



# The Farm at Penny Lane

UNC Center for  
Excellence in  
Community  
Mental Health

## Horticultural Therapy Program

**\* Winter Session orientation begins January 13 at 12:15pm \***

When: Mondays, 10:00 AM – 12:00 PM (beginning January 20)

Location: The Farm at Penny Lane, 263 Penny Lane, Pittsboro, NC 27312

Instructors: Caroline Schwarz & Sally Haskett, HTR, North Carolina Botanical Garden

### Program Description

The Horticultural Therapy program at The Farm at Penny Lane is a collaboration between the *UNC Center for Excellence in Community Mental Health (UNC CECMH)*, *The North Carolina Botanical Garden* and *The Farm at Penny Lane*. Our goal is to offer weekly sessions that focus on both indoor learning and outdoor gardening in an inclusive group setting. Classes are for adults with a mental health diagnosis served by the Center, and other service providers when space permits and with permission of the instructors.

Horticultural therapy focuses on whole person health. Through working with plants, a client can improve: physical health through activity, fresh air and nutrition from the garden; emotional health through creative expression, caring for plants and productive work; and social health through sharing, working together, and building community.

Programs are offered year round and organized around a seasonal schedule. New potential clients are asked to attend a required brief tour of The Farm at Penny Lane with one of the instructors. The Program Manager will contact the client to schedule and confirm the tour once a referral is received. Clients are strongly encouraged to apply by the beginning of each seasonal program to have a better chance of obtaining a spot for the season. We ask that a client commits to attending at least 7 of the 10-12 sessions during one seasonal program. Clients can return for the program in subsequent seasons.

Our sessions are group-oriented, providing a mix of physical work and socializing. We do not have the capacity to offer one-on-one assistance for clients. If your client is likely to need this assistance, please indicate under “Client Information” below. Your client may still be able to attend, but may be asked to bring a support person to assist them through the session.

### Contact:

Matt Ballard, MSW

Program Manager

263 Penny Lane

Pittsboro, NC 27312

[matthew\\_ballard@med.unc.edu](mailto:matthew_ballard@med.unc.edu)

(919) 445-0665 Office

(919) 533-9397 Cell

## Horticultural Therapy Program Registration

Please select which season you want to attend:

Spring                  Summer                  Fall                  Winter

Date:

Name:

Preferred name:

DOB:

Address:

Preferred phone:

Email address:

Which is the best way to reach you?                  Text                  Phone Call                  Email

Emergency Contact Name:

Relationship to Emergency Contact:

Emergency Contact Phone Number:

I will need transportation to the Farm from Carr Mill Mall at 9:30 am:                  Yes                  No

Name of Referring Clinician at the UNC STEP or OASIS Clinic:

Please briefly list or explain why would you like to be part of the Horticultural Therapy program? How do you think it would benefit you?

Do you have any concerns about your ability to participate in the group learning environment of the Horticultural Therapy program?

If "Yes," how might we help support or accommodate you?

## Clinical Referral

Clients are accepted into the Horticultural Therapy program via a referral from a Qualified Professional employed by UNC CECMH or another service provider. Please refer clients who you think would be appropriate in a group setting. Referrals that wouldn't be considered appropriate would be clients with any of the following:

- Unable to work in a group setting for a sustained 2 hours
- Poor motivation
- High degree of distress
- High degree of anger and hostility
- Antisocial behavior
- Preoccupied with acute crisis
- Inability to engage
- Severe cognitive or intellectual disability
- Acute suicidal ideation

Thank you for providing the following information regarding your client. Please complete the form below, attached with the client's Participant Application, and return to Matt Ballard at [matthew\\_ballard@med.unc.edu](mailto:matthew_ballard@med.unc.edu).

Clinician's Name:

Clinician's Phone:

Email:

Program of Referring Clinician:

Treatment Duration with Referring Clinician (or total duration with CECMH):

Psychiatric diagnosis:

Medical diagnosis:

Allergies:

Concerns about sun/heat exposure due to medication, etc:

Please explain here if any of the above listed symptoms or disabilities not suitable to a group setting apply to this client:

If unable to be in a group setting for 2 hours without assistance, please indicate name and relationship of person who will be assisting:

In your own words, please describe your client and how they would fit into and benefit from a group learning experience:

Please note any other relevant information that may affect the client's ability to attend and/or commit to the Horticultural Therapy Program:

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Referring Clinician Signature

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Date