify developmental and functional goals.
2. Grow Wellbeing staff member will make contact with you to discuss how they aim to support your child and the types of goals to work towards (develop the lifelong skills to manage anger, improve concentration, improve socialization and friendships, etc.).
3. The clinician will work with key school personnel to identify the best times to support your child. During the first few sessions, our clinician will develop a clear understanding of your child's needs and set therapeutic goals with them.
4. The Grow Wellbeing health professional will provide correspondence with parents or carers to actively work together in supporting the person's wellbeing. Involving key stakeholders in therapeutic goals is best practice.
5. Families with NDIS funding are preferable in accessing services using this option to access our full range of services.

For further information please email us info@growwellbeing.com or call administration on (08) 8234 2562.

Warm regards, Jon Morton
Clinical Director Grow Wellbeing



CONSENT FORM

Name of Client: _____

Male / Female / Other: _____ D.O.B: ____/____/____

School Name: _____

Parent / Guardian/ Carer Names (If there is a court order in place, please complete in accordance with the court order and attach copy)

1. _____

2. _____

Address: _____

Mobile: _____ Email: _____

Client's mb: _____

Medicare No: _____ Expiry Date: _____

Please write a brief statement outlining your child's presenting issues (eg past trauma, anxiety, bullying, eating disorders, ADHD, concentration issues, family separation)

- | | | |
|--|-----|----|
| - Will you obtain a Medicare funded Mental Health Plan and referral from your own GP? | YES | NO |
| - Do you require a Grow Wellbeing consulting GP to visit you and or the child on the school grounds? <i>This option is not always timely, therefore please first consider your own GP for a referral.</i> | YES | NO |
| - If choosing to see Grow Wellbeing consulting GP, and you are not available to attend the consultation with the child on the day the GP service is attending your child's school, do you provide consent for a nominated staff member or responsible adult of your choosing to attend this appointment in your place? | YES | NO |
| - Are you funded for NDIS ? | YES | NO |
| - Would you like to enquire or discuss your options for in-school NDIS health care therapies? | YES | NO |

In referring my/our son/daughter _____ to Grow Wellbeing for support in mental health care services, I/We acknowledge that:

1. Grow Wellbeing staff will:
 - a) Provide Therapeutic support with the child at their regular school 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.
2. Grow Wellbeing staff may create written records of the child and use these in preparing consultations and recommendations with guardians, educational personnel, or other professionals. All records will remain the property of Grow Wellbeing as medico-legal documents.
3. Grow Wellbeing staff may contact families when children present with potential ongoing symptoms such as autism or significant developmental delay to discuss ongoing therapeutic options under NDIS or similar.
4. Is your child currently connected with DCP YES NO

If yes please provide DCP case manager details for Grow Wellbeing to contact

Name Office.....

Email

Phone:

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 person, and from any liability for any physical injury that may occur to the person 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 normal to their professions.

Name (Parent/Carer/ Guardian 1) _____

Name (Parent/Carer/Guardian 2) _____

Signature 1: _____ Signature 2: _____

Date: _____

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